

# ANALYSIS OF THE CAUSES *OF PENDING* BPJS HEALTH CLAIMS FOR INPATIENTS TO SUPPORT THE SUCCESS OF CLAIMS

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## **Abstract**

Study This focused on a study about factors main influencing factors delay processing BPJS Health claims for patients take care hospitalization at Bandung Kiwari Regional Hospital . In order to increase claims process efficiency , objectives main from study This is For know the reasons behind it delay BPJS Health claims for patient take care hospitalization at Bandung Kiwari Regional Hospital . Interview deep with Coordinator National Health Insurance (JKN) at Bandung Kiwari Regional Hospital , which is involved in part administration claim , made as part from technique study qualitative . A number of variables , including documents that are not complete , identified as reason main delay claim in findings study this , and error in the coding process . Constraints This in a way significant hinder smoothness of the claims process and result in delay in payment claim . Implications from study This covers the need repair in system administration claim as well as improvement coordination inter-unit service . With understand and overcome factors identified , RSUD Bandung Kiwari can increase level success BPJS Health claims for patient take care stay , which in the end will increase quality service health and level satisfaction patient in a way comprehensive , and give base for repair more system effective in the future .

**Keywords :** BPJS Health, Pending **claims** , Inpatient care

## **Abstract**

*This research focuses on analyzing fundamental aspects that impact delays in the BPJS Health claims process for inpatients at Bandung Kiwari Hospital. In order to improve the efficiency of the claims process, this study primarily seeks to determine the causes of BPJS Health claim delays for inpatients at Bandung Kiwari Regional Hospital. A qualitative methodology was used for the study. , which involved in-depth interviews with the National Health Insurance (JKN) Coordinator at Bandung Kiwari Regional Hospital who was involved in the administrative aspects of the claim. The research results revealed several factors that were the main causes of claim delays, including completeness of documentation and errors in the coding*

*process. These obstacles significantly hinder the smoothness of the claims process and result in delays in claim payments. The implications of this research include the need for improvements in the claims administration system as well as increased coordination between service units. By understanding and addressing the identified factors, RSUD Bandung Kiwari can increase the success rate of BPJS Health claims for inpatients, which will ultimately improve the quality of health services and overall patient satisfaction levels, as well as providing the basis for more effective system improvements in future.*

**Keywords :** *BPJS Health, Pending claims, Hospitalization*

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## INTRODUCTION

Implementation of the National Health Insurance (JKN) program at home Sick has cause adjustment in the service model health , which leads to focus service individual who is specialist or sub-specialists . The Indonesian government started implementation of the JKN program since beginning in 2014 , with referring to the provisions set out in Minister of Health Regulation (PMK) No. 28 of 2014 which regulates guidelines implementation of JKN. With Thus , it is seen the need for a focused management strategy For running the JKN program in the environment House Sick . (Maulida & Djunawan, 2022).

BPJS Health claims are a formal process that involves application payment cost maintenance patient BPJS participants by the party House Sick to BPJS Kesehatan. (Pratama et al., 2023). This process done in a way periodic , usually every month , where is the house Sick submit claim in a way collective For cost maintenance patient to BPJS Kesehatan. Claims the Then will assessed by BPJS Kesehatan, which will agree and do payment For claims that meet conditions . However, we will send return to House Sick claims that are not fulfil condition or which is still delayed . Home cash flow Sick can affected by the presence of unsubstantiated claims paid Because promised payment Not yet paid , give rise to uncertainty financial and disruptive operational House Sick . (Firyal Nabila et al., 2020).

Kiwari Regional General Hospital (RSUD) , Bandung City Government has a number of facility service health , one of them is the Special Hospital for Mothers and Children (RSKIA) in Bandung City. Before transform become House sick , RSKIA Bandung City is health center located in Kelurahan Nyengseret , District Astanaanyar , at Jalan Astanaanyar No. 224. The Ministry of Health of the Republic of Indonesia has verify validity its operation with number registration 3273260. After transform becoming the RSKIA of Bandung City, the Special Hospital for Mothers and Children (RSKIA) of Bandung City was established and organized in accordance with Regional Regulation No.

