



A Case Study Of Outpatient Fragmentation Relating To The Submission Of A Claims At Dustira Hospital Level II

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Abstract : This study examines instances of incomplete outpatient claim submissions at Dustira Hospital Level II. In order to determine the cause of fragmentation and assess the casemix unit's completion efforts, data collection and analysis are conducted. Specifically, data for the three months of November, December, and January are included, with 707 files having fragmentation and 1671 files not having it. The percentage of data that has fragmentation is 30%, while that of data that does not is 70%. According to the study's findings, fragmentation is caused by things like confusing laws, a lack of cooperation between departments, and limitations on the administration of drugs. To keep things from becoming fragmented, the casemix unit holds monthly meetings and assessments. comprises investing in information technology, personnel training, frequent assessments, and enhancing departmental cooperation. Through the use of these procedures, it is intended that Dustira Hospital Level II's outpatient claim submission procedure will become more accurate and efficient.

IndexTerms – Medical Record,Casemix,Fragmentation,Outpatient.

I. INTRODUCTION

Health is a state of well-being that includes physical, mental and social aspects, which allows a person to live productively both socially and economically. The World Health Organization in 1948 stated that health is a condition of physical, mental and social well-being, and not merely the absence of disease or infirmity. Meanwhile, in Law No. 17 of 2023, health is defined as a person's healthy condition, both physical, mental and social, not just free from disease, which allows individuals to live productively (President of the Republic of Indonesia 2023).

A hospital is a social institution established by a group of people to provide complete health care, according to a statement from the World Health Organization. For every person in need of medical attention, hospitals offer facilities for the diagnosis, treatment, and prevention of both new and existing disorders. In addition, hospitals serve as teaching and educational facilities for medical professionals (Brain et al., 2023). According to Rusli (2022), patients therefore think that hospitals are able to offer high-quality medical care for healing and recovery, react fast to patient concerns, and offer compassionate medical care.

Documents that contain details about patient data, test results, treatment modalities, activities conducted, and other services rendered to patients are referred to as medical records under Minister of Health Regulation Number 24 of 2022. In order to maintain the management of health care, medical records are being implemented. Proper and appropriate management of medical records will facilitate efficient administration (Mathematics 2016).

The National Social Security System (SJSN), which is administered through the social insurance system, includes National Health Insurance (JKN). The goal is to protect everyone's health so that they can take care of their fundamental medical needs. Individuals who pay their own contributions or whose payments are covered by the government are covered by this protection (Permenkes, 2014). JKN is a nationwide health insurance scheme that pays for medical expenses. The government provides subsidies to BPJS Health, the organization in charge of this program, or all Indonesian citizens make regular contributions to it (Andisi and Uhing 2018).

The degree of fragmentation in health care is measured using the fragmentation of care index (FCI). The FCI was created using the continuity of care index and takes into account a variety of variables, such as the total number of visits made to different medical clinics, the amount of time spent at each clinic, and the variance in the number of clinic visits. Researchers can determine how frequently patients migrate between health centers by measuring patient movement frequency (FCI), which provides an indication of how fragmented patient care is (Kaneko et al. 2022).

A claim is a plea for acknowledgement of someone's entitlement to something based on known facts, according to the Big Indonesian Dictionary. Pamjaki, 2014 in (Andisi and Uhing 2018) defines claiming as the process by which the policyholder

reports a loss, provides the necessary paperwork, and the insurance company evaluates the claim before disbursing benefits in compliance with the policy's terms and conditions.

According to Malla Avila (2022), claims have a number of objectives, including settling valid claims, identifying possible fraud, abiding by legal requirements, preventing legal action, managing earnings, and keeping claims expenses under control. BPJS highlights that claims from healthcare facilities must be submitted to BPJS Health no later than 10 months following the occurrence in the Practical Guide to Administration of Claims for Health Facilities. Without requiring users to contribute, the INA CBG package covers the costs of outpatient, emergency, and outpatient healthcare services. CBG provides clients with free outpatient, emergency, and inpatient services at INA rates. All expenses that BPJS Health members are required to pay are included in the INA CBG tariff, including administrative fees, medical services, facilities, medications, lodging, and supplies and consumables (Hasdiana 2018).

