

Analysis of Pending BPJS Outpatient Claims to Support the Quality of Health Service Payments at Hospital X

Erix Gunawan¹, Rifa Salsabila Rhamadan²,

^{1,2} Medical Records and Health Information, Politeknik Piksi Ganesha Bandung

[1erix.gunawan@piksi.ac.id](mailto:erix.gunawan@piksi.ac.id), [2riffasalsabillar270@gmail.com](mailto:riffasalsabillar270@gmail.com)

Abstract. BPJS Health claims for outpatient services often encounter obstacles, one of which is claims with pending status. Delays or pending BPJS claims have an impact on the smooth flow of payments, reducing the quality of healthcare services in hospitals. This study aims to analyze the factors causing delays in BPJS outpatient claims and their implications for the quality of health service payments at Hospital X in Bandung. The method used is qualitative with a descriptive approach. Data collection techniques included in-depth interviews with the head of outpatient claims and observation of claims management processes. Total population of outpatient claims that were pending from January to March 2025. The sampling technique used is total sampling, which involves collecting all pending claim data from January to March 2025. The analysis was conducted using the 5M method (Man, Machine, Material, Method, and Money) to identify the factors causing claim delays. The results show that there are several factors causing claims to be pending, including aspects related to man, machine, material, and method. In this case, improvements are needed in various aspects to support the quality of healthcare payments in hospitals optimally.

Keywords: *Outpatient; Payment; Pending Claims; Services; Quality*

Introduction

Health is a right that everyone should have. One way to make this happen is through quality healthcare services. That's why we need an effective and efficient healthcare system to improve health standards (Redjeki, 2020). The provision of follow-up health services is carried out by hospitals as facilities that have a major responsibility not only in terms of patient treatment and care but also in terms of administrative management or financing of health services (Astuti & Hidayah, 2022).

Health workers play an important role, one of which is medical recorders in supporting quality services (Fatima, 2023). Therefore, medical records are the starting point for communication between medical personnel. Medical record data and information must be complete, accurate, and easy to read in order to ensure continuous communication (Putri et al., 2024). Medical records must be confidential as official evidence of the services provided by the hospital. These documents contain various information about patients, such as their identity, diagnosis, examination results, illnesses, and medical procedures and treatments that have been carried out (Syah & Setiatin, 2022).

The National Health Insurance Program (JKN) in Indonesia was established as an integral part of the national health system, to realize the global commitment to achieve Universal Health Coverage (UHC) (Sulaimana et al., 2019). This program is part of the National Social Security System, which is mandatory for all residents, and its implementation is coordinated by the Social Security Administration Agency (BPJS) for Health (Rahmatika et al., 2021). The National Health Insurance Program (JKN), organized by the Social Security Administration Agency (BPJS), needs to be supported by an effective system that guarantees equal access to services for all residents, both in urban areas and remote areas. Cooperation with all relevant parties is essential to ensure the smooth implementation of the program (Pratiwi et al., 2023). BPJS Kesehatan itself has the main objective of ensuring that the basic needs of every participant and their family members are met through the provision of health care services (Syahira et al., 2024).

The JKN claim process is carried out through the INA-CBGs system, whereby payments are based on the patient's disease group. Through this system, the Social Security Administration Agency (BPJS) reimburses the monthly service costs incurred by hospitals, and hospitals receive payments by INA-CBGs rates (Khasanah et al., 2023). To ensure that the Health Insurance budget is used efficiently and effectively, it is necessary to verify the health service claims submitted by health facilities (Maulida & Djunawan, 2022). The BPJS Kesehatan claim process often does not run smoothly, with many obstacles arising, one of which is pending claims, which can reduce the quality of healthcare payments in hospitals. Pending claims are claim files returned by BPJS Kesehatan due to incomplete requirements and require correction by officers (Hasbullah et al., 2024). The pending claim status can be caused by various factors, one of which is the claim content not matching BPJS requirements. This condition is generally found after the claim file goes through the verification process. Therefore, it needs to be corrected to meet the standards set by BPJS (Ais & Akharruddin, 2024).

Pending claims that occur continuously can have a direct impact on the cash flow of hospitals. This condition can be detrimental to hospitals and cause delays in medical service payments. If left unresolved for a long period of time, this situation can disrupt

the smooth running of services and financing, which can hamper health facilities as a whole (Santiasih et al., 2021). In addition, it can contribute to a decline in hospital revenue and disrupt its operational continuity (Nabila et al., 2020).

