



# Examination of Pending Elements for Inpatient Service Matters of BPJS Kesehatan at X Hospital

<sup>1</sup>Ratna Laelasari, <sup>2</sup> Erix Gunawan

<sup>1</sup>Student, <sup>2</sup>Lecturer

<sup>1</sup>Medical Record and Health Information,  
<sup>1</sup>Polytechnic Piksi Ganesha, Bandung, Indonesia

**Abstract :** BPJS Health is an organization responsible for social security programs in Indonesia. The BPJS Health claim process occurs when the hospital submits treatment costs for BPJS Health participants to BPJS Health, which is then paid by BPJS Health every month collectively. Funding for health cannot be underestimated by the JKN program run by BPJS Health through the claims process. However, not all claims submitted can be claimed immediately, because there are claim statuses that may or may not be feasible. This study aims to find factors that cause delays in inpatient BPJS claims at Hospital X. In this study, a qualitative approach with descriptive methods was applied. Data was collected through interviews and observations. From the results of this research, 79 samples of inpatient files were found to have eligible claims of 59 (75%) and pending claims of 20 (25%). There are also pending BPJS inpatient claims seen from the 5M management element, namely factors such as a lack of officers, lack of understanding of officers regarding the BPJS claims process. This machine factor occurs because the existing scanning equipment and network are still insufficient. The method factor is that this hospital already has an SOP but lacks understanding of the BPJS claims process. The money factor is that the existing budget is still insufficient for facilities in the claims section. Material factors, namely incomplete filling in of files and caused by human error in entering the wrong data.

**IndexTerms - 5M, BPJS Claim, Inpatient**

## I. INTRODUCTION

A hospital is defined as a medical facility under Minister of Health Regulation No. 3 of 2020 as one that offers complete patient care, including in-hospital nursing care, polyclinic consultations, and emergency management. Medical records must include a summary of the patient's identify, as well as information about any tests, treatments, surgeries, and other services they have had, according to Ministerial Regulation Health Number 24 of 2022.

Regulation No. 71 of 2013 issued by the Ministry of Health defines inpatient services as non-specialist individual health services given in a first-rate manner. Based on a referral from another healthcare professional, inpatient care is a type of hospital treatment where patients stay for at least one day.

According to Government Regulation No. 47 of 2016, in order to attain the best possible level of health, collaboration between the national government and local governments is crucial for the delivery of health services. Under the National Health Insurance program, which is administered by BPJS Health, the central government is in charge of overseeing facilities and health services. It is also in charge of delivering healthcare in the Indonesian area.

According to Law No. 24 of 2011, BPJS is an organization created to oversee social health insurance, including health insurance, to guarantee that every person can appropriately meet their fundamental needs. Part of BPJS, BPJS Health seeks to safeguard the public by offering more comprehensive health services, particularly at the first level, at reasonable premium costs.

In Indonesia, claims for reimbursement for medical services rendered at hospitals, clinics, and other healthcare facilities are submitted through the INA-CBG's portal. Hospitals may implement an INA-CBG payment model under the National Health Insurance. Under this approach, hospitals get claim reimbursements from BPJS Health based on pre-established service categories. These groups are made according to the diagnosis of the ailment and the specific medical procedure that was performed.

Hospitals that treat BPJS participants must submit their monthly treatment costs to BPJS Health through a process known as "BPJS claiming." Files that satisfy the requirements will be approved and paid for by BPJS Health; files that don't or are still pending will be sent back to the hospital for additional review.

When BPJS Health and hospitals cannot agree on the medical codes and processes to be employed, delayed claims arise. This may occur as a result of inaccurate or incomplete medical diagnosis and procedure code recording in the claims file. Occasionally, disagreements between the coding hospital and the BPJS verifier led to this issue. The rates provided by INA-CBG might therefore be erroneous, which would have an impact on cost estimates.

Research conducted at Hospital X between March 2024 and May 2024, including interviews with BPJS personnel, revealed a number of troubling issues linked to claims delays for BPJS Health inpatient services at Hospital X. HR is one of the things that causes BPJS inpatient claims to be delayed.

