

# Analysis of The Causes of Pending in JKN Claims For Outpatients at Orthopedic Hospital Prof. Dr. R. Soeharso Surakarta

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**Abstract.** Based on a preliminary survey at RS Ortopedi Prof. Dr. R. Soeharso Surakarta in the third quarter of 2023, outpatient JKN claims were pending with a percentage of 5.02% or 938 of the total submission of 18,703 medical records. The aim of the research was to determine the factors causing pending JKN claims for outpatients in the fourth quarter at RS Ortopedi Prof. Dr. R. Soeharso Surakarta. This type of research uses descriptive research with a cross sectional approach. This research was carried out to the JKN outpatient claims section at RS Ortopedi Prof. Dr. R. Soeharso Surakarta from February to April 2024. The subjects in this research were coding officers, INA-CBG's data entry officers, and internal verification officers at RS Ortopedi Prof. Dr. R. Soeharso Surakarta with the research object being the JKN outpatient claim file in the fourth quarter of 2023. Observation guide and an interview guide were used as the research instrument. The data were analyzed using processing techniques used are collecting, editing, tabulation and data presentation. Descriptive data analysis techniques. The research results show the percentage of pending JKN claims for outpatients in the fourth quarter of 2023 at RS Ortopedi Prof. Dr. R. Soeharso Surakarta amounted to 2.04% with a total of 396 pending claims for medical records with a total of 19,399 medical records submitted. The highest cause of pending is in the administrative aspect. Result of the research shows the percentage of pending JKN claims for outpatients in the fourth quarter of 2023 at RS Ortopedi Prof. Dr. R. Soeharso Surakarta is 2.04% with the number of 396 pending files from 19,399 medical records submitted. Therefore, officers are more careful in inputting patient information and completeness of files before submission and maximizing.

**Keywords:** Pending, JKN Claim, Outpatient

## I. BACKGROUND

According to the Regulation of the Minister of Health of the Republic of Indonesia No. 6 of 2022, the National Health Insurance, hereinafter abbreviated as JKN, is a guarantee in the form of health protection so that participants obtain health maintenance benefits and protection in meeting basic health needs given to everyone who has paid contributions or their contributions are paid by the government.

The National Health Insurance (JKN) is organized by the Health Social Security Administration Agency (BPJS) as stipulated in Law Number 24 of 2011 concerning the Social Security Administration Agency. According to the Ministry of Health of the Republic of Indonesia in 2022, BPJS Kesehatan claims are the submission of treatment costs for BPJS Kesehatan patients by the hospital to BPJS Kesehatan which is carried out collectively and billed to BPJS Kesehatan every month through a verification process.

The hospital is obliged to complete the BPJS claim document before submitting it to BPJS Kesehatan to get reimbursement for patient treatment costs in accordance with the INA-CBG's tarif [4]. In Nabila's research (2020), from the results of the study, information was obtained that BPJS Kesehatan will approve claims and make payments for files that are indeed feasible, but for files that are not worthy of claims or pending (unclaimed) must be returned to the hospital for re-examination.

Based on a preliminary survey at Prof. Dr. R. Soeharso Orthopedic Hospital Surakarta in the third quarter of 2023, outpatient JKN claims are pending, in July the pending percentage was 5.68% with the number of pending files 369, in August the pending percentage was 5.21% with the number of pending files 378 and in September the pending percentage was 3.02% with the number of pending files 191. In the quarter, it was found that the percentage of pending claims decreased, therefore the researcher wanted to know what causative factors affected pending claims. Based on this background, the author is interested in taking the title "Analysis of the Causes of Pending in JKN Claims for Outpatients at Orthopedic Hospital Prof. Dr. R. Soeharso Surakarta".

