

ANALYSIS OF FACTORS CAUSING PENDING BPJS CLAIMS IN EMERGENCY CASES AT PANDAN ARANG REGIONAL GENERAL HOSPITAL BOYOLALI

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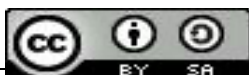
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ABSTRACT

Pending BPJS claims for emergency cases is one of the obstacles in the healthcare payment process, impacting the smooth operation of the hospital. At Pandan Arang Regional Hospital (RSUD) in Boyolali, the number of pending claims is quite high, with 1,045 pending claims in 2024. This study aims to analyze the factors causing pending BPJS claims for emergency cases at Pandan Arang Regional Hospital in Boyolali. The research method used is descriptive with a retrospective approach. The study population of pending BPJS emergency claims was 1,045, with a sample of 289 individuals using simple random sampling. The results indicate that pending claims were largely caused by factors such as inappropriate emergency conditions (180 cases (62.28%), incomplete documentation (55 cases (19.03%), and other factors (54 cases (18.69%). This situation disrupts hospital cash flow, increases staff workload, and potentially decreases the quality of patient care. Therefore, improved efforts are needed through routine training, the preparation of clear SOPs, increased coordination between units, and the use of information technology so that the claims process runs more optimally and the quality of hospital services is maintained.

KEYWORDS

BPJS Health, Emergency, Pending claims, Causal factors



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INTRODUCTION

According to Presiden Republik Indonesia Nomor 17 Tahun 2023 the health regulations, a Hospital is a health service facility that provides comprehensive individual health services through *promotive, preventive, curative, rehabilitative, and/or palliative health services* by providing inpatient, outpatient, and emergency services. All Health

Service Facilities must organize Electronic Medical Records in accordance with the provisions of this Ministerial Regulation no later than December 31, 2023 (Menteri Kesehatan Republik Indonesia No.22, 2022).

According to the Regulation, Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022 electronic medical records (EMD) are medical records created using an electronic system to organize the medical record process. Electronic medical records must include patient identity data, examinations, treatments, procedures, and other services connected to other information subsystems in healthcare facilities following the SOAP format. Basic health needs are essential needs related to individual health services for maintaining health, eliminating health problems, and saving lives, in accordance with epidemiological patterns and the life cycle.

According to the Regulations Menteri Kesehatan Republik Indonesia Nomor 55 Tahun 2013 on the Implementation of Medical Recorders' Work, medical recorders have the authority to implement the clinical classification system and *codify* health-related diseases and medical procedures in accordance with medical terminology. Medical recorders implementing the classification and codification system for BPJS claims must be especially thorough, as any discrepancies will result in the claim being rejected.

BPJS Health claims are submissions of BPJS Health patient treatment costs by hospitals to BPJS Health, carried out collectively and billed to BPJS Health every month (Ardhitya dan Perry, 2015). One of the health service efforts carried out by the government is the National Health Insurance (JKN) which has been officially implemented by the government in Indonesia since January 2014 as regulated in (Peraturan Presiden Republik Indonesia No.24, 2011). The Health Social Security Organizing Agency, hereinafter abbreviated as BPJS Kesehatan, is a legal entity formed to administer the health insurance program. (Peraturan Menteri Kesehatan Republik Indonesia No.3, 2023) The implementation of BPJS has challenges, namely claim rejections or failed claims such as *pending*, *ineligible*, and *disputes*. This study focuses on pending claims.

Pending claim is a condition in which an insurance claim or other claim has not been processed or settled by the insurance company or other related parties. In the context of BPJS Kesehatan, pending claim refers to a condition in which a claim for medical expenses or health services submitted by a patient or hospital has not been processed or paid by BPJS Kesehatan. Pending claim is the return of an incorrect or incomplete claim file that has been sent to BPJS Kesehatan so that the casemix officer needs to examine and re-complete the file and send it back to BPJS Kesehatan (Utami et al, 2024). Efforts made regarding the problem of pending BPJS Kesehatan claims in hospitals are constantly evaluating to reduce the incidence of returned claim files, starting from always communicating about all existing problems and coordinating with each related section and improving the performance of each section, following regulations with We are both good and remind each other. We are conducting outreach regarding BPJS Kesehatan regulations and BPJS Kesehatan continues to confirm and coordinate the BPJS Kesehatan claims process regarding differing views on the claims process.(Santiasih et al, 2021).

