

DOI: <https://doi.org/10.38035/dhps.v2i1>Received: July 17th 2024, Revised: July 24th 2024, Publish: August 02nd 2024<https://creativecommons.org/licenses/by/4.0/>

SEP Monitoring Analysis of Outpatients in Medicare to Support the Effectiveness of BPJS Patient Services

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Abstract: Monitoring is a monitoring process in the Medicare system to prevent participant eligibility letters from not being formed. The aim of this research is to analyze the monitoring system for outpatient Participant Eligibility Letters to support the effectiveness of services for BPJS patients. The research method uses descriptive qualitative, data collection uses observation and interviews, data validation uses source and technique triangulation techniques. Based on the results of the interviews, researchers still found several obstacles that prevented the formation of Participant Eligibility Letters, analyzed using 6M+1I, namely in (1) man, namely copying and pasting the SEP number in the wrong column, copying and pasting someone else's SEP number to Medicare, the patient has not been fingerprinted, the card number is inactive or the data on the BPJS and KTP do not match; (2) machine, the system is still unable to fully read the error when processing the SEP on Medicare. The analysis of the SEP monitoring process is in accordance with the SPO guidelines, the benchmark for outpatient clinics is that the SEP has been formed and new patients can be served until the end of the service.

Keywords: Monitoring, Participant Eligibility Letter, Service

INTRODUCTION

The development of information systems plays a very important role in today's era. The demand for an increasingly better and more developed information system is a result of the demands of a company's development, increasingly advanced technological developments, government policies, and the need for information needs (Wahyudin & Rahayu, 2020).

Electronic medical records are one form of evidence of technological progress in developing countries, including information in health services. The forms of positive impacts include benefits that can be reviewed from socio-economic life factors, clinical factors, and clinical information access factors (Rizky & Tiorentap, 2020).

The government has issued Regulation of the Minister of Health Number 24 of 2022 concerning medical records. This regulation has replaced Permenkes 269 concerning medical records in 2008. The new regulation regulates more about electronic medical records. All

hospitals are required to implement and enforce electronic medical records by December 2023 (Permenkes, 2022).

Along with the increasingly high development of society in the current era, every year the government tries to fulfill every individual's interests, including in the health sector. Health is the main thing for every individual in maintaining their life's productivity (Minii & Sari, 2022). One of the policies provided by the government is the National Health Insurance. This policy aims to ensure that all people can receive comprehensive and fair health services using a premium system like other health insurance. One form of implementation of this policy is through the Social Security Administering Body (BPJS) known as BPJS Kesehatan (Suprpto & Malik, 2019).

Based on the Regulation of the Minister of Health of the Republic of Indonesia No. 28 of 2014, in order to improve the health status of the community, the National Health Insurance Program has been organized by the Social Security Administering Body for Health, as an effort to provide health protection to individual participants to obtain health care benefits and protection in meeting basic health needs (Permenkes, 2014).

Participant Eligibility Letter (SEP) is a very important letter in the BPJS Kesehatan system which provides certainty regarding the eligibility and rights of participants to receive health services. The Participant Eligibility Letter is key to ensuring the availability, clarity, and fairness of medical services provided to all BPJS Kesehatan participants (Harianus Zebua, 2023).

Monitoring is a process of activities consisting of collecting, reviewing, reporting activities, and taking action on information about a process that is being worked on and then implemented (Purwanto, Yuniar Laeli NF, 2023). Monitoring is a monitoring process to find out whether the activities carried out are in accordance with what was planned, whether there are any obstacles that occur and how officers overcome these obstacles (Utomo, 2023). Medicare is an electronic medical record system used at RSI Assyifa Sukabumi.

The purpose of this study is the success of monitoring the Participant Eligibility Letter on Medicare to support the effectiveness of BPJS patient services at RS Islam Assyifa Sukabumi. The registration system implemented at RSI Assyifa Sukabumi is 2 types, namely online registration (Si Dora and JKN) and onsite registration (Come to the hospital, take a queue to APM).

