

## Factors Causing Pending Claims in BPJS Participant Patients at Imelda Worker General Hospital Indonesia Medan Year 2022

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### ABSTRACT

BPJS Health claims are the submission of hospital patient care costs by the hospital to the BPJS Health party which is carried out collectively and billed by the hospital to the BPJS Health every month. Based on an initial survey conducted at the Indonesian Workers' Imelda RSU, it was one that caused the pending claim file (unclaimed), namely the incompleteness of recording Medical Records. As for the pending claim (unclaimed) it is found more in hospitalizations, and based on information that researchers found it is known that the number of inpatients at Indonesian Workers' Hospital in 2021 had 8,004 patients. Inpatient file data submitted in the last month, April 2022, was 472 files. A total of 371 files (78.6%) were successfully claimed, 100 files (21.2%) were pending claims, and 1 file (0.2%) which failed purif. The method used in this study is quantitative descriptive with a cross section approach, and by univariate data analysis. Research results show factors that cause pending claims in BPJS participant patients in Indonesian Workers' Hospital are coding mismatches there are as many as 25 medical records (50%), incompleteness of administrative data of 10 medical records (20%), and incompleteness and or inaccuracy in filling medical records of 15 medical records (30%). Suggestions put forward are making regulations in the form of policies, rules, or SOPs, as well as adding training and attending seminars related to coding and enforcement of diagnoses.

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## 1. INTRODUCTION

Hospital is a comprehensive individual health care institution that provides inpatient, outpatient, and emergency care. Medical records are one of the indicators of service quality in a health care facility including hospitals and must be organized in accordance with existing standards. Medical records are also one of the medical supports in health facilities and as one of the bases for assessing the quality of services such as hospitals<sup>(1)</sup>

Health management is organized through the management of health administration, health information, health resources, health efforts, health financing, community participation and empowerment, science and technology in the field of health, and health law regulation in an integrated and mutually supportive manner to ensure the achievement of the highest degree of health<sup>(2)</sup>

The National Health Insurance Program (JKN) developed in Indonesia is part of the National Social Security System (SJSN) organized through a social insurance mechanism that aims to protect the entire population of Indonesia in an insurance system so that they can meet basic health needs. This protection is provided to everyone who has paid contributions and whose contributions are paid by the government. Badan Penyelenggara is a public legal entity that organizes health insurance programs as stipulated by Law Number 24 of 2011 concerning the Social Security Organizing Agency (BPJS)<sup>(3)</sup>

In Indonesia, the prospective payment method is known as Casemix (Case Based Payment) and has been applied since 2008 as a payment method in the Health Insurance program (Jamkesmas). The implementation of the National Health Insurance (JKN) has regulated the payment pattern to advanced

health facilities with INA-CBG "s in accordance with Presidential Regulation No. 12 of 2013 concerning Health Insurance as amended by Presidential Regulation No. 111 of 2013.<sup>(4)</sup>

Based on Permenkes No. 76/2016, health financing is an important part of the implementation of the National Health Insurance (JKN). There are two hospital payment methods used, namely the retrospective payment method and the prospective payment method. The retrospective payment method is a method of payment made for health services provided to patients based on each service activity provided, the more health services provided the greater the costs to be paid. An example of a retrospective payment pattern is Fee For Services (FFS). Prospective payment method is a method of payment made for health services whose amount is known before the health service is provided. Examples of prospective payment are global budget, per diem, capitation and case based payment.<sup>(5)</sup>

Based on Permenkes Number 26 of 2021, it is said that the BPJS Health Claim is the submission of the cost of treating BPJS participant patients by the hospital to the BPJS Health which is carried out collectively and billed by the hospital to the BPJS Health every month. After that BPJS Kesehatan will approve the claim and make payments for eligible files, but for files that are not eligible for claims or pending (unclaimed) must be returned to the hospital for re-examination. Some things that can cause files not eligible for claims or pending (unclaimed) include problems related to coding, lack of data administrative supporting data and incomplete Medical Record recording.<sup>(6)</sup>

Based on Artanto's research at Dr. Kanujoso Djatiwibowo Hospital, it was found that the factor affecting delayed claims was the incompleteness of the medical resume, which was dominated by the absence of the Patient Responsible Doctor (DPJP) signature due to the double duty of the Case Manager so that there was a delay in completing the electronic medical resume.<sup>(7)</sup>

