



Factors Causing Pending Claims on Health BPJS Patients with Fishbone Diagrams at Al-Hikmah Clinic Sukorejo Ponorogo District

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Abstract. Pending BPJS Health claims are claim returns where there is no agreement between BPJS Health and FKRTL regarding coding or medical principles (claim disputes), but resolution is carried out in accordance with BPJS Law Number 7 of 2018. The purpose of this research is to identify the factors causing pending claims using the Fishbone diagram approach, which includes the aspects of Man, Money, Method, Machine, and Material. The type of this research is a qualitative descriptive method using interviews and observations. The population of this study consists of all inpatient and outpatient insurance officers at Al-Hikmah Clinic. The sampling techniques used are total sampling and purposive sampling. Data were analyzed descriptively. Based on the research results at Al-Hikmah Sukorejo Clinic, the factors causing pending claims include the absence of staff with a background in medical records, incomplete claim documents, system errors in the P-Care application, and internet network issues. Continuous training, improvement of the digital system, and adjustment of SOPs are needed to minimize pending claim cases and enhance service efficiency. The researchers' recommendation is to always check the completeness of claim documents for the BPJS insurance claim process and to conduct regular training for claim officers at the clinic.

Keywords: 5M; BPJS Health; Clinic; Fishbone Diagram; Pending Claims.

1. INTRODUCTION

The type of health service in Indonesia is the National Health Insurance Agency (BPJS Kesehatan) which organizes the National Health Insurance (JKN) program. The purpose of the JKN program is to provide confidence to the community regarding the fulfillment of basic health needs, make it easier to get health services, obtain good health services, and ease the burden on the community towards health service financing. This is a form of government concern for the community by providing health protection (Sri Mulya, 2024). In carrying out its functions BPJS Kesehatan collaborates with health facilities. An important component in the implementation of the JKN program, namely clinical health payments obtained from financing BPJS Health claims from health services that have been provided to BPJS Health participants (Listiyawati, 2022).

A claim is a submission of BPJS Health patient care costs made by the hospital to the BPJS Health which is billed routinely per month, with a maximum claim submission deadline of the 10th of each month. Based on BPJS Health Regulation Number 7 of 2018 article 30 says that submission of claims to the BPJS Health is carried out periodically and completely every month. So it can be said that the completeness of the file must be fulfilled, because if the clinic does not fulfill this, the BPJS Health will issue an official report on the results of verification of the file return accompanied by the

reason for returning the file (Sri Mulya, 2024).

Claim files that are declared incomplete after going through the claim verification process by BPJS Kesehatan cause pending claims. Pending claims result in the amount paid by BPJS being less than that paid by BPJS being less than the initial claim submission. This can have an impact on cash flow at the clinic will cause problems with employee payroll, payment of specialist medical services, availability of drugs and maintenance of hospital facilities and medical equipment (Listiyawati, 2022). If the cash flow at the clinic is disrupted due to inappropriate claims, it will have an impact on clinic operations.

At the Al-Hikmah Sukorejo Clinic, Ponorogo Regency, based on the results of interviews and observations, it shows that the factors causing pending claims occurred from January to March 2025 there was a process of submitting BPJS Health claims, in this process there were obstacles in the claim disbursement process, the process of disbursing the cost of reimbursement of service costs was delayed from the schedule, this could cause operational disruption if there was no reimbursement of these costs, although there was a delay in the process of disbursing BPJS cost reimbursement did not affect the process of service to patients.

This study aims to determine the factors causing pending claims on BPJS Health patients at the Al-Hikmah Sukorejo Clinic, as an effort to consider improving the BPJS Health claim process, to increase patients and improve service efficiency at the Al-Hikman Sukorejo Clinic.

2. THEORETICAL STUDY

BPJS is a special institution tasked with organizing health and employment insurance for the community, civil servants, and private employees. This program began in 2014 based on Law number 24 of 2011.

BPJS aims to realize the implementation of guaranteeing the achievement of the basic needs of a decent life for each participant and family member through the market based on Law Number 24 of 2011.

Pending Claim is the return of claims where there is no agreement between BPJS Health and FKRTL regarding coding rules and *claim disputes*, but the settlement is carried out in accordance with the provisions of the BPJS Regulation Law Number 7 of 2018.

BPJS claims are the collection of the cost of treating BPJS participant patients by the clinic to the BPJS Health which is carried out collectively and billed to the BPJS Health every month. The claim process is very important for the clinic as a reimbursement for the costs of asuransi patients who have been treated. Health facilities in collaboration with the BPJS Health must submit claims every month regularly no later than the 10th, the next with the included file requirements that must be complete in accordance with BPJS Health procedures (Kukuh, 2022).