METHODS

This study uses a qualitative descriptive research type, this study focuses on knowledge and theory in observation and interviews. The research variable is the process of monitoring the Participant Eligibility Letter (SEP) to support the effectiveness of BPJS patient services. In this study, data collection used observation and interviews, included in the research results. Data validation used source and technique triangulation techniques. Source triangulation is by the head of the medical records installation and the head of the registration unit. Technique triangulation uses observation. This research was conducted at RSI Assyifa Sukabumi in December 2023 - January 2024.

RESULTS AND DISCUSSION

Results

Process of Making Participant Eligibility Letters and Bridging Process to Medicare

Based on the results of observations and interviews, regarding the Standard Operating Procedure at RSI Assyifa Sukabumi, every patient who will receive treatment using BPJS must have a BPJS number, every patient who will receive treatment using BPJS must bring a BPJS card (can be in physical form, photocopy or other form), participant eligibility letters can be made if the patient's membership status is active, if there is a difference in data or does not match between the BPJS card and the identity card (KTP) or family card (KK) then the registration officer confirms with the BPJS officer via telephone or via a predetermined social media group (Whatsapp), all patients who receive treatment using BPJS automatically enter the monitoring system, and the officer processes the Participant Eligibility Letter (SEP) through the monitoring menu on Medicare, if the officer does not monitor the system in monitoring, there will be an

Eligibility Letter (SEP) that has not been formed, and the patient will not be able to be served. Officers log in to the VCLAIM application using their respective Username and Password, user address: <https://vclaim.bpjs-kesehatan.go.id>

Making Outpatient SEP (Clinic) New Referral New Patient

1) Patient comes with a new referral; 2) Patient goes to the queue machine; 3) Patient gets a queue number; 4) Patient waits for the registration officer to call for the registration process; 5) Patient goes to the registration desk; 6) Patient does a fingerprint assisted by the officer; 7) Officer registers the patient; 8) Registration officer enters the Virtual Claim application > select the SEP menu > Making SEP > input the patient's BPJS number > select the latest referral number > input the name of the specialist doctor > save.

Creating Outpatient SEP (Clinic) New Referral for Old Patients

1) The patient comes with a new referral; 2) The patient goes to the queue machine; 3) The patient does a fingerprint on the APM machine (If the patient is detected as having never done a fingerprint, the patient is directed to take a new patient queue so that the patient does not go directly to the polyclinic); 4) The patient selects the health center referral queue menu > selects Old Patient; 5) The patient gets a queue number; 6) The patient goes to the destination polyclinic; 7) The officer opens the APM menu > Print billing and patient labels; 8) The registration officer enters the Virtual Claim application > selects the SEP menu > creates SEP > Inputs the patient's BPJS number > selects the latest referral number > inputs the specialist doctor's name > save.

Creating SEP for Old Patients for Follow-up Controls

1) The patient comes with a control letter; 2) The patient goes to the queue machine; 3) The patient takes a queue number > selects the control menu > inputs the BJS number; 4) The patient does a fingerprint on the APM machine (if the patient is detected as having never done a fingerprint, the patient is directed to take a new patient queue so that the patient does not go directly to the polyclinic); 5) The patient goes to the destination polyclinic; 6) The registration officer opens the APM menu > Print Billing; 7) The registration officer enters the Virtual Claim application > selects the control visit menu > searches for the patient > copies the control number created previously > enters the SEP creation menu > inputs the patient's BPJS number > selects the latest referral number > pastes the control letter number > inputs the name of the specialist doctor > selects not an accident > saves > selects the top option > prints the SEP; 8) In the polyclinic, the patient is examined by a doctor; 9) The patient is given a control letter number for the next control plan; 10) The officer enters the Virtual Claim application > inputs the BPJS number > enters the SEP history menu > copies the SEP number that matches the control plan > pastes it in the control visit/treatment menu inpatient > SEP number menu > select control plan > search > input the appropriate control date and doctor's name > save/print if needed; 11) Patient goes home.