Based on two previous studies by Agiwahyunto, et al (2021) and Habib H, et al (2018) there is a conclusion that the problem that occurs is pending claims. This can occur due to factors that often occur, namely non-compliance with emergency criteria. The causes of claims that cannot be processed need to be analyzed, identified, and corrected, therefore it needs to be identified so that researchers want to know the factors causing pending claims for emergency cases at Pandan Arang Boyolali Regional Hospital.

Pandan Arang Boyolali Regional Hospital was found to be a type B hospital based on the results of a preliminary study and provides general medical services. emergency installation for general and BPJS patients. Pandan Arang Boyolali Regional General

Hospital has collaborated with BPJS since the beginning of the National Health Insurance program in 2014. Data at Pandan Arang Boyolali Regional General Hospital shows that the number of emergency visits in 2024 was 33,675 visits or with an average of 92 patients/day. In the 2024 inpatient data, the BOR value was 69.4%, LOS was 3 days, TOI was 1 day, BTO was 79 times, GDR was 17.50‰ and NDR was 25.25‰, and. The number of available beds in 2024 was 263 beds. There are 28 medical record officers at this hospital with educational qualifications of 24 officers who are D3 graduates of Medical Records and Health Information and 4 officers who are D4 graduates of Medical Records and Health Information. In the casemix section there are 5. Having participated in coding training several times organized by the hospital by sending or sending coders to practice and learn outside the hospital.

Based on the results of a preliminary study conducted using observation and interview methods in *the Casemix section* of Pandan Arang Hospital, Boyolali, researchers obtained data on the number of pending BPJS claims for emergency patients each month from January to December 2024.

The results of the preliminary *survey* conducted by researchers at Pandan Arang Boyolali Regional Hospital can be seen in the following table:

Table 1.3 Data on the Number of Pending Emergency Claims at the Regional General Hospital Pandan Arang Boyolali

No	Month	Number of Pending Claims
1.	January	12
2.	February	7
3.	March	39
4.	April	93
5.	May	57
6.	June	142
7.	July	102
8.	August	76
9.	September	53
10.	October	162
11.	November	121
12.	December	181
TOTAL		1,045

Furthermore, based on the results of a survey conducted by researchers on 10 medical record documents of pending BPJS claims for emergency patients taken randomly. Pending claims are caused by a mismatch in patient conditions. Based on the results of interviews that have been conducted, it shows that the factors causing pending claims are a mismatch in emergency conditions which results in delays in payment for medical services from doctors and other health workers which are feared will affect service activities and financing at Pandan Arang Boyolali Regional Hospital. Therefore, the causes of claims that cannot be processed need to be analyzed, identified, and corrected so that researchers are interested in taking the title "Analysis of Factors Causing Pending BPJS Claims for Emergency Cases at Pandan Arang Regional General Hospital, Boyolali, in 2024."

RESEARCH METHOD

Research methods used is study descriptive with approach retrospective. Population study is all recorded data medical emergency BPJS patients emergency pending claims as many as 1,045 data, with sample a total of 289 data were determined use Slovin's formula with level 5% error and technique simple random sampling. Data collection was carried

out through primary data in the form of interview deep with officer related and secondary data in the form of record data review medical patient. Instrument study in the form of guidelines interviews and sheets observation, whereas technique data analysis using analysis descriptive.

RESULT AND DISCUSSION

A. IMPLEMENTATION FLOW BPJS PATIENT CLAIMS INSTALLATION EMERGENCY EMERGENCY AT PANDAN ARANG REGIONAL GENERAL HOSPITAL IN 2024

Implementation flow BPJS patient claims emergency emergency is order in activity or the patient's BPJS claim process emergency emergency at Pandan Arang Regional Hospital, Boyolali to BPJS Kesehatan. The installations involved in implementation of the flow process claim that is part casemix at Pandan Arang Hospital, Boyolali. Currently, the standard Operational Special Procedures (SOP) related claim patient emergency emergency Not yet approved in a way officially by the Hospital Director, so that in implementation Still referring to the Agreement Cooperation (PKS) between House sick and BPJS Health as guidelines temporary in the claim process.