Hospital X in Bandung City received a total of 3,231 pending outpatient claims from January to March 2025. The information was obtained from the Head of Outpatient JKN at Hospital X in Bandung City, and the cause of the pending claims was due to several factors such as a lack of human resources, an information system that was still not optimal, incomplete documents, incomplete SOP, and medical service delays. Therefore, it is necessary to investigate the factors causing the pending claims at Hospital X in Bandung City. The objective of this study is to analyze the factors causing pending claims for outpatient services under the National Health Insurance Program (BPJS) to support the quality of healthcare service payments at the hospital (Christy et al., 2024).

Methodology

This study is a qualitative research with a descriptive approach. The research was conducted using the 5M method (Man, Machine, Material, Method, and Money) to identify the factors causing claim delays. The data collection techniques used included in-depth interviews and direct observation in the field. The unit of analysis in this study is outpatient JKN with one informant, namely the Head of Outpatient JKN, and the population in this study includes all outpatient claim files that were pending in January-March 2025, with a total sampling technique, which is to take all outpatient claim data that were pending during that period. The data obtained were analyzed through a process of selection, organization, and interpretation of the results of observations and interviews, thereby gaining a deep and meaningful understanding of the factors causing claim delays (Listiyawati & Wijayanti, 2022). Aiming to explore further the factors causing BPJS claim delays in outpatient services to support the quality of health service payments.

Results and Discussion

Based on interviews with the Head of JKN Outpatient Claims at Hospital X in Bandung, several factors were identified that impact the smooth running of administrative processes in healthcare services. These factors have also caused challenges in claim submissions, not only in terms of pending claims but also in the accumulation of delayed claim values, which can result in significant claim amounts. The large claim amounts have the potential to disrupt the hospital's cash flow and hinder the effectiveness of patient care. The following table provides detailed information regarding claim submissions and claims that are still pending.

Table 1.

Summary of Pending BPJS Outpatient Claims at Hospital X in Bandung City for January-March 2025.

Month	Claim Submission	Nominal Application	Number of Pending	Pending Nominal
January	8.200	2 Billion	15,62%	293 Million
February	9.155	2,25 Billion	10,38%	239 Million
March	8.800	2,19 Billion	11,36%	227 Million
Total	26.155	6,44 Billion	12,35%	759 Million

Based on the table above, it can be seen that the summary of pending BPJS outpatient claims data for January to March 2025 at Hospital X in Bandung City. Data shows that in three months there were a total of 26,155 claims submitted, with a total of pending claims during the three months amounting to approximately 12.35% of the total claims, and the nominal amount still pending was around 759 million. 15.62% represents the highest percentage of pending claims in January, with pending claims decreasing to approximately 10.38% in February and increasing again to approximately 11.36% in March. Through interviews conducted with the Head of the JKN Outpatient Claims Department, several factors contributing to the high number of pending claims were identified.

Therefore, the researcher will analyze the contributing factors using the 5M method (Man, Machine, Material, Method, and Money). This method is used to identify the root causes of various aspects that contribute to the occurrence of outpatient claim delays so that appropriate solutions can be found to support the quality of health service payments at Hospital X in Bandung, as follows.

Understanding the Factors Causing Delays in BPJS Outpatient Claims at Hospital X in Bandung

1. Human Factors

All parties involved in the process of carrying out a job where there are organizational activities in assessing the ability, discipline, expertise, attitude, and responsibility of a person in carrying out several tasks. Human resources that are lacking or insufficiently trained and competent can be factors that cause problems to arise.

The interview results indicate that the Man aspect (Human Resources) involved in the BPJS outpatient claim process is one of the factors causing pending claims. Human resources play an important role in managing pending claims, as this component can influence the continuity of the BPJS Health claim process, thereby

enabling hospitals to obtain quality data. One of the factors causing pending BPJS Health outpatient claims from the Man factor is the high volume of work for officers in the JKN section. Officers who handle the claim process are not only responsible for regular claims submitted every month but also have to complete claims that were previously pending. This condition becomes more difficult when approaching the deadline for submitting regular claims set by BPJS Health. During this period, work intensity increases as staff must process two types of claims simultaneously within a limited timeframe. The limited number of workers leads to an uneven distribution of tasks, with one officer often handling multiple stages at once, increasing the risk of administrative errors that do not meet the standards set by BPJS Kesehatan.

