Research Article

MANAGEMENT OF PENDING BPJS INPATIENT CLAIMS HANDLING

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Abstract

Background: Pending claims refer to claim returns for which no agreement has been reached between BPJS Kesehatan and the Advanced Referral Health Facility. At a Private Hospital in Banjarbaru, in 2023, claim returns by BPJS Kesehatan occurred from January to September. Thus far, the hospital's response has been limited to revising the pending claims. Consequently, the implementation of appropriate management strategies is deemed essential in addressing these cases. **Objective:** This study aims to analyze the management of inpatient pending BPJS claims at a Private Hospital in Banjarbaru using the POAC (Planning, Organizing, Actuating, Controlling) framework. **Methods**: This research employed a qualitative approach. The informants consisted of one JKN coordinator, two claim entry officers and one internal claim verification physician. The research instruments comprised observation guidelines and interview protocols. Data analysis was conducted through data collection, data reduction, data presentation and the drawing and verification of conclusions. **Results**: The findings indicate that in one of the Private Hospital Banjarbaru possesses documentation pertaining to the four management functions (Planning, Organizing, Actuating and Controlling), which have been implemented effectively, with the exception of the Organizing function, which remains suboptimal. **Conclusion:** It is therefore recommended that the hospital establish a formal Work Organizational Structure to serve as a reference for staff in carrying out their responsibilities, expand human resource capacity and provide training programs related to the management of pending claims.

Keywords: BPJS, Management, Pending Claims, POAC

Background

In 2014, Indonesia began implementing the National Health Insurance System (Jaminan Kesehatan Nasional/JKN) based on the National Social Security System Law. The JKN system is administered by the Social Security Administration Agency (Badan Penyelenggara Jaminan Sosial/BPJS). Hospitals that cooperate with BPJS Kesehatan may submit claims, which will be reimbursed by BPJS Kesehatan if declared eligible. The main obstacle in the billing process from hospitals to BPJS Kesehatan is that many claim documents are deemed ineligible by BPJS Kesehatan, in accordance with the claim submission procedures outlined in the *Practical Guidelines for Health Facility Claim Administration of BPJS Kesehatan* (Kusumawati & Pujiyanto, 2018).

A claim is considered eligible if all requirements and supporting documents (including medical records) are completed in accordance with established policies. Pending claims cannot be reimbursed immediately, as they must be revised and resubmitted in the following month. In contrast, ineligible claims are those that cannot be resubmitted or revised (Afriyani, et al., 2022).

Based on a preliminary study conducted at one of the Banjarbaru's Private Hospital on October 14, 2023, data on the return of inpatient BPJS claims for the period January–September 2023 were obtained, as shown in Figure 1:

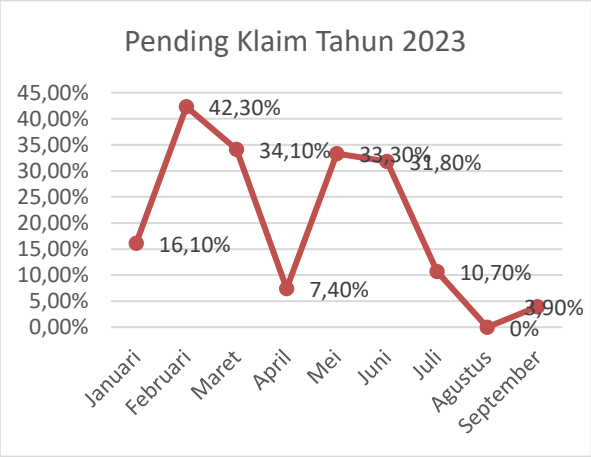

Figure 1. Data on Returned Inpatient BPJS Claims at one of the Banjarbaru's Private Hospital, January–September 2023

Based on Figure 1 above, it can be observed that from January to February, April to May and August to September, there was an increase in pending claims, while from February to April and May to August, there was a decrease in pending claims. In August, no pending claims were recorded. Returned or pending claim files must be revised before they can be resubmitted.

According to interviews with the JKN coordinator, BPJS claims expire if the six-month submission deadline set by BPJS Kesehatan is exceeded. Delays in claim submissions hinder doctors, nurses and other medical personnel from receiving service-related payments for care provided to patients and disrupt the hospital's cash flow.