707 fragmentation files were found, according to study done in April 2024 by researchers at Dustira Hospital. This suggests that hospitals may presently be dealing with a variety of issues and challenges associated with fragmentation when submitting JKN claims.

From the background that has been described, the researcher took the title "A Case Study Of Outpatient Fragmentation Relating To The Submission Of A Claims At Dustira Hospital Level II"

II. METHODOLOGY

This study takes a descriptive approach while utilizing a qualitative strategy. Sugiyono (2018) states that probability sampling is the sample approach employed, in which every data set has an equal chance of being chosen for inclusion in the sample. Askar Khalid (2014) states that observations, interviews, a review of the literature, and 707 outpatient fragmented files for the months of November, December, and January were used as data gathering methodologies. 88 samples were obtained after the samples were calculated using the Slovin formula.

III. RESULTS AND DISCUSSION

The results of the field work practice that the author carried out in the Casemix Unit of the Dustira Hospital Level II regarding the analysis of outpatient fragmentation cases regarding claim submissions at the Dustira Hospital Level II, the author obtained the following results:

A. Recapitulation of Outpatient Fragmentation Status Results Data in November December January at Dustira Hospital Level II

Table 1. Total number of claim files at Dustira Hospital Level II in November, December, and January, both fragmented and non-fragmented

No	Month	Fragmented File's	Not Fragmented File's
1.	November	284	181
2.	Desember	216	175
3.	Januari	207	1261
Jumlah		707	1617

Source: Author's results (2024)

Table 1 shows how many fragmented files Dustira Hospital Level II had in November, December, and January.

- 284 file fragmentations in November;
- 216 file fragmentations in December;
- 207 file fragmentations in January

Over the course of the three months, 707 files were fragmented in total.

In the meantime, the following number of files did not fragment in November, December, or January:

- 181 files were fragmentation-free in November, while
- 175 files were in December.
- 1261 files were fragmentation-free in January.
- 1617 files in total were not fragmented during the course of these three months.

Thus, at Dustira Hospital Level II, there were 707 files that were fragmented overall in November, December, and January, compared to 1617 files that were not.

B. Analysis of File Fragmentation at Dustira Hospital Level II

The sample calculation that will be examined is based on the recapitulation of fragmentation status in November December January at Dustira Hospital Level II. Simple random sampling technique with the Slovin formula was used to determine the sample size.

here is the calculation:

$$N = \frac{N}{1 + N(e)^2}$$

Information :

n : Number of Samples

N: Number of Population

e : Sampling Error Allowance (10%)

$$n = \frac{707}{1 + (707(0,01))^2}$$

$$n = \frac{707}{1 + 7,07}$$

$$n = \frac{707}{8,07}$$

$$n = 87,6$$

n = 88 (Rounding)

From the results, the following 88 files are files that experienced fragmentation from November December January. Meanwhile, for the recapitulation of files that were not fragmented in November December January at Dustira Hospital Level II, the number of samples was also calculated using a simple random sampling technique with the Slovin formula:

$$n = \frac{1.671}{1 + (1.671(0,01))^2}$$

$$n = \frac{1.671}{1 + 16,17}$$

$$n = \frac{1.671}{17,17}$$

$$n = 94$$

n = 94

Recapitulation of fragmentation files for November December January at Dustira Hospital Level II

Figure 1. File fragmentation for November

Nama RS	No SEP	Keterangan	Kd INACBG	sanggahan
RS TNI Dustira	1002R0071023V027228	Fragmentasi	Q-5-18-0	acc
RS TNI Dustira	1002R0071023V028048	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V027928	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V022937	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V028348	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V027303	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V010555	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V007942	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V017761	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V023363	Fragmentasi	Q-5-18-0	acc
RS TNI Dustira	1002R0071023V012238	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V015226	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V015095	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V023645	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V012639	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V015577	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V007078	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V021168	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V027935	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V018511	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V019346	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V027365	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V014291	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V027520	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V016750	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V027579	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V022006	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V015559	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071023V021271	Fragmentasi	Q-5-44-0	acc

