
The Relationship Between Emergency Medical Record Completeness And The Timeliness Of BPJS Claims At Wangaya Regional General Hospital, Denpasar

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Abstract

Hospital is a healthcare institution that provides comprehensive health services, including emergency services. The completeness of medical records is one of the indicators of healthcare service quality and plays an important role in administrative processes, including the submission of BPJS claims. This study aims to determine the relationship between the completeness of emergency medical records and the timeliness of BPJS claims at Wangaya Regional General Hospital, Denpasar City. This study used a quantitative method with a cross-sectional design involving a sample of 140 emergency patient medical record files Using a purposive sampling technique. Data were collected through document observation using a medical record completeness checklist and BPJS claim data, then analyzed using the chi-square test. The results showed that the completeness rate of medical records reached 96% complete files and 4% incomplete, while the timeliness of BPJS claims showed that 82.9% of claims were submitted on time and 17.1% were not submitted on time. The statistical test results indicated a significant relationship between the completeness of medical records and the timeliness of BPJS claims ($0.000 < 0.05$) with a relationship strength of 0.926, which is categorized as a very strong relationship. It can be concluded that the more complete the medical records filled out by healthcare workers, the greater the possibility that BPJS claims can be submitted on time. Therefore, increased discipline and supervision in completing medical records are needed to support the smooth administrative process of claims in hospitals.

Keywords: Medical Record, Completeness, Timeliness of BPJS Claims.

INTRODUCTION

Hospitals are healthcare institutions that play a strategic role in improving public health status through comprehensive individual health services, including inpatient, outpatient, and emergency care (Ministry of Health of the Republic of Indonesia, 2024). The Emergency Department (ED) is one of the most vital units in a hospital because it provides the first line of care for patients in emergency conditions; therefore, all service processes must be carried out quickly, accurately, and well-documented.

According to the Minister of Health Regulation Number 47 of 2018, the objective of emergency service standards is to provide rapid medical treatment to save lives and prevent disability. These services include management carried out before, within, and between healthcare facilities using an integrated emergency system. The Emergency Department is required to operate 24 hours a day with a skilled medical team, adequate facilities, and the implementation of triage, resuscitation, stabilization, and referral systems based on the level of patient emergency (Ministry of Health Regulation No. 47, 2018). One of the important aspects that ensures the quality of healthcare services is the management of complete and accurate medical records.

Medical records, whether in manual or electronic form, are legal and administrative documents containing patient identity, examination results, diagnoses, therapies, and other medical actions provided by healthcare professionals. Based on Minister of Health Regulation Number 24 of 2022, medical records must be completed clearly, sequentially, and promptly after services are provided, including patient identity, examination results, diagnosis, treatment, follow-up plans, and the signature of healthcare personnel. This completeness serves as the basis for service quality, legal validity, and the accuracy of claim data (Ministry of Health Regulation No. 24, 2022). The completeness of medical record documentation is an important indicator in assessing hospital service quality. According to Donabedian's healthcare quality theory, service quality can be assessed through three dimensions:

structure, process, and outcome. Structure includes the availability of human resources and recording systems, process relates to the compliance of healthcare personnel in documenting data, while outcomes can be seen from the timeliness of BPJS claim submissions and patient satisfaction (Bustami, 2022).

One of the government's efforts to improve healthcare service quality is the establishment of the Social Security Administering Body for Health (BPJS Kesehatan), a public legal entity responsible for managing the National Health Insurance (JKN) program. The JKN program was introduced as part of the social security system aimed at providing health protection to all Indonesian citizens without exception. Through this program, people are expected to obtain equitable, accessible, and quality healthcare services according to medical needs, both at primary healthcare facilities and referral hospitals. BPJS Kesehatan not only functions as a provider of healthcare financing but also represents the government's responsibility in ensuring sustainable access to healthcare services (Eka, 2021).