3. RESEARCH METHOD

This research uses a qualitative approach with a descriptive type, with a problem approach using a *fishbone diagram*, which aims to find out whether the submitted inpatient and outpatient medical record document files are returned or delayed in payment by the BPJS Health. The subjects in this study were respondents who were considered to be able to provide relevant and in-depth information with the focus of the research, these respondents consisted of 1 outpatient claim officer, and 1 inpatient claim officer. Data collection techniques include observation and in-depth interviews. Observations were carried out using a *checklist* sheet, as well as directly observing the claim process in the *primary care* application, and interviews were conducted directly to respondents to find out more deeply how the explanation of the factors causing pending BPJS Health claims, the researcher compiled an *interview guide* as an *interview* reference.

There are several data analysis processes using data reduction, researchers obtain data reduction from the results of interviews with BPJS Health claim officers, data presentation is presented in the form of narrative text that is easy to understand, and conclusion drawing identifies the relationship between variables and draws conclusions and main findings that answer the research focus, adjusted to the data output obtained.

4. RESULTS AND DISCUSSION

Research Results

1. Identification of BPJS Health Claim Flow Stages

The process flow of inpatient and outpatient claims is obtained, namely files originating from inpatient and outpatient *care* are brought to the claims section to carry out the BPJS Health claim submission process, before submitting the clinic to collect complete patient data, *cross check the* completeness of the files to be submitted to the BPJS Health, then input through the *primary care* application

for the claiming process.

2. Identifying Pending BPJS Health Claims on BPJS Health Patients in Inpatients and Outpatients at the Al-Hikmah Sukorejo Clinic, Ponorogo Regency by Identifying 5M Management Elements (*man, Money, Machine, Method, Material*)

a) Human Resources Factor (*Man*)

Where the claim officer at the clinic does not yet have a medical record background, even though there is no claims officer with a medical record background, the officer has attended training on the claims process, with training support can increase knowledge and readiness in digital transformation in health services.

b) Financial Factors (*Money*)

In this factor, the delay in the claim process is due to a change of officers from the BPJS office, this causes claimants to often delay the process of disbursing replacement costs.

c) Material Factor (*Material*)

The results obtained show that there are obstacles to incomplete patient data, if there are incomplete claim files, the missing files can be proposed.

d) *Machine* Factor (*Machine*)

In this machine factor, the internet network is less stable and if the *primary care* application is *down* the system must wait for it to stabilize if it is to be used.

e) Procedure Factor (*Method*)

The Al-Hikmah Clinic already has a *standard operating procedure* (SOP) related to the claim process, but it has not run optimally.

3. Efforts of the Al-Hikmah Sukorejo Clinic so that there are no cases of pending claims

Efforts made by officers before guarding the BPJS, *cross-checking* completeness before uploading to the *primary care* application and if there are revisions, the clinic must correct the revisions with a predetermined time.

Discussion

1. Identification of BPJS Health Claim Flow Stages

This study shows that the Al-Hikmah clinic already has a process flow stage for submitting inpatient and outpatient claims. The stages of the BPJS Health claim flow at the Al-Hikmah clinic are as follows:

- a) Data collection: Appropriate claim forms (manual FKP), stamped receipts (according to the provisions), supporting documents, manual recap that separates all types of services.
- b) Submission of claims: through *primary care* or manual forms, claims are entered online through *primary care*, and submissions are made every month no later than the 10th of the following month.
- c) Claim verification: carried out by BPJS Health.
- d) Claim submission, and
- e) Payment of claims.

Submission of claims from the clinic to the BPJS Health has a flow stage of collecting documents to check completeness. The clinic has an obligation to complete the documents required for BPJS Health claims before being submitted to the BPJS Health to obtain reimbursement in accordance with the INA-CBG's trif (Nurulaida, 2022).

2. Identifying Pending BPJS Health Claims on BPJS Health Patients in Inpatients and Outpatients at the Al-Hikmah Sukorejo Clinic, Ponorogo Regency by Identifying the 5M Management Elements (*man, Money, Machine, Method, Material*).

If using identification with the 5M management elements as follows:

a) Human Resources Factor (*Man*)

Where the claims officer at the clinic has no officer with a medical record background. With an officer with a medical record background, the officer has an understanding of the claims process.