Figure 2. File fragmentation for December

Nama RS	No SEP	Keterangan	Kd INACBG	sanggahan
RS TNI Dustira	1002R0071123V028164	Fragmentasi RJTL	Q-5-44-0	PA SIEN BA RU PENEGA KA N DIA GNOSIS DM EVA LIA SI 2 MINGGU
RS TNI Dustira	1002R0071123V028197	Fragmentasi RJTL	Q-5-18-0	PA SIEN BA RU PENEGA KA N DIA GNOSIS LBP
RS TNI Dustira	1002R0071123V018277	Fragmentasi RJTL	Q-5-44-0	BEDA PENY A KIT, DA TA NG PERTAMA DM, KEDUA SPA SME OTOT
RS TNI Dustira	1002R0071123V023832	Fragmentasi RJTL	Q-5-44-0	Y A NG SA TU LUTUK HEPATITIS Y A NG KEDA TA NGA N KEDUA
RS TNI Dustira	1002R0071123V018458	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V021469	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU DERD
RS TNI Dustira	1002R0071123V027795	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V020798	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V025789	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V024134	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V027109	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V028027	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V016167	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V016273	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V024510	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V024582	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V028658	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V021895	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V009462	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V022099	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V028401	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V016116	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V027823	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V020071	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V027059	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V023593	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V027308	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V026628	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU
RS TNI Dustira	1002R0071123V020274	Fragmentasi RJTL	Q-5-44-0	BA RU PENEGA KA N DIA GNOSTIK EVA LIA SI 1-2MINGGU

Figure 3. File fragmentation for January

Nama RS	No SEP	Keterangan	Kd INACBG	sanggahan
RS TNI Dustira	1002R0071223V015673	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V025283	Fragmentasi	Q-5-18-0	acc
RS TNI Dustira	1002R0071223V013892	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V024389	Fragmentasi	Q-5-44-0	pasien baru sehingga perlu evaluasi dulu
RS TNI Dustira	1002R0071223V026200	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru
RS TNI Dustira	1002R0071223V017595	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V019949	Fragmentasi	Q-5-44-0	pasien baru sehingga perlu dilakukan kontrol per 2 minggu
RS TNI Dustira	1002R0071223V020182	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V012305	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V025842	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru
RS TNI Dustira	1002R0071223V024693	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru
RS TNI Dustira	1002R0071223V025782	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru
RS TNI Dustira	1002R0071223V026010	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru
RS TNI Dustira	1002R0071223V021296	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V026387	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru
RS TNI Dustira	1002R0071223V025874	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru
RS TNI Dustira	1002R0071223V024881	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V017605	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V017618	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V026188	Fragmentasi	Q-5-44-0	tidak fragmentasi, kontrol post rawat
RS TNI Dustira	1002R0071223V025447	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V019774	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V020424	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V017587	Fragmentasi	Q-5-44-0	acc
RS TNI Dustira	1002R0071223V026282	Fragmentasi	Q-5-44-0	sebelum waktunya kontrol , pasien merasa gelisah yang lebih hebat
RS TNI Dustira	1002R0071223V026072	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru
RS TNI Dustira	1002R0071223V025850	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru
RS TNI Dustira	1002R0071223V026348	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru
RS TNI Dustira	1002R0071223V020914	Fragmentasi	Q-5-44-0	sebelum waktunya kontrol , pasien merasa gelisah yang lebih hebat
RS TNI Dustira	1002R0071223V026095	Fragmentasi	Q-5-44-0	tidak fragmentasi karena jika sesuai SKD libur tahun baru

Recapitulation of non -fragmentation files in November January at Dustira Hospital Level II

