

Record Medical as Function Administration Prevention Fraud in Home Health Financing Sick

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Abstract

Medical records are an obligation that must exist in hospitals, both private and government hospitals, as confirmed in Republic of Indonesia Law Number: 17 of 2023 concerning health in Article 173 (c) for every Health Service Facility, it is mandatory to maintain medical records which is regulated by the Indonesian Minister of Health Regulation Number 24 of 2024 concerning Electronic Medical Records which replaces the Indonesian Minister of Health Regulation Number 269/Menkes/Per/III/2008 concerning Medical Records. This research uses a normative juridical approach carried out through collecting secondary data sourced from statutory regulations, jurisprudence, government policy documents, scientific journal articles, books and other sources related to the research subject. Based on its function, medical records are a requirement for complete administration of medical record documents in BPJS Health financing. In its implementation, it is unavoidable that there will be fraud due to incorrect, false or falsified medical record data. Poor (incomplete) medical record documentation will give rise to the potential for fraud. For example, incomplete and accurate documentation of diagnoses and medical procedures will give rise to opportunities for assigning inappropriate diagnosis and treatment codes. Inaccuracy in determining the code will encourage certain individuals to manipulate the code so that the claim submitted has a higher value. This is of course a form of fraud. For this reason, in order to avoid fraud and potential violations of criminal law, hospital management must equip its staff with the ability to be very thorough in verifying patient BPJS data to avoid administrative errors that can lead to legal proceedings.

Keywords: Medical Records, Administrative Functions, Fraud Prevention, Hospital

1. INTRODUCTION

Maintenance Record Medical (*medical records*) and their existence is something mandatory obligations at home sick good private not hospital government as confirmed in Republic of Indonesia Law Number : 17 of 2023 concerning Internal Health Article 173 (c) divide every facility health services, mandatory organize record medical regulations regulated by the Indonesian Minister of Health Regulation Number 24 of 2024 concerning Record Medical Replacing electronics RI Minister of Health Regulation Number 269/Menkes/Per/III/2008 concerning Record Medical. As mentioned in Republic of Indonesia Law Number : 17 of 2023 concerning Internal Health Article 173 (c) divide every facility health services, mandatory organize record medical. Article 296 states every medical personnel and health personnel who provides individual health services must make record medical. In do health services to patient, hospital must be careful as well as thorough for operate function the administration to use prevention *fraud* in home health financing it can hurt potential happen error from administration become violation law criminal so that cause loss to the hospital that itself, also the consequences exists efforts made by the patient with intention get health services with method do my engineering his identity.

2. METHODOLOGY

This study adopt method juridical normative, which focuses on analysis to regulation legislation, documents policies, as well literature relevant laws with record medical as function administration prevention *fraud* in home health financing sick ; this approach chosen for deepen framework governing law record medical as function administration prevention *fraud* in home health financing pain, evaluate obedience to norm existing laws, and identify challenge emerging law in implementation at hospital. Analysis done through collection of sourced secondary data from regulation legislation, jurisprudence, documents policy government, articles journal scientific, books and other related sources with subject study. This approach possible researcher for understand

and interpret framework law in a way comprehensive, as well analyze the implications to maintenance record medical inside home health financing sick. In this study is expected can give based recommendations proof for strengthen protection law and overcoming challenge in record medical as function administration prevention *fraud* in home health financing it hurts, all at once support enhancement quality Health services for public as patient.

3. RESULTS AND DISCUSSION

Record medical as function administration

According to Republic of Indonesia Law Number : 17 of 2023 concerning Internal Health Article 173 (c) divide every facility health services, mandatory organize record medical. Article 296 states every medical personnel and health personnel who provides individual health services must make record medical. Record medical as file containing notes and documents about identity patients, examinations, treatment, procedures and other services that have been provided given to patient. Understanding the clarified by the Republic of Indonesia Minister of Health Regulation No. 269/MENKES/PER/III/2008 concerning record medical who have renewed become minister of health regulation number 24 of 2022 explain that record medical is file containing notes and documents including identity patient , results examination, treatment has been carried out given, as well other actions and services that have been given to patient. Objective made record medical is for support achieved orderly administration in frame effort enhancement service health at hospital. Without support something system management record medical in a way good and right orderly home administration sick not will succeed as expected. Meanwhile, orderly home administration sick is one of determining factor effort in service health at hospital. For facility service health, record medical can made proof on cost payment service medical patient, and can evaluate source existing power.

