ANALYSIS OF HUMAN RESOURCES ROLE IN CASEMIX UNIT IN MANAGING CLAIMS OF SOCIAL SECURITY AGENCY (BPJS) AT HOSPITAL X

Tiara Apni Sukmayanti[1], Nurul Dwi Ariyani[2]
[1]Administrasi Rumah Sakit, Politeknik Piksi Ganesha, Indonesia
[2]Administrasi Rumah Sakit, Politeknik Piksi Ganesha, Indonesia
Email : [1]tiara.sukmayanti@gmail.com, [2]piyulnurul29@gmail.com

ABSTRACT

The Indonesian government has created a health service program as an effort to improve health in Indonesia through the Social Security Agency (BPJS). BPJS claim management in hospitals is highly dependent on the role of the casemix unit, but the role of Human Resources (HR) in the casemix unit is considered as a very important factor in ensuring the accuracy of files, completeness of files, and timeliness of delivery and submission of claims. Referring to the ongoing obstacles in implementing the role of HR, this study aims to determine the role, number, and obstacles faced by HR in the casemix unit. This study used a descriptive qualitative method with data from the casemix unit, filling out questionnaires, and in-depth interviews with seven HR in the casemix work unit of X Hospital which were conducted from April 2025 to May 2025. The results show that HR in the casemix unit has tried to conduct its role optimally, even though it is faced with a high frequency of overtime due to a workload which exceeds 8 hours per day and the number of HR that is still insufficient. There are several obstacles which come from outside the casemix unit; especially, in the delay of filing, system errors, changing BPJS regulations, and obstacles in the number of insufficient human resources so that the frequency of overtime is quite high and requires additional freelance workers. This finding shows the need for better coordination between the casemix unit and other units which are directly related to BPJS services, the need for HR training, and the need to increase the number of HR in order to increase the effectiveness of BPJS claim management at X Hospital.

Key words: *Human Resources, Casemix Unit, BPJS Claim Management*

INTRODUCTION

Based on the 1945 Constitution of the Republic of Indonesia, it is stated that "The state is responsible for providing adequate health care and public service facilities." Everyone has the right to receive health services guaranteed in the 1945 Constitution to make efforts in order to improve the health of both individuals and groups or society as a whole (in Basith & Prameswari, 2020). Law number 44 of 2009 concerning Hospitals states that a hospital is a health service institution which provides comprehensive individual health services that provide inpatient, outpatient, and emergency services. The Indonesian government has created a health service program in the form of guarantees for health services, which is stipulated in the Minister of Health Regulation No. 71 of 2013 concerning Health Services in the National Health Insurance (JKN) in the form of health protection (in Far, Rahardjo, & Hutapea, 2022).

One of the government's efforts to improve health in Indonesia is through BPJS (Social Security Agency). In accordance with the tasks and functions described (BPJS Health, n.d.) BPJS functions to organize a health insurance program as explained in Law Number 40 of 2004 concerning the National Social Security System that Health insurance is organized nationally based on the principles of social insurance and equity principles, with the aim of ensuring that participants receive health care benefits and protection in meeting basic health needs.

In order to help improve the health of the community, X Hospital plays a role in providing BPJS services for inpatient and outpatient services. BPJS Kesehatan will make payments to the hospital if the hospital has completed its obligations in submitting claims by completing the patient's administrative file requirements. The payment method determined by the National Health Insurance (JKN) is the casemix method or payment based on cases (in Handayani, Wdijaja, Putra, & Sonia, 2023).