## II. METHOD

The research uses a descriptive cross sectional approach, which is to describe directly the cause of pending outpatient JKN claims at the Prof. Dr. R. Soeharso Orthopedic Hospital Surakarta. The research was carried out in the outpatient JKN claims section. The research was conducted from February to April 2024. Subjects include coding officers, INA-CBG's data entry officers, and internal verifiers at Prof. Dr. R. Soeharso Orthopedic Hospital Surakarta. The object of this research is the outpatient JKN claim file in the fourth quarter of 2023. The research instruments consist of observation guidelines and interview guidelines. The method of data collection consists of observation and interviews. Data processing techniques consist of collecting, editing, tabulating, and presenting data. The data analysis used in this study is descriptive.

## III. RESULTS AND DISCUSSION

### 1. Policy for submitting JKN claims for outpatients at the Orthopedic Hospital Prof. Dr. R. Soeharso Surakarta.

From the results of the interview, it was stated that at the Orthopedic Hospital Prof. Dr. R. Soeharso Surakarta already has a policy on submitting JKN claims which is contained in standard operating procedures number OT.02.02 / XXX.3.1.3 / 16 / 2018. The procedure for submitting an outpatient JKN claim at an Orthopedic Hospital is as follows:

- a. The officer completes and submits the outpatient file to the accountant (cashier). The outpatient file is in the form of:
  - 1) Verification form (INA-CBG's)
  - 2) Proof of action (radiology and/or laboratory if applicable)
  - 3) Letter of guarantee for raharja services (if any)
  - 4) Police certificate (if any)
  - 5) Therapy protocol (medical rehabilitation)
- b. The account manager verifies the outpatient file. If it is complete and in accordance with the payment, the account administrator closes the transaction and submits the file to the medical record, while the incomplete file is returned to the outpatient.
- c. The coder coder, input, and grouping then submits the file to the Claim Assurance Unit (UPK).
- d. File the claim process:
  - 1) Verify individual claim files in Eclaim
  - 2) Verify the cost details and print the pdf in SIMETRIS
  - 3) Print PDF SEP
  - 4) Print radiology expertise pdf
  - 5) Scan documents
  - 6) Document merger
  - 7) Sort file documents by SEP
  - 8) Creating a TXT per date
- e. Documents in the form of TXT are entered into the V-Claim application, if there are documents that do not match (TS) the file is returned to the medical record for correction.
- f. Conduct the claim process by creating:
  - 1) Claim file submission letter
  - 2) Statement of absolute responsibility for submitting claims for health service costs
  - 3) Statement of claim examination by the hospital fraud prevention team
  - 4) Statement of claim expiration
  - 5) Claim file details
- g. The claim submission document is paraphrased by the director of planning and finance.
- h. The claim submission document is signed by the president director and then submitted to BPJS Kesehatan.

The units involved in the JKN claim submission process are account managers, medical records and claim guarantee units (UPK). Based on the results of interviews and observations, the relevant officers have carried out the claim submission procedure in accordance with the applicable SOPs. This is very good because the hospital already has an SOP and all parts involved have followed the procedure.

Related to the function of the Standard Operating Procedure (SOP) stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 340 of 2010 concerning Hospital Service Standards, which is to ensure that all staff follow the same steps in providing services, so as to produce consistent and high-quality results for patients and help reduce the risk of medical errors by providing clear and detailed guidance on how to perform procedures certain. Hospital x already has an SPO related to the submission of outpatient BPJS claims and all related officers have implemented according to procedures [1].

## 2. Requirements for submitting an outpatient JKN claim at Prof. Dr. R. Soeharso Orthopedic Hospital Surakarta.

From the results of observations and interviews with outpatient JKN claim officers, there are several conditions that must be met for the submission of outpatient JKN claims at Prof. Dr. R. Soeharso Surakarta Orthopedic Hospital, namely:

- a. Individual claims file of patients
- b. Proof of registration
- c. Medical rehab protocol sheet (for rehabilitation patients)
- d. Physical medicine and rehabilitation services outpatient claim form (for rehabilitation patients)
- e. Verification form (INA-CBG's)
- f. Patient Eligibility Letter (SEP) Sheet
- g. Evidence of central radiodiagnostic action
- h. Examination sheet
- i. Payment receipt
- j. External cause sheet (for patients with trauma)
- k. Jasa raharja guarantee letter (for advanced patients from Jasa raharja insurance)
- l. Police certificate (for single accident patients)

The requirements for submitting health service claims at FKTRL and the completeness of supporting files for submitting claims for Advanced Outpatient Services (RJTL) are listed in the Regulation of the Health Social Security Administration Agency Number 7 of 2018 concerning the Management of Health Facility Claim Administration in Chapter III Administration of Submission of Health Service Benefit Payment Claims article 19.