Based on results interviews conducted by researchers obtained that the BPJS claim process at Pandan Arang Boyolali Regional Hospital implemented through a number of systematic stages. Stages beginning started with taking document record medical from Installation Emergency Emergency (TPPGD) by the section casemix. Document the Then checked completeness if there is lack of documents will returned for equipped moreover first. After stated complete, documents the will the coding process is carried out by the coder officer with use ICD-10 codes for diagnoses and ICD-9-CM for action medical. Next, the document verified by a doctor verifier before enter to stage grouping and claimed through INA-CBGs system as final claim. For the INA-CBGs claim input process, it is carried out coding end, followed by with download all over file support from e- Claim application which then combined become One document. File physique results claim scanned and combined become one file, then the file name is adjusted with SEP number. Each moon, house Sick send file in .txt format via e- Claim application as well as upload a DVD containing BPJS 's digital verification. Next, the document BPJS claims are also uploaded through the JKN platform in draft form. Procedure This done in a way periodically and structured to ensure fluency and accuracy in the claim process service health.

Based on results observations conducted at Pandan Arang Boyolali Regional Hospital channel implementation BPJS claims for patient emergency emergency implemented as following:

1. Retrieval document record medical from TPPGD by officers casemix every Morning.
2. Inspection completeness documents by officers guarantee If document No complete returned to the relevant unit For equipped, if document complete carry on to stage next.
3. Coding of diagnoses and actions medical by the coder using ICD-10-CM for diagnosis and ICD-9-CM for action medical.
4. Verification code and eligibility claims by doctors verifier.
5. Grouping claims (grouper) and input claim to INA-CBGs system.
6. Download document supporters from EMR system:
 - a. Medical resume
 - b. Form emergency emergency
 - c. Triage form
 - d. Check up result support
 - e. Chronology letter incident (if case accident)

- f. Report Letter (LP) (if accident Then cross)
 - g. Letter of guarantee service raharja (if accident Then cross)
 - h. INA-CBGs coding formula
 - i. Internal home claim checklist Sick
 - j. Form case Special (if need)
 - k. Warrant care stay (if need)
 - l. Nursing resume stay (if treated stay)
 - m. etc.
7. Merger document supporters with SEP then scanned and saved in one PDF file, customizable file naming with SEP number.
 8. Delivery claim monthly by home sick claim file format .txt sent through e- Claim application upload DVD containing BPJS Health digital verification.
 9. PDF document file supporters uploaded to the JKN platform in draft form.

Claims flow at Pandan Arang Regional Hospital, Boyolali although Not yet own Standard Operational Written procedures (SOP) related implementation BPJS claim submission process for Pandan Arang Boyolali Regional Hospital claims made has referring to regulations applicable national regulations . the including among others Regulation of the Minister of Health Number 28 of 2014 concerning Guidelines Implementation of the National Health Insurance Program (JKN), Regulation of the Minister of Health Number 3 of 2023 concerning Standard Health Service Rates in the JKN Program and Regulation President Number 82 of 2018 which confirms right JKN participants for get service in condition emergency emergency without need references. In addition implementation claims have also been follow instruction technical from BPJS Health, especially those related to with use E- Claim application and submission through INA-CBGs system. Based on matter the can concluded that although Not yet documented in the home SOP Sick implementation claim has done in accordance with provision regulation applicable and consistent legislation with standard national.

This matter in harmony with results research conducted by (Agiwahyunto F et al, 2021) concluded that Not yet the existence of standard SOPs and non-conformities document claim become reason main return files by BPJS Health. Therefore That preparation of appropriate SOPs with regulations national become step important in increase efficiency, validity, and success of the claims process service emergency emergency.

B. IDENTIFYING FACTORS CAUSING PENDING BPJS PATIENT CLAIMS INSTALLATION EMERGENCY EMERGENCY AT PANDAN ARANG REGIONAL GENERAL HOSPITAL, BOYOLALI 2024

Identification claim pending factor is step observation to contributing factors occurrence of pending claims with method recognize The characteristics and characteristics of pending claims at Pandan Arang Regional Hospital, Boyolali. Pending claims are return claim Where Not yet There is agreement between BPJS Health and the related FKTRL rules coding and medical (claim dispute), but settlement done in accordance with provision regulation legislation. Pending BPJS emergency claims emergency at Pandan Arang Boyolali Regional Hospital in 2024 occurred as many as 1,045 claims. Of the total 1,045 cases emergency BPJS claim pending emergency at Pandan Arang Boyolali Regional Hospital in 2024 researchers take sample as many as 289 cases For analyzed more further to identify factors reason delay claim.