The Casemix system is a system for grouping diagnoses and related actions or procedures, which have similar or the same clinical characteristics and the use of similar/the same funds/treatment costs. In the claims process, X Hospital has a casemix work unit as a unit responsible for each patient's BPJS claims. The role of

the casemix work unit is very important and needed for the continuity of the BPJS claim process for each patient so that the service can run well. Furthermore, the effectiveness of the casemix unit's work is influenced by the Human Resources (HR) involved in it. The casemix work unit has an important role in conducting the BPJS claim management process; especially, in ensuring the accuracy of files, completeness of files, and the timeliness of delivery and submission of claims. However, based on observations in the field, it shows that the HR in the casemix unit worked beyond the specified working hours of 8 working hours and required HR to take overtime. Under certain conditions, especially in the closing process towards the beginning of the month where the casemix unit must have uploaded all patient files on the 5th of each month, the casemix unit requires more manpower by adding freelance workers as a form of additional support in order to help complete the workload in the claims process. This raises questions about the effectiveness of the role of HR in the casemix work unit. Therefore, further analysis is needed on the role of HR in the casemix work unit in supporting the smooth running of the BPJS claim process. Therefore, this study aims to:

1. To know the number of HR actually needed in the casemix work unit.
2. To know whether the role of each HR has been conducted properly and optimally.
3. To know the obstacles faced by HR in conducting their role in the BPJS claim process at X Hospital.

METHOD

This study used a descriptive qualitative research method with the aim of analyzing and describing the role of HR in the casemix work unit in making BPJS claims at X Hospital. According to Creswell (as citied in Safarudin, Zulfamanna, Kustati, & Sepriyanti, 2023) qualitative research is research which relies on the views of participants, researchers will ask questions, collect data that mostly consists of words and text, analyze the text, and submit subjective and biased requests by provoking other questions. This study was conducted from April 2025 to May 2025 which focused on the role of casemix HR in managing BPJS patient data and files, the obstacles faced, and the number of HR needed by the casemix work unit.

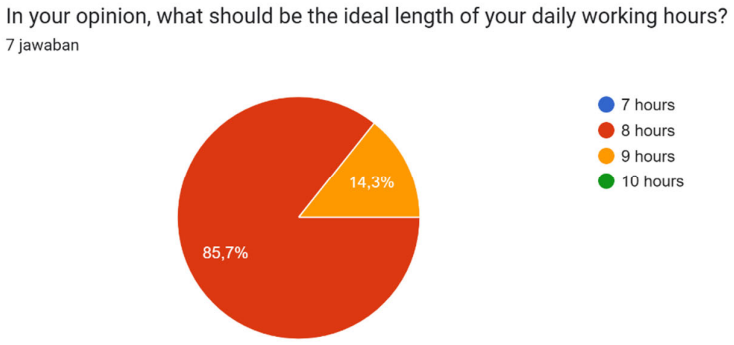
Moreover, the data collection techniques which would be used are interviews, filling out questionnaires via google form, and data from the casemix unit. The subjects in this study were all HR working in the casemix unit, totaling seven people. In addition, respondents for filling out the questionnaire and interview informants were all members of the population which consisted of one head of the casemix division who was also a verifier, one inpatient coder, one inpatient filing officer, three outpatient coders, and one outpatient filing officer.

RESULT

This section presents the results of filling out the questionnaire which had been distributed to seven HR of the casemix unit as respondents who were directly involved in the BPJS claim management process at X Hospital. The purpose of this filling is to obtain an overview of the understanding, perception, and experience of HR towards BPJS claim management, as well as the challenges faced in its implementation.

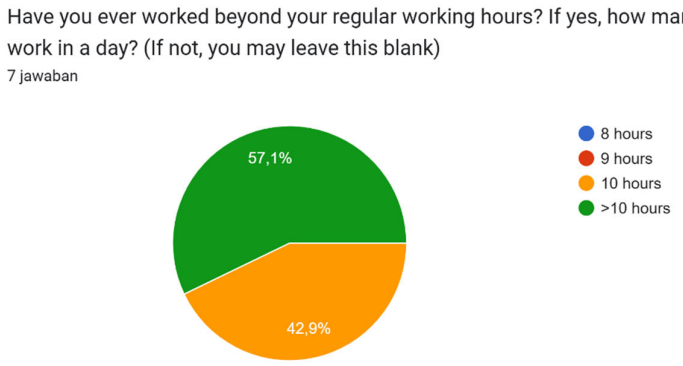
Moreover, the data obtained were then analyzed descriptively and presented in the form of diagrams in order to facilitate understanding of the respondent's answer patterns. Pie and bar charts were used to summarize the overall responses to each question asked.