Completeness administration document record medical in BPJS health financing for health avoid fraud

Completeness file claim is important thing in the claim process, causes incompleteness file claim caused because incompleteness at the moment charging record medical. Files that don't complete will hinder finance house illness, delay payment will influence quality service so that level Satisfaction patient will decrease. Reason files that don't complete is related matters with administrative processes, and lack thereof understanding officer in charging form record medical. Completeness document record medical as one of the condition BPJS claims will influential to accuracy in implementation claim. Record medical works for sign valid evidence that is owned every patient and covered answer in a way law. Documentation record bad medical (not complete) will bring up potency *fraud*. As for example, documenting diagnosis and actions inadequate medical complete and accurate will bring up opportunity determination diagnosis and action codes are not appropriate. Inaccuracy determination code will push person certain for manipulate code so that claims submitted worth more tall. This matter already goods of course is one of form *detrimental* fraud.

Fraud in the Implementation of the BPJS health program

Regulation of the Minister of Health of the Republic of Indonesia Number 16 of 2019 concerning prevention and treatment fraud as well imposition penalty administration to fraud in implementation of the health insurance program explain *fraud* as action taken with intentionally by participants, BPJS health officers, providers service health Good facility health primary level (FKTP) as well as facility health reference level advanced (FKRTL), as well provider medicines and tools health for get profit financial from the guarantee program health in SJSN via deed cheating that is not in accordance with provision. Fraud or *fraud* in the JKN era is possible carried out by participants, BPJS officers, givers service health, providers of medicines and health equipment and stakeholders interest other. Following forms possible fraud happen that is :

a. Fraud which done by participant

Fraud which done by participant with make statement that is not correct in matter eligibility (falsifying membership status) for obtain service health; utilise his rights for service that is not necessary (*unnecessary services*) with method fake condition health ; give gratification (*gratification*) to giver service to be ready give service that is not appropriate / not covered; manipulate income so as not to need pay dues too big ; do work the same with giver service for submit claim false; obtain medication and/ or tool prescribed health for for sale back , etc

- b. Fraud committed by BPJS health officers
 Fraud committed by BPJS health officers, namely do work the same with participants and/ or facility health for submit false claims; manipulate supposed benefits not guaranteed to get it guaranteed; withhold payment to facility health / partners with objective obtain profit personal; pay capitation funds not in accordance with provision; and others.
- c. Fraud committed by the giver service health
 - 1. Fraud committed by FKTP:
 - a. utilize capitation funds No in accordance with provision regulation legislation ;
 - b. manipulate claims on paid services in a way noncapitation ;
 - c. receive top commission referral to FKRTL;
 - d. interesting cost from proper participants has guaranteed in cost capitation and/ or noncapitation in accordance with standard established rates ;
 - e. do reference patients who do not in accordance with objective for obtain profit certain ; and others
- d. Fraud committed by FKRTL:
 - 1. Writing excessive diagnosis codes with method change diagnosis code and/ or procedure become code that has tariff more tall from what it should be (*upcoding*);
 - 2. Plagiarism claim from other patients did with method copy claim a patient from claim other patients who have there is and usually is copied claims have more value high (*cloning*);
 - 3. Claim fake done with method submit claim on services that don't Once given (*phantom billing*);
 - 4. Bubble bill medicines and tools health carried out with method submit claim on cost medication and/ or tool more health tall from supposed costs (*inflated bills*) ;
 - 5. Breakdown of service episodes carried out with method submit claim on two or more diagnosis and/ or proper procedures become one package services during the same episode of care or charge a number of procedure in a way separated whereas should can billed together in form something package service for get mark claim more large in one episode of care patients (*services unbundling or fragmentation*);
 - 6. Reference pseudo which is claim on cost service consequence reference to the same doctor at the facility other health except with reason facilities (*self referrals*);
 - 7. Bill repeatedly done with method submit claim over and over again for the same case in a way intentionally (*repeat billing*);
 - 8. Extends the length of treatment carried out with method submit claim on cost service more health big consequence change in length of day maintenance specifically case take care overnight stay (*prolonged length of stay*) ;
 - 9. Manipulate class maintenance carried out with method change class maintenance become more class tall so that bill claim service health the more large (*type of room charges*) ;
 - 10. Cancel mandatory action done what was done with method still submit claim service health despite diagnosis and/ or procedure medical not so implemented (*canceled services*);
 - 11. Do actions that don't needs to be done with method submit claim on actions that don't based on on need or indication medical (*not medical value*);
 - 12. Deviation to standard services performed with method submit claim on diagnosis and/ or procedures that do not in accordance with standard proper service (standard of *care*);
 - 13. Do action treatment that is not needs to be done with method submit claim on action proper health not necessary (*unnecessary treatment*) ;
 - 14. Add long time use of a ventilator so claims submitted the more big ;
 - 15. No do visitation that should be submission claim on visit patient fake (*phantom visit*);
 - 16. No do procedures that should have been carried out with method submit claim on actions that don't once carried out (*phantom procedures*) ;
 - 17. Repeated admissions are carried out with method submit claim on diagnosis and/ or procedure from one episode of care billed patient so many times as if patient the treated more from one episode of care (*readmission*) ;
 - 18. Do reference patients who do not in accordance standard with objective for obtain profit certain ;
 - 19. Request *cost-sharing* with other parties (BPJS health, providers medicines and tools health) no in accordance with provision regulation current regulation ; and others.
- e. Fraud committed by the provider medicines and tools health :
 - 1. Not fulfil need medication and/ or tool health in accordance with provision regulation legislation ;

2. Do work the same with the other party changes medication and/ or tool listed health in *e-catalog* with price not in accordance with *e-catalog* ; and others.

