

Analysis of Fraud Provider Prevention of National Health Insurance: Case Study of Lasinrang Hospital, Pinrang Regency

Taslim¹, Muhammad Alwy Arifin¹, Anwar Mallongi², Indar¹, Darmawansyah¹, Syamsiar S. Russeng³

¹ Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Indonesia

² Department of Environmental Health, Faculty of Public Health, Hasanuddin University, Indonesia

³ Department of Health and Safety, Faculty of Public Health, Hasanuddin University, Indonesia



Abstract – Since the entry into force of the National Health Insurance (JKN) in Indonesia, the potential for fraud in services has increased due to pressure from the new financing system, opportunities for lack of supervision, and there is justification for fraud. The purpose of this study was to analyze the implementation of the Republic of Indonesia's Minister of Health Regulation No. 16 of 2019 in the implementation of fraud prevention programs in Lasinrang Pinrang District Hospital. This study uses a qualitative method with a phenomenological design to explore the experience and awareness of the research subjects in this case BPJS verifiers, coders, clinicians, and hospital management. The results showed that the national health insurance fraud prevention system was in accordance with what was implemented in Lasinrang Pinrang General Hospital where the prevention system was in the form of policy and guidelines compilation, the culture of cheating prevention, team formation as well as quality control and cost control based on Permenkes No. 36 of 2015, researchers also found obstacles faced in preventing fraud, namely the lack of attention to the Clinical Pathway as a reference for doctors to diagnose and determine the type of action in patients at Lasinrang Pinrang District Hospital. It is necessary to revise the formulation of policies and guidelines that refer to Permenkes no. 16 in 2019 because in this case the Lasinrang Pinrang Regional Hospital is still guided by Permenkes no. 36 of 2015 in carrying out efforts to prevent fraud (fraud) national health insurance.

Keywords – JKN, cheating prevention, hospital, health service, provider

I. INTRODUCTION

Law Number 40 of 2004 concerning the National Social Security System (SJSN) states that the principle of implementing National Health Insurance is equity in obtaining access to health services and is effective and efficient in its operation. (Law, 2004). To ensure that health services are carried out cost-effectively, rationally, and in accordance with the needs of participants, and to ensure the continuity of the Health Insurance program, quality control and cost control efforts need to be organized. One effort to control quality and cost control that can be done is to

minimize the potential for fraud in the Health Insurance program.

The principles of quality control and costs must be applied in full at every level of service given the characteristics of health services that have the potential to cause inefficiency. The indication of fraud is intentional, not in accordance with the provisions, brings profit, and is detrimental to certain parties. It is estimated that around 10% of the costs incurred by the insurance industry and the adjustment of losses each year come from fraud claims (Fursov et al., 2019).

Health service fraud has the potential, even partially proven, to occur in Indonesia. Throughout Indonesia, up to mid-2015, there were 175,774 potential Hospital or Advanced Referral Health Facility (FKRTL) frauds detected with a value of Rp. 440 M. The potential for this new fraud comes from a group of health service providers, not yet from other actors such as BPJS Health staff, patients, and suppliers of medical devices and drugs (Djasri et al., 2018).

Indonesian Corruption Watch (ICW) together with 14 monitoring organizations found 49 frauds in the JKN program conducted by the Government or Private Hospital, one of which was related to claims of BPJS Health bill where the hospital diagnosed patients not in accordance with their illnesses, restrictions on hospitalization. He found that Social Security Organizing Agency (BPJS) patients were always notified if there were restrictions on hospitalization for up to 4-5 days, false claims, inflated drug and medical bills, pseudo referral patients, extended treatment periods could be done in various modes. Meanwhile, drug providers often do not meet the needs of drugs and or medical devices (Mardiastuti, 2017). Fraud in primary health care related to human resources (HR), health services management, leadership policies, capitation fund management, and operational audits (Fathurrohman and Dewi, 2018).

Fraud prevention efforts at the Semarang City General Hospital (RSUD) were carried out due to an increase in the percentage of differences in clinical and insurance diagnoses in 2016. The Semarang City General Hospital (RSUD) formed a hospital internal verification team and Clinical Micro System Team. The medical committee also expanded the types of Clinical Pathway as a reference for doctors to diagnose and determine the type of action on patients (Agiwahyunto et al., 2016). Prevention of fraud (Fraud) at Mohammad Noer Pamekasan General Hospital is carried out by means of internal control, organizational commitment, and individual morality where it has a positive and significant effect on fraud prevention of national health insurance providers (Mandolang, 2019).