Claims are proposed collectively every month to BPJS Kesehatan with the completeness of general administration and other integrity such as a description of services and supporting documentation for each patient, namely SEP, Hospital Order by DPJP, and other evidence signed by DPJP [14].

## 3. Percentage of pending JKN claims for outpatients at Prof. Dr. R. Soeharso Orthopedic Hospital Surakarta.

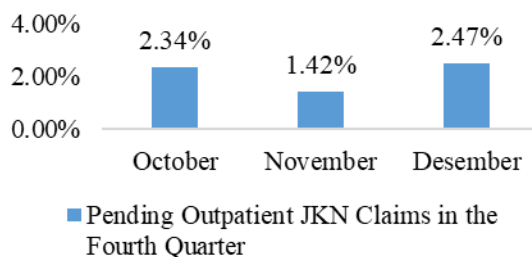


Figure 1. Percentage of Pending Outpatient JKN Claims in the Fourth Quarter of 2023

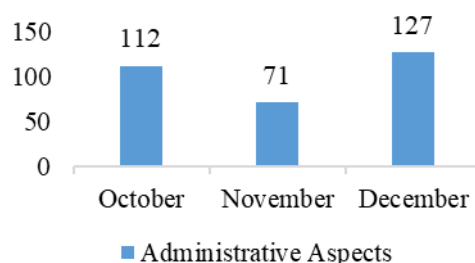
Based on figure 1, it is known that the percentage of pending JKN claims for outpatients in the fourth quarter of 2023 in October there were 144 pending medical records out of 6,153 medical records submitted with a percentage of 2.34%, in November there were pending 104 medical records out of 7,276 medical records submitted with a percentage of 1.42%, in December there was pending A total of 148 medical records out of 5,970 medical records submitted with a percentage of 2.47%. From these results, the highest delay was in December, which was 2.47%. Overall, in the fourth quarter of 2023, there were delays of 396 medical records from 19,399 medical records submitted with a percentage of 2.04%. The pending claims

with the highest cause in the fourth quarter of 2023 were in the administrative aspect there were 310 pending medical records out of a total of 19,399 claims with a percentage of 1.6%.

The existence of pending claim files is in line with Arlinda Z's (2021) research which explains that pending claims can increase the workload of officers because when pending occurs, officers must reorder, re-correct and group files based on the reason the file is pending. In addition to correcting the file, the officer also needs to confirm with the doctor so that he has to adjust the doctor's schedule. After that, the officer must complete the shortcomings and regroup in the INA CBG's application. After everything is complete, the file will be sent to BPJS. In addition to being a workload for pending claims, it also harms hospitals and doctors because doctors' payments will also be pending.

#### 4. The factors causing the pending JKN claim for outpatients at the Orthopedic Hospital Prof. Dr. R. Soeharso Surakarta.

##### a. Administrative aspects



**Figure 2.** Pending Data on Outpatient JKN Claims in the Fourth Quarter of 2023 from Administrative Aspects

Based on figure 2, it is known that there are 310 pending outpatient JKN claims from the administrative aspect with a total of 19,399 claim file submissions in the fourth quarter of 2023. In October there were 112 medical records, in November there were 71 medical records and in December there were 127 medical records that experienced pending claims. The causes of pending outpatient JKN claims related to administration include shortcomings and errors when entering data, confirmation of repeated visits and confirmation of a series of inpatient services.

