

Completeness of Medical Record Files and The Timeliness of BPJS Claims on Inpatients with Bronchitis at Islamic Hospital Purwokerto

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ABSTRACT

Background: One of the crucial determinants of the quality of medical services provided by hospitals is the availability of adequate and complete data or information concerning medical records, which significantly impacts the submission of BPJS claims.

Method: This research utilizes a quantitative approach with a descriptive research design, employing a cross-sectional data collection method.

Results: The completeness of medical records for inpatients with bronchitis, categorized into indicators such as Participant Eligibility Letter (SEP), supporting examinations, the accuracy of codes, and inpatient billing resumes, was complete for 75 (100%) cases. Medical summaries were categorized as complete for 34 (45.33%) cases and incomplete for 41 (54.67%) cases. The indicator of inpatient admission orders was complete for 6 (8%) cases and incomplete for 69 (92%) cases. The timeliness of BPJS inpatient claims was categorized as timely for 49 (65.33%) cases and untimely for 26 (34.67%) cases.

Conclusion: The completeness of medical records significantly affects the timeliness of BPJS claims, where incomplete documentation, particularly in medical resumes and inpatient admission orders, contributes to delays in claim submission.

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1. INTRODUCTION

Hospital performance in providing quality medical services is determined by various factors, one of the key elements being the accuracy and completeness of medical records. Medical records serve as documentation for the care provided, supporting the administrative process, and ensuring that patients receive the necessary insurance reimbursements. This is especially true in the context of Indonesia's national health insurance system, BPJS (Badan Penyelenggara Jaminan Sosial), where the completeness of medical records directly influences the timeliness and accuracy of claims submissions for inpatient care, such as those for bronchitis cases at hospitals.

Medical records, as outlined by the Ministry of Health (Permenkes No. 24/2022), encompass patient identification, medical history, examinations, treatments, and all services provided to the patient. These records are essential in processing claims under the BPJS health insurance scheme. A primary issue

affecting BPJS claims is the incompleteness of medical records, which can lead to delays and inaccuracies in claims processing. The timeliness of claims is similarly influenced by the availability and accuracy of medical documentation, highlighting a critical area in hospital administration¹.

In particular, bronchitis, an inflammation of the airways, often leads to hospitalization due to complications such as respiratory distress, especially among elderly or at-risk populations. Despite the relatively high frequency of this condition, the accuracy in medical record keeping, and thus the timely processing of BPJS claims, is not always guaranteed. One of the contributing factors to delays in BPJS claims is the lack of proper documentation, such as incomplete medical resumes, missing signatures from responsible physicians, or inadequate diagnostic coding².

Previous studies have highlighted these challenges, with some revealing that hospitals face administrative bottlenecks due to incomplete medical records, which can result in rejected or delayed BPJS claims³. For example, as shown in previous studies that many claims are rejected due to missing referral documents or incomplete billing information⁴. Furthermore, as reported previously underlined the importance of accurate coding in expediting the claims process, noting that inconsistencies in diagnostic codes often result in delayed reimbursements⁵.

In this study, the focus is on assessing the completeness of medical records and the timeliness of BPJS claims for inpatients diagnosed with bronchitis at Islamic Hospital Purwokerto. The hospital, as part of the BPJS network, submits claims monthly, but issues such as delayed submissions and incomplete records often interfere with the efficiency of this process. This research aims to fill a gap by providing a detailed examination of how these challenges are manifested at a local level, specifically in the case of bronchitis patients.

The objectives of this study are twofold: (1) to assess the completeness of medical records of bronchitis inpatients at Islamic Hospital Purwokerto, focusing on key elements such as the Surat Eligibilitas Peserta (SEP), medical resume, inpatient billing, supporting examinations, diagnostic coding, and inpatient admission orders; and (2) to examine the timeliness of BPJS claims for these patients, categorized as either timely or delayed according to the hospital's submission schedule. The research seeks to provide practical recommendations for improving documentation practices, which could enhance the overall BPJS claims process.

In sum, this research investigates a critical aspect of hospital administration related to BPJS claims processing. By exploring the connection between the completeness of medical records and the timeliness of BPJS claims, this study aims to contribute to the ongoing efforts to streamline health insurance operations and improve healthcare service delivery, particularly for common conditions like bronchitis. The following section presents the existing body of literature that highlights previous findings in this area and the theoretical concepts underpinning the study.