The pie and bar chart visualization only shows the general answer patterns, and the results are not directly concluded. Further explanation will be obtained through in-depth interviews to understand the reasons behind the answers.



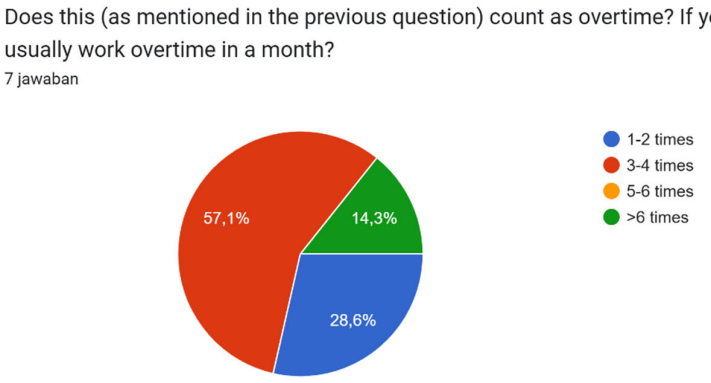
Source: Primary Data, 2025

From the seven respondents, six people state that the duration of working hours which should be in one day is 8 hours while one person stated 9 hours. The majority of respondents believe that 8 hours of work per day is quite ideal, in accordance with the general standard of working hours.



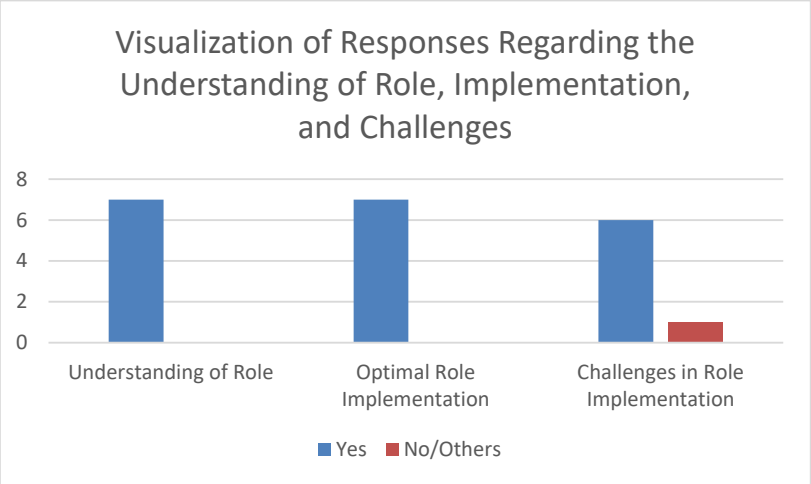
Source: Primary Data, 2025

All respondents (7 people) state that they have worked beyond normal working hours. Three people state that they have worked up to 10 hours a day while four others state that the total working hours can reach more than 10 hours. This finding shows that the workload in the casemix unit has the potential to exceed the previously mentioned working duration (8 hours per day). It will be discussed further in the interview in order to know the factors which cause high working hours.



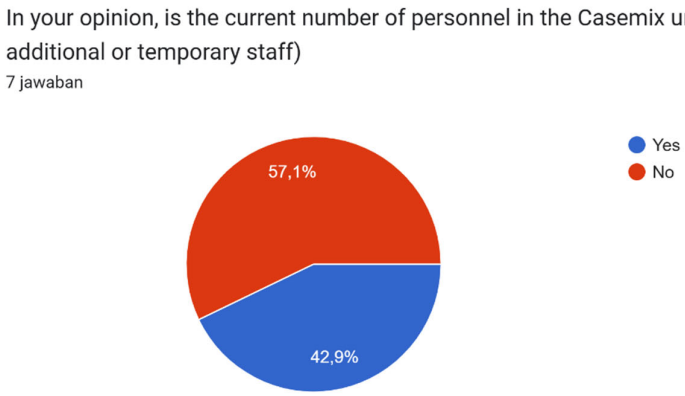
Source: Primary Data, 2025

From the seven respondents, all confirmed that working hours that exceed normal hours are included in the overtime category. Regarding the frequency of overtime in one month, two people state that they can work overtime 1-2 times, four people answer 3-4 times, and one person states that they can work overtime more than 6 times a month. Therefore, it shows that overtime occurs quite often in the casemix unit, with the majority of respondents working overtime 3-4 times a month.