14 of 2009. Then his status replaced by the Regional Public Service Agency (BLUD). In accordance with the Decree of the Mayor of Bandung No. 900/Kep.066-DPKAD/2011 dated January 27, 2011, the RSKIA of Bandung City has apply pattern management PPK-BLUD finance . ( official website ).

Result of observations made writer at the Regional General Hospital (RSUD) Bandung Kiwari show that a number of factor become trigger main from delay BPJS Health claims . Factors the is completeness documents , and errors that occur in the coding process . From January 2024 to March 2024, a total of 5,659 claims submitted For take care stay , with 227 of claim the returned to Kiwari Hospital Bandung. Researchers find existence problem in Handling claims mentioned by the section BPJS administration . This is happen when required documents No filled with complete ; for example , when a medical resume No own complete information , has error coding , or No consistent . This means BPJS verifier must send return file condition claim to facility medical or attending physician For complete all required documents .. Based on results interview with JKN Coordinator needs to existence improvement in management administration claim as well as repair in coordination between home service units sick . With better understanding deep to factors identified and steps taken For to overcome it , Bandung Kiwari Regional Hospital own potential For increase level success in the BPJS Health claim process for patient take care stay . This is expected can give contribution positive to improvement quality service health in a way comprehensive and level satisfaction patient .(Santiasih dkk., 2021).

## **RESEARCH METHODS**

For get comprehensive understanding about research conducted , study This apply approach qualitative with involving interview to individuals . The methods used in data collection includes interview , observation participants , and analysis Documents . Research qualitative aiming For understand phenomenon social from perspective participants . Approach This used in context objects that are natural , where researchers play a role as instrument main in data collection .(Setiatin dkk, 2022.)

The decision to use method qualitative This based on desire writer For to obtain significant and deep understanding from individual or sources involved about factors that cause BPJS Health claims for patients take care stay delayed at Bandung Kiwari Regional Hospital . (Rahmadewi M dkk., 2024).

## **RESULTS AND DISCUSSION**

### **A. Research result**

The results of the study involving interview deep with coordinator related , obtained that the administrative process BPJS Health claims for service take care hospitalization at Bandung Kiwari Regional Hospital walk in accordance with Standard Operational The procedure that has been determined . Stages of the administrative process This BPJS claim involving a number of steps , started from registration patient , manufacture *resume* by the Doctor in Charge of the Patient (DPJP), *billing*

process , collection files by JKN , verification documents , coding by officer coder , up to stage *scanning* For delivery file in form *soft file* to BPJS party .

Participant get a Letter of Eligibility Participants (SEP) and register at the counter registration For start stage administration procedure services in institutions health reference level continue , according with Regulation of the Minister of Health No. 28/2014. Depending on the needs medical they , BPJS users can choose between take care road and care stay . Submission claims in institutions health in accordance with Practical Guide Administration BPJS Health Claims 2014 follows settlement stage administration . According to with Ministerial Regulation no. 27/2014 about INA-CBGs system , stage This covering recapitulation service and last is data input and coding through INA-CBGs application . Procedure This generate txt file and corresponding claim data with standard BPJS Health technical matters for verification claim . (PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA NOMOR 28 Tahun 2014, 2014).

### **Reasons for Pending BPJS Claims at Bandung Kiwari Regional Hospital**

Reason the delay BPJS Health claims are caused by various reasons complex factors . Factors the including from completeness documents that are not adequate , error in coding information medical , as well as difference interpretation on provision claims that are enforced . Problems technical in system administration claims can also be become reason like disturbance signal in the process of uploading data to in *one drive* , so the data is not uploaded all . In addition , there are re- admission cases resulting in merger claim Because period arrival adjacent patients and the presence of request change coding from BPJS Health can also influence *pending* claim .