Based on Resti and Arif's research at Dr. Soekardjo Tasikmalaya Hospital, it shows that the causes of unclaimed BPJS inpatient files in hospitals include lack of knowledge and discipline of officers, narrow claims processing rooms, SOPs related to claims are not yet available, monitoring of claim files has not been carried out and incomplete supporting results.<sup>(8)</sup>

Based on an initial survey conducted by researchers at RSU Imelda Pekerja Indonesia, one of the causes of pending (unclaimed) claim files is incomplete Medical Record recording. The pending (unclaimed) claims are found more in inpatient care, and based on information obtained by researchers, it is known that the number of inpatients at RSU Imelda Pekerja Indonesia in 2021 was 8,004 patients. Inpatient file data submitted in the last month, namely April 2022, totaled 472 files. A total of 371 files (78.6%) were successfully claimed, 100 files (21.2%) claims were pending, and 1 file (0.2%) that failed purification.

Based on the above, the researcher wants to know what are the factors that cause pending claims for inpatients participating in BPJS. In addition, researchers also want to know what efforts or ways will be made by the Hospital to minimize the occurrence of errors that can cause pending claims. Based on this background, the authors are interested in raising the title "Factors That Cause Pending Claims in BPJS Participant Patients at RSU Imelda Indonesian Workers Medan in 2022".

## 2. METHOD

This type of research is descriptive research which is research to see a description of the phenomena that occur in a particular population. This research uses a cross sectional approach, which is research that studies the correlation between exposure or risk factors (independent) with consequences or effects (dependent), with data collection carried out simultaneously at one time between risk factors and their effects (point time approach), meaning that all variables both independent and dependent variables are observed at the same time.<sup>(9)</sup>

Population is the entire object of research or the object to be studied.<sup>(10)</sup> The population in this study were all medical records that experienced pending claims in the last month, namely in April 2022, totaling 100 medical records.

The sample is part of the object under study and is considered representative of the entire population.<sup>(10)</sup> The sample in this study was a portion of the population of medical records that experienced pending claims in the last month, namely in April 2022, totaling 50 medical records.

The sampling technique used in this study is to use the Slovin formula. The type of sampling technique in this study is Non-probability, namely with systematic random sampling. Systematic

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random sampling is a method used by dividing the total number of population members by the number of samples needed.<sup>(10)</sup>

The instruments in this study that were used to collect data were observation guidelines (checklist sheets), laptops, stationery, and cellphones used to collect data.

The method of data collection is done by observation. Observation is an activity using the five senses, which can be vision, smell, hearing, to obtain the information needed to answer the problem.<sup>(9)</sup> Researchers made direct observations to collect primary and secondary data from the relevant medical record officers. Primary data was obtained through interviews and direct observation using a checklist sheet. Secondary data was obtained from a recap of the Indonesian Workers' Hospital Imelda data report related to medical records that experienced pending claims (unclaimed) / BAHV in April 2022 at the research location.

The processing technique in this research is;

- a. Editing, which is re-examining the checklist sheet that has been filled in and examining whether it is complete, clear and relevant.
- b. Coding, which is giving a symbol or asterisk (\*) to the patient's name on the checklist sheet to cover the patient's real identity.
- c. Entry, which is the process of entering data that has been edited and coded into a computer to be analyzed or presented.
- d. Tabulating, namely calculating and compiling a list of medical erasures to be presented in tabular form on the checklist sheet and tables in the research results section.
- e. Cleaning, rechecking the data that has been entered and will be presented whether it is correct and appropriate.

The data obtained were collected for data checking/validation, coding recapitulation and tabulation, then statistical analysis was carried out. The statistical analysis design that will be used is: Univariate Analysis. This analysis was carried out on all research variables, then the data that had been collected was processed using a computer and presented in tabular form and narrative as an explanation.

### 3. RESULTS AND DISCUSSION

#### 1. Characteristics of *Pending* Claims Medical Records

##### a. Medical Record Characteristics of *Pending* Claims Based on Length of Stay (AvLOS)

Table 1. Characteristics of *Pending* Claims Medical Records Based on Length of Stay (AvLOS)

Length of Stay (AvLOS)	Frequency (f)	Percentage (%)
1-5 days	31	62
6-10 days	15	30
11-20 days	4	8
<b>Total</b>	<b>50</b>	<b>100</b>

Based on the table above, it can be seen that of the 50 *pending* claim medical records, it is known that medical records with a length of stay of 1-5 days are the most medical records, namely 31 medical records (62%), a length of stay of 6-10 days as many as 15 medical records (30%), and a length of stay of 11-20 days as many as 4 medical records (8%).

