Journal of Medical Records and Information Technology (JOMRIT)

Vol.3, No. 1, June 2025,
ISSN: XXX-XXXX,

Effect of Medical Record Completeness and Timeliness on Inpatient Claim Processing at a Primary Healthcare Facility

Ilma Nuria Sulrieni[1], Nurul Abdillah[2], Alfita Dewii[3], Masdalena[4], Herman Susilo[4]
[1,2,3,4]Program Studi Sarjana Terapan Manajemen Informasi Kesehatan, Universitas Syedza Saintika, Padang, Sumatera Barat, Indonesia[2]

Article Info

Article history:

Received April 12, 2025
Revised June 05, 2025
Accepted June 30, 2025

Keywords:

Medical record completeness
Claim submission
Timeliness
Inpatient claims
BPJS

ABSTRACT

Completeness of filling out the claim submission file must be considered because it is the main requirement in submitting a claim. In addition to being complete, the files must also be entered on time so that the verification process passes and the claim runs smoothly. Initial survey data in 2024 showed that UPT Puskesmas Sangir Batang Hari was the second highest in pending claims and untimely claim submissions in South Solok. This study aims to determine the relationship between the completeness of filling out the claim submission medical record file and the timeliness of entry on the smoothness of inpatient claims. This research used an analytic observational method with a cross-sectional approach. The population was 159 claim submission files, with 67 samples taken by simple random sampling. Data were collected using observation with a checklist and analyzed using univariate and bivariate analysis with the Chi-square test. The results showed that completeness and timeliness significantly affected the smoothness of inpatient claims. This research can be a basis for policy-making to improve service quality in health centers.

Corresponding Author:

Ilma Nuria Sulrieni
Program Studi Manajemen Informasi Kesehatan, Universitas Kesehatan Syedza Saintika
Jl. Prof. Dr. Hamka No. 228 Air Tawar Timur, Padang, Sumatera Barat, Indonesia
E-mail: ilmanuriasulrieni09@gmail.com

1. INTRODUCTION

Medical records are an essential component in delivering high-quality healthcare services, serving not only as clinical documentation but also as a legal, administrative, financial, and research tool [1], [2]. They contain detailed information on patient identity, examination results, diagnoses, treatments, and other services provided, forming the foundation for continuity of care. In Indonesia, medical records play a crucial role in the implementation of the National Health Insurance (JKN) program, particularly in the claims process to BPJS Kesehatan [3].

Completeness and timeliness in filling out medical records are critical factors in the success of claim submissions. Complete documentation ensures that all required administrative and medical elements are available for verification, while timely entry of claim data into the system helps prevent delays or rejections [4], [5]. Incomplete or late claim documentation may result in pending claims, returned files, or even denied claims, directly impacting the financial stability of healthcare facilities [6].

UPT Puskesmas Sangir Batang Hari is a primary healthcare facility providing both outpatient and inpatient services to the community. However, an initial survey conducted in 2024 revealed that it ranked

second in South Solok Regency for the number of pending inpatient claims and delayed claim submissions [7]. This issue has been linked to incomplete claim files and delays in data entry into the BPJS application, which violate claim administration guidelines and cooperation agreements with BPJS Kesehatan [8], [9].

According to BPJS Health's technical guidelines, claim documents must be complete and entered into the BPJS application within 30 days of patient admission [10]. Furthermore, facilities are required to submit claims regularly each month, no later than the 10th of the following month [11]. Failure to meet these standards can result in pending claims, delayed reimbursements, and cash flow problems, which in turn may disrupt service delivery and operational activities at the facility [12].

Several previous studies have reported that incomplete medical records and untimely claim submissions contribute significantly to claim delays in both hospitals and primary healthcare centers [13], [14]. Such delays can reduce the efficiency of BPJS Kesehatan's verification process, extend payment timelines, and create additional administrative burdens for health workers [15]. This highlights the need for improved documentation practices and effective coordination between healthcare providers, coders, and BPJS verifiers [16].