Source: Primary Data, 2025

Questions regarding understanding the role, implementing the role optimally, and obstacles in implementing the role are presented in one bar chart in order to see the relationship between the three questions. On the question regarding understanding the role and its implementation to the maximum, all HR answered 'Yes' which means that HR already understands and it has made maximum efforts in conducting its daily role. However, based on the bar chart above, the six HR still experience obstacles in its implementation which will be discussed further at the interview stage.



Source: Primary Data, 2025

From the seven respondents, five HR answer that the current number of HR is insufficient while two HR answers that the current number of HR is sufficient. Therefore, this finding shows the possibility of a high workload or other causes which will be further investigated through interviews in order to know the reasons behind the inadequacy of HR.

DISCUSSION

In this section, the researcher discusses the findings obtained through in-depth interviews with HR in the casemix unit as informants. The discussion focuses on the analysis of the roles and responsibilities of HR and the obstacles faced in managing BPJS claims.

According to Permenkes No. 56 of 2014 article 43 paragraph 3 concerning Hospital Classification and Licensing, the number of HR working in the casemix unit is adjusted to the needs of the hospital (in Far, Rahardjo, & Hutapea, 2022). The Casemix Unit at X Hospital consists of seven HR with one person as the head of the division and verifier, one person as an inpatient coder, one person as an inpatient filer, three people as outpatient coders, and one person as an outpatient filer.

Data from the interview results show that the role of the coder team at X Hospital is to code patient diagnoses as seen from medical resumes, supporting documents, and billing. The role of the filing team at X Hospital is to organize and

collect patient files, as well as check the completeness of the files. The role of the division head at X Hospital is to ensure and monitor the claims process runs smoothly starting from filing, coding, sending and submitting claims, and verification. In addition, the role of the division head is to monitor the service process for BPJS patients and unite the casemix unit with other units in the hospital which are still related to JKN patient services.

Based on the results of the study, all HR state that they already understand their roles and job descriptions and have made maximum efforts in conducting their roles for BPJS claim management, but in the implementation and practice in the field, there are still obstacles and barriers which must be faced and cause HR to not be optimal in conducting their roles and job descriptions every day.

Findings from the interview results show that the obstacles that emerged are due to external factors, one of which is the internet network experiencing an error. In its implementation, the casemix unit requires assistance and cooperation from other units directly related to BPJS services, especially units which provide patient files; such as, admission, medical records unit, cashier or billing unit, and supporting units. It is proved by the recognition of the coder team and the filing team that the most frequent obstacles are incomplete files, especially in bill files and patient supporting files, if they are not available, the coder team cannot code the patient so that it hampers the coding process.

Another obstacle is expressed by one of the inpatient coders who is confused about making decisions on ACC requests from admission or nurses regarding certain cases. It shows that understanding the applicable regulations and work experience greatly influences a person's ability to conduct their role in the casemix unit. It is supported by research which had been conducted by (Pratiwi and Darsono, 2023) which shows that work experience has a positive and significant effect on the work performance of BPJS Health employees, including in terms of accuracy of claim coding.

The head of the casemix division who also serves as a verifier state that she experiences obstacles in the verification process since as the head of the division she is required to monitor other BPJS service units and attend meetings or

gatherings, so that her role as a verifier is sometimes hampered because her focus is ruined which resulted in less than optimal performance in conducting her role.

Based on hospital data, the average BPJS claim file each month reaches 1,800 - 2,200 files. With the number of files per month reaching 1,800 - 2,200 files and with the above obstacles, it causes a pile-up of files and a pile-up of coding when approaching the claim on the 5th of each month. This accumulation increases the workload of HR so that it can cause a decrease in performance which is supported by the results of research which had been conducted by (Mardiani & Khamdanah, 2022) that the higher the workload of an employee, the lower their performance.