## II. RESEARCH METHODOLOGY

(Sugiyono, 2018) defines research as a set of procedures used in research to gather data for a certain goal and to accomplish the intended use. In terms of science, this study used a qualitative approach with a descriptive focus for its research methodology. The goal of this research's qualitative approach is to gain a thorough understanding of the phenomenon being studied, not to test theories. In the meantime, the data is analyzed using a descriptive technique that characterizes the state of the data that was gathered. Investigating complex and natural items is a good fit for this method (Sugiyono, 2019)

Pada Penelitian ini, pengumpulan data dengan wawancara dan observasi dengan petugas BPJS di Rumah Sakit X mulai dari 4 Maret 2024 hingga 4 Mei 2024. Penelitian ini berfokus pada analisis klaim yang tertunda dalam pelayanan rawat inap. Populasi penelitian mencakup 366 berkas rawat inap, dengan 79 rekam medis yang berhasil dikumpulkan. Dari data yang telah dikumpulkan akan analisis sesuai dengan situasi di lapangan untuk menyusun penelitian tentang permasalahan yang memengaruhi klaim pelayanan rawat inap BPJS di Rumah Sakit X.

## III. RESULTS AND DISCUSSION

### A. Result

The following are the results of research conducted at Hospital X on the Analysis of Pending Factors for BPJS Claims for Inpatients.

**Table 1. Inpatient Claim Status**

No	Claim Status	Amount	Prosentage
1	Worthy	59	75%
2	Pending	20	25%
<b>Total Inpatient Claim Submissions</b>		79	100%

It is clear from the above table that there are 79 medical records related to inpatient care. While 25% of medical record files are still in the condition of pending claims, 75% of medical records are eligible for claims. Based on observations made in the medical record, BPJS claims in inpatient medical records are evaluated.

According to Handoko (2017) management is an activity that involves direction, planning, and arranging organizational resources and other members to achieve goals certain. In this discussion, researchers use an approach that involves elements management, such as people, methods, materials, machines, and money, are often used as factors study.

### 1. Man

A term used to describe humans as internal resources This context is as a worker. The focus of this research includes workers' age, level education, and availability of staff in hospitals (Aprilia et al., 2020). Then look from the claim status, that pending claims reached 25%, this was influenced by human resources manage those claims. The officers involved in claims management are as follows:

**Table 2. Claim Officer at RS X**

No.	Officer	Last education	Division
1	Nutritionist	D III – Nutrition	CLAIM
2	Nurse	D III – Nurse	CLAIM
3	Medical Recorder	D III – RMIK	CLAIM
4	Medical Recorder	High School	CLAIM

It is evident from the preceding data that a number of the officers have educational backgrounds unrelated to medical records. Due to their lack of necessary education, these officials have a lack of awareness regarding the claims process. A medical records officer with only a modest degree should fill out the claims section D3. This will reduce the amount of outstanding claims at RS X.

### 2. Method

Standard Operating Procedures (SOP) are procedures or processes that are utilized as a guide for performing certain tasks. This SOP is frequently used to direct the implementation of a procedure in the field of medical records (Aprilia et al., 2020). Declare The SOP was not followed by many officers throughout the claim process, which resulted in the delays shown in Table 1. In addition, incomplete claim file completion might have an impact on outstanding claims.

### 3. Machine

According to Aprilia et al. (2020), mechanical devices or machines are used to support a company's operations as well as non-operational activities. The frequency of pending claims is influenced by scanners or printers. Within RS Officers feel their work is hindered by the damaged and unusable ones that are currently in place. The hospital ought to get a new scanner in place of the old one. Aside from that, the hospital X's unstable network is another reason why faults in the INA-CBG program frequently occur.