##### b. Characteristics of *Pending* Claims Medical Record Documents Based on Severity Level

Table 2. Characteristics of *Pending* Claims Medical Records Based on Severity Level

Severity Level	Frequency (f)	Percentage (%)
Level I	8	16
Level II	16	32
Level III	26	52

<b>Total</b>	<b>50</b>	<b>100</b>
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Based on the table above, it can be seen that out of 50 medical records of *pending* claims, it is known that *Severity Level* level I exists as many as 8 medical records (16%), *Severity Level* level II as many as 16 medical records (32%), and *Severity Level* level III as many as 26 medical records (52%).

## 2. Factors Causing *Pending* Claims at RSU Imelda Pekerja Indonesia

### a. Human Resources (HR)

Based on observations at Imelda Workers Hospital Indonesia, it was found that one of the factors causing pending claims lies in its human resources. The causes of pending claims include a lack of skilled coders, a lack of training related to coding, and a lack of attending seminars related to coding.

### b. Coding Discrepancies in *Pending* Claims Medical Records

Table 3. Coding Discrepancies in *Pending* Claims Medical Records

Nonconformance Coding	Frequency (f)	Percentage (%)
Not suitable	25	50
As per	25	50
<b>Total</b>	<b>50</b>	<b>100</b>

Based on the table above, it can be seen that out of 50 medical records *pending* claims are comparable, it is known that there are 25 medical records (50%) that have inappropriate coding and 25 medical records (50%) that are appropriate.

### c. Incomplete Administrative Data on *Pending* Claim Medical Records

Table 4. Incompleteness of Administrative Data on Medical Records *Pending* Claims

Incompleteness Administration Data	Frequency (f)	Percentage (%)
Incomplete	10	20
Complete	40	80
<b>Total</b>	<b>50</b>	<b>100</b>

From the table above, it can be seen that out of 50 medical records of *pending* claims, it is known that there are 10 medical records with incomplete administrative data (20%) and 40 medical records with complete data (80%).

### d. Incompleteness & Inaccuracy in Medical Records *Pending* Claims

Table 5 Incompleteness & Inaccuracy of Filling in *Pending* Claim Medical Records

Incompleteness Diagnostics	Frequency (f)	Percentage (%)
Incomplete/Inappropriate	15	30
Complete/Exact	35	70
<b>Total</b>	<b>50</b>	<b>100</b>

From the table above, it can be seen that out of 50 medical records of *pending* claims, it is known that there are 15 medical records that are incomplete and or incorrect (30%) and 35 medical records that are complete and or correct (70%).

### e. Factors Causing Pending Claims in BPJS Participant Patients at Imelda Workers Hospital Indonesia

Table 6. Factors Causing *Pending* Claims on BPJS Participant Patients at Imelda Workers Hospital Indonesia

Causal Factor	Frequency (f)	Percentage (%)
a. Coding Discrepancies	25	50
b. Data Incompleteness	10	20
c. Incompleteness & Inaccuracy of Medical Record Filling	15	30
<b>Total</b>	<b>50</b>	<b>100</b>

From the table above, it can be seen that of the 50 *pending* claim medical records, it is known that there are 25 medical records with inappropriate coding (50%), 10 medical records with incomplete administrative data (20%) and 15 medical records (30%) with incomplete and or incorrect medical record filling.

## Discussion

### A. Human Resources (HR)

Based on the results of the research conducted, it is known that the factors causing pending claims due to human resources are the lack of skilled coders, lack of training related to coding, and lack of attending seminars related to coding.

This is in line with information obtained by researchers from coding officers who stated that the factors that cause coding discrepancies in *pending* claim medical records are due to officer errors when coding (**Respondent 1**). According to researcher p This is which be cause of discrepancies coding, incomplete administrative data, and incomplete and / or inaccurate filling of medical records.

