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Research Article

Analysis of Fraud Potential Control Based on Input and Process in Dadi Regional Hospital, Makassar City

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ABSTRACT

The risk of large losses arising from acts of fraud (fraud) requires the government to issue Permenkes No. 16 of 2019 concerning the prevention and handling of fraud (fraud) and the imposition of administrative sanctions against fraud (fraud) in the implementation of the health insurance program. It's just that in its implementation, there are still a number of problems related to the inefficiency of Health BPJS services which ultimately indicate the occurrence of fraud. For this reason, efforts to prevent fraud are needed. This study aims to look at the input and process of fraud control at the Dadi Regional Special Hospital (RSKD) Makassar City. This study uses a qualitative approach with descriptive analysis method by selecting informants by purposive sampling. This research is seen from the input components and process components in the implementation of the National Health Insurance. The research results show that input components include policies, personnel and facilities. The process component includes driving factors and inhibiting factors for potential fraud. Factors driving the potential for fraud are differences in understanding between the verifier and the doctor in charge of the patient regarding the diagnosis, the lack of outreach about fraud prevention and the absence of a JKN anti-fraud team. Factors inhibiting potential fraud are the Implementation of Standard Operations, code of ethics, coordination between parties involved, Clinical Pathway and supervision from the SPI team (Internal Supervisory Team).

Keywords: JKN, Financing system, Prevention of potential fraud.

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INTRODUCTION

Fraud is a form of intentional effort to create an advantage that should not be enjoyed by individuals or institutions that can indirectly harm other parties. The purpose of committing fraud is to get something of value at the expense of other people as a fraud attempt to gain personal gain. Elements of fraud in health are related to all aspects of health services which can give rise to elements of fraud[1]

In implementing the health insurance program, National Health Insurance fraud is an act carried out intentionally by BPJS Health officers, participants, health service providers, as well as drug and medical device providers to gain financial benefits from the health insurance program in the national social security system through fraudulent acts that not in accordance with the provisions [2].

In 2018 based on the 2018 Report to the Nations Acfe (RTTN) Association of Certified Fraud Examiners (ACFE) losses due to fraud in health services reached 5% of the total cost of health services [3]. In Indonesia alone in 2015 there were around 175 thousand claims from health services to BPJS with a value of IDR 400 billion which fraud was detected, so far there have been 1 million claims detected [4]. In 2017, the Anti-Corruption Committee of Sulawesi and Indonesia Corruption Watch revealed a number of alleged cases of fraudulent practices in health services, especially in the case of medicines at one of the Makassar City Government and Private Hospitals.

With the emergence of a large risk of loss, in 2019, the government issued Permenkes No. 16 of 2019 concerning the prevention and handling of fraud (fraud) and the imposition of administrative sanctions against fraud (fraud) in the implementation of the health insurance program. The Permenkes is an update of the previous anti-fraud regulation, namely Permenkes No. 36 of 2015. It's just that until now there are still a number of problems related to inefficiencies in BPJS Health services[5]. Therefore, it is necessary to prevent the occurrence of fraud to minimize the potential and control the occurrence of fraud in health facilities.

MATERIALS AND METHODS

This study uses a qualitative descriptive method design with a phenomenological approach, namely collecting, compiling, interpreting and analyzing so that it explores a phenomenon/social reality so that it can provide solutions to the problems faced. The research was conducted at Dadi Regional Special Hospital (RSKD) Makassar City. Determination of data sources on interviewees/research informants was carried out by purposive sampling, namely selected with certain considerations and goals. The informants taken were people who knew about potential fraud control at the Dadi Regional Special Hospital (RSKD) Makassar City. Checking the validity of the data in providing information about the research problem used the triangulation method.

RESULTS

The research was conducted using in-depth interviews, the informants interviewed had knowledge regarding potential fraud control at the Dadi Special Regional Hospital (RSKD) Makassar City, namely 2 Hospital Internal Supervisory Units

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Table 1. Overview of Fraud Control Based on Input and Process at the Dadi Regional Hospital, Makassar City.

Component	Results
Inputs	
Policy	1. Formation of the Internal Supervisory Unit Team 2. Policies Guided by Regulations of the Minister of Health
Human Resources	The number of Internal Oversight Unit Team (SPI) staff is 9 people, the claim verification team team is 2 people, the medical committee team staff. These human resources have actively and professionally supported their fields in preventing potential fraud at the Special Regional Hospital (RSKD) X Makassar City tel.
Facilities	Hospitals whose facilities have met the standard type A hospital.
Process	
Effecting (Driving) Factors	Differences in understanding between the verifier and the doctor in charge of the patient regarding the diagnosis, the lack of outreach about fraud prevention and the absence of a JKN anti-fraud team.
Obstacle factor	Implementation of Standard Operations, code of ethics, coordination between parties involved, Clinical Pathway and supervision from the SPI team (Internal Supervisory Unit Team).