#### 4. Money

Money is crucial to a business's operations, whether it is for starting a business, funding the production process, or other requirements, according to Hasibuan (2019). Effective money management is essential to achieving business objectives. The way the business's finances are handled might have an impact on how well or poorly the management process goes. There were delays in the settlement of claims because of financial limitations. The hospital's revenue is significantly impacted by these pending claims, so funds should be allocated to bettering at-home amenities. Pain is blocked as a result of the pending claim.

#### 5. Material

According to (Hasibuan, 2019) equipment is considered a tool or way of managing things used by humans for activities to achieve certain goals.

**Table 3 Data on Causes of Pending Claims**

No.	Factors causing pending inpatient claims	Inpatient File
1	Uncompleted file	5
2	Incorrect coding	9
3	supporting examination	4
4	Human Error	2
	Total	20

Table 3 includes 79 instances of inpatient files. The reasons for unresolved claims include incomplete information in medical records, mistakes made when coding, erroneous check results, and human error. Table 3's data indicate that incorrect coding of Hospital X's 20 total medical records is the most frequent reason for pending claims.

### B. Discussion

#### 1. Man Factors

Because HR professionals have the credentials and abilities that the business needs, they are an integral element of the organization.

Results of the interview: One of the causes for the delay in processing claims at the management level is that officers are understaffed in the BPJS division and are unaware with the BPJS claims procedure. The officers who code are currently having trouble determining diagnosis codes since medical information isn't always fully entered in the system. To guarantee a proper diagnosis, they must speak with the patient directly and get in touch with the poly nurse or treating physician.

The Hospital's BPJS claim procedure. One of them is the verifier's carelessness in ensuring that patient documentation are complete. Aside from that, Hospital X only has 4 BPJS officials, hence one of the outstanding allegations is lack of human resources. This indicates that unfulfilled disciplinary actions by the claims officer are the root cause of pending human factor claims. It is also well recognized that a BPJS claims officer's background should correspond with the position; yet, at Hospital X, several claims officers lack this background.

#### 2. Machine Factors

Equipment, whether it is medical or not, needs to meet quality standards, safety requirements, and operational guidelines. Hospital equipment must be operated and maintained by qualified and authorized personnel. To guarantee a thorough history, maintenance equipment should be systematically and frequently documented and inspected.

The purpose of technology is to facilitate officers' work; however

In actuality, the Scan tool at the hospital is still insufficient, and in addition, network issues frequently result in errors and can slow down officer work by preventing them from accessing the INA-CBGs and SIMRS program. The interview's findings indicated that machines and scanning equipment were the main causes of pending claims.

In addition to adding scanning equipment and fixing the current BPJS room, routine internet network maintenance is required to prevent frequent failures of the SIMRS system and INA CBG's application.

BPJS officers said that they frequently encountered issues when utilizing the INA-CBG program application to enter inpatient claim files. These errors may take anything from ten to fifteen minutes, or even a full day. The file entry procedure is hampered by this, and technology ought to make the officer's job simpler. But the RS X's technology is not user-friendly, which slows down the BPJS claiming procedure.

#### 3. Method Factors

Method is a series of steps or procedures used by a company to facilitate the implementation of work in order to achieve operational plans. Method This includes how to carry out tasks taking into account objectives, available facilities, use of time, money, and business activities. Thus, this method refers to procedures or guidelines for carrying out company activities. SOPs are rules that must be followed to ensure the implementation of activities operational. At Hospital X there are already existing SOPs. Officers who do not use it appropriately SOPs can affect pending BPJS claims, not only that, delays in submission Claims can also be caused by deficiencies in the files submitted.

It is crucial to make sure that every document needed for the claim is in order and presented in compliance with the guidelines. Document flaws or omissions may cause claims to be denied or delayed. According to the findings of earlier interviews, some officers deviate from standard operating procedures (SOPs) for a variety of reasons, including inadequate facilities and infrastructure, a poor work culture, and a lack of socialization from superiors. One of the reasons for delaying BPJS claims is incomplete files. As a result, in order to lower the number of outstanding claims, it is necessary to socialize current officers on the application of SOPs in BPJS claims.