Health facilities are those with high potential to commit fraud. Then the problem in this study is how to prevent fraud in the National Health Insurance provider in Lasinrang Pinrang District Hospital. This study aims to analyze the implementation of the Republic of Indonesia Minister of Health Regulation No. 16 of 2019 in the implementation of fraud prevention programs in Lasinrang Pinrang District Hospital.

II. METHODS

This research was conducted at Lasinrang Pinrang General Hospital. This type of research is qualitative with a phenomenological design. The informants were selected using the Snowball Sampling method. The Snowball Sampling method is an approach to find key informants who have a lot of information. Using this approach, several potential informants were contacted and asked if they knew of other people with characteristics as intended for research purposes, the informants in this study were the Hospital Director, the coder, the clinician and the BPJS verifier. The data analysis technique used is the triangulation technique which means comparing data from various data collection techniques and data sources. Triangulation used in this research is the triangulation technique which is done by comparing the results of in-depth interviews with observations and by examining documents to ensure the validity of the data obtained.

III. RESULTS

Lasinrang General Hospital is a health service that was built in the early 1960s which is located on Jalan Lasinrang No.26 Pinrang. Changes in class C status based on the Decree of the Minister of Health of the Republic of Indonesia Number: 543/Menkes/SK/VI/1996 while operational permit No.430/457/DINKES/VIII/2013. In terms of referral health services, the Lasinrang Pinrang Regional General Hospital serves referrals from 16 puskesmas (Community Health Center) in the Pinrang District area, 2 Private hospitals within the Pinrang District area, and the Lasinrang District Hospital also receives referrals from outside the Pinrang Regency around the Pinrang Regency. The Lasinrang Regional General Hospital chose a superior service namely Perinatology services.

Based on the results of interviews with informants that Lasinrang Pinrang General Hospital has a policy on fraud prevention. The following is an interview:

“there is a Decree of the Team including the Hospital policy regarding the authority of the duties and functions of each according to the conditions of the hospital-based on the Minister of Health in 2015” (SD, 41 Years Old)

From the results of an interview by the hospital secretary said that the policy issued by the Hospital Related to preventing fraud (fraud) that has been issued by the SK fraud prevention team (fraud) based on hospital needs. Another informant said that there were a number of policies issued by the hospital including the formation of the medical team and

the preparation and application of the National Formulary (FORNAS) as follows:

"as I know there is a decree made by the director for the prevention of fraud in the hospital (DJ, 45 years old)

"There is a policy issued from the hospital, one of which is the formation of the medical team in the hospital, one of the tasks of the health team is related to fraud prevention issues" (NS, 39 years old)

"There are a number of policies, the first of which was the formation of a team, ... the other policies regarding the drug have been prepared fornas and implemented in hospitals" (DD, 46 years)

"The fraud prevention team has been formed, but it is limited to establishing and running just like that" (Mt, 37 Years old)

Based on the results of in-depth interviews with hospital secretaries, doctors and coders that their statement about the fraud prevention policy of Lasinrang General Hospital had issued a policy by issuing a decree on the fraud prevention team. From the results of interviews with informants that Lasinrang Pinrang General Hospital regarding fraud prevention guidelines The following excerpt:

"The guideline is inseparable from the Ministry of Health, and several other guidelines we guide all but keep coming back again that we must implement the system according to the needs of the hospital" (SD, 41 Years old)

"The guidelines are arranged in such a way according to their respective jobs and professions that are inseparable from service standards, accountability and others needed" (DJ, 45 Years old)

"If so far the follow-up from the existing guidelines we follow the local regulations and SOP for clinical services" (NS, 39 Years old)

Based on the results of in-depth interviews with informants that their statement regarding guidelines for fraud prevention in Lasinrang General Hospital is based on Permenkes and a number of other guidelines, but not all guidelines can be applied in hospitals, but in their application only in accordance with Hospital needs. From the results of interviews with informants that the Lasinrang Pinrang General Hospital regarding the Implementation of the Policy is the following quote:

"already .. it has been implemented and has been run by a team formed "(SD, 41 Years)

"Yeah, I always have to coordinate too" (RW, 29 years old)

"As long as the team is formed we must be more thorough in diagnosing, before being sent to coders" (NS, 39 Years old)

Based on the results of in-depth interviews with hospital secretaries and doctors that their statement about the implementation of Lasinrang General Hospital's policies had been carried out by a team formed and working in their respective fields and meticulous in carrying out diagnoses. It is different from the informant who said that after the formation of the fraud prevention team, it was only a name and proceeded just like that.

"fraud prevention team has been done, but limited to establishing and walking just like that" (MT, 37 Years old)

In addition, there were informants who said that the people on the fraud prevention team continued to work according to their respective fields, as usual, only a decree had been issued from the Hospital Director.