To date, one of this Private Hospital in Banjarbaru has only undertaken revisions of pending claims. These data indicate inefficiency in the BPJS claim submission process. Proper and timely claim management is crucial to ensuring the continuity of hospital health services in the JKN era. Therefore, effective management of pending claim handling is necessary, as good management always begins with proper planning.

According to Nuraini, et al. (2019), achieving a target (in this case, efficient claim processing) requires the application of Planning, Organizing, Actuating and Controlling (POAC) by optimizing human resources and other available resources.

The findings of this study are expected to contribute to improving the inpatient BPJS claim submission system by regulating all claim management activities. It is assumed that by optimizing existing management practices, complete claim documents will no longer be returned.

Based on the background described above, the researchers were motivated to select the study topic entitled: "Management of Pending BPJS Inpatient Claims Handling".

Method

This study employed a qualitative research design. The research informants consisted of 1 JKN coordinator, 2 claim entry officers and 1 internal claim verification physician. The variables examined in this study were Planning, Organizing, Actuating and Controlling (POAC).

Data collection techniques included observation and semi-structured interviews. The data analysis process involved data collection, data reduction, data presentation and conclusion drawing with verification.

Results and Discussion

Results

Planning

Based on observations, it was found that at one of the Banjarbaru's Private Hospital has documents related to planning, consisting of the *Record of Claim Verification Results* and the *Review of Pending Claim Confirmation*.

According to interviews, in the management of pending inpatient BPJS claims at this Private Hospital Banjarbaru, it can be concluded that there were no specific data available on the number of pending claims.

The planning process focuses on addressing the factors causing pending claims by completing medical resumes and supporting results, as well as re-checking the coding written.

Organizing

Based on observations, this one of the Banjarbaru's Private Hospital has organizing-related documents in the form of a *Decree on the Appointment of the JKN Team*, but without a written job description.

According to interviews, regarding the organizing function in the management of pending inpatient BPJS claims, it was concluded that there was no formal division of tasks (job description), although there is a list of JKN unit members.

Actuating

Based on observations, this one of the Banjarbaru's Private Hospital has documents related to actuating, consisting of the *Claim Submission Letter*, the *Record of Claim Verification Results* and the *Review of Pending Claim Confirmation*.

According to interviews, regarding the actuating function in the management of pending inpatient BPJS claims, it was concluded that pending claim handling activities involved revising pending claims in accordance with BPJS statements, such as aligning the medical resume with supporting results before resubmitting them to the VClaim system.

The implementation of pending claim handling has been partially or mostly carried out. However, due to limited human resources, some tasks were not performed in line with the positions specified in the JKN organizational structure.

Controlling

Based on observations, this one of Banjarbaru's Private Hospital has documents related to controlling, consisting of the *Review of Pending Claim Confirmation* and *Coding Audit*.

According to interviews, concerning the controlling function in the management of pending inpatient BPJS claims, it was concluded that supervisory activities are carried out by two parties: the hospital (through the JKN internal verification team and the claim verification physician) and BPJS (through annual audits).

Supervision by the verification physician is conducted three times a week, while supervision by the JKN coordinator and attending physicians (DPJP) is carried out monthly.

Discussion

Planning

Based on the findings, the available data on pending claims at one of the Private Hospital Banjarbaru are monthly data, with no annual records of total pending claims. According to *Practical Guidelines for Health Facility Claim Administration of BPJS Kesehatan*, BPJS Kesehatan is required to reimburse health facilities for services provided to participants no later than fifteen (15) working days after the complete claim documents are received at the Branch Office/Operational Office of BPJS Kesehatan. This is formalized through the issuance of the *Record of Claim Verification Results* each month.

A study by Pitaloka & Ningsih (2021), reported that planning (Plan) related to claim returns includes implementing a checklist form for claim completeness, implementing SOPs for inpatient claim documentation and utilizing forms for requesting additional inpatient claim documents.

Organizing

The study revealed that the *Decree on the Appointment of the JKN Team* (SK) did not include a job description for its members. This result aligns with the findings of Nuraini, et al. (2019), which indicated that organizing activities in handling pending inpatient BPJS claims lacked clear job descriptions. The present study also found that the distribution of tasks among staff members was inconsistent. This finding contrasts with the study by Maulida (2022), which reported that organizing in the management of pending BPJS claims included task distribution aligned with staff competencies. According to Nuraini, et al. (2019), the absence of clear and complete job