The administrative aspect includes the completeness of the patient file and filling in when it will be sent to BPJS. The completeness of BPJS claim documents at the hospital includes a recapitulation of services and patient supporting files consisting of a Participant Eligibility Letter (SEP), medical resume, diagnostic information from the treating doctor, and other proof of service.

The highest confirmation of the cause of pending outpatient JKN claims in the administrative aspect is the confirmation of emergency room patients being handled by orthopedic specialists. This means that BPJS Kesehatan only confirms whether the patient is treated by a specialist doctor or not and the internal verifier at the Orthopedic Hospital answers the confirmation if it is true that the patient is treated by a specialist doctor.

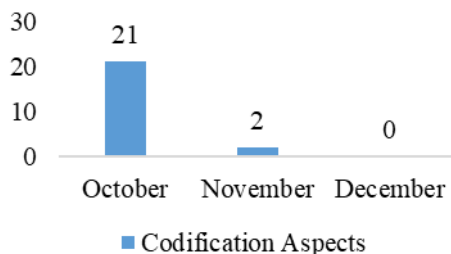
In the case at the Prof. Dr. R. Soeharso Orthopedic Hospital in Surakarta, there are sometimes repeated visits to outpatients. Patients who come to do a supporting examination at the Orthopedic Hospital, then the patient comes back to the hospital on a different day to get consultation services to the doctor by bringing the results of the supporting examination. This triggered a difference in perception between the hospital claims officer and BPJS, where BPJS considered the patient as a new patient. However, this is actually included in a series of outpatient episodes.

In addition, there are patient cases that are in the same series with hospitalization. This happens when the patient receives inpatient services which is a continuation of the outpatient treatment process on the same day. So the service is included in one episode of hospitalization.

In the Regulation of the Minister of Health of the Republic of Indonesia Number 26 of 2021 concerning Guidelines for Indonesian Case Base Groups (INA-CBG) in the Implementation of Health Insurance, it is explained that an episode is the period of patient care starting from the time the patient enters the patient until the patient leaves the hospital, both outpatient and inpatient, including consultation/examination of doctors and/or supporting examinations and other examinations. For each episode, only 1 (one) claim can be made.

This is in line with the research of Saputri et al., (2022) that one of the factors that causes pending outpatient BPJS claims is the problem at Hospital X related to the episode of the outpatient series. Where in the case at hospital x sometimes there is 2 (two) printing of SEP for outpatient readmissions.

*b. Codification aspects*



**Figure 3.** Pending Data on Outpatient JKN Claims in the Fourth Quarter of 2023 from the Codification Aspect

Based on figure 3, it is known that there are 23 pending outpatient JKN claims from the codification aspect with a total of 19,399 claim file submissions in the fourth quarter of 2023. In October there were 21 medical records, in November there were 2 medical records and in December there were no medical records that experienced pending claims. The causes of pending outpatient JKN claims related to codification include confirmation of errors in the diagnosis code or confirmation of errors in the medical procedure/procedure code.

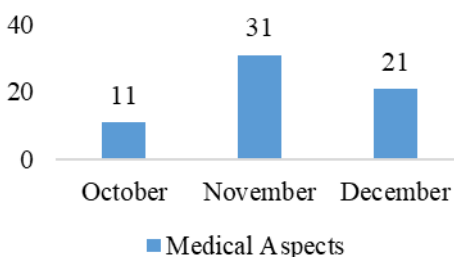
The codification aspect is encoding activities including the encoding of diagnoses and encoding of medical actions. The most important thing that must be considered by the coder is the accuracy in providing diagnosis codes and actions. Proper coding will result in accurate and quality data. If the code written on the claim file is incorrect, this can cause a discrepancy between the claim fee and the cost that must be paid.

Regulation of the Minister of Health of the Republic of Indonesia Number 16 of 2019 concerning the Prevention and Handling of Fraud and the Imposition of Administrative Sanctions Against Fraud in the Implementation of the Health Insurance Program states that "one type of fraud by health service providers at FKTRL is manipulating diagnoses and/or actions are actions taken to increase the amount of claims by ways to falsify diagnoses and / or medical procedures". If there is an error in the diagnosis code or action, this can hinder the officer's time in the JKN claim process.