Figure 4. Files that are not fragmented in November

Nama RS	No SEP	Keterangan	Kd INACBG	sanggahan
RS TNI Dustira	1002R0071023V028995	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V000063	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V015206	Assesment IGD	Q-5-41-0	acc
RS TNI Dustira	1002R0071023V018768	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V011972	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V016184	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V019969	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V027792	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V023820	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V014857	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V027734	Assesment IGD	Q-5-25-0	acc
RS TNI Dustira	1002R0071023V006377	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V011919	Assesment IGD	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V020164	DOA	Q-5-37-0	acc
RS TNI Dustira	1002R0071023V005009	DOA	Q-5-37-0	acc
RS TNI Dustira	1002R0071023V026079	DOA	Q-5-37-0	acc
RS TNI Dustira	1002R0071023V013468	DOA	Q-5-37-0	acc
RS TNI Dustira	1002R0071023V020172	DOA	Q-5-37-0	acc
RS TNI Dustira	1002R0071023V006394	doa	Q-5-37-0	acc
RS TNI Dustira	1002R0071023V019635	doa	Q-5-37-0	acc
RS TNI Dustira	1002R0071023V007156	doa	Q-5-37-0	acc
RS TNI Dustira	1002R0071023V020611	extraksi 2x dapat	U-3-16-0	acc
RS TNI Dustira	1002R0071023V015444	extraksi 2x dapat	U-3-16-0	acc
RS TNI Dustira	1002R0071023V000340	Kode fisioterapi b	J-3-13-0	acc
RS TNI Dustira	1002R0070623V021501	Kode fisioterapi b	Q-5-42-0	acc
RS TNI Dustira	1002R0070623V017141	Kode fisioterapi b	Q-5-42-0	acc
RS TNI Dustira	1002R0071023V002453	Kontrol PPK 1	Q-5-18-0	acc
RS TNI Dustira	1002R0070623V009074	Revisi 4011 menj	D-2-22-0	acc
RS TNI Dustira	1002R0070623V008392	Revisi 4011 menj	D-2-22-0	acc
RS TNI Dustira	1002R0071023V021978	Revisi R10.0	K-5-18-0	acc
RS TNI Dustira	1002R0071023V018400	Revisi R10.0	K-5-18-0	acc

Figure 5. Files that are not fragmented in December

Nama RS	No SEP	Keterangan	Kd INACBG	sanggahan
RS TNI Dustira	1002R0071123V0271608	assesment IGD	Q-5-30-0	bayi 5 bulan sesak, pernafasan triage kuning
RS TNI Dustira	1002R0071123V003445	assesment IGD	K-3-16-0	hidung anak 3 tahun masuk mani-manik dalam hidung
RS TNI Dustira	1002R0071123V006795	assesment IGD	Q-5-30-0	nyeri dada kiri menjalar hingga ke lengan dan punggung
RS TNI Dustira	1002R0071123V006875	assesment IGD	J-3-13-0	sesak nafas
RS TNI Dustira	1002R0071123V010618	assesment IGD	Q-5-25-0	skor VAS pada ulu hati di angka 8, dan mendapat terapi injeksi