Creating SEP for Internal Hospital Control/Referral Patients

1) Patient comes with a control letter/consultation sheet; 2) Patient goes to the queue machine; 3) Patient takes a queue > select BPJS > select internal referral; 4) Patient goes to the destination polyclinic; 5) Registration officer opens the APM menu > print billing; 6) Registration officer enters the Virtual Claim application > select SEP creation menu > input BPJS number > select appropriate referral number > change polyclinic destination > input doctor's name > input diagnosis > save; 7) If the patient is detected for the first control, the officer only needs to print the SEP history from the referrer.

Participant Eligibility Letter Bridging Process to Medicare

1) The officer logs into the Medicare system; 2) Enter the username and password; 3) Select the monitoring menu in Medicare; 4) Select failed bridging in the upper right corner; 5) Click action on one of the patients; 6) Enter the Participant Eligibility Letter number of the patient created in Vclaim in the SEP number column in monitoring; 7) Create Participant Eligibility Letter data;

8) Done.

Obstacles that often occur when Monitoring Eligibility Letters for Outpatients to Medicare

Wrongly copying and pasting the SEP number in the wrong column, "Before there were electronic medical records, we made the entire SEP in Vclaim, when we were going to make an SEP, especially for routine control patients, we had a process of making a control plan letter, where making a control plan letter was in a different menu, to make an SEP number there is a SEP number creation menu, to make a control plan letter there is a control plan letter creation menu. When the officer has finished making the control plan letter, he must first open the control plan menu, the problem is that the appearance of the control plan letter menu and the SEP appearance are similar. The mistake is that sometimes the officer, instead of copying and pasting the control plan number in the control plan column, copies and pastes the control plan number in the SEP column, finally because maybe the system is still in the development stage so the system is still flexible, finally the system reads that what the officer copied is the SEP number, even though what was copied is the control plan number. This means that there is a system error, there is a human error.

Wrong copy paste of SEP number to Medicare, "So the SEP number that was copied and pasted to Medicare is someone else's SEP. Because again, as before, there are 2 errors, namely in the system and human. Because the system is still in the development stage, it cannot track more specifically, finally the one that was copied and pasted with someone else's SEP number was read as successful, while the officer when he saw success in the SEP monitoring was definitely considered complete, even though the SEP number that the officer copied belonged to someone else.

Patients have not been fingerprinted (fingerprint recording) except for children's polyclinics and patients under 17 years old, "The patient in the SPO must do fingerprinting every time they visit the Assyifa Sukabumi Islamic Hospital, if they have not done fingerprinting, the SEP cannot be formed by the medical records officer. But in Vclaim there is an Approval menu that applies to patients with certain conditions where the patient cannot do fingerprinting. Patients who do not have problems but do not do fingerprinting include several factors, namely the patient cannot use the fingerprint machine and the officer guarding the queue machine is not there. Finally, when the patient takes a queue and a notification appears asking whether or not they have been fingerprinted, the patient chooses "yes" even though the patient has not been fingerprinted and the queue card will come out because it is to prevent patients who come from far away, or patients who have taken a queue and must be left in the queue first, so the hospital still makes allowances, but later on the monitoring it is read that the patient has not been fingerprinted, the patient should return to registration for fingerprinting, but most patients get through to the polyclinic, can be served and get medicine until the end of the service the patient does not return to registration for fingerprinting. Finally there is a miscommunication, between the registration officer who has not formed an SEP because he is waiting for the patient to come for fingerprinting, and when it has been waited for a long time, the officer should have immediately executed the monitoring, just make an Approval so that the SEP can be formed even though the patient did not register to do fingerprinting but maybe the officer prefers the patient to register, finally until the end of the service the SEP is not created.