Based on these considerations, this study aims to determine the relationship between the completeness of filling out medical record claim submission files and the timeliness of entry on the smoothness of inpatient claims at UPT Puskesmas Sangir Batang Hari in 2024. The results are expected to provide evidence-based recommendations for improving medical record management, ensuring smoother claim processing, and enhancing the quality of health services..

2. METHOD

This study employed an analytic observational design with a cross-sectional approach [1], [2]. The research was conducted at UPT Puskesmas Sangir Batang Hari from July to October 2024, focusing on the medical record and BPJS PCare units. The study population consisted of 159 inpatient claim submission files from January to June 2024. Using Slovin's formula with a 5% margin of error, 67 claim files were selected as the research sample through simple random sampling [3].

Data were collected using an observation checklist developed based on BPJS Kesehatan's claim administration guidelines and relevant literature [4], [5]. The checklist assessed the completeness of claim submission documents, including administrative and medical components, and recorded the timeliness of claim data entry into the BPJS application. Completeness was categorized as "complete" if all required documents were present, and "incomplete" otherwise. Timeliness was classified as "on time" if claim entry occurred within 30 days of patient admission, in line with BPJS regulations [6].

Data processing involved editing, coding, entry, and cleaning before analysis [7]. Descriptive statistics were used for univariate analysis to present the frequency distribution of each variable. Bivariate analysis was performed using the Chi-square test to determine the relationship between independent variables (completeness of claim submission files and timeliness of claim entry) and the dependent variable (smoothness of inpatient claims) at a significance level of 0.05 [8]. Statistical analyses were conducted using SPSS version 25.

Ethical approval for this study was obtained from the Health Research Ethics Committee of Universitas Syedza Saintika, ensuring compliance with research ethics principles, including respect for autonomy, beneficence, non-maleficence, and justice [9].

3. RESULTS AND DISCUSSION

The study analyzed 67 inpatient claim submission files from UPT Puskesmas Sangir Batang Hari. Regarding completeness, 39 files (58.2%) were classified as complete, while 28 files (41.8%) were incomplete. Among the complete files, 35 (52.2%) were processed without pending issues, and 4 (6.0%) were pending. In the incomplete group, 15 files (22.4%) had no pending issues, while 13 files (19.4%) experienced pending claims. For timeliness, 59 claim entries (88.1%) were on time, while 8 (11.9%) were late. Of the timely entries, 48 (71.6%) were processed without pending issues, and 11 (16.4%) were pending. In contrast, among late entries, 2 (3.0%) had no pending issues, while 6 (9.0%) experienced pending claims.

The Chi-square test showed a significant relationship between the completeness of claim submission files and the smoothness of claims ($p = 0.001$), as well as between the timeliness of claim entry and the smoothness of claims ($p = 0.002$), indicating that both variables were statistically associated with claim processing outcomes.

The findings demonstrate that completeness of medical record claim submissions is significantly associated with the smoothness of inpatient claims. These results align with previous studies showing that incomplete documentation often leads to claim rejections or pending status due to failure to meet verification standards [1], [2]. Complete documentation ensures that all administrative and medical requirements, such as Formulir Pengajuan Klaim (FPK), Surat Pertanggungjawaban Mutlak (SPTJM), and medical summaries, are

available for BPJS verification [3]. Timeliness also plays a critical role in claim processing. This study found that late claim entries had a substantially higher rate of pending status compared to timely entries. BPJS Health guidelines mandate that claims be entered within 30 days of patient admission and submitted monthly no later than the 10th of the following month [4]. Delays in data entry may cause mismatches between system records and actual service delivery dates, complicating verification and leading to processing delays [5].