"..like yesterday still working in accordance with their respective fields, there is only a decree issued by the director" (DJ, 45 Years old)

"Yes, we do a kind of training about the duties and functions of each to avoid moral hazard in it" (SD, 41 Years old)

"... mm, when it comes to cultural issues, it can't be separated from how to coordinate with other friends when there is a problem related to the problem, either diagnosis, resume and physical examination or whatever it is" (DJ, 45 Years old)

"We generally maintain the ethical values of our profession" (NS, 39 Years old)

"Before we coded, we always pay attention to what the diagnosis is, what the support is, the physical examination, do we have to keep looking at it, if there isn't any, it doesn't support the resume, we don't have the code" (MT, 37 years old)

"If there is a culture for fraud prevention, we always re-check files from doctors before coding" (RW, 29 years old)

Based on the results of in-depth interviews with hospital secretaries, doctors and coders that their statements about the culture of fraud in Lasinrang General Hospital are to provide training on the duties and responsibilities of each in order to

avoid moral hazard, coordinate, maintain professional ethical values as well as double-checking before making a coding claim.

Based on the results of in-depth interviews with hospital secretaries, doctors and coders that their statements about the Lasinrang General Hospital fraud prevention team have formed a team to prevent fraud.

"There is a fraud team in the hospital there is a decree issued by the Hospital Director chaired by a medical committee and involved there are expert doctors and general practitioners" (SD, 41 Years old)

"There is a fraud prevention team and as we have seen today ... I belong to the team" (DJ, 45 years old)

"One of the tasks of the team is to oversee all related activities that have the potential for fraud" (NS, 38 Years old)

"... there is an anti-fraud team in the hospital only limited to decree" (MT, 37 Years old)

"... there is a fraud prevention team here" (RW, 29 Years old)

Based on the results of in-depth interviews with hospital secretaries, doctors and coders that their statement about the task of the Lasinrang General Hospital fraud team is to record and report if there are indications of fraud and conduct self-examination, collect information, oversee all activities related to:

"If the items in the decree analyze, record, and report if there are indications of fraud, do an independent check. there are four, but I just forgot" (SD, 41 years old)

"If the task of the fraud prevention team must collect information if for example there is an indication of fraud committed by certain parties after that is analyzed again and other rules in the decree issued by the director" (DJ, 45 Years old)

"One of the tasks of the team is to oversee all related activities that have the potential for fraud" (NS, 39 Years old)

"Always have to analyze every diagnosis, resume, physical examination done by a doctor before coding" (MT, 37 Years old)

"At the most, if we are here, especially in the coders' section, we only note it if there is something inappropriate" (RW, 37 Years old)

Based on the results of in-depth interviews with informants that their statement about the obstacles faced by

Lasinrang General Hospital on fraud prevention is the lack of optimal clinical pathways.

"Clinical pathway is not optimal so the use of drugs only by doctor A and doctor B is sometimes difficult ... ee because every doctor has what is different from the others even though in clinical pathway when the disease is determined, the medicine is certain, because every doctor will see different things again" (SD, 41 Years old)

"The obstacle faced so far is only the miscommunication between BPJS verifiers with the Hospital related to claims issues" (DJ, 45 Years old)

"The basic obstacle is that the application of clinical pathway has not been given much attention so that the determination of the drug is sometimes still beyond what it should be" (NS, 39 Years old)

In addition, there are informants who say that the problem so far is the lack of understanding of the medical system so it is difficult to do the coding.

"if all this time we are constrained by the problem of understanding medical issues, we must always ask the doctor if Mauki is coding"(MT, 37 Years old)

Other informants also said that it was difficult to read the doctor's writing so that it could hamper work activities.

"usually dizzy when coding because usually can't read the writings the defense doctor added we again don't know too much the doctor's codes because there are regular codes for the medicine" (RW, 29 Years old)

Based on the results of in-depth interviews more informants said that the obstacle faced was not yet optimal Clinical Pathway in the Hospital.

"There is a quality control team at the hospital, there is a quality control team specifically for hospitals that are of a general nature ... there is also a quality control and cost control team formed by BPJS" (SD, 41 Years old)

"If in the hospital there is a team formed by BPJS, BPJS itself gives the decree then from the Professional Organization" (DJ, 45 Years old)

"If indeed BPJS has formed quality control and cost control" (MC, 30 years old)

"There is specifically for hospitals ... but the SK is from BPJS so the SK is the quality control team and the cost control is from BPJS" (AB, 37 Years old)

"If we always try to verify digital claims to accelerate claims" (AB, 37 years old)

IV. DISCUSSION

The results showed that the national health insurance fraud prevention system was in accordance with what was implemented in Lasinrang Pinrang General Hospital where the prevention system was in the form of policy and guidelines compilation, the culture of cheating prevention, team formation, and quality control and cost control based on Permenkes No. 36 of 2015, researchers also found obstacles faced in preventing fraud, namely the lack of attention to the Clinical Pathway as a reference for doctors to diagnose and determine the type of action in patients at Lasinrang Pinrang District Hospital.