The card number is not active or the data in BPJS and KTP do not match, "Usually the patient has been served and the data is checked differently, finally the SEP is not formed. Before there were electronic medical records, patients just slipped through, and finally it was only discovered in the casemix section, SEP could be formed but there was a threat that it could not be claimed to BPJS. After there were electronic medical records, there was a Bridging menu, finally when there was a difference in data between the KTP and BPJS, a notification would appear in the casemix section that the patient had a difference in data. Although what was made for the SEP was the BPJS number from the referral of health facility 1, but often when the officer registered the patient, the data taken was from the KTP which had more accurate data. " (Triangulation of the head of the medical records installation and the head of the registration section).

Based on the results of this study, the researcher conducted an analysis of obstacles in the process of monitoring participant eligibility letters on Medicare using the 6M + 1I analysis, namely: man (human resources), machine (machines or tools), money (money), method (method), market (market), information (information) and the following obstacles are:

- 1) Constraints on humans are copying and pasting the SEP number in the wrong column, copying and pasting the SEP number of another patient to Medicare, the patient has not recorded fingerprints, the card number is inactive or the data in BPJS and KTP do not match. This is the beginning of the transition of the electronic medical record system at Assyifa, still in the stage of introducing the new system to officers, still in the development stage, not yet flexible, not yet able to read incorrect notifications completely, this of course causes losses for the hospital because the SEP is not formed and cannot be claimed to BPJS. But for now the system has been tightened, if the patient has these constraints then the patient cannot be served.
- 2) Constraints on the machine are that the system still cannot fully read errors when processing the SEP on Medicare, the SEP number of another patient will also be read as successful and it cannot be claimed to BPJS and is only read in the casemix section, likewise the control plan letter number, sometimes it is still read as the SEP number even though it is the control plan letter number. This is the beginning of the introduction of electronic medical records at Assyifa Islamic Hospital, for now if the officer enters an incorrect SEP number, the system will reject it, the SEP cannot be created, and that will be an obstacle to the effectiveness of patient services.
- 3) There are no obstacles to money, because the funding provider is sufficient according to the needs in the field.
- 4) There are no obstacles to the method, because the Standard Operating Procedure for making SEPs and the Bridging process to Medicare already exists.
- 5) There are no obstacles to materials, because the providers of materials used during the SEP monitoring process are already available and there are no obstacles.
- 6) There are no obstacles to the market, because it is in accordance with the target of a program that must be implemented using electronic medical records.
- 7) There are no obstacles to information, because the head of the installation and the head of the registration unit provide direct direction and information to officers according to the Standard Operating Procedure for making SEPs and the Bridging process to Medicare.

The Importance of Monitoring Eligibility Letters for Outpatients to Support the Effectiveness of BPJS Patient Services at RSI Assyifa.

All patients who receive treatment using BPJS, all of the data is entered into the monitoring system, and officers process the SEP through the monitoring menu on Medicare, if the monitoring system is not monitored, it is possible that there will be an SEP that is not or has not been formed. BPJS patients enter the monitoring system, if it is not processed, the patient will not be able to be served until the next administration. It is very important to monitor the SEP, because if the SEP is not Created in the Medicare system, the patient will not be able to be served because the system will read. When the SEP number is not Created in Medicare, it will not make the SEP successfully formed. Because, the benchmark in the outpatient clinic is that the SEP has been successfully formed in the Medicare system, and if the SEP number is already in the monitoring because it was initially formed in Vclaim but was not Created in the monitoring on Medicare, the SEP number will not be formed and the patient will not be served.

Discussion

Process of Making Participant Eligibility Letters and Bridging Process to Medicare

Based on the comparison between the results and theory, that the making of SEP at Assyifa Islamic Hospital has been in accordance with the Standard Operating Procedure for making SEP, both in terms of the method and steps for making SEP are in accordance until the system is used.