#### **1. Incomplete File**

Causative factor incompleteness file is claim No covers diagnostics and procedures , which are contradictory with completeness documentation . Not fulfilled standard submission BPJS Health claims occur when file No complete or No included in results end . In the research this , was found files that are not complete in section file record medical that is not issued from System Information Hospital Management (SIMRS) or No scanned with correct . Files the originate from record medical take care stay . As example , Circular Letter Patients (SEP) who do not listed , medical resume that is not followed , or another missing part . In addition , there is possible forms No available , such as report operation , letter death , or letter information take care stay . Document support medical also often does not attached in a way complete , such as results laboratory or results radiology that has not been everything attached . This is can result in difficulty in the process of administration and maintenance patients , so that required attention more For ensure completeness document the .

Kiwari Hospital For processing BPJS Health claims , documents medical patient take care hospitalization is very important . BPJS Health claims will accurate If documentation medical patient take care stay complete . So that funds can be distributed in a way effective in accordance with type

care needed , important for officer For verify accuracy and completeness of medical data as well as ensure that all criteria BPJS Health claims have been fulfilled . Findings show that file claim take care stay returned Because documents that are not complete . According to instruction technical practical verification BPJS Health claims in 2014, if evidence No can found , then claim will returned to officer claim House Sick For equipped or repaired . BPJS Health Verifier has right For do confirmation to officer .

## **2. Coding Changes**

Coding changes from BPJS Health becomes complex problem , because matter the cause existence difference corner view about use code diagnosis between BPJS Health with party House sick . That thing resulting in the claims process need quite a long time . Coding is linking diagnostic and therapeutic processes with code grouping INA-CBGs application is step next . Number claim can counted with use codes this . In settings this is the primary diagnosis is a diagnosis that has risk the biggest to life , need source Power the biggest from services , and or need duration maintenance the longest .

## **3. Re- admission BPJS Health Claims**

Re- admission BPJS Health claims refer to situations where a person patients who have treated and sent home from House Sick must return treated in term time certain Because same condition or related complications with disease early . Re- admission This usually happen in period time certain , often about 30 days after patient sent home , according to with BPJS Health guidelines . In the case of re- admission , the hospital Sick must submit claim new accompanied by document supporters who show that re- admission required Because condition related with initial diagnosis . Re- admission claims Then verified by BPJS Kesehatan through inspection record medical patients and evidence Supporter other For ensure that re- admission truly necessary and appropriate with applicable policies .

If the claim approved , BPJS Health will bear cost maintenance second patient in accordance applicable provisions , incl cost medical , medicines and services related others . For prevent unwanted re - admissions need , home sick and provider service health must ensure that patient accept optimal care before repatriated , including education about management conditions , appropriate treatment , and signs that require attention medical more continue . Re- admission BPJS Health claims are mechanism important For ensure patient get maintenance sustainable and adequate , and prevent burden cost addition for patients and systems health .

## **4. Disturbance Signal On System *OneDrive***

Disturbance signals that result in data not being received uploaded to *OneDrive* can impact significant in management BPJS Health claims at RSUD Bandung Kiwari . Hospital This Possible use *OneDrive* or service *cloud* similar For storing medical data patients , including record medical , diagnosis and documentation Supporter other necessary For submission BPJS Health claims . Disturbance signal can hinder uploading this data , resulting in delay in storage and access information

important . For the BPJS Health claim process , completeness and accuracy of data are very crucial , and the inability upload accurate data time Because disturbance signal can cause incompleteness file claims required by BPJS Health for verification , which in turn delay payment process claim . In addition , the team medical often necessary collaborate in a way *real-time* , access and update record medical patient . Disorders blocking signal upload or sync data in *OneDrive* can hinder collaboration this , causes delay in giving care and retrieval decision medically necessary For submission BPJS claims .

Administration BPJS Health claims also require organized and easy-to-use data . accessed , and disturbances signal can bother channel Work administrative , resulting in inefficiency and improvement burden Work For ensure all file claim complete and ready filed . Non-compliance to guidelines and policies strict BPJS Health due to incompleteness or delay in data upload can influence reputation and efficiency operational of Bandung Kiwari Regional Hospital . Therefore that 's important for Bandung Kiwari Regional Hospital For ensure infrastructure strong and reliable network , utilizing technology data backup , and develop protocol For handle disturbance signal , so that the management process BPJS Health claims can walk more smooth and efficient .