In addition to increasing the risk of administrative errors, this imbalance has a direct impact on the accuracy and precision of officers in examining and collecting supporting documents for claims. Limited human resources can lead to suboptimal verification processes, errors such as data discrepancies, incomplete evidence, or proof of service claims that have not been fulfilled, so they cannot be processed immediately and may even be pending by BPJS Kesehatan. The shortage of personnel handling the claims process also results in reduced focus and accuracy in claims management. Thus, the role of human resources is crucial to the smooth processing of claims. A more proportional division of tasks is a strategic step that can help reduce the number of pending claims. In addition, regular training for officers is also needed to help improve their accuracy and understanding of the claim submission procedures by BPJS Kesehatan standards.

2. Machine Factors

This is technological equipment or information systems used in a process to facilitate and accelerate work. This factor can indicate the sophistication or reliability of a technology and information system. Disruptions can cause problems and suboptimal results. In the implementation of the BPJS outpatient claim process, technology and information systems are very important to improve and play an important role in supporting the efficiency and accuracy of work.

Based on interviews with JKN officers, it was found that although Hospital X has implemented a Hospital Management Information System (SIMRS), the system has not been fully integrated with the BPJS Kesehatan e-claim application. The absence of an automatic integration system or bridging system between platforms means that data exchange cannot be carried out directly. As a result, staff must manually input data and enter claim data from the SIMRS into the e-claim application. The manual data input process can lead to errors, such as incorrect patient identification data, mismatched diagnosis codes and procedures, and duplicate service entries. This results in claim documents being returned to the hospital for correction, causing the claims to be delayed and unable to proceed directly to the BPJS Health verification

stage, thereby categorizing them as pending. The more problematic claim documents there are, the greater the number of delayed claims, which directly impacts the delay in payments from BPJS Health to the hospital.

In addition to delays in the hospital's internal system, it was also found that BPJS Kesehatan's external systems, such as DIVA (Digital Verification Application), often experienced technical problems. The DIVA application is a system used in the digital validation and verification of claims. However, this system occasionally encounters technical issues that cause the claim submission and validation process to take longer than expected. This has become an obstacle in completing the verification process within the specified timeframe. When the submission process cannot be continued on time, it results in delayed submissions and may lead to claims being marked as pending.

Overall, the lack of integration between hospital information systems and e-claim systems, coupled with the instability of the BPJS Kesehatan system, has created a significant obstacle to claim settlement. The effects of these problems not only slow down the submission process but also disrupt the efficiency of staff and reduce the quality of claim administration at health facilities. Hospitals need to optimize their information systems, including developing integration or bridging features that are compatible with e-claim and DIVA applications. Improvements to the information system are expected to speed up data entry, improve the accuracy of information sent, and reduce dependence on manual entry. Work efficiency can be improved to reduce the risk of pending claims. In the long term, a more efficient work system will improve the quality of administrative services.

3. Material Factors

It is a means used in the work process as a final result that can be influenced by quality and availability. If there are incomplete claim documents, this can slow down the process and become one of the causes of pending claims. The material aspect in this context refers to all documents and medical supporting documents that are required for submitting BPJS outpatient claims. Although its influence is not as significant as other factors, the interviews showed that there are still pending claims due to incomplete documents, which has an impact on the payment process.

The interview results indicate that pending BPJS outpatient claims are caused by incomplete claim documents or non-compliance with standards set by BPJS Kesehatan. These documents include supporting files for operation reports that have not been uploaded to SIMRS, laboratory results, ultrasound and radiology results that have not been attached. Additionally, the Participant Eligibility Letter (SEP) and medical resume are not fully completed. This indicates that the process of preparing claim documents is still not optimal. The lack of validation and re-checking of

document completeness before submitting claims causes BPJS Health to return the documents for completion, resulting in the claims being marked as pending. In addition to increasing the workload of staff who must complete incomplete documents and spend time resolving claim documents and correcting rejected documents, this situation also causes delays in claim submissions, which in turn impacts the timeliness of payments from BPJS to hospitals. Therefore, it is essential to enhance internal control systems to ensure documents are complete before the submission process. Regular training and coordination between units are also important. It is crucial to ensure that all BPJS Health documents are prepared completely from the outset and on time to maintain the quality of hospital services (Syahputri et al., 2024).