Obstacles that often occur during Monitoring of Eligibility Letters for Outpatient

Participants on Medicare

Analysis of making SEP and successful monitoring on Medicare using 6M + 1I analysis, there are obstacles in man, namely human error because the electronic medical record system is still being introduced to officers, and the system is still in the development stage, so that SEP is not formed, such as copying and pasting the SEP number in the wrong column, copying and pasting someone else's SEP number, the patient has not done fingerprints and the card number is inactive or the data on BPJS and KTP does not match. Furthermore, there is a problem with the machine, because the system still cannot read notifications, so if the control plan letter number is entered into Medicare, it will be successful, and when checked by the casemix section, it is not the SEP number and it is a loss for the Hospital because it cannot be claimed to BPJS. If this problem occurs, the SEP cannot be made and it becomes an obstacle to the effectiveness of patient services.

Based on research (Heldawati, 2022) entitled "The Relationship between Officer Knowledge in Making SEPs and BPJS Health Claim Maturation at Brigjend H. Hasan Basry Kandangan Hospital" that it is explained in the discussion of the results of the questionnaire and interviews, namely that there are several things that are obstacles, including the negligence of attention on the part of some officers towards claim maturation, lack of accuracy and accuracy of officers in making SEPs because there are still errors in inputting participant card numbers with patient medical record numbers and there is no obligation for a joint agreement to improve claim maturation, this shows that monitoring activities in making SEPs to guarantee patient services must be carried out carefully and thoroughly to minimize error factors due to human error.

Obstacles in implementing registration activities at the outpatient BPJS patient reception area, namely inactive participant cards and patients do not bring administrative requirements (referral letters), in this case it can be concluded that these obstacles can hinder the continuity of patient services and SEPs cannot be made.

The Importance of Monitoring Outpatient Eligibility Letters to Support BPJS Patient Effectiveness

The importance of monitoring SEPs is to prevent patients from having to confirm back and forth that their SEPs have not been issued when entering outpatient services. Based on research (Megawaty & Putra, 2020), where this journal states that the implementation of monitoring is very important as an evaluation material or consideration that must be implemented, this supports the results of the study that the importance of monitoring SEPs to support the effectiveness of BPJS patient services at the Assyifa Sukabumi Islamic Hospital. Based on research (Khotima et al., 2023) in their research it is explained that if the patient's participant eligibility letter (SEP) is not issued and the Kiosk K machine cannot be used for scanning, then the patient must re-queue, this is in line with the importance of monitoring the participant eligibility letter (SEP) so as not to hinder services for BPJS patients.

BPJS participants who will be served are required to complete the requirements required by the Hospital. All requirements are given to officers to be checked and validated. If the requirements are complete and appropriate, the officer then prints the Participant Eligibility Letter (SEP) and the outpatient service form (Amran, 2023). The administrative provisions for services to BPJS patients are seen from the accuracy of the claim, namely between the Participant Eligibility Letter (SEP) and the participant data entered (Sari I, Sabrina SN, Herfiyanti, 2020). In this case, it can be concluded that if a BPJS patient has not received or has not formed a Participant Eligibility Letter, the patient cannot be served.

It is explained again that if the SEP number is already in Vclaim but the SEP number is not re-entered into the Medicare system in Monitoring, it does not mean that the SEP is formed. Because in the SOP, the SEP number must be re-entered into the Medicare system and then Created, then the SEP number is successfully formed and the patient can be served.

CONCLUSION

The process of making SEP is in accordance with the SOP guidelines. Obstacles when

monitoring the Participant Eligibility Letter with 6M + 1I analysis occur in man and machine. Because officers are still adapting to the new system and the electronic medical record system is still in the development stage. The purpose of monitoring the Participant Eligibility Letter (SEP) is to prevent patients from going back and forth to registration to confirm that their SEP has not been issued, because they cannot be served in the outpatient clinic. The benchmark in the outpatient clinic is that the SEP has been issued and the patient can only be served until the next administration. In this case, it is necessary for officers to be accurate in monitoring the SEP, one of which is to prevent several obstacles such as incorrect copying and pasting of the SEP number and others, so as not to affect the effectiveness of patient services.

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