### B. Coding Discrepancies in *Pending* Claims Medical Records

Based on the results of the research conducted by the researchers, it is known that of the 50 *pending* claim medical records that the researchers analyzed, it is known that there are 25 medical records with inappropriate coding (50%) and 25 medical records (50%) that are appropriate.

Based on the analysis obtained by the researchers, the coding discrepancies were caused by coding errors by coding staff, namely 19 medical records (76%), discrepancies in not using combined codes as many as 2 medical records (8%), and the presence of diagnoses / actions that should not be coded as many as 4 medical records (16%). Thus, many of these coding discrepancies were caused by coding errors made by coding staff.

This is in line with information obtained by researchers from coding officers who stated that the factor that causes coding discrepancies in *pending* claim medical records is due to staff errors when coding (**Respondent 1**). According to the researcher, this is due to the lack of skilled coder personnel in the In claimant which possibly due to lack of training coding, for more understanding at RSU Imelda Pekerja Indonesia.

### C. Incomplete Administrative Data on *Pending* Claim Medical Records

Based on the results of research conducted by researchers, it can be seen that out of 50 *pending* claim medical records, it is known that there are 10 medical records with incomplete administrative data (20%) and 40 medical records with complete data (80%).

The cause of all incomplete administrative data is due to the absence of supporting examination results (diagnostic tests) as many as 10 medical records (100%). This is in line with the research of Resti and Arief (2016) which states that one of the causes of pending claims is the absence of supporting examination results (diagnostic tests) at the time of claim submission.

According to the researcher, this may be due to the lack of accuracy of officers in analyzing the claim file so that the results of the supporting examination (diagnostic test) are not attached when submitting a claim.

### D. Incompleteness & Inaccuracy of Filling in *Pending* Claims Medical Records

Based on the results of research conducted by researchers, it can be seen that out of 50 pending claim medical records, it is known that there are 15 medical records that are incomplete and or

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inaccurate (30%) and those that are correct and or appropriate are 35, medical records (70%).

The causes of incompleteness and inaccuracy in filling out medical records, namely caused by the inaccurate selection of du / ds (main diagnosis / secondary diagnosis) as many as 8 medical records (53.33%), the absence of medical resumes as many as 1 medical record (6.67%), the absence of action reports as many as 3 medical records (20%), the lack of action enforcement information as many as 1 medical record (6.67%), and there were files that were not found in the folder when checking by the BPJS as many as 2 medical records (13.33%).

This is in line with information obtained by researchers from pending claims officers who said that the factors causing inaccurate selection of du/ds (main diagnosis / secondary diagnosis) were due to the lack of knowledge of officers in analyzing which diagnoses should be confirmed as main diagnoses and which diagnoses are secondary diagnoses (**Respondent 1**).

In line with Artanto's research (2016) which says that the factor influencing *pending* claims is the incomplete filling of medical *resumes* in medical records.

According to the researcher, there is a possibility that the cause of not finding certain claim files in the claim file *folder* sent due to *system errors*, because when the *folder* is checked again by the medical records officer it turns out that the file exists.

#### **E. Factors Causing *Pending* Claims in BPJS Participant Patients at Imelda Workers Hospital Indonesia**

Based on the results of research conducted by researchers, it can be seen that of the 50 *pending* claim medical records, it is known that there are 25 medical records with inappropriate coding (50%), 10 medical records with incomplete administrative data (20%) and 15 medical records (30%) with incomplete/incorrect medical record filling.

This is in line with the research of Resti and Arief (2016) which states that one of the causes of *pending* claims is the lack of understanding of medical record officers. According to researchers, this is due to the lack of skills of medical record officers so that officers often make mistakes in coding and miss when completing other supporting data.

#### **4. CONCLUSION**

Factors that cause pending claims for BPJS participant patients at RSU Imelda Pekerja Indonesia are human resources that cause, coding discrepancies, incomplete administrative data, and incomplete and or inaccurate filling of medical records. The main factors causing pending claims are coding mismatches caused by coding errors by coding staff, not using combined codes, and the presence of diagnoses / actions that should not be coded. The incompleteness of administrative data was entirely due to the absence of supporting examination results (diagnostic tests). The incompleteness and / or inaccuracy of filling out medical records is caused by the inaccurate selection of du / ds (main diagnosis / secondary diagnosis), the absence of medical resumes, the absence of action reports, the lack of action enforcement information, and there are files that are not found in the folder when checking by the BPJS.

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