4. Method Factors

These are operational standards, workflows, and technical policies for carrying out work, which play an important role in ensuring the smooth and efficient running of work processes. If there are no procedures in place for a particular task, the process tends to become unstructured and inefficient. In principle, every hospital has Standard Operating Procedures (SOP) related to claim submissions that are by applicable guidelines, and every staff member understands the procedures and requirements for claim submissions.

Based on the interview results, it was found that Hospital X in Bandung City has established Standard Operating Procedures (SOP) and implemented them as a reference for the BPJS claim submission process, along with a claim workflow that has been consistently developed and aligned with service standards. Each staff member has carried out their duties by the procedures outlined in the SOP, demonstrating efforts to prevent and improve claim management to ensure the smooth processing of BPJS Health claims (Dinnillah et al., 2024). Although hospitals generally have Standard Operating Procedures (SOP) governing the claim submission process, there are still shortcomings in their implementation. One of the obstacles found in the established SOP is that there is no specific date set for the submission of claims each month. For example, claims may be submitted on the 10th of one period, but in the next period, the deadline may be moved forward to the 5th, or it may even change again depending on certain conditions. This inconsistency can make it difficult for officers to plan and manage their work in a structured manner, especially when completing regular and pending claims that must be completed at the same time.

This condition may indicate that SOPs have not been fully standardized in terms of timeliness, which is important in the claim administration process. In addition, loose schedule flexibility also opens up the possibility of delays in the collection of claim documents and potential data entry errors due to changing time pressures.

Therefore, it is necessary to improve the SOP by setting a fixed date for claim submission each month by the deadline set by BPJS Kesehatan. Setting a fixed date will provide certainty for claims officers in preparing their work schedules.

5. Money Factors

This refers to the financing and allocation available to support finance-related operations. Programs or activities that may hinder the budget can result in ineffective financial management and misdirected funding.

Based on the interviews, it was found that delayed or pending BPJS outpatient claims can have an impact on the amount of funds received by hospitals and cause losses, especially those that receive a large number of BPJS Kesehatan patients (Farhansyah et al., 2024). From an operational perspective, delays in the disbursement of claim funds also have the potential to disrupt short-term budget planning for hospitals. Although some routine operational budgets, such as the procurement of medical equipment, consumables, and other logistical needs, have been allocated through regular funds or hospital self-financing, dependence on BPJS Kesehatan claims as a source of funding remains significant. Timely disbursement of claims plays a crucial role in maintaining cash flow and supporting hospital operational activities. When claims are pending, funds cannot be disbursed immediately as they should be, and the hospital needs to adjust its planned priorities for the use of its operating budget.

If these conditions continue in the long term, it could lead to a decline in the quality of medical services, difficulties in retaining qualified medical personnel, and the limited ability of hospitals to provide better services. Therefore, fast and effective claim settlement is very important as an indicator of the sustainability and quality of health services provided by hospitals.

Implications for the Quality of Healthcare Payments at Hospital X in Bandung

Based on an analysis of the factors causing delays in BPJS outpatient claims in terms of people, machines, materials, methods, and money, it was found that delays and inaccuracies in the claims process had a direct impact on the quality of healthcare payments at Hospital X. The ongoing issue of pending BPJS Health outpatient claims has had a significant cumulative impact on the sustainability of health services and payments at Hospital X. One of the main impacts is the disruption of the hospital's cash flow due to delays in the disbursement of claim funds from BPJS Health. This disruption in cash flow not only affects the well-being of healthcare workers through delayed incentives and allowances but also disrupts hospital operations in providing facilities, medications, and other medical support services.

These impacts indirectly affect the quality of healthcare payments, in terms of the speed of claims processing, administrative completeness, and satisfaction with the service system provided. When funds are not disbursed as expected and hospitals are forced to adjust their budget priorities, in the long term this can reduce service quality, slow down the process of providing services to patients, and reduce the credibility of hospitals in carrying out their role as healthcare providers. Therefore, proper and systematic handling is essential to ensure that the claims process runs more effectively and efficiently, thereby maintaining the continuity of healthcare services and optimizing payment quality.