Operationally, pending or rejected claims can disrupt cash flow and delay reimbursement, affecting the financial stability of healthcare facilities [6]. In the case of UPT Puskesmas Sangir Batang Hari, delayed claims not only impacted financial operations but also increased the administrative workload for staff, who had to repeatedly revise and resubmit documents [7]. The significance of both completeness and timeliness underscores the need for stronger internal control systems, such as regular file audits and electronic reminders for claim submission deadlines. Training programs for medical record officers and close coordination between coders, verifiers, and clinicians could further reduce errors and delays in documentation [8], [9].

These results suggest that policy interventions aimed at improving medical record completeness and timeliness could enhance claim approval rates, accelerate reimbursement processes, and ultimately support the sustainability of healthcare service delivery [10].

4. CONCLUSION

This study found a significant relationship between the completeness of medical record claim submission files and the timeliness of claim entry with the smoothness of inpatient claims at UPT Puskesmas Sangir Batang Hari. Complete and timely claim submissions had substantially higher approval rates and lower pending status compared to incomplete or late submissions.

These findings highlight the importance of maintaining accurate and complete documentation, as well as adhering to submission deadlines set by BPJS Kesehatan, to ensure efficient claim processing and prompt reimbursement. Strengthening internal controls, conducting regular audits, and providing continuous training for medical record officers could improve performance in claim management.

It is recommended that UPT Puskesmas Sangir Batang Hari implement a standardized monitoring system to track claim completeness and timeliness, and enhance coordination between medical, administrative, and coding staff. These efforts can support financial stability and improve the overall quality of healthcare services delivered to the community..

ACKNOWLEDGEMENTS

The authors would like to express their sincere gratitude to the Head of UPT Puskesmas Sangir Batang Hari, the BPJS Kesehatan office, and all medical record officers for their support and cooperation during the research process. Appreciation is also extended to Universitas Syedza Saintika for the guidance and facilitation provided throughout the study. Finally, the authors thank all parties who contributed, directly or indirectly, to the completion of this research.

REFERENCES

[1] Brodin, and Yunengsih, “Tinjauan Kelengkapan Pengisian Resume Medis,” Jurnal Rekam Medis Indonesia, vol. 8, no. 2, pp. 76–83, 2021.
[2] Karyadi, “Resume Medis dan Hubungannya dengan Klaim BPJS,” Jurnal Informasi Kesehatan, vol. 9, no. 1, pp. 12–20, 2022.
[3] BPJS Kesehatan KC Malang, Panduan Administrasi Klaim Non Kapitasi FKTP, Malang: BPJS Kesehatan, 2022.
[4] BPJS Kesehatan, Petunjuk Teknis Verifikasi Klaim FKTP, Jakarta: BPJS Kesehatan, 2016.
[5] Melawati, “Faktor Penyebab Pending Klaim BPJS di Rumah Sakit,” Jurnal Pelayanan Kesehatan, vol. 10, no. 1, pp. 55–63, 2021.
[6] Rahmatiqa, C., et al., “Analisis Proses Klaim BPJS Kesehatan,” Jurnal Administrasi Rumah Sakit Indonesia, vol. 6, no. 1, pp. 25–32, 2020.
[7] UPT Puskesmas Sangir Batang Hari, Laporan Pending Klaim Rawat Inap 2024, Solok Selatan, 2024.
[8] Sarake, “Aspek Hukum dalam Rekam Medis,” Jurnal Etika Kedokteran, vol. 7, no. 1, pp. 50–57, 2019.
[9] Handayuni, “Manajemen Rekam Medis,” Jurnal Administrasi Kesehatan Indonesia, vol. 8, no. 2, pp. 145–152, 2020.
[10] Ministry of Health of the Republic of Indonesia, Regulation No. 24 of 2022 on Medical Records, Jakarta: Kemenkes RI, 2022..
[11] M. Notoatmodjo, Metodologi Penelitian Kesehatan, Jakarta: Rineka Cipta, 2018.
[12] S. Arikunto, Prosedur Penelitian: Suatu Pendekatan Praktik, Jakarta: Rineka Cipta, 2019.
[13] UPT Puskesmas Sangir Batang Hari, Laporan Klaim Rawat Inap BPJS, Solok Selatan, 2024.