Table 4.1 1of factors causing pending BPJS IGD RSUD claims Pandan Charcoal Boyolali 2024

No	Factors Causing Pending	Amount	Percentage
1.	Incompleteness factor file	55 Cases	19.03%
2.	Mismatch factors condition emergency emergency	180 Cases	62.28%
3.	Other factors	54 Cases	18.69%
TOTAL		289 Cases	100%

Based on results categorization reason pending claims, known that highest cause of pending claim Because mismatch condition emergency emergency. Things on Can caused by Because a number of factors, the following identification factor incompleteness file, factor non-conformity of emergency conditions and other factors including:

1. Incompleteness Factor File

Based on results analysis identification carried out against 289 samples case emergency BPJS claim pending emergency at Pandan Arang Regional Hospital, Boyolali found that one of factor main reason delay claim is incompleteness file administration.

Analysis results regarding 55 pending cases of BPJS claims for services emergency emergency found that factor reason incompleteness file consequence mismatch or incompleteness document especially those related to with evidence and completeness sheet triage in service emergency emergency. As for the details from factors the covering mismatch category triage, which includes 26 cases or amounting to 47% of the total cases. Furthermore reason the second most dominant is No attached sheet triage, with total of 11 cases or 20%. Other factors that are also quite significant is mismatch sheet triage with results assessment, which occurred in 4 cases (7%). Three factors reason others each contributing 5% of the total cases is triage No complete as many as 3 cases, sheets triage No in accordance with results inspection patients in the ER as many as 3 cases, as well as sheet support that is not attached as many as 3 cases. Medical resumes that are not readability and absence results inspection scale pain in the ER assessment each caused 2 cases or 4%. Factor with amount least cases is double emergency room bill with the same file, which is only occurred in 1 case or 2%.

Findings This show that completeness and suitability documents, especially in the section triage, holding role important in smooth claims process service emergency emergency and necessary become attention in effort repair quality service Hospital. This show that problems with documents triage Still become constraint main in the claim process, so that required attention special to completeness and accuracy filling documents in installation emergency emergency. This is strengthened Based on existing pending claim data and interviews conducted with casemix officers, the following results were obtained: *In our ERM, there are two types of triage that BPJS requests, namely the complete triage, sometimes we download the PDF version of the conclusion, in the beginning, it was only the conclusion, so what was requested was only the conclusion, now they ask for the one with the check marks, if that is actually already there because increasingly BPJS is asking for complete medical records. (Respondent 2, head of guarantee installation)*

This matter in accordance with study (Agiwahyunto et al., 2021) Incomplete documentation is one of the main causes of emergency claim refunds. Research has shown that claims were returned due to incomplete supporting medical documentation.

2. Mismatch Factors Condition Emergency Emergency

Based on results analysis against 289 cases emergency BPJS claim pending emergency at Pandan Arang Regional Hospital, Boyolali known that as many as 180 cases caused by incompatibility condition patient with criteria emergency emergency. Mismatch This part big influenced by policy government areas, especially regulation the regent instructed that the house Sick still accept patient BPJS participants even though No in

condition emergency emergency. Condition This impact on submission claims that are not fulfil condition in accordance regulation.

Analysis results known that complaints that are not in accordance with criteria emergency emergency that occurred as many as 136 cases or amounted to 76% of the total 180 cases. Furthermore, care stay through the emergency room with complaint similar occupy order second with 32 cases or 18%. Meanwhile that, factor with least amount is visit repetitive with complaint similar, namely as many as 12 cases or 7%. Findings This show that Lots case No fulfil provision emergency as arranged in Regulation President Number 82 of 2018 and Regulation of the Minister of Health Number 47 of 2018. This strengthened Based on existing pending claim data and interviews conducted with casemix officers, the following results were obtained:

The occurrence of false emergencies due to regulation the regent who does not may reject patients who have BPJS even though the situation No emergency emergency (Respondent 2 heads installation guarantee)

If it 's here (Pandan Arang Boyolali Regional Hospital) right No may reject patient (Respondent 3 coder)

This matter in harmony with Research (Agiwahyunto et al., 2021) found that 55.3% of files were returned because the patient's diagnosis was not considered an emergency by BPJS. This situation raises doubts among verifiers about approving claims, as it does not indicate a life-threatening condition or potential disability.