Incomplete medical records, especially in the emergency department, can disrupt administrative processes, cause delays in claims, and even result in financial losses for hospitals. The completeness of medical records in the Emergency Department is crucial because it is the first unit handling patients in critical conditions. Therefore, every medical action must be properly documented to ensure the accuracy of diagnosis, costs, and health insurance claims (Agiwahyunto et al., 2021).

According to Article 78 paragraphs (1) and (2) of Presidential Regulation Number 82 of 2018 on Health Insurance, BPJS Kesehatan has the right to request a summary of patients' medical records from healthcare facilities for claim submission purposes. Generally, medical record summaries must include patient identity, diagnosis, examination history, and the cost of treatment submitted. This provision indicates that medical records function not only as clinical documents but also as essential administrative requirements for BPJS claim processes. The completeness of medical record documentation, particularly in the emergency department where services are fast-paced and complex, greatly influences the smooth verification process of claims, which directly impacts the timeliness of hospital claim disbursement (Istiqomah et al., 2024).

Previous studies have shown a significant relationship between the completeness of medical record documentation and the timeliness of BPJS claims. Research by Rahmatika et al. (2020) at RSUD M. Zein Painan found that incomplete medical records led to delays and rejection of BPJS claims. Similarly, a study at Muhammadiyah Hospital Bandung indicated that the completeness of BPJS requirements for emergency patients significantly affected the claim process and, in some cases, resulted in delayed claims (Aulia et al., 2024). Another study by Agiwahyunto et al. (2021) at RSUD KRMT Wongsonegoro Semarang found that incomplete medical record requirements caused delays in claim payments until the following month. These findings emphasize that medical record completeness is not only a matter of documentation but also affects the sustainability of hospital operations.

Wangaya Regional General Hospital in Denpasar is a Type B teaching hospital that collaborates with various educational institutions across health and non-health disciplines. Diverse healthcare professionals with different expertise interact within this environment. Rapid developments in medical science and technology require healthcare personnel to continuously adapt in order to deliver services according to quality standards.

Based on the researcher's observations, the number of emergency department visits in the third quarter of 2025 reached 11,446 records, with 566 electronic medical records undergoing reactivation during the same period. Of 100 reactivated records, 30% were incomplete in important reports, 16% in examination sections, and 30% in assessment sections, while 100% were complete in identity and authentication components. Reactivation was conducted to fulfill the completeness of emergency medical records, both administrative and clinical, to meet BPJS claim requirements. This reactivation process indicates the need for quality audits to evaluate and improve documentation practices, reduce reactivation rates, and enhance the accuracy of medical record completion to minimize pending claims.

Based on this background, the study entitled “*The Relationship between Emergency Medical Record Completeness and the Timeliness of BPJS Claims at Wangaya Regional General Hospital, Denpasar City*” is expected to contribute to improving hospital service quality, particularly from administrative and financial perspectives. This study is also relevant to government initiatives aimed at enhancing the efficiency of the National Health Insurance system through the integration and digitalization of medical records.

RESEARCH METHODS

The study employed a quantitative approach with a cross-sectional design to examine the relationship between the completeness of emergency medical records and the timeliness of BPJS claims at Wangaya Regional General Hospital, Denpasar. The population consisted of emergency patient medical record files, with a sample of 140 records selected using a purposive sampling technique. Data were collected through document observation using a structured checklist to assess medical record completeness, as well as BPJS claim submission data to determine timeliness. The variables analyzed included medical record completeness as the independent variable and timeliness of BPJS claims as the dependent variable. Data analysis was conducted using descriptive statistics and the Chi-square test to determine the significance of the relationship between variables, along with Cramer’s V to measure the strength of the association.

RESULTS AND DISCUSSION

Results of Analysis of Completeness of Emergency Patient Medical Records

Based on the results of research conducted at Wangaya Regional Hospital, Denpasar City, from January to February 2026 on 140 medical records of Emergency Department (ER) patients, researchers assessed the completeness of medical records based on four components: identification, important reports, authentication, and correct documentation. The following table shows the results of the analysis of completeness of emergency medical records at Wangaya Regional Hospital, Denpasar City.