## **B. Discussion**

### **Impact from Pending BPJS Claims at Bandung Kiwari Regional Hospital**

Delay claim own significant impact to delay payment service medical , which in turn influence productivity staff House pain and quality services provided by the house sick . Disorder this is also disturbing home cash flow Sick because the funds that should be accepted from claim No can accepted appropriate time . When the file claim No fulfil condition complete , possible big claim will returned , which resulted in delay in the payment process and potentially harm House Sick Because disruption to cash flow . In addition , the problem in the claim process can bother activity operational House sick , because lack of required data . Delay protracted payment cause restrictions room fiscal For activity operational House sick , stressed House Sick For look for scheme financing addition through institution finance party third , such as banking , which is a burden party House Sick .

Pending claim own significant implications to availability home remedies sick , which in the end influence services provided to patient . Delay payment claims by BPJS Health can result in delay in payment drugs to party provider drug formulary national (FORNAS) by home sick . This is can bother chain supply vital medicines for treatment patients . In addition , the problem this also raises improvement burden Work for the Bandung Kiwari Regional Hospital , especially part BPJS Kesehatan internal verifier , because they must do checking repeat to file pending claims . This process need time and resources Power addition from BPJS Kesehatan internal verifier , which in turn can slow down the payment process claim in a way overall . Therefore that , fast and efficient handling to pending claims become very important For ensure smoothness flow necessary medicines For patient as well as For minimize burden Work .

## **Efforts to Resolve Pending BPJS Health Claims at Bandung Kiwari Regional Hospital**

Completion BPJS Health claim pending problem at Bandung Kiwari Regional Hospital require step strategically planned and coordinated . First , it is necessary done improvement understanding to procedures and requirements BPJS Health claims via periodic socialization for employee House sick . This step aiming For ensure that file claim submitted in accordance with applicable provisions , so reduce risk delay or rejection claim . Next , RSUD Bandung Kiwari implement system internal verification of file claim before submitted , in order to detect and repair error or possible shortcomings happen .

In addition , establishing close partnership with BPJS Health you can give access direct to more help and understanding deep about the claims process . Infrastructure reliable technology is also important things , including stable internet connectivity and system efficient data management , for reduce disturbance in submission claim through the BPJS Kesehatan online platform. Finally , monitoring and evaluation periodic regarding the claims process can help in identify problems that arise and implement necessary improvements use increase efficiency and smoothness in finish claim . With implement steps approach This , it is hoped that the Bandung Kiwari Regional Hospital can increase quality service to patient and care smoothness operational House Sick in a way overall .

## **CONCLUSION**

Study regarding the administrative process BPJS Health claims at Bandung Kiwari Regional Hospital show that steps taken Already in accordance with Standard Operational Applicable procedures . This process covers registration patient , resume creation by the Doctor in Charge of the Patient (DPJP), billing process, collection files by JKN , verification documents , coding by officer coder , and scanning stage for delivery file in form soft file to BPJS party . However , there is a number of reason the delay claims , such as completeness documents that are not adequate , error in coding information medical , differences interpretation on provision claims , and disturbances signal on the system *OneDrive* . In addition , re- admission claims that cause merger claims and requests change coding by BPJS Kesehatan also worsens problem . Completeness file medical patient take care stay is very crucial , while change coding slow down the claims process . Re- admission add complexity , and disruption signal hinder uploading important data . Delay claim This impact significant to delay payment service medical , productivity staff House pain , and quality services , as well as bother cash flow and cause loss . For overcome problem this , is required steps planned like socialization periodic about procedure claim , system internal verification before submission , cooperation close with BPJS Health, improvements infrastructure technology , and regular monitoring . With approach It is hoped that the Bandung Kiwari Regional Hospital will can increase quality service and smoothness operational House Sick .

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