ABSTRACT

Wahono Edhi Prastowo/NIM: 21730247, Title: Verifier's Authority According to Legal Rules in Verifying Diagnosis Results for Patients Through Verifier's Authority for Claims from Social Security Administering Bodies (BPJS) Claims. Under the guidance of Prof. Dr. H. Faisal Santiago, SH, MM as Promoter and Dr. Suparno, S.H, M.H., M.M, as Co. Promoter.

The National Health Insurance Program (JKN), in this case BPJS Health, uses prospective payment system financing, namely rates that are prepared in the form of packages listed in the Indonesia Case Base Group (INA-CBGs). BPJS Health Verifiers are tasked with verifying claims for financing participant care in hospitals and evaluating the utilization of referral health services. It is not uncommon for data verification to be carried out by someone who is not a doctor, so it is not uncommon for there to be misunderstandings regarding the results of patient diagnoses made by doctors. Verifiers are also responsible for mitigating fraud in financing the National Health Insurance-Healthy Indonesia Card (JKN-KIS) program.

How the verifier's consideration in determining the diagnosis of patients who do not have medical medical personnel for BPJS Health claims? What are the obstacles for verifiers in determining the diagnosis of patients who do not have medical personnel competence for BPJS Health claims? BPJS Health claims? Why is there a need for special rules related to the authority of verifier's authority over the results of the diagnosis for BPJS Health claims?

In the research the author uses theoretical foundations including the theory of the rule of law, the theory of authority and the theory of legal liability. This research is an empirical empirical juridical research.

Verifiers should have a medical education background (doctor or nurse) to minimize errors in verifying patient diagnosis data, because if there is a coding error, the BPJS claim will be rejected / delayed. In addition, verifiers must have obstacles in carrying out their duties such as lack of knowledge of the casemix team regarding coding rules in accordance with PMK and ICD 10 / ICD 9 CM, incomplete medical records, lack of coder knowledge, overloaded files and others. In carrying out its duties, the BPJS verifier is guided by BPJS Health Regulation No. 7/2018 concerning Management of Health Facility Claim Administration in the Implementation of Health Insurance. In addition, there is a Regulation of the Minister of Health of the Republic of Indonesia Number 26 of 2021 concerning Guidelines for Indonesian Case Base Groups (INA-CBG) in the Implementation of Health Insurance as a guideline for solving problems with INA-CBG Claims for National Health Insurance.

Keywords: BPJS Health Verifier