#### 4. Money Factors

One crucial element is money. Money is a tool used in value quantification and exchange. Liquidity of a company can be used as a statistic to assess the prosperity of both small and large businesses. As a result, money becomes an indispensable instrument for achieving objectives when used logically. This issue has to do with the financial resources allotted to compensation, the acquisition of crucial equipment, and the potential revenue the business may generate. A hospital's finances may be negatively impacted by unpaid claims. Once all conditions are satisfied, BPJS Health will pay claims; payment is typically made within 15 days of the hospital receiving the claim file.

Furthermore, there is insufficient funding for BPJS claim facilities. Additionally, there is not enough funding at Hospital X for BPJS claim facilities. There are three computers and a subpar scanning instrument at Hospital X. Scan tools are typically insufficient due to malfunctioning devices, poor maintenance by officers and attendants, and other factors. Applying for a new scan tool replacement will help you prevent future outstanding claims.

#### 5. Material Factors

Material is regarded as essential to the production process, making it a crucial component of management. The availability of materials has a significant impact on how smoothly the production process operates, regardless of the type of material used—from raw materials to completed goods.

Determine the significant contributing elements to the impending cause.

According to BPJS, it is known that human error led to the officer entering the data erroneously and that the file is incomplete. It's crucial to have all the necessary files when filing for reimbursement. But there was an issue at Hospital X where some claim files—particularly the supporting examination results files—were frequently missing in action.

One of the reasons for pending claims is human error, which occurs when officers enter or input data improperly. Hospital file returns that are delayed can also save expenses. This is because hospitalized patients' medical resumes are a crucial component of the BPJS claims procedure.

Nearly 90% of hospital patients were BPJS Health participants, therefore this delay may have a negative impact on claim payments and hospital cash flow.

#### IV. CONCLUSION.

According to the study's findings, the following circumstances may lead to pending BPJS claims for inpatient care:

According to the results of the research analysis of pending claims for BPJS health inpatient services at Hospital X, the BPJS claim process is still ongoing and not yet optimal due to several factors. Pending BPJS claims describe the 5M management elements, namely (Man, Machine, Method, Money, and Material), be an indicator of the cause of pending BPJS claims. It was concluded that from 79 inpatient medical record files, the cause of this pending claim could be seen by checking the medical record files.

The reasons are similar to the Man factor, which affects the reasons why BPJS claims are still pending. Specifically, the reasons are a lack of officers and an officer's ignorance of the BPJS claims procedure. Engine components

This occurs because the network and scan technologies now in use are still insufficient for the requirements of the BPJS claim procedure. Method factors: this hospital already has a SOP in place, but its files are incomplete and its staff is unaware of the BPJS claims procedure. The financial aspect, specifically the fact that the BPJS claims section's facilities still need funding, is a factor. Not to mention the repercussions while the hospital files a claim for loss. Important variables include incomplete file filling and data entry errors made by humans. Based on the 5M management aspects (Material, Money, Machine, and Man), which serve as markers for the reasons of outstanding BPJS claims. This could result in losses for the hospital and inefficient work done by the police.