Conclusion

The analysis results show that during the period from January to March 2025, a total of 26,155 claims were filed, with a total value of 6.44 billion. Of this amount, 12.35% of claims, or 759 million, were pending. The highest pending claim rate occurred in January at 15.62%, followed by March at 11.36% and February at 10.38%. The existence of pending claims and the high number of pending claims are caused by various factors from the aspects of Man, Machine, Material, and Method, while the aspect of money is not included in the main factors causing pending claims. This factor is only affected by pending claims due to delays in funding in other aspects. Overall, this situation can affect the quality of healthcare payments, including timeliness, administrative completeness, and patient satisfaction. Therefore, it is necessary to improve the quality and quantity of human resources, optimize information systems, ensure complete documentation, and establish structured Standard Operating Procedures (SOP) to ensure claims processing runs effectively and does not disrupt payment processes.

References

- Ais, P. L. R., & Akhirruddin, A. (2024). Analisis Pending Claim Badan Penyelenggara Jaminan Sosial (BPJS) Rawat Jalan pada Rumah Sakit Petrokimia Gresik. *MES Management Journal*, 3(3), 749–760. <https://doi.org/10.56709/mesman.v3.i3.615>
- Astuti, N. D., & Hidayah, A. N. (2022). Tinjauan Penyebab Pengembalian Klaim BPJS Kesehatan Pasien Rawat Inap. *Jurnal Rekam Medis Dan Informasi Kesehatan*, 5(2), 81–88. <https://doi.org/10.31983/jrmik.v5i2.9244>
- Christy, J., Nengsih, Y. G., Sitorus, M. S., & Widyasari, S. (2024). Faktor-Faktor Penyebab Pending Klaim BPJS Rawat Inap Di RSUD Dr. Pirngadi Kota Medan Tahun 2022. *Jurnal Ilmiah Perkam Dan Informasi Kesehatan Imelda*, 9(1), 100–106. <https://doi.org/10.52943/jipiki.v9i1.1311>
- Dinnillah, Hardiana, Hamzah, A., Hedy, Susanti, Aryani, & Fitria. (2024). Gambaran Penyebab Pending Klaim Badan Penyelenggara Jaminan Sosial (BPJS)

Kesehatan Pasien Rawat Inap Rumah Sakit X. *Jurnal Ilmiah Kesehatan*, 23(1), 9–18. http://scioteca.caf.com/bitstream/handle/123456789/1091/RED2017-Eng-8ene.pdf?sequence=12&isAllowed=y%0Ahttp://dx.doi.org/10.1016/j.regsciurbe.co.2008.06.005%0Ahttps://www.researchgate.net/publication/305320484_SIS-TEM_PEMBETUNGAN_TERPUSAT_STRATEGI_MELESTARI