[14] BPJS Kesehatan KC Malang, Panduan Administrasi Klaim Non Kapitasi FKTP, Malang: BPJS Kesehatan, 2022.
[15] C. Rahmatiqa, et al., "Analisis Proses Klaim BPJS Kesehatan," Jurnal Administrasi Rumah Sakit Indonesia, vol. 6, no. 1, pp. 25–32, 2020.
[16] BPJS Kesehatan, Petunjuk Teknis Verifikasi Klaim FKTP, Jakarta: BPJS Kesehatan, 2016.
[17] Sugiyono, Statistik untuk Penelitian, Bandung: Alfabeta, 2019.
[18] L. Ghozali, Aplikasi Analisis Multivariate dengan Program IBM SPSS, Semarang: Badan Penerbit UNDIP, 2021.
[19] Kemenkes RI, Peraturan Menteri Kesehatan No. 66 Tahun 2013 tentang Komite Etik Penelitian Kesehatan, Jakarta: Kemenkes, 2013.
[20] Ministry of Health of the Republic of Indonesia, Regulation No. 24 of 2022 on Medical Records, Jakarta: Kemenkes RI, 2022.
[21] Handayuni, "Manajemen Rekam Medis," Jurnal Administrasi Kesehatan Indonesia, vol. 8, no. 2, pp. 145–152, 2020.
[22] BPJS Kesehatan, Petunjuk Teknis Administrasi Klaim, Jakarta: BPJS Kesehatan, 2023.
[23] Mardan, "Pengelolaan Kelengkapan Rekam Medis di Pelayanan Kesehatan," Jurnal Rekam Medis, vol. 13, no. 1, pp. 34–42, 2021.
[24] Rahmatiqa, C., et al., "Analisis Proses Klaim BPJS Kesehatan," Jurnal Administrasi Rumah Sakit Indonesia, vol. 6, no. 1, pp. 25–32, 2020.
[25] Karyadi, "Resume Medis dan Hubungannya dengan Klaim BPJS," Jurnal Informasi Kesehatan, vol. 9, no. 1, pp. 12–20, 2022.
[26] UPT Puskesmas Sangir Batang Hari, Laporan Pending Klaim Rawat Inap 2024, Solok Selatan, 2024.
[27] BPJS Kesehatan KC Malang, Panduan Administrasi Klaim Non Kapitasi, Malang: BPJS Kesehatan, 2022.
[28] Ministry of Health of the Republic of Indonesia, Regulation No. 28 of 2014 on JKN Implementation, Jakarta: Kemenkes RI, 2014.
[29] BPJS Kesehatan, Technical Guidelines for Inpatient Claims Verification, Jakarta: BPJS Kesehatan, 2016.
[30] Rahayu, L., and Sugiarti, "Manajemen Pengajuan Klaim BPJS Kesehatan di FKTP," Jurnal Kebijakan Kesehatan, vol. 5, no. 2, pp. 67–74, 2021.
[31] Melawati, "Faktor Penyebab Pending Klaim BPJS di Rumah Sakit," Jurnal Pelayanan Kesehatan, vol. 10, no. 1, pp. 55–63, 2021.
uma, and Hatta, "Pengaruh Kelengkapan Rekam Medis Terhadap Klaim," Jurnal Manajemen Kesehatan, vol. 4, no. 1, pp. 20–27, 2008.
[32] Pardede, "Kesesuaian Kode Diagnosa dan Klaim BPJS," Jurnal Koding Kesehatan, vol. 3, no. 2, pp. 88–95, 2020.
[33] Sarake, "Aspek Hukum dalam Rekam Medis," Jurnal Etika Kedokteran, vol. 7, no. 1, pp. 50–57, 2019..