3. Other Factors

Based on results analysis against 289 cases emergency BPJS claim pending emergency at Pandan Arang Boyolali Regional Hospital, found that as many as 54 cases caused by other external factors incompleteness files and discrepancies condition emergency emergency. Causal factors other This covers various problem administrative and procedural matters that are involved influence smooth claims process. Analysis results table on known that of the total as many as 46 cases caused by an incision service that is patient in One day get more from One service that is conditions in which there is overlapping overlap or inaccuracy recording between service emergency emergency and services others. In addition, there were 3 cases with confirmation in inclusion code procedure namely the agreement process code the procedures provided whether according to, 2 cases claim pre-operative namely pre- operation Because No One series service, 2 cases of diagnosis that were not supported by action medical that is a diagnosis that is not attached support medical his diagnosis and 1 claim in accordance procedure For patient with terminal life conditions, namely patient die .

This matter strengthened Based on existing pending claim data and interviews conducted with casemix officers, the following results were obtained:

Slices service That patient in One day get two services for example IGD and poly or IGD and HD, confirmation code If There is confirmation We explain Why the code that, pre - operation Because No One series service. (Respondent 2 heads installation guarantee)

Based on results observation and analysis against 289 cases emergency BPJS claim pending emergency at Pandan Arang Boyolali Regional Hospital, found that as many as 54 cases caused by other external factors incompleteness files and discrepancies condition emergency emergency. Factors This covers various problem administrative and procedural matters that are involved contribute to delays in the claims process. Research results This show that delay emergency BPJS claim emergency at Pandan Arang Regional Hospital, Boyolali part big caused by other external factors incompleteness files and discrepancies condition emergency emergency, namely problem administrative and procedural like slices service, confirmation code procedures, until terminal life claims.

Findings This in harmony with results research conducted by (Agiwahyunto et al., 2021) at KRMT Wongsonegoro Regional Hospital, which also identified that part big return file claim due to category like Discharge at own request (APS), *readmission*, patient death, pre-operative claims (Pre-Surgery), coding errors or service cuts.

C. IMPACT PENDING BPJS PATIENT CLAIMS OCCUR INSTALLATION EMERGENCY EMERGENCY AT PANDAN ARANG REGIONAL GENERAL HOSPITAL, BOYOLALI 2024

Pending BPJS claims for patients installation emergency emergency at Pandan Arang Regional Hospital, Boyolali give significant impact to income House sick. When the claim No quick paid, happened delay payment from BPJS Health to House sick . This is especially occurs in cases patient with condition *false emergency* or document unclaimed claims complete and must revised, so that causing funds to be held up . As a result, payments claim become delayed and caused loss financial for House sick . The impact caused among others:

1. Disturbance Hospital Cash Flow

Based on results analysis conducted researchers disturbance home cash flow Sick such as Pandan Arang Boyolali Regional Hospital which received amount big JKN patients are highly dependent on payments claim appropriate time For guard stability finance. Pending claims cause mismatch between financing services that have been given with the funds received, so cause loss.

This matter strengthened with results quote interviews conducted with officer casemix at Pandan Arang Regional Hospital, Boyolali as following :

If there are pending documents, the impact on the hospital is that payment from BPJS will be delayed, although it will still be paid, but of course it will be detrimental to the hospital, especially if the services provided require large costs, such as injections and so on.

(Respondent 2, head of guarantee installation)

Based on results observations conducted at Pandan Arang Boyolali Regional Hospital known that disturbance home cash flow Sick be one of impact significant from delay payment claims by BPJS Health. As House hospital that serves a number of big patient Pandan Arang Regional Hospital's National Health Insurance (JKN) is highly dependent on disbursement of funds. claim in a way appropriate time For guard stability finance and sustainability operational. Pending claims cause mismatch between financing services that have been given with the funds received, so can cause loss especially in services that require cost tall.

2. Workload Officer increase

Based on results analysis conducted by researchers at Pandan Arang Regional Hospital, the burden Work officer experience improvement However Still classified as efficient. This is caused by the presence of more from One officer in charge work In addition, the coding process in the Installation Emergency Emergency (ER) can assisted by officers coder from care road (RJ) and care hospitalization (RI). With existence collaboration between officer, burden Work can divided in a way proportional and efficient still awake.