Table 4.1 Analysis of Completeness of Emergency Medical Records

NO	Completeness Components	Complete		Incomplete		Total	
		f	%	f	%	f	%
1	Identification	140	100	-	-	140	100
2	Important Reports	118	84%	22	16%	140	100
3	Authentication	140	100	-	-	140	100
4	Proper documentation	140	100	-	-	140	100
Rata-Rata		96%		4%		100%	

The results of the study showed that of the 140 medical record files studied, the highest level of completeness was found in the identification, authentication, and correct documentation components with a percentage of 100% complete, which means that all files have been completely filled in all three components. Meanwhile, the lowest incompleteness was found in the important report component, which was 16% (22

incomplete files) with a completeness level of 84% (118 complete files). Overall, the average level of completeness of medical records reached 96% and incomplete by 4%, so it can be concluded that the completeness of medical record files is classified as very good, although there are still deficiencies in the important report component that need attention.

BPJS Claim Timeliness Analysis Results

Based on research conducted at Wangaya Regional Hospital, Denpasar, between January and February 2026, using medical records from September to November for 140 Emergency Department medical records, the following table presents the analysis of BPJS claims timeliness at Wangaya Regional Hospital, Denpasar.

Table 4.2: BPJS Claim Timeliness Analysis Results

NO	Timeliness of BPJS Claims	Appropriate		Not exactly		Total	
		f	%	f	%	f	%
1	Medical Record No	116	82,9%	24	17,1%	140	100
Rata-Rata		82,9%		17,1%		100	

The results of a study of 140 patient medical record files for which BPJS claims were submitted showed that 116 files (82.9%) were submitted on time, while 24 files (17.1%) were not. This percentage was obtained by comparing the number of each category to the total number of files studied. These results indicate that most claims were submitted within the specified timeframe, although there were still delays that need to be evaluated to optimize the claims submission process.

Results of the Chi-square Test

This analysis was conducted to determine the relationship between the completeness of medical records and the timeliness of BPJS claim submissions. The cross-tabulation method used to examine the distribution of the two variables based on the 140 files studied, thus providing an initial overview of the pattern of the relationship.

Table 4.3 Chi-square Test Conclusion Results

Completeness of Medical Records	Accuracy n (%)	Accuracy n (%)	Inaccuracy	Total (n)	p-value	Cramer's V
Complete	115 (82,2%)	3 (2,1%)		118		
Incomplete	22 (15,7%)	0 (0%)		22		
Total	137 (97,9%)	3 (2,1%)		100	,000	,926

Based on the cross-tabulation results, there were 115 complete medical record files with timely claims, 22 incomplete medical record files with timely claims, 3 complete medical record files with untimely claims, and no incomplete medical record files with untimely claims. These results indicate that complete medical record files have better claim timeliness than incomplete medical record files.

The Chi-Square test yielded a p-value of 0.000, which is less than $\alpha = 0.05$. Thus, it can be concluded that there is a significant relationship between medical record completeness and BPJS claim timeliness.

The Symmetric Measures test yielded a Cramer's V value of 0.926. This value falls within the 0.80–1.00 range, indicating a very strong relationship between medical record completeness and BPJS claim timeliness. This indicates that the more complete the medical record, the greater the likelihood of a claim being submitted on time.

Discussion

Discussion of Emergency Medical Record Completeness

The study conducted from January to February 2026 at Wangaya Regional General Hospital, Denpasar, involving 140 medical record files from September to November 2025, showed that the completeness of medical record documentation—especially patient identification, authentication, and proper documentation—reached 100%, while the medical report content component achieved 95.3% completeness. Overall, the completeness level of medical records reached 96% complete and 4% incomplete.

Based on Donabedian's theory, these findings fall into the structure and process components, where the structure includes adequate human resources, funding, and facilities, along with staff awareness in completing medical records. The process component relates to the professionalism of healthcare workers and

how medical records are properly filled out. This indicates that most medical record documentation has been carried out according to standards, although some elements remain incomplete.

According to the Ministry of Health Regulation No. 24 of 2022, medical records must be completed clearly, accurately, and promptly. Complete medical records function not only as documentation but also as an essential source of information for continuity of patient care. The completeness of medical records is a key indicator of hospital service quality, encompassing patient identification, important reports, staff authentication, and proper documentation procedures. Incomplete records may affect administrative, legal, and service quality aspects in hospitals.

These findings are consistent with previous studies showing that incomplete medical records can impact administrative quality and healthcare services. Although the completeness level in this study is relatively high, further improvements in accuracy and consistency are still necessary. Even a small incompleteness rate of 4% can have significant implications in healthcare services, affecting administrative processes, legal aspects, and continuity of patient care. Therefore, quality improvement efforts should focus not only on achieving high percentages but also on maintaining consistency and precision in documentation.

Discussion of BPJS Claim Timeliness

The study results indicate that 82.9% of BPJS claims were submitted on time, while 17.1% experienced delays. This suggests that the hospital's claim administration process is generally effective; however, certain obstacles still contribute to delays.

Claims must be submitted no later than the 10th of the following month after services are provided, with an additional tolerance period of 5 days. Claims submitted beyond this timeframe are considered late.

Delayed claims can significantly impact hospital operations, particularly in administrative and financial aspects. Late submissions may delay the verification and reimbursement process by BPJS, affecting hospital cash flow. Additionally, delays increase the workload of administrative staff, as documents must be rechecked, corrected, or completed before resubmission.

According to Law No. 24 of 2011, claims must be submitted on time with complete documentation to ensure smooth verification and payment processes. Delays are often caused by incomplete records or documentation errors, which may result in pending or rejected claims.

Previous studies support these findings, emphasizing that complete medical records facilitate faster verification and reduce the need for document revisions. Although the timeliness rate in this study is relatively good, improved coordination between healthcare providers and administrative staff is necessary to minimize delays. The 17.1% delay rate indicates ongoing challenges, particularly in document completeness and verification stages, which directly affect hospital financial flow and operational efficiency.

Discussion of the Relationship Between Medical Record Completeness and BPJS Claim Timeliness

The statistical analysis of 140 medical records shows a significant relationship between medical record completeness and BPJS claim timeliness, with a p-value of 0.000 (< 0.05) and a correlation strength of 0.926, categorized as very strong.

Thus, the null hypothesis (H_0) is rejected, and the alternative hypothesis (H_1) is accepted, indicating a significant relationship between emergency medical record completeness and BPJS claim timeliness at Wangaya Regional General Hospital.

This means that the more complete the medical records, the higher the likelihood that claims will be submitted on time. Complete medical records are a primary requirement in healthcare administration, particularly for insurance claims.

Medical records contain essential information such as patient identity, diagnosis, treatment, and healthcare provider authentication, which are necessary for diagnosis coding and claim processing. Incomplete records often lead to claim returns and delays. Therefore, complete documentation facilitates faster verification and submission processes.

These findings are supported by previous studies, which indicate that incomplete medical records can hinder hospital administrative processes, including claims. Conversely, complete records improve efficiency and service quality.

The very strong correlation (0.926) highlights that medical record completeness is not merely a supporting factor but a key determinant of claim timeliness. High-quality documentation directly contributes to smoother administrative processes, while deficiencies can significantly delay claims.

CONCLUSION

Based on the study examining the relationship between medical record completeness and BPJS claim timeliness at Wangaya Regional General Hospital, Denpasar, the following conclusions can be drawn:

1. The completeness of emergency medical records from 140 analyzed files (September 1 – November 30, 2025) reached 96% complete and 4% incomplete.
2. The timeliness of BPJS claims showed that 116 files (82.9%) were submitted on time, while 24 files (17.1%) were delayed.
3. Statistical analysis showed a significant relationship between medical record completeness and BPJS claim timeliness ($p < 0.05$; $0.000 < 0.05$), with a very strong correlation (0.926). This indicates that more complete medical records increase the likelihood of timely claim submission. Medical record completeness plays a crucial role in supporting administrative efficiency and the claim process in healthcare facilities.

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