This is in line with research conducted by Vahlefi (2022), the *man* factor is caused by workload and a mismatch in the number of officers and increased workload.

b) Money Factor (*Money*)

The money factor is that it does not affect the service, if there is a pending file the clinic immediately carries out the repair process at a predetermined time, in January to March 2025 there was a setback in the process of disbursing BPJS financing to the clinic.

In line with research conducted by Erianti (2024), namely the money factor does not affect the service process, the delayed claim disbursement process can also result in the clinic experiencing losses, especially those receiving BPJS patients.

c) *Machine Factor (Machine)*

This machine factor is that the number of computers for the claim submission process is sufficient, but there are obstacles to a slow internet connection during the BPJS claim submission process, and the *primary care* application experiences *system errors*, which will affect the delay in the claim submission process.

In line with research conducted by Erianti (2024), machine factors, namely infrastructure facilities that help officers obtain information and input claim data, and internet connections often *error the system* due to network *down* and have to wait until the connection stabilizes so that they can process claims.

d) *Material Factors (Material)*

The *material* factor is that the completeness of the files to be submitted for the claim process has obstacles to incomplete *pasoen* data. If the file has been submitted to the verification party, it is expected that the file is complete for submitting the claim.

In line with research conducted by Erianti (2024), the incompleteness of the file is related to the lack of coordination between the doctor and the head of the treatment room, and treatment, with JKN.

e) *Procedure Factor (Method)*

Al-Hikmah Sukorejo Clinic already has an SOP that applies in the process of submitting claims, so the SOP guidelines must be applied in every job so that there are no pending claims cases. However, the SOP has not been optimally implemented because there are still obstacles in the claim process. Because the SOP contains the stages of the flow and sequence from the beginning of the submission process to the completion stage of the claim submission.

This research is in line with that conducted by Rahayu, A.K. (2025), which explains that pending claims can be reviewed from the method factor, namely through the SOP. A very clear SOP can help officers understand their respective responsibilities and reduce the possibility of errors.

3. Efforts of the Al-Hikmah Sukorejo Clinic to Avoid Pending Claim Cases

The efforts made by the Al-Hikmah Sukorejo Clinic during the claim submission process are as follows:

- a) The accuracy of the officer is very important in the process of submitting claims, from the completeness of the medical resume and files that will be submitted to the BPJS Health.

This research is in line with that conducted by Saskirana Trapsilo (2021), namely before making a submission, there is a claim approval process, verification process activities by verifiers of the correctness of the administration of service accountability carried out by the hospital. If the application is complete, verification can be approved.

- b) Request for Repair of Pending Claim Files If there is something that needs to be corrected from the BPJS Health towards the Al-Hikmah Sukorejo Clinic.

When a file that does not pass verification of BPJS claims eats the BPJS will confirm the clinic to make improvements to the completeness that is still lacking with a time of 1 to 2 days the clinic never makes improvements more than the specified time.

The efforts of the Al-Hikmah Sukorejo Clinic to reduce pending claims cases are very good and firm, but every verification officer must remain careful in checking the files to be submitted for the claims process so that there is no delay in the process of uploading claim files, and if the clinic complies with the claim revision time within the specified time, it can minimize pending claims.

This research is in line with that conducted by Rahayu, A.K. (2025), the efforts made in handling pending claims, officers show good initiative by carrying out socialization, as well as other administrative service officers. This reflects the spirit of collaboration and the desire to continuously improve management processes.

5. CONCLUSIONS AND SUGGESTIONS

Based on the results of the research and discussion obtained, it can be concluded that the BPJS Health claim flow procedure at the Al-Hikmah Clinic has a standard operating procedure (SOP) but has not run optimally. Factors causing pending claims with 5M *management* elements include *the* absence of a claims officer in the clinic with a medical record background, *material* constraints are lacking; complete patient data, *machine* interference with the *Primary care* system and interference with the internet network, this factor does not affect the process of service to patients but if the claim is delayed it will have an impact on the clinic's operations, and the SOP *method* that is already available but has not run optimally. The clinic's efforts to minimize emphasize more on officer accuracy.

This study has limitations in the scope of information that does not fully represent the entire claim process, so the results cannot be generalized as a whole. Therefore, it is recommended that the clinic provide training to claims officers related to the stages of the BPJS Health claim flow, as well as to increase patient satisfaction and improve service efficiency at the Al-Hikmah Sukorejo clinic, Ponorogo Regency. For further research, it is suggested that it can improve the quality of further research, which is related to the factors that cause pending BPJS Health claims in health facilities.

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