This matter strengthened with results quote interviews conducted with officer casemix at Pandan Arang Regional Hospital, Boyolali as following:

In the case of emergency, there are only a few people working on it, there is no PJ, so all outpatients are immediately combined into one, inpatients are combined like that, so the coding officer, in general, I divide outpatients and inpatients, but if outpatients are loose, they help inpatients, inpatients are loose, they help outpatients, so there is no special PJ, there is no PJ for the IGD, so I just divide outpatients and inpatients, currently the one

working on the IGD is Ms. Dilla, it's efficient (**Respondent 2, head of the guarantee installation**)

If it's just coding, it's efficient, but I still have Raharja's services too (**Respondent 3 coders**)

Based on results observations conducted at Pandan Arang Boyolali Regional Hospital known that although burden Work officer experience improvement implementation Still classified as efficient. This is due to No existence distribution special officer based on service unit like Installation Emergency Emergency (ER), care road (RJ), or care hospitalization (RI), so that work done in a way together by the team with existence coordinator or guarantor answer. The officer who has time free time in one of the units can help coding in other units so that burden Work can divided in a way proportional. Collaboration between officer This enable work processes walk more efficient although the volume increase.

This matter in harmony with research conducted by (Farhansyah (et al., 2024) Delayed claims can also result in losses for hospitals, particularly public hospitals that receive a large number of BPJS patients. Pending claims disrupt hospital cash flow due to payment issues. Pending claims can also cause losses for government hospitals that receive a large number of health insurance patients, resulting in losses due to a mismatch between service costs and the amount of claims paid.

D. EFFORTS TO RESOLVE PENDING BPJS PATIENT CLAIMS INSTALLATION EMERGENCY EMERGENCY AT PANDAN ARANG REGIONAL GENERAL HOSPITAL, BOYOLALI 2024

Efforts to resolve pending claims is step important things carried out by Pandan Arang Boyolali Regional Hospital For overcome delay payment BPJS patient claims installation emergency emergency. Based on results interview with officer casemix 2024, efforts made started with discussion between officer casemix to evaluate implementation BPJS claims. If found document unclaimed claims complete, then done coordination with party related For quick do revision and completion its shortcomings. After document stated complete, cross-check is carried out before sent return to BPJS Health. If the cause of pending is case *false emergency*, then House Sick will spend funds for close cost claim the with considered as social funds. The form efforts made House Sick in a way more details is as following:

1. Efforts to address pending claims consequence coding inaccuracies made by the source Power human (officer installation guarantee)

Based on results study known that is efforts made by Pandan Arang Boyolali Regional Hospital For address pending claims consequence inaccuracy in coding by officers installation guarantee done with discussion between officer casemix to evaluate implementation BPJS claims.

This matter strengthened with results quote interviews conducted with officer casemix at Pandan Arang Regional Hospital, Boyolali as following:

If include exclude it if after We learn That of course Already Correct so it's like code join I13.2 for example That code combined CHF HHD kek like that We open of course the result That Because code combination That can increase on average severity level so increase nominal value if it 's BPJS ask for explanation Just if We Already explain in accordance rules BPJS ICD coding will accept. (**Respondent 2 heads installation guarantee**)

Based on results observations conducted at Pandan Arang Boyolali Regional Hospital known that in effort address pending claims consequence inaccuracy in coding by officers installation guarantee House Sick do discussion between officer casemix For evaluate and review return implementation BPJS claims. Evaluation This aim For ensure that diagnosis codes and procedures used has in accordance with applicable coding rules

specifically in matter use code combination that can influence level severity (severity level) and nominal claim.

2. Efforts to address pending claims consequence incompleteness file claim

Based on results study known that is efforts made by Pandan Arang Boyolali Regional Hospital For address pending claims consequence incompleteness file claim done coordination with party related For quick do revision and completion its shortcomings. After document stated complete, done *cross-check* before sent return to BPJS Health.

This matter strengthened with results quote interviews conducted with officer casemix at Pandan Arang Regional Hospital, Boyolali as following:

Yes, it is appropriate his request That What We complete (Respondent 3 coder)

Based on results observations conducted at Pandan Arang Boyolali Regional Hospital known that For address pending claims caused by incompleteness file claim House Sick do coordination with parties related to immediate use do revision and completion missing documents. After all over document stated complete, a cross-check process is carried out to ensure accuracy and completeness file before sent return to BPJS Health.