- Farhansyah, F., Cahyani, H., & Amanda, J. (2024). Faktor Penyebab Pending Klaim Berkas BPJS Kesehatan Pelayanan Rawat Jalan di Rumah Sakit X. *Jurnal Kesehatan Tambusai*, 5(3), 8712–8722.
- Fatima, A. (2023). Dampak Era Society 5.0 Terhadap Kompetensi Perekam Medis dan Informasi Kesehatan (PMIK). *Jurnal Rekam Medis Dan Informasi Kesehatan*, 6(1), 16–21. <https://doi.org/10.31983/jrmik.v6i1.9298>
- Hasbullah, A. O., Maidin, H. A., & Machmud, N. U. (2024). Implementasi Pending Klaim BPJS Kesehatan Berdasarkan Permenkes No 26 Tahun 2021 di RS Ibnu Sina. *JOURNAL OF AAFIYAH HEALTH RESEARCH*, 5(2), 199–209. <http://www.pasca-umi.ac.id/index.php/jahr/article/view/1699>
- Khasanah, N. M., Fannya, P., Indawati, L., & Putra, D. H. (2023). Tinjauan Proses Klaim Bpjs Kesehatan di Unit Rawat Inap Rumah Sakit Islam Sukapura Jakarta Utara Tahun 2021. *Journal of Innovation Research and Knowledge*, Vol.3(3), 501–512. <https://bajangjournal.com/index.php/JIRK/article/view/6327/4829>
- Listiyawati, & Wijayanti, R. A. (2022). Faktor Penyebab Pending Claim Ranap Jkn Dengan Fishbone Diagram Di Rsup Dr Kariadi. *Jurnal Manajemen Informasi Kesehatan Indonesia*, 10(2), 182–190. <https://doi.org/10.33560/jmiki.v10i2.480>
- Maulida, E. S., & Djunawan, A. (2022). Analisis Penyebab Pending Claim Berkas BPJS Kesehatan Pelayanan Rawat Inap Rumah Sakit Universitas Airlangga. *Media Kesehatan Masyarakat Indonesia*, 21(6), 374–379. <https://doi.org/10.14710/mkmi.21.6.374-379>
- Nabila, S. F., Santi, M. W., & Deharja, A. (2020). Analisis Faktor Penyebab Pending Klaim Akibat Koding Berkas Rekam Medis Pasien Rawat Inap di RSUPN Dr. Cipto Mangunkusumo. *J-REMI: Jurnal Rekam Medik Dan Informasi Kesehatan*, 1(4), 519–528. <https://doi.org/10.25047/j-remi.v1i4.2157>
- Pratiwi, S., Gunawan, E., Abdussalaam, F., & Sukmawijaya, J. (2023). Perancangan Sistem Informasi Rekapitulasi Klaim Pasien BPJS Rawat Jalan. *Jurnal Media Bina Ilmiah*, 18(1), 69–78. <https://binapatria.id/index.php/MBI>
- Putri, R. S. E., Putri, W., & Bayazid, N. E. (2024). Analisis Berkas Pending Klaim BPJS Kesehatan Pelayanan Rawat Jalan di RS X Batam. *Jurnal Kesehatan Medika Saintika*, 15(2), 357–362. <https://doi.org/http://dx.doi.org/10.30633/jkms.v15i2.2864> p-ISSN:2087-8508
- Rahmatika, C., Sulrieni, I. N., & Dasril, O. (2021). Implementation of Hospital Unit Costs with INA-CBGS Rates. *Advances in Health Sciences Research*, 39,

- Redjeki, D. S. S. (2020). Memaknai Pentingnya Perawatan Kesehatan Masyarakat Dalam Meningkatkan Kualitas Hidup. *Dinamika Kesehatan: Jurnal Kebidanan Dan Keperawatan*, 11(1), 61–78. <https://doi.org/10.33859/dksm.v11i1.624>
- Santiasih, W. A., Simanjorang, A., & Satria, B. (2021). Analisis Penyebab Pending Klaim Bpjs Kesehatan Rawat Inap Di Rsud Dr.Rm Djoelham Binjai Analysis of Pending Causes of Bpjs Health Claim Installing in Rsud Dr. Rm Djoelham Binjai. *Journal of Healthcare Technology and Medicine*, 7(2), 1381–1394.
- Sulaimana, A., Meliala, A., & Hendrartini, J. (2019). Pengembalian Berkas Klaim Pasien Peserta Jaminan Kesehatan Nasional (Jkn) Di Rsud Sultan Syarif Mohamad Alkadrie Kota Pontianak. *Jurnal Manajemen Pelayanan Kesehatan (The Indonesian Journal of Health Service Management)*, 22(1), 1–10. <https://doi.org/10.22146/jmpk.v22i1.4471>
- Syah, S. R., & Setiatin, S. (2022). Analisis Pengembalian Berkas Klaim BPJS Terhadap Ketentuan Pengklaiman Biaya Pelayanan Pasien COVID-19. *Jurnal Media Bina Ilmiah*, 16(12), 7831–7842. <https://binapatria.id/index.php/MBI>
- Syahira, N., Rusdi, A. J., & Akbar, P. S. (2024). Strategi Optimalisasi Klaim Jaminan Kesehatan Nasional Di Unit Casemix Rumah Sakit “X” Blitar. *Jurnal Administrasi Rumah Sakit Indonesia*, 10(2), 68–73. <https://doi.org/10.7454/arsi.v10i2.1182>
- Syahputri, F. A., Khairani, K., & Gurning, F. P. (2024). Analisis Faktor Penyebab Pending Klaim BPJS Kesehatan Rawat Inap di Rumah Sakit X Kota Medan. *Jurnal Kesehatan Masyarakat JKN*, 12(3), 339–355.