The accumulation of filing and coding also causes HR in the casemix unit who should only work 8 hours a day, at the time of closing HR can work 10 hours or more and on average HR is required to take 1-4 overtime or even more than 6 overtime in one month. It can cause decreased productivity and decreased HR performance due to working too long. Moreover, the results of another study which had been conducted by (Afilia, Basid, Santoso, & Pradono, 2023) prove that if working hours increase, it will cause a decrease in employee performance. In addition, this accumulation causes HR to be overwhelmed and still have to use additional freelance workers as support and assistance in the filing process which will work 5-10 working days approaching the claim day.

The head of the casemix division said that ideally the casemix unit requires at least two verifiers without a division head, four inpatient coding and filing teams, and seven outpatient coding and filing teams, so with this ideal number and compared to the current number of human resources, it is very clear that the casemix unit at X Hospital still lacks human resources.

In order to reduce and minimize existing obstacles, the casemix unit has held discussions with the IT team regarding the repair of the internet network conditions that are experiencing errors so that they can be handled quickly. For filing obstacles, the casemix team is trying to coordinate with other units related to BPJS services, especially the admission unit, medical records unit, cashier or billing unit, supporting units, and other units directly related to BPJS services to immediately upload files

one day after the service is conducted and no later than the 3rd of each month. Regarding the changing BPJS regulations, the head of the division said that BPJS will conduct socialization if there are changes or additions to new regulations. The socialization will be followed by the casemix unit to find out which parts of the regulation have been changed or added so that the casemix unit can conduct further socialization to the units affected by the regulation.

CONCLUSION

Based on the results and discussion of the study, the following conclusions can be drawn:

1. The ideal number of human resources needed in the casemix unit is fourteen human resources with at least one division head, two verifiers without concurrently serving as division heads, four inpatient coding and filing teams, and seven outpatient coding and filing teams. Meanwhile, the current number of human resources is only seven human resources, with one division head who concurrently serves as a verifier, two inpatient coding and filing teams, and four outpatient coding and filing teams. Thus, it can be concluded that the casemix work unit at X Hospital still lacks human resources.
2. Human resources in the casemix work unit at X Hospital already understand their roles, and have made maximum and optimal efforts in conducting their respective roles and job descriptions. Several obstacles which arise are generally caused by units or parties external to the casemix unit.
3. Obstacles faced by each team in managing BPJS include errors in the internet network, changing BPJS regulations, and related units which have not sent patient files or have not completed the files, resulting in a backlog of files at the end of the claim submission period and overwhelming HR and sometimes having to work overtime or even requiring additional freelance workers.

SUGGESTION

Based on the conclusions obtained, the following are suggestions which can be considered by the hospital in order to improve the effectiveness of the casemix work unit:

1. To improve productivity and HR performance, it is expected that the hospital can conduct Human Resource planning to add HR to the casemix work unit so that the existing workload can be divided more evenly and avoid excess workload and excess working hours due to a lack of HR.
2. Although HR already understands their respective roles and duties, and it has done their work optimally, HR competency improvement training is still very much needed so that it is expected that the hospital can hold training or recommend training, especially for the coder team, in improving HR knowledge and science regarding coding so that coding and HR performance can be faster and more precise.
3. The obstacles mentioned in the discussion and efforts to improve these obstacles are expected to be handled quickly both by the internal casemix unit, and by external parties directly involved in BPJS services, especially units that provide patient claim files. Improved communication, coordination, and cooperation are needed for the sustainability and success of the BPJS claim process so that units that are directly related to the claim process as file providers; such as, admission units, medical records units, support units, and cashier or billing units, can be more disciplined in sending files so as not to hinder the coding and filing process.

Thus, the rapid handling conducted and the improvements implemented will all lead to one main thing, namely good service quality. This quality is the foundation for success in providing satisfaction and trust to recipients of health services, especially in BPJS services at X Hospital.

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