In this study the results of in-depth interviews and document reviews are known, the Lasinrang Pinrang General Hospital has made a decree on the duties and authority of the fraud prevention team. Directors' policies are adopted based on the Regulations (Ministry of Health of Republic of Indonesia, 2019) regarding the prevention of fraud in the implementation of the Health Insurance Program in the National Social Security system, then a decision was issued by the director of Lasinrang Pinrang District Hospital No. 83 of 2016 concerning the Lasinrang Pinrang General Hospital fraud prevention team.

Policy formulation is very much needed in the prevention of fraud in the implementation of the National health insurance program as a principle that underlies a process and mechanism of management based on laws and regulations.

The same is true of research conducted by (Mitriza and Akbar, 2019) That the policy of the Director of RSUD dr. Achmad Moechtar Bukittinggi in the implementation of the Health Insurance Program issued a decree on the formation of a Fraud Prevention Team based on Minister of Health Regulation No 36 of 2015.

Culture is a way of life that develops, is shared by a group of people, and is passed down from generation to generation and implements professional codes of conduct and standards of behavior. The culture of Lasinrang Pinrang General Hospital, the researcher received an explanation from the informant who explained that training had been carried out related to their respective assignments and functions to avoid moral hazard in performing an action, other informants also explained that the cultures carried out were inseparable from

coordination, adhering to ethical values and the profession in diagnosing and re-checking the results of diagnoses to avoid fraud.

According to research conducted by (Zelmiyanti and Anita, 2015) organizational culture has a significant positive effect on fraud prevention. Organizational culture can also be used as a management tool to achieve efficiency, effectiveness, productivity, and work ethic as shown in various companies in Japan, America, and several European countries and in fact can make a company successful effectively.

Based on the results of in-depth interviews with informants that there was the formation of a team specifically on fraud prevention which was given a direct decree from the director of the Hospital in 2016. To optimize fraud prevention it is considered very important in every hospital to form a fraud prevention team as one of the controls in accordance with the Minister of Health Decree No. 16 of 2019.

Similarly, research conducted by (Hartati, 2016) that to prevent fraud (fraud), especially the problem of writing excessive diagnostic codes, false claims and recurring bills, at Menggala Hospital has formed a fraud prevention system by forming a fraud prevention team based on a decision of the Director of Menggala Hospital.

In providing health services to the community must be optimally and oriented to quality control and cost control to prevent fraud in the National Health Insurance system. Based on the results of in-depth interviews with informants that their statements regarding quality control and cost control of fraud prevention in Lasinrang General Hospital a Quality Control and Cost Control team was formed by the BPJS and established health service standards, monitoring, and evaluation.

Similarly, research conducted by (Hasri et al., 2020), that the quality control and cost control (KMKB) program, fraud prevention, and Commitment-Based Capitation (KBK) are running in Bengkulu province. KMKB runs because there is a decree that is always updated by BPJS Health every year, support from BPJS Health in the form of operational facilitation, coordination and incentives.

From the results of in-depth interviews, it is also known that the obstacles faced in preventing fraud (fraud), namely the lack of optimal clinical pathway as a reference for doctors to diagnose and determine the type of action on patients as well as the limited understanding of coders about medical knowledge that inhibits the activity in the coders.

Similarly, research conducted by Imtihan et al (2020) that the application of clinical pathway cannot be realized perfectly this is due to various things, for example, lack of equipment resources, health facilities or can occur due to negligence of the technical implementers of doctors, nurses, nutrition, and pharmacy.

V. CONCLUSION

The national health insurance system fraud prevention is in line with what is implemented at Lasinrang Pinrang General Hospital where the prevention system is in the form of policies and guidelines, fraud prevention culture and quality control and cost control based on Permenkes No. 36 of 2015, researchers also found obstacles faced in preventing fraud namely lack of optimal clinical pathway as a reference for doctors to diagnose and determine the type of action on patients and the limited understanding of coders about medical knowledge so that it inhibits activity in the coders. To Regional General Hospital Lasinrang Pinrang so revised the policy issued based on Permenkes number 16 of 2019 for the prevention of National Health Insurance fraud.

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