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# Strategy For Developing Fraud Prevention In The Implementation Of National Health Insurance At The Medan Baru Special Eye Hospital

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## ABSTRACT

*Fraud*In health, fraud is a form of fraud that includes misuse of assets and falsification of statements, which can be carried out by all parties involved in the service. BeBased on the initial survey conducted by the researcher, Medan Baru Eye Specialist Hospital has implemented a policy to prevent fraud, one of the fraud incidents that has occurred is, patients using other people's health insurance cards. The research method used in this study is a Mixed Method, namely a method that combines quantitative and qualitative approaches. The purpose of this study is to analyze the implementation of prevention policies carried out by Medan Baru Eye Specialist Hospital in implementing health insurance programs. The results of qualitative research show that the hospital has built a fraud prevention system in accordance with PERMENKES No. 16 of 2019, and the results of quantitative research show that out of 100 respondents, 6% of patients still commit fraud. The conclusion in this study is that the preparation of fraud prevention policies and guidelines has been carried out with the formation of a Director's Decree, the development of a fraud prevention culture, such as special socialization related to fraud has not been made., The development of health services that are oriented towards quality control and cost control, still needs to be improved due to the many potential frauds that can be committed by patients and officers, A fraud prevention team has been formed at Medan Baru Eye Specialist Hospital, Medan Rumah, in accordance with the Director's Decree which regulates the duties of each member. The implementation of fraud prevention policies for patients has been successful, as evidenced by quantitative research showing that only 6% of patients still commit fraud. Hospitals are expected to conduct specific outreach regarding fraud to all staff.

**Keywords: Hospital, Fraud, Fraud Prevention System.**

## INTRODUCTION

JamiThe Indonesian National Health Insurance (JKN) is a component of the National Social Security System (SJSN). The National Social Security System is implemented through a required social health insurance system. The goal is to ensure that all Indonesians are covered by the health insurance system so they can meet their basic health needs. Since the JKN program began in early 2014, the Corruption Eradication Commission (KPK) has assessed the potential for corruption in the health sector. This corruption is a form of fraud. Fraud in health care is a form of fraud that includes misuse of assets and falsification of statements and can be committed by all parties involved in the service. Fraud is more often associated with secondary (advanced) health care,

namely hospitals. Fraud in advanced health care facilities occurs when billing claims are submitted based on inaccurate codes, more complex diagnoses and procedures, or use more resources. There were approximately 41.84 million cases of both outpatient and inpatient care in 2019, which is likely a form of abuse. Around 47.40% or around 875,829 cases were indicated as upcoding actions in advanced outpatient services (Wardhana A, 2019).

BeBased on the initial survey conducted by the researcher at the Medan Baru Eye Specialist Hospital, where the researcher interviewed the officers of the Medan Baru Eye Specialist General Hospital, it was stated that since the Medan Baru Eye Specialist Hospital collaborated with BPJS, the hospital has implemented a policy to prevent fraud, the hospital also formed a fraud prevention team by appointing a head of fraud prevention at the hospital. Considering the potential for fraud can be committed by both patients and officers. The potential for fraud committed by patients starts from patients using files belonging to other patients, taking queue numbers but not receiving treatment. One of the fraud incidents that has occurred at the hospital is when a patient was found to be using someone else's health insurance card, when confirmed, the patient admitted his actions. To prevent such incidents from happening again, the hospital anticipates this by validating BPJS patients with fingerprint scans.

Seme Among the potential fraudulent acts committed by officers are coders creating inappropriate diagnosis codes, registration officers taking patient queue numbers but the patient does not receive treatment, and issuing referral letters from the system even though the patient does not bring a referral letter. One example of fraud that has occurred by officers is errors in coding diagnoses caused by negligence.

## LITERATURE REVIEW

A specialized hospital is a hospital that provides primary care in a specific area or type of disease based on a specific discipline, age group, organ, disease type, or other specialty. Specialized hospitals can provide services beyond their specialty, including inpatient, outpatient, and emergency care (Amelda, 2020).

Adap tThe hospital's task is to implement health service efforts in an efficient and effective manner by prioritizing healing and recovery which are implemented in a harmonious and integrated manner with improvement and prevention as well as the implementation of referral efforts, the hospital also has the task of providing comprehensive individual health services. Social security is a form of social protection to ensure that all people can fulfill their basic needs for a decent life. The National Social Security System (SJSN) is a procedure for organizing the Social Security program by the Social Security Administering Agency (BPJS) for Health and BPJS for

Employment. The National Health Insurance developed in Indonesia is part of the SJSN which is organized using a mandatory health insurance mechanism based on Law No. 40 of 2004 concerning the SJSN with the aim of fulfilling the basic needs of public health that are appropriately provided to everyone who has paid contributions or whose contributions are paid by the government (Ministry of Health of the Republic of Indonesia., 2004).