RS TNI Dustira	1002R0071123V003512	assesment IGD	Q-5-42-0	muntah berkali VAS skor di angka 7
RS TNI Dustira	1002R0071123V025166	assesment IGD	Q-5-41-0	kejang - kejang
RS TNI Dustira	1002R0071123V008048	assesment IGD	J-3-13-0	sesak mengi
RS TNI Dustira	1002R0071123V005556	assesment IGD	J-3-13-0	sesak triage kuning respirasi 35
RS TNI Dustira	1002R0071123V003690	assesment IGD	Q-5-44-0	sesak respirasi 24-30x/ menit
RS TNI Dustira	1002R0071123V025019	assesment IGD	Q-5-42-0	sesak respirasi 24-30x/ menit
RS TNI Dustira	1002R0071123V022482	assesment IGD	Q-5-25-0	nyeri ulu hati VA score 7, nadi lemah
RS TNI Dustira	1002R0071123V002348	assesment IGD	J-3-13-0	sesak, respirasi 35
RS TNI Dustira	1002R0071123V008030	assesment IGD	Q-5-42-0	pasien datang jam 12 malam klinik bpjs tutup trs pasien harus berobat
RS TNI Dustira	1002R0071123V010505	assesment IGD	J-3-13-0	pasien GEA USIA LANJUT DATANG JAM 12 MALAM, KLINIK TUTUP
RS TNI Dustira	1002R0071123V005584	assesment IGD	G-5-17-0	nyeri pinggang hingga ke kaki VAS Score 8
RS TNI Dustira	1002R0071123V003550	assesment IGD	Q-5-42-0	muntah diare menerus pada lansia
RS TNI Dustira	1002R0071123V012155	assesment IGD	N-3-14-0	PASIEN RETENSI URINE LANJIA BI TAHUN datneg jam 9 malam
RS TNI Dustira	1002R0071123V021304	assesment IGD	Q-5-42-0	lansia muntah muntah, datang pada jam 10 malam
RS TNI Dustira	1002R0071123V013550	assesment IGD	J-3-13-0	lansia nyeri ulu hati datang ke igd jam 4 subuh, VAS score 8
RS TNI Dustira	1002R0071123V021881	assesment IGD	G-5-17-0	lansia odem kaki dan nyeri kaki VAS score 7
RS TNI Dustira	1002R0071123V021248	assesment IGD	Q-5-42-0	lansia mual muntah - muntah serta diare nadi lemah
RS TNI Dustira	1002R0071123V018527	assesment IGD	J-3-13-0	sesak respiratory di atas 24 triage kuning, seharusnya dirawat namun
RS TNI Dustira	1002R0071123V012143	assesment IGD	Q-5-25-0	nyeri ulu hati berat vas score 7 triage kuning
RS TNI Dustira	1002R0071123V007977	assesment IGD	Q-5-42-0	lansia 88tahun tersiram air panas, vas score 7
RS TNI Dustira	1002R0071123V006809	assesment IGD	Q-5-32-0	nyeri pinggang jam 2 subuh, disertai nyeri saat BAK
RS TNI Dustira	1002R0071123V028795	assesment IGD	G-5-17-0	Pasien 70 tahun dengan nyeri leher menjalar,
RS TNI Dustira	1002R0071123V010672	assesment IGD	Q-5-44-0	pasien usia 76 tahun dengan keluhan nyeri datang pukul stengah 5 sore
RS TNI Dustira	1002R0071123V010266	assesment IGD	Q-5-25-0	nyeri ulu hati mau k klinik tutup, VAS Skor 8
RS TNI Dustira	1002R0071123V006685	assesment IGD	J-3-13-0	pasien asthma skor respiratory 28
RS TNI Dustira	1002R0071123V018382	assesment IGD	J-3-13-0	pasien asthma memenuhi kriteria gaw at darurat