2. RESEARCH METHOD

This study adopted a quantitative, descriptive research design using a cross-sectional approach to assess the completeness of medical records and the timeliness of BPJS claims for bronchitis inpatients at Islamic Hospital Purwokerto. The research focused on evaluating the documentation process and adherence to BPJS submission deadlines. The study was conducted using a cross-sectional design, which is ideal for descriptive research aimed at capturing data at a single point in time. This approach allowed for a snapshot of medical record completeness and claims timeliness among the selected bronchitis inpatient cases at Islamic Hospital Purwokerto.

The sampling method used was simple random sampling. The total population consisted of 307 medical records for bronchitis cases from 2023, and 75 records were randomly selected using this method. Simple random sampling was selected to ensure that each medical record had an equal chance of being included, reducing selection bias and improving the generalizability of the findings⁶. Data collection involved reviewing the medical records using a structured checklist to assess completeness in the following

areas: Surat Eligibilitas Peserta (SEP), Medical Resume, Inpatient Billing, Summary, Supporting Examinations, Diagnostic Coding, Inpatient Admission Orders

Each medical record was evaluated to check whether these elements were complete or incomplete. The BPJS claims' timeliness was also assessed by comparing the claim submission dates to the BPJS deadline of the 5th of the following month. Descriptive statistics were used to analyze the data. The frequency and percentage of each category were calculated to determine the completeness of medical records and the timeliness of BPJS claims. For the timeliness of BPJS claims, the following formula from Sugiyono (2021) was applied to calculate the percentage of on-time versus late claims:

$$\text{Percentage of On-time Claims} = \left(\frac{\text{Number of On-time Claims}}{\text{Total Claims}} \right) \times 100$$

$$\text{Percentage of Late Claims} = \left(\frac{\text{Number of Late Claims}}{\text{Total Claims}} \right) \times 100$$

The study adhered to ethical standards for research. Informed consent was obtained from the hospital to access patient data, and all personal information was anonymized to protect participant privacy. The research was reviewed and approved by the hospital's ethics committee to ensure compliance with ethical guidelines⁷.

3. RESULT AND DISCUSSIONS

3.1 Univariate Analysis

Table 1. Quantitative Analysis of Medical Record Completeness for Inpatient Bronchitis Cases at Purwokerto Islamic Hospital

No	Indicator	Complete				Total
		L	Percentage	TL	Percentage	
1.	Eligibility Letter	75	100%	0	0%	100%
2.	Medical Summary	34	45,33%	41	54,67%	100%
3.	Billing Summary	75	100%	0	0%	100%
4.	Supporting Examinations	75	100%	0	0%	100%
5.	Accuracy of Codes	75	100%	0	0%	100%
6.	Inpatient Order Letter	6	8%	69	92%	100%

Based on Table 1, the completeness of medical records for inpatient bronchitis cases was as follows: the Eligibility Letter (SEP), supporting examinations, accuracy of codes, and billing summary were 100% complete, with 75 records each. The medical summary was complete in 34 cases (45.33%) and incomplete in 41 cases (54.67%). The inpatient order letter was complete in 6 cases (8%) and incomplete in 69 cases (92%).

Table 2. Frequency Distribution of Timeliness of BPJS Claims for Inpatient Bronchitis Cases at Purwokerto Islamic Hospital

No	BPJS Claim Timeliness	Frequency (f)	Percentage (%)
1	On time (\leq 5th of the following month)	49	65.33%
2	Late ($>$ 5th of the following month)	26	34.67%
	Total	75	100%

Based on Table 2, the timeliness of BPJS claims for inpatient bronchitis cases showed that 49 claims (65.33%) were submitted on time (≤ 5 th of the following month), while 26 claims (34.67%) were submitted late (> 5 th of the following month).

The findings of this study highlight important aspects of medical record completeness and BPJS claim timeliness in inpatients diagnosed with bronchitis at Islamic Hospital Purwokerto. Based on the analysis of medical records, several key findings and challenges in the current medical record-keeping practices were identified, along with their implications for BPJS claims processing.

The study found that most medical record indicators, including Surat Eligibilitas Peserta (SEP), inpatient billing summaries, supporting examinations, and diagnostic coding, were complete. Specifically, SEP, billing, supporting examinations, and diagnostic coding were all 100% complete. These findings suggest that the hospital is effectively managing certain aspects of medical record documentation, which is critical for smooth claims processing¹.

However, the study also identified significant gaps in other areas, particularly with the medical resume and inpatient admission orders. Only 45.33% of medical resumes were complete, while a staggering 92% of inpatient admission orders were incomplete. The incomplete medical resumes were primarily due to missing signatures from the responsible attending physicians (DPJP), which is crucial for validating the medical summary and ensuring compliance with BPJS requirements. This aligns with findings from previous studies, such as those by Sander et al., which emphasize the importance of the completeness of medical resumes in ensuring timely claims approval⁵.