In this case, the case that occurred at the Orthopedic Hospital is related to the codification aspect, only a few have experienced pending claims. The most common code errors occur when coding procedures, for example the procedure code should be coded when physiotherapy is performed.

The existence of files that are returned due to incorrect codes is in line with Maulida E & Djunawan A (2022) research that inconsistencies in disease codes and actions provided by coders are one of the causes of pending service file claims. The factor causing the lack of precise coding in the hospital is the lack of Acc Recording in ICD-9- CM, or ICD-10.

*c. Medical aspects*



**Figure 4.** Pending Data on Outpatient JKN Claims in the Fourth Quarter of 2023 from Medical Aspects

Based on figure 4, it is known that there are 63 pending outpatient JKN claims from the medical aspect with a total of

19,399 claim file submissions in the fourth quarter of 2023. In October there were 11 medical records, in November there were 31 medical records and in December there were 21 medical records that experienced pending claims. The causes of pending medical-related outpatient JKN claims include confirmation of the unattached results of the supporting examination and confirmation of the unattached reading of the supporting examination results.

The medical aspect is a record/record that is used as the basis for planning treatment/care that must be given to a patient. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2022 concerning medical records, medical records are documents that contain patient identity data, examinations, treatments, actions, and other services that have been provided to patients. The completeness of medical record documents greatly affects the process of paying health fees. Where incomplete medical record documents can indirectly reduce claim costs.

In the case that occurred at the Orthopaedic Hospital, patients with certain cases did not attach the results of supporting examinations such as X-rays, x-rays, MRIs, CT scans, BMDs and so on. The incompleteness of the results of the supporting examination is due to the lack of coordination between the Doctor in Charge of the Patient and the officers and officers who are not thorough in completing the supporting examination result files, thus making it difficult to claim the claim process because the amount of treatment and service costs will appear when the data entered is complete.

This is in line with the research of Kusumawati et al., (2020) that if there is a diagnosis that is not accompanied by an appropriate examination or without an examination, then the file will be pending and returned to the hospital for confirmation. Other medical support is the result of additional services for patients who carry out additional services, if other medical support is not present or does not match when submitting BPJS claim requirements to the BPJS verifier, it will be returned to be completed [14].

## 5. CONCLUSIONS AND SUGGESTIONS

1. Prof. Dr. R. Soeharso Surakarta Orthopedic Hospital has a policy that regulates the submission of outpatient JKN claims, namely in SOP number OT.02.02 / XXX.3.1.3 / 16 / 2018 with the title "Submission of BPJS Health Claims". And the relevant officers have implemented the procedure for submitting outpatient JKN claims in accordance with the policy.
2. The requirements for submitting JKN claims for outpatients at Prof. Dr. R. Soeharso Surakarta Orthopedic Hospital are individual patient files, proof of registration, verification form (INA-CBG's), SEP sheet, proof of central radiodiagnostic measures, examination sheet and payment receipt.
3. The percentage of pending JKN claims for outpatients in the fourth quarter of 2023 at Prof. Dr. R. Soeharso Orthopedic Hospital Surakarta was 2.04% with a total of 396 pending claims out of a total of 19,399 medical records submitted.
4. The factors causing the pending JKN claim for outpatients of Prof. Dr. R. Soeharso Surakarta Orthopedic Hospital are based on:
  - a. The administrative aspect is shortcomings and errors when entering data, confirmation of repeated visits and confirmation of a series of inpatient services.
  - b. The codification aspect is the confirmation of errors in the diagnosis code or the medical procedure/procedure code.
  - c. The medical aspect is confirmation of the unattached results of the supporting examination and confirmation of the unattached reading of the supporting examination.

It is recommended to maximize monitoring of the follow-up of the results of periodic performance evaluations of officers involved in BPJS claims.

## 6. ACKNOWLEDGMENT

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