3. Efforts to address pending claims because the diagnosis is not in accordance BPJS criteria

Based on results study known that is efforts made by Pandan Arang Boyolali Regional Hospital For address pending claims caused by incorrect diagnoses in accordance with BPJS criteria or case *false emergency* so House the pain that will close cost claim the.

This matter strengthened with results quote interviews conducted with officer casemix at Pandan Arang Regional Hospital, Boyolali as following:

If our budget does not have a special budget from management, only from the local government, that is cost sharing/cross-subsidy, if BPJS income cannot be cash by cash, so how much is global this month from BPJS (Respondent 2 heads) installation guarantee)

Based on results observations conducted at Pandan Arang Boyolali Regional Hospital known that one of efforts implemented For overcome pending claims issues. Especially those caused by a mismatch in diagnosis with BPJS criteria or case *false emergency*, is House Sick will spend funds for close cost claim said. This is aim For bear cost services that are not can claimed to BPJS so that House Sick still can give service.

This matter in harmony with research conducted by (Rohman et al., 2021) Efforts to address pending claims due to incompleteness file claim party House Sick do socialization to all over related parts direct in service patients, for ensure that all over results support Already attached inside record medical patient.

Efforts to address pending claims due to diagnosis No in accordance BPJS criteria for the party House Sick do approach with doctor guarantor answer patient For write a resume according to disease patient during maintained and reviewed on each proposed diagnosis, diagnosis that is obtained treatment and accompanied by support with clear.

Efforts to resolve pending claims due to Human Resources (HR) / Officer can done with method management House Sick give letter task to coders coding training level up area and national.

CONCLUSION

In conclusion, pending BPJS claims at Pandan Arang Regional Hospital, Boyolali, are primarily caused by inconsistencies in emergency criteria, incomplete documentation, and other factors beyond human resources. Therefore, improvements are needed through regular training, the development of clear standard operating procedures (SOPs), increased

coordination between units, and the use of information technology to optimize the claims process and maintain the quality of hospital services.

REFERENCES

- Agiwahyuantu, F., Anjani, S. and Juwita, A. (2021) 'Review of the Causes of Return of Emergency Case Claim Files', *Indonesian Journal of Health Information Management*, 9 (2): 113-125.
- Ajim, S., Luneto, S.1. and Djalil, RH (2019) 'The Relationship between Triage Accuracy and the Success of Emergency Management in the UPTD Type C Emergency Room of Manembo-Nembo Bitung Regional Hospital', *Health Journal*, 3 (2): 123-130.
- Ardhitya, T. and K Perry, A. (2015) 'Factors Behind the Rejection of BPJS Claims by BPJS Verifiers at DR. Amino Gondohutomo Mental Hospital, Central Java Province in 2015'. *Dian Nuswantoro University Journal*, 2 (2): 1-10.
- Health Social Security Administering Agency No. 7 (2018) *Regulation of the Health Social Security Administering Agency Number 7 of 2018 Concerning Management of Health Facility Claims Administration in the Implementation of Health Insurance, Regulation of the Health Social Security Administering Agency Number 7 of 2018*. Indonesia.
- Br.Sembiring, T., Irmawati, Sabir, M., & Tjahyadi, I. (2023) *Textbook of Research Methodology (Theory and Practice)*. 1st edn. Edited by B. Ismaya et al. Karawang: CV Saba Jaya Publisher.
- Cahyaningtyas, A. (2020) *Review of Factors Causing the Return of Inpatient Claim Files by BPJS Verifiers at Pandan Arang Regional Hospital, Boyolali Regency. Final Project*. Poltekkes Kemenkes Semarang.
- Farhansyah, F., Cahyani, H. and Amanda, J. (2024) 'Factors Causing Pending Claims for BPJS Health Files for Outpatient Services at Hospital X'. *Tambusai Health Journal*, 5 (3): 8712-8722.
- Habib, H., Mulyana, RM, Albar, IA, and Sulistio, S., (2018) 'Factors Causing the Return of Emergency Room Medical Resume Files from RSCM by BPJS Health Verifiers', *Cermin Dunia Kedokteran*, 45 (4): 251-254.
- Jayadie, A., Parmi, Wardhana, A., Andary, V., Tumuwe, WN, Yuliawati, Nurfadhilah, Windarti, S., Agussalim, R., M. Usa, WD.Y., Fitri, A., Syarifuddin, F., R Thaifur, AY (2023) *Health Financing*. Edited by H. Akbar. Bandung: Media Sains Indonesia.
- Mandia, S. (2023) 'Case Analysis of the Causes of Pending BPJS Claims at the Main Clinic of Ringan-Ringan Medical Center (RMC) Pakandangan, Padang Pariaman', *Journal of Health Sciences*, 7 (2): 359-366.
- Mathar, 1. and Igayanti, IB (2021) *Health Information Management*. 1st edn. Yogyakarta: Deepublish.
- Minister of Health (2018) *Regulation of the Minister of Health of the Republic of Indonesia Number 47 of 2018 Concerning Emergency Services*, Ministry of Health. Indonesia.
- Minister of Health of the Republic of Indonesia (2013a) *Regulation of the Minister of Health of the Republic of Indonesia Number 55 of 2013 Concerning the Implementation of Medical Records Work*. Indonesia.
- Minister of Health of the Republic of Indonesia (2013b) *Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2013 Concerning Health Services in the National Health Insurance*. Indonesia.
- Minister of Health of the Republic of Indonesia (2014a) *Regulation of the Minister of Health of the Republic of Indonesia Number 27 of 2014 concerning Technical*