Fraud Health services generally have the same components as stipulated by law. The difference between fraud in health services is that the fraudulent elements relate to health services, service coverage, and fraudulent payments for health services or products. In the health system, there are three main parties that commit fraud: providers or organizers (insurers), health service providers (in this case FKTL, FKTP, etc.), and beneficiaries or participants (patients). According to the Regulation of the Minister of Health of the Republic of Indonesia Number 36 of 2015, fraud is an act carried out intentionally by participants, BPJS Kesehatan officers, health service providers, and providers of medicines and medical devices to obtain financial benefits from the health insurance program and the National Social Security System (SJSN) through fraudulent acts that are not in accordance with the provisions (Triatmodjo Y 2020).

## METHOD

The research method used in this study is a Mixed Method, a method that combines quantitative and qualitative approaches to obtain accountable results. The qualitative method in this study uses interview and observation techniques with hospital staff. Therefore, the qualitative method in this study was used to determine the implementation of fraud prevention policies in the implementation of the health insurance program at the Medan Baru Special Eye Hospital. Meanwhile, the quantitative method in this study was used to determine the percentage of fraud prevention policies implemented in the implementation of the health insurance program at the Medan Baru Special Eye Hospital for patients (Dwi Resqi Pramana., 2022).

The population in this study is the entire research subject, namely all patients at the Medan Baru Eye Specialist Hospital in 2024, totaling 1200 inpatients and 5242 outpatients. In addition, the researcher also has research subjects for qualitative research, namely the head of the medical committee, the person in charge of JKN claims, JKN ambassadors and coders. From the calculation results, the number of samples obtained was 100 patients. Sampling was carried out by accidental sampling, namely a sample determination technique based on chance/incidental meeting with researchers can be used as a sample, where if the subjects encountered by chance are appropriate and suitable to be used as a data source.

In conducting research, a data collection process will certainly be carried out. The data collected by researchers include primary data, secondary data, and tertiary data, using data collection techniques such as interviews, observation, and documentation.

## RESULTS

Based on the research results,Inknow that the health insurance program or BPJS has in collaboration with Medan Baru Eye Specialist Hospital, so that the hospital must build a fraud prevention system according to PERMENKES No. 16 of 2019, therefore the researcher wants to analyze the implementation of the fraud prevention system prevention policy at Medan Baru Eye Specialist Hospital which consists of: preparation of fraud prevention policies and guidelines, development of a fraud prevention culture, development of health services oriented towards quality control and cost control and the formation of a fraud prevention team..DateThe data obtained in this study are the results obtained from six key informants, namely the head of the medical committee, 4 main informants, namely the JKN Ambassador, registration officer, coder, and nurse, and the triangulation informant, namely the head of JKN claims (Yusuf Z, 2022).

## REPORTING RESEARCH RESULTS

**Respondent Frequency Distribution Table Based on Fraud Actions**

| No. | Tindakan *Fraud* | f | % |
|---|---|---|---|
| **1.** | Ya | 6 | 6,0 |
| **2.** | Tidak | 94 | 94,0 |
| Jumlah | | **100** | **100,0** |

Sumber : Data Primer Penelitian Tahun 2024

Results The research shows that the fraud prevention development strategy in the implementation of the health insurance program at the Medan Baru Special Eye Hospital in 2024 has been running well, as can be seen from the results of quantitative research that only 6% of patients committed fraud.

## DISCUSSION

This research is in line with the research conducted by Akha et al., on the implementation of fraud prevention policies in the implementation of health insurance programs at the Diponegoro National Hospital in Central Java, showing that the prevention team has never conducted policy socialization. Fraudulent actions from registration officers can be in the form of taking queue numbers, in addition there are still incidents where registration officers contact the First Level

Health Facilities (FKTP) such as community health centers, clinics, or general practitioners, to ask to send patients from the FKTP to the hospital, while these actions include types of fraud according to PERMENKES No. 16 of 2019 concerning the prevention and handling of fraud and the imposition of administrative sanctions against fraud in chapter II point B explains that the types of fraud by BPJS Kesehatan include moving or determining participants to be registered at certain FKTPs outside the applicable provisions. All parties, especially the anti-fraud team, are required to anticipate these incidents so that the quality of the hospital is maintained by providing sanctions in the form of a Warning Letter (SP) to officers who commit fraud. Meanwhile, the most common fraud committed by patients before the fingerprint system was using someone else's data and offering a reward to a staff member for taking a queue number. To reduce or prevent this fraud, hospitals impose sanctions in the form of initial education, then change the patient's payment status to a general patient. The hospital then reports the matter to the BPJS for further action.

## CONCLUSION

BeBased on the results of the research that the researcher has conducted in analyzing the implementation of the fraud prevention system policy at the Medan Baru Special Eye Hospital, it was concluded that the preparation of fraud prevention policies and guidelines has been carried out with the formation of the Director's Decree.,Pedevelopment of a fraud prevention culture, such as special socialization related to fraud has not been made, Development of health services that are oriented towards quality control and cost control, still needs to be improved due to the many potential frauds that can be committed by patients and officers, A fraud prevention team has been formed at the Medan Baru Special Eye Hospital, according to the Director's Decree which regulates the duties of each member, Implementation of fraud prevention policies for patients has been running well as seen from the results of quantitative research showing that there are only 6% of patients still commit fraud.

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