The high percentage of incomplete inpatient admission orders can also be attributed to administrative lapses, including missing or unclear patient information, which complicates the verification process for BPJS claims⁸. These findings are consistent with earlier research by Valentina et al., who found that incomplete admission orders were a common issue affecting the accuracy of BPJS claims processing⁹.

In terms of BPJS claims timeliness, the study revealed that 65.33% of claims were submitted on time (i.e., by the 5th of the following month), while 34.67% were delayed. While a majority of claims were submitted on time, the delayed submissions still represent a significant issue, as they can lead to cash flow problems for the hospital and delayed reimbursements for patient care.

The delay in BPJS claims can be attributed to a combination of factors, including incomplete medical records, such as missing medical resumes and inpatient admission orders. These incomplete records create bottlenecks in the claims process, as claims cannot be submitted until all required documents are finalized and verified. The results of this study are consistent with previous research by Novalina et al., which also reported delays in claims due to incomplete documentation and administrative inefficiencies in hospitals¹⁰.

Moreover, the study found that delays in BPJS claims could be due to internal factors within the hospital, such as insufficient staff or ineffective monitoring systems. This is in line with the findings of Wulandari et al., who highlighted that hospitals often face challenges in meeting BPJS deadlines due to the workload and the complexity of verifying claims⁴.

The completeness of medical records directly affects the efficiency of BPJS claims submission and approval. Incomplete medical resumes and inpatient admission orders lead to delays in the claims process, as they prevent the claims from being verified and submitted on time. As seen in the results of this study, missing signatures from the DPJP on medical resumes and incomplete inpatient admission orders contribute to the delays in BPJS claims submission.

In previous studies, including those by Sugiyono, the lack of standardized procedures for record-keeping and claims submission has been identified as a critical issue that hampers timely reimbursement processing⁶. In this study, the failure to fully complete medical records results in the

return of claims for additional documentation, which not only delays the claims process but also affects the hospital's financial performance.

Based on these findings, it is recommended that the hospital implement more stringent monitoring and training programs for staff involved in medical record-keeping and claims submission. Regular training sessions should emphasize the importance of completing all required sections of medical records, especially the medical resume and inpatient admission orders, to ensure that all documents are fully completed before claims are submitted³.

In addition, the hospital should establish a standardized operating procedure (SOP) for the completion of medical records and ensure that all involved personnel, including physicians and administrative staff, are well-versed in the importance of timely and accurate documentation. The hospital may also benefit from adopting an electronic medical record (EMR) system that could streamline the process of data entry, reduce errors, and improve the overall efficiency of BPJS claims submissions.

It is crucial for the hospital to develop an internal review system that ensures all claims are reviewed and submitted by the 5th of the following month, as required by BPJS. This system would help identify any potential delays early in the process and allow for timely intervention to avoid missed deadlines.

The findings of this study underscore the critical role of medical record completeness in the timely processing of BPJS claims. While certain aspects of the medical records at Islamic Hospital Purwokerto were found to be complete, significant gaps in other areas, such as medical resumes and inpatient admission orders, have a direct impact on the efficiency of the claims process. To address these challenges, it is recommended that the hospital strengthen its documentation practices, implement targeted training programs for staff, and develop robust systems for monitoring and verifying medical records before submission. These steps will not only improve the timeliness of BPJS claims but also enhance the overall quality of patient care and hospital administration.

4. CONCLUSION AND RECOMMENDATION

Based on the findings of the research, it can be concluded that the completeness of medical records for inpatients with bronchitis was quite good for several indicators, such as Surat Eligibilitas Peserta (SEP), supporting examinations, diagnostic coding accuracy, and inpatient billing resume, all of which were 100% complete. However, significant gaps were found in the medical resume, which was only 45.33% complete, and the inpatient admission order, which was only 8% complete. Regarding the timeliness of BPJS claims, 65.33% of claims were submitted on time, while 34.67% were delayed. These delays were mainly caused by incomplete medical records that did not meet the required standards.

To improve the completeness of medical records and the timeliness of BPJS claims, it is recommended that Islamic Hospital Purwokerto hold regular meetings among all parties involved in the claims submission process, such as DPJP, coders, supporting examination staff, and BPJS internal verifiers, to ensure complete documentation and reduce claim delays. The hospital should also establish clear Standard Operating Procedures (SOPs) for filling out medical records to ensure a more structured and complete process. Furthermore, it is important to continuously evaluate and provide training for medical and administrative staff to improve documentation practices and ensure that all medical records are complete before submitting claims. Future research could further explore the impact of policies or procedural changes on improving the completeness of medical records and the timely submission of BPJS claims.

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