Figure 6. Files that are not fragmented in January

Nama RS	No SEP	Keterangan	Kd INACBG	sanggahan
RS TNI Dustira	1002R0071223V022139	Assesment IGD	K-5-18-0	triage orange
RS TNI Dustira	1002R0071223V026176	Assesment IGD	Q-5-44-0	GCS 9-13, skala nyeri 5-7 . triage orange
RS TNI Dustira	1002R0071223V022069	Assesment IGD	Q-5-44-0	
RS TNI Dustira	1002R0071223V021656	Assesment IGD	Q-5-27-0	
RS TNI Dustira	1002R0071223V001207	Assesment IGD	Q-5-42-0	
RS TNI Dustira	1002R0071223V012219	Assesment IGD	Q-5-42-0	triage orange
RS TNI Dustira	1002R0071223V024280	Assesment IGD	Q-5-27-0	
RS TNI Dustira	1002R0071223V026729	Assesment IGD	Q-5-42-0	demam triage merah
RS TNI Dustira	1002R0071223V026687	Assesment IGD	Q-5-44-0	HT emergensi
RS TNI Dustira	1002R0071223V014535	Assesment IGD	Q-5-32-0	skla nyeri di triage merah
RS TNI Dustira	1002R0071223V022026	Assesment IGD	Q-5-40-0	skla nyeri di triage merah
RS TNI Dustira	1002R0071223V026578	Assesment IGD	Q-5-44-0	
RS TNI Dustira	1002R0071223V013580	Assesment IGD	Q-5-42-0	triage kuning
RS TNI Dustira	1002R0071223V006706	Assesment IGD	Q-5-42-0	triage kuning
RS TNI Dustira	1002R0071223V002700	Assesment IGD	Q-5-41-0	
RS TNI Dustira	1002R0071223V026688	Assesment IGD	Q-5-44-0	pasien asthma
RS TNI Dustira	1002R0071223V014546	Assesment IGD	Q-5-43-0	pasien ada keluhan sesak datang hari jumat sore, geriatrik
RS TNI Dustira	1002R0071223V024160	Assesment IGD	Q-5-42-0	nyeri pada jempol bengkok dan bernanah memenuhi kriteria darurat
RS TNI Dustira	1002R0071223V006712	Assesment IGD	Q-5-42-0	lampirin assesment IGD nya ga ada disini, pasien datang jam 4 pagi
RS TNI Dustira	1002R0071223V015061	Assesment IGD	Q-5-41-0	lansia klinik tutup hari minggu keluhan bengkok pada kaki. kriteria darurat terpenuhi
RS TNI Dustira	1002R0071223V026434	Assesment IGD	Q-5-39-0	64 tahun jatuh dari motor sudah diobservasi
RS TNI Dustira	1002R0071223V026624	Assesment IGD	Q-5-25-0	acute abdomen, VAS 7
RS TNI Dustira	1002R0071223V010879	Assesment IGD	Q-5-44-0	berdebar heart rate sd 110
RS TNI Dustira	1002R0071223V013556	Assesment IGD	Q-5-36-0	pasien dengan gejala dehidrasi, sudah di cek gula khawatir hipoglikemia
RS TNI Dustira	1002R0071223V025506	Assesment IGD	Q-5-44-0	pasien 54 tahun dnegan sesak dan mendapat masker NRM
RS TNI Dustira	1002R0071223V003842	Assesment IGD	Q-5-44-0	
RS TNI Dustira	1002R0071223V026298	Assesment IGD	Q-5-32-0	
RS TNI Dustira	1002R0071223V024398	Assesment IGD	Q-5-25-0	sudah diperiksa pasien mual muntah 4 hari namun karena penuh dirujuk
RS TNI Dustira	1002R0071223V024159	Assesment IGD	Q-5-44-0	nyeri pada punggung VAS 7 dapet injeksi
RS TNI Dustira	1002R0071223V012259	Assesment IGD	Q-5-42-0	corpai benda asing kriteria darurat
RS TNI Dustira	1002R0071223V006757	Assesment IGD	Q-5-42-0	panas badan 1hari datang stengah 6 klinik tutup
RS TNI Dustira	1002R0071223V019185	Assesment IGD	G-5-17-0	vas 7 dapat injeksi

Table 2. Number of Fragmentation claim files and those who are not fragmented at Dustira Hospital Level II in November December January

No	Month	Fragmented File's	Not Fragmented File's
1	November	284 berkas	181 berkas
2	Desember	216 berkas	175 berkas
3	Januari	207 berkas	1261 berka
Jumlah		707 berkas	1617 berkas
Total		30 %	70 %

Source: Author's results (2024)

$$707 \times 100 = \frac{70.700}{2.324} = 30\% \text{ (Fragmentation Data)}$$

$$1671 \times 100 = \frac{167.100}{2.324} = 70\% \text{ (Not Fragmentation Data).}$$

The above table shows that the proportion of fragmentation is 30% for the months of November, December, and January, and it is not higher than 70%. There is a significant distinction between the two categories of data in the Level II Hospital's outpatient claim procedure. We can draw the conclusion that there are a variety of reasons why outpatient fragmentation data in level II hospitals occurs, including inadequate documentation and reporting systems within the hospital, a lack of coordination between related departments, and ambiguity or confusion in the claim submission process.

C. Causes of Outpatient Fragmentation of Claim Submissions at Dustira Hospital Level II

Claims fragmentation can be caused by several factors, especially in the context of insurance or health services. And there are several causes including:

1. Errors in filling out forms by hospital staff or patients can cause fragmentation. such as diagnoses, medical procedures, and costs, are often spread among multiple documents and systems. Data discrepancies between various sources can occur, causing difficulties in validating information that can hinder the claims process.
2. Claim fragmentation may result from disparate standards for the gathering, storing, and sharing of health information. Piecing together information from various sources and confirming the accuracy and completeness of claims is a difficult process in the absence of common standards.
3. Hospitals may only have a limited supply of some medications, which limits the amount of time they can administer medication. This may be brought on by issues with distribution, procurement, or a shortage of medication supplies.
4. The fragmentation of claims may be brought about by outdated or poorly integrated technology within the healthcare system. It may be challenging to locate the data required to file a claim on systems with poor interoperability or missing useful search capabilities.
5. The hospital's many departments—including the casemix, medical services, and registration departments—don't work together well. This could make it more difficult to get the data needed to support a claim.
6. Hospital policies within the facility may have an impact on patient care. Hospitals may have policies requiring patients to visit various clinics on a regular basis; this could cause care to become fragmented.
7. Patient visit hours may be restricted to specific polyclinics due to the availability of specialized physicians or visitation schedules. Treatment and treatment regimens may become disjointed if patients are unable to see the same specialist on each appointment.

D. Outpatient Fragmentation Procedure for Filing Claims at Dustira Hospital Level II

The author's research has demonstrated that Dustira Hospital Level II's outpatient claim submission fragmentation stages correspond to the established Standard Operating Procedures.

1. Locating the locations of fragmentation is the first step. This could entail looking into inconsistencies in claim submissions, gathering information on patient experiences, or assessing healthcare procedures.

Analyzing the causes of fragmentation comes next when fragmentation has been identified. This entails figuring out what contributes to fragmentation, like a lack of coordination.

1. inconsistencies in internal policies, departmental conflicts, or issues with the health information system.
2. The next stage is to create strategies to prevent fragmentation based on the cause analysis. This could involve revising internal procedures, updating health information systems, or streamlining departmental communications.
3. Putting a solution into practice comes next after it has been determined. This can entail updating information technology systems, implementing new policies, and instructing personnel on new processes.
4. Regular reviews and ongoing monitoring of the efficacy of implemented solutions are crucial. This could be audits of healthcare procedures, staff and patient feedback, or analysis of patient data.
5. Because the fragmentation process is dynamic, it requires constant improvement to guarantee the highest level of service quality. The findings of monitoring and assessment can be used to identify and implement additional measures that will increase consistency and efficiency.

E. Efforts made by casemix unit officers to overcome fragmentation problems at Dutira Level II Hospital

Officials at Dustira Hospital Level II's Casemix section have taken action to prevent fragmentation in the submission of outpatient claims. Here are a few of the initiatives taken:

1. To avoid fragmentation, coordinate with DPJP physicians across related departments, including registration, medical services, and finance.
2. Regularly audit and monitor the claims procedure to spot possible issues or mistakes and implement any necessary adjustments.
3. Conduct regular performance evaluations to evaluate the effectiveness of the efforts made and determine the necessary corrective steps.
4. Collaborate with external parties, such as insurance companies, to understand applicable claim requirements and ensure that the claim submission process runs in accordance with established standards.

By making these efforts, it is hoped that fragmentation in submitting outpatient claims at Level II Hospitals can be reduced, thereby increasing the efficiency and accuracy of the overall claims process.

Research Through Innovation

IV. CONCLUSION

The author draws the following conclusions from the study's analysis of outpatient fragmentation cases pertaining to Dustira Hospital Level II claim submissions:

1. The number of files at Dustira Hospital Level II that suffered fragmentation and the number of files that did not throughout the months of November, December, and January differed.
2. Throughout November, December, and January, a total of 707 files suffered from fragmentation, whereas 1671 files were spared from fragmentation.
3. The sample process employed a straightforward random sampling technique. January saw the sampling of 30 files, December saw the sampling of 29 files, and November saw the sampling of 29 files.
4. There are multiple factors that contribute to the fragmentation of the medical record at Dustira Hospital. These include incomplete data, a limited supply of short-term medications that patients can visit, a restricted number of DPJPs and patients, patients visiting multiple polyclinics in a single week, a lack of coordination among registration officers, medical services, and casemix, and inferior or less advanced technology to access medical records.
5. Fragmentation procedures at level II hospitals have been carried out in accordance with established Standard Operating Procedures (SOP).
6. To avoid fragmentation, Dustira Hospital Level II, particularly the casemix unit, conducts ongoing evaluations and usually convenes monthly meetings. In order to ensure the smooth operation of the claims procedure to BPJS, this initiative attempts to reduce the possibility of fragmentation.

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