Source: Primary Data, 2022

Team(SPI), 2 BPJS Health Coders, and 1 BPJS Health Verifier. The results of the in-depth interviews were seen from the input and process components. The input component consists of policies, personnel and facilities. The process component consists of factors supporting the occurrence of potential fraud, factors inhibiting the occurrence of potential fraud and efforts made to prevent potential fraud at the Dadi Regional Special Hospital (RSKD) Makassar City.

In maximizing hospital services and efforts to prevent potential fraud both in service to patients and in the claim administration process, the Director of the Dadi Regional Special Hospital (RSKD) Makassar City issued several policies including the establishment of an Internal Supervisory Team Team which has the authority to oversee the implementation of Guarantee National Health in Hospitals, Claim Verification Team, and Medical Committee Team. Below is an overview of fraud control based on inputs and processes at the Dadi Regional Special Hospital (RSKD) Makassar City.

DISCUSSION

Input component

a. Policy

Policy is a series of concepts and principles that serve as guidelines and basis for plans in carrying out a job, leadership and ways of acting [6]. Policy formulation is very much needed for the prevention of fraud in the implementation of the National health insurance program as the underlying principle of a management process and mechanism based on laws and regulations [7]

Dadi Regional Hospital Makassar has prepared and implemented guidelines according to the needs of the Hospital referring to the Regulation of the Minister of Health of the Republic of Indonesia No. 16 of 2019. From the review of documents conducted by researchers regarding the preparation of policies and guidelines, they are in accordance with the implementation carried out in hospitals, it's just that information dissemination is still needed about the policies formed

b. Human Resources

Human resource competence in financial management is supported by knowledge, skills and behavior. Competent human resources understand basic tasks, understand processes, comply with social norms and applicable rules and refuse all forms of bribery. A person's competence has a positive effect on the effectiveness of the fraud prevention system [6,7]

Human resources who actively and professionally support their fields in preventing potential fraud at the Special Regional Hospital (RSKD) X Makassar City. The number of Internal Supervisory Team Team (SPI) staff is 9 people, the claim verification team team is 2 people, the medical committee team staff. Background The Internal Supervisory Unit (SPI) team has a medical, legal, administrative and specialist background, the medical committee team has a medical and specialist background.

c. Facilities

Service facilities at the Dadi Regional Hospital Makassar has Acute Psychiatrist (PHCU) care services, medical support, inpatient services which are divided into 12 polyclinics, outpatient services, and an emergency room. Buildings, equipment and medical support are completed in stages according to Hospital Standard Kclass A. Dadi Regional Hospital Makassar provides service information through the Hospital Management Information System (SIMRS) media.

Process Components

a. Factors Driving Potential Fraud

Factors driving the occurrence of potential fraud in Dadi Regional Hospital Makassar as follows; There is a different understanding between the verifier, coder and DPJP about the diagnosis and the lack of socialization about the importance of preventing fraud in the implementation of the National Health Insurance in Hospitals. Fraud prevention that is not yet optimal, and lack of outreach related to fraud prevention policies are also one of the causes of fraud. In addition, fraud can also be caused by miscommunication between coders and doctors in charge of services (DPJP) and BPJS verifiers [8 - 12]

b. Factors Inhibiting Potential Fraud

Factors that can inhibit the potential for fraud at the Dadi Regional Hospital Makassar by implementing a professional code of ethics and standards of behavior in order to achieve institutional goals are also a standard for measuring potential. The informant explained that the cultures carried out were inseparable from coordination, adhering to ethical and professional values in diagnosing and re-checking the results of the diagnosis to prevent fraud. In addition, the clinical pathway and the existence of the Internal Supervisory Unit Team (SPI) team and medical committees greatly assist in quality and cost control through the application of monitoring and evaluation service standards, writing complete and clear medical records, maintaining claim procedures and carrying out clinical audits and implementing management concepts. quality.

CONCLUSION

Factors effecting the occurrence of potential fraud in Dadi Regional Hospital Makassar namely the different understanding between the verifier, coder and DPJP regarding diagnosis and the lack of outreach about fraud prevention in the National Health Insurance program and the absence of a prevention team that specifically handles National Health Insurance fraud in Hospitals. Factors that can inhibit the potential for fraud in Dadi Regional Hospital Makassar namely by carrying out medical actions in accordance with the Implementation of Standard Operations (SOP), cultivating behavior according to the professional code of ethics, Clinical Pathway, coordination between parties involved and supervision from the Internal Supervisory Unit team.

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