- Instructions for the Indonesian Case Base Groups (INA-CBGs) System, Regulation of the Minister of Health of the Republic of Indonesia Number 27 of 2014.* Indonesia.
- Minister of Health (2014b) *Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014 Concerning Guidelines for the Implementation of the National Health Insurance Program.* Indonesia.
- Minister of Health of the Republic of Indonesia (2015) *Regulation of the Minister of Health of the Republic of Indonesia Number 36 of 2015 Concerning Prevention of Poisoning (FRAUD) in the Implementation of the Health Insurance Program in the National Social Security System, Regulation of the Minister of Health of the Republic of Indonesia Number 36 of 2015.* Indonesia.
- Minister of Health of the Republic of Indonesia (2022) *Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 Concerning Medical Records.* Indonesia.
- Minister of Health of the Republic of Indonesia (2023) *Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2023 Concerning Standard Tariffs for Health Services in the Implementation of the Health Insurance Program, Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2023.* Indonesia.
- Mukharram, MF, Nurita, DP and Paramarta, V. (2024) 'Implementation of Electronic Medical Records in Hospitals', *Journal of Social and Economics Research*, 6 (1): 966-973.
- President of the Republic of Indonesia (2011) *Law of the Republic of Indonesia Number 24 of 2011 concerning the Social Security Administration Agency, Law of the Republic of Indonesia Number 24 of 2011.* Indonesia.
- President of the Republic of Indonesia (2016) *Presidential Regulation of the Republic of Indonesia Number 19 of 2016.* Indonesia.
- President of the Republic of Indonesia (2023) *Law of the Republic of Indonesia Number 17 of 2023 concerning Health.* Indonesia.
- Puspaningsih, M., Suryawati, C. and Arso, SP (2022) 'Evaluation of BPJS Health Claims Administration in Reducing Pending Claims', *Indonesian Scientific Journal*, 7 (6): 7055-7064,
- Rohman, H., Wintolo, A. and Susilowati, E. (2021) Analysis of Claim Payment Delays in the Vedika System of the Social Health Security Administration at Nur Hidayah Hospital, Yogyakarta', *Jurnal Wiyata*, 8 (1): 72-83.
- Santiasih, WA, Simanjorang. A. and Satria, B. (2021) 'Analysis of the Causes of Pending BPJS Health Inpatient Claims at DR. Djoelham Binjai Regional Hospital', *Journal of Healthcare Technology and Medicine*, 7 (2): 1381-1394.
- Sudra, RI (2017) *Medical Records*. 2nd edn. Edited by BA D, N. Suwarno, and S. Nurhayati. South Tangerang: Open University.
- Utami, YT, Akbar, PS, Amelia, R., and Sari, SY (2024) 'Factors Causing Pending BPJS Inpatient Claims with the Implementation of Electronic Medical Records at Dr. Moewardi Surakarta Regional Hospital', *Proceedings of the National Health Information Seminar (SIKESNas)*, 406-417.