Legal Aspects of Occurrence Fraud

If clinical data audit results and/ or investigation leads to events *fraud*, team prevention *fraud* must report it to leader facility health. Report submitted load information about there is or or not incident *fraud*, recommendations prevention repeatedly incident similar later days, and recommendations penalty administrative for perpetrator. Regulation of the minister of health of the republic of indonesia number 16 of 2019 concerning prevention and treatment fraud as well Imposition penalty administration to fraud in implementation of the health insurance program, sanctions administrative can given among others:

Article 6

- (1) In frame supervision, the minister, the head of the provincial health service, the head of the regency /city health service can give penalty administrative for everyone or corporation as intended in article 2 does it fraud
- (2) Penalty administrative as referred to in paragraph (1) in the form of :
 - a. reprimand verbal ;
 - b. reprimand written ; and/ or
 - c. order return loss consequence action Fraud against the injured party .
- (3) In matter fraud is committed by BPJS health officers, providers service health, and providers medicines and tools health, sanctions administrative as referred to in paragraph (2) can followed with penalty addition form fine
- (4) Penalty addition form fine as referred to in paragraph (3) is given to the injured party
- (5) In matter fraud is carried out by personnel health, organizer service health, and providers medicines and tools health, sanctions administrative as referred to in paragraph (2) can followed with revocation permission in accordance with provision regulation legislation
- (6) Imposition penalty addition form fine or revocation permission as referred to in paragraph (3) and paragraph (4) must consider sustainability service health to participant
- (7) Penalty administration as referred to in paragraph (2) no delete penalty criminal in accordance with provision regulation legislation

Article 7

Penalty administration as intended in Article 6 applies to perpetrator fraud is appropriate with category violation : (a) light ; (b) currently ; and (c) heavy.

Article 8

- (1) Penalty reprimand oral can worn for category violation light
- (2) Penalty reprimand written can worn for category violation light or violation currently
- (3) Penalty order return loss consequence action fraud against the injured party can worn for category violation minor, offence currently or violation heavy
- (4) Penalty addition form fine can worn for category violation currently or violation heavy
- (5) Penalty addition form revocation permission can worn for category violation heavy

Article 9

In regarding the minister, head of the provincial health service, head of the regency /city health service as follows intended in article 6 paragraph (1) no authorized give penalty administrative to the party doing it fraud, leadership agency / business entity related give penalty administrative in accordance with provision regulation legislation

Article 10

Provision imposition penalty administrative form reprimand written and fined as intended in Article 8 is excluded for fraud committed by the giver work besides relevant state officials obligation registration his workers as participant referring to the regulations legislation. Violation service this often linked with deed follow criminal, as example something organizer service allegedly do violation (*fraud*) against document record medical purpose for add amount claim to financing health BPJS Health patients. So BPJS Health experienced loss Because must pay claim funds more than it should be. On context violation service public in the field health

carried out by the organizer service no as well as immediately only refers to approach law criminal. However, it is also necessary studied from aspect approach law administration through analysis to document record medical. Assessment through approach law administration can done for ensure is in services provided organizer in the field health has happen maladministration . If not there is violated maladministration, then matter this can made material consideration for enforcer law, esp police for examine more carry on that incident as example above no is follow criminal. If, from inspection state no there is which procedures were violated and which were not there is violations / maladministration committed by the organizer service. So, that's it should enforcer law in matter this police consider acts / violations committed organizer services in the field health the as actions that are not fulfil element criminal.

4. CONCLUSION

Completeness document record medical as one of the condition BPJS claims will influential to accuracy in implementation claim. Record medical works for sign valid evidence that is owned every patient and covered answer in a way law. Violation service organizer service allegedly do violation (*fraud*) against document record medical purpose for add amount claim to financing health BPJS health patients need studied from aspect approach law administration through analysis to document record medical. Assessment through approach law administration can done for ensure is in services provided organizer in the field health has happen maladministration or no so that fulfil element criminal for that to use avoid *fraud* and potential violation law criminal, then management hospital must equip its staff with very thorough ability in verify patient BPJS data to use avoid error administration that can ended to the legal process.

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