#### REFERENCES

- [1]. Aprilia, A. K. D., Nurmawati, I., & Wijayanti, R. A. (2020). Identifikasi Penyebab Keterlambatan
- [2]. Penyediaan Dokumen Rekam Medis Rawat Jalan di Rumah Sakit Husada Utama Surabaya
- [3]. Tahun 2020. *J-Remi: Jurnal Rekam Medik Dan Informasi Kesehatan*, 1(4), 630–638.
- [4]. Dewi, K. I. L., Yulianthini, N. N., & Telagawathi, N. L. W. S. (2019). Pengaruh dimensi kualitas
- [5]. pelayanan terhadap kepuasan pelanggan pengguna bpjs kesehatan di Kota Singaraja. *Bisma:*
- [6]. *Jurnal Manajemen*, 5(2), 82–92.
- [7]. Hidayah, A. N. (2022). Tinjauan Penyebab Pengembalian Klaim BPJS Kesehatan Pasien Rawat
- [8]. Inap Literature Review on Causes of Claim Return for Inpatients' Social Security for Health
- [9]. Agency Nina Dwi Astuti. *Jurnal Rekam Medis Dan Informasi Kesehatan*, 5(2).
- [10]. Handoko. (2017). *Manajemen Sumber Daya Manusia*. P Gramedia Pustaka.
- [11]. Hasibuan, M. (2019). *Manajemen Personalia dan SDM*. Jakarta: CV Haji Masagung.
- [12]. Kurnia, E. K. (2022). FAKTOR PENYEBAB PENDING KLAIM BPJS KESEHATAN PASIEN
- [13]. RAWAT INAP DI RUMAH SAKIT X PERIODE TRIWULAN I TAHUN 2022. *Prosiding*
- [14]. *Seminar Informasi Kesehatan Nasional*, 173–177.
- [15]. Peraturan Menteri Kesehatan Nomor 24. (2022). *Tentang Rekam Medis*. Jakarta: Menteri
- [16]. *Kesehatan Republik Indonesia*.
- [17]. Pratama, A., Fauzi, H., Indira, Z. N., & Adi, P. P. (2023). Analisis Faktor Penyebab Pending
- [18]. Klaim Rawat Inap Akibat Koding Rekam Medis Di Rumah Sakit Umum Daerah (RSUD)
- [19]. Dr. Soedirman Kebumen. *Jurnal Ilmiah Perekam Dan Informasi Kesehatan Imelda*
- [20]. (JIPIKI), 8(1), 124–134.
- [21]. Puspaningsih, M., Suryawati, C., & Arso, S. P. (2022). EVALUASI ADMINISTRASI KLAIM
- [22]. BPJS KESEHATAN DALAM MENURUNKAN KLAIM PENDING. *Journal of Syntax*
- [23]. *Literate*, 7(6).

- [24]. Rahma, F., Indira, Z. N., & Fauzi, H. (2023). ANALISIS FAKTOR PENYEBAB PENDING
- [25]. KLAIM BPJS RAWAT JALAN BULAN SEPTEMBER TAHUN 2022 DI RS X: Analysis
- [26]. Of Factors Causing Pending BPJS Outpatient Claim in September 2022 At X Hospital.
- [27]. Jurnal Rekam Medis Dan Informasi Kesehatan, 2(1), 12–19.
- [28]. Robot, R. P., Sengkey, R., & Rindengan, Y. D. Y. (2018). Aplikasi Manajemen Rawat Inap dan
- [29]. Rawat Jalan di Rumah Sakit. Jurnal Teknik Informatika, 13(4).
- [30]. Peraturan Menteri Kesehatan No 3 Tahun. (2020). Tentang Klasifikasi dan Perizinan Rumah
- [31]. Sakit. Jakarta: Menteri Kesehatan Republik Indonesia.
- [32]. Peraturan Pemerintah No 47 Tahun. (2016). Tentang Fasilitas Pelayanan Kesehatan. Jakarta:
- [33]. Peraturan Pemerintah Republik Indonesia.
- [34]. Peraturan Menteri Kesehatan No 71 Tahun. (2013). Tentang Pelayanan Kesehatan. Jakarta:
- [35]. Menteri Kesehatan Republik Indonesia.
- [36]. Peraturan Menteri Kesehatan Nomor 24. (2022). Tentang Rekam Medis. Jakarta: Menteri
- [37]. Kesehatan Republik Indonesia.
- [38]. Sugiyono. (2018). Metode Penelitian kuantitatif, kualitatif dan R & D. Bandung: Alfabeta.
- [39]. Sugiyono. (2019). Metode Penelitian kuantitatif, kualitatif dan R & D. Bandung: Alfabeta.
- [40]. Undang - undang No 24 Tahun. (2011). Tentang Badan Penyelenggara Jaminan Sosial. Jakarta:
- [41]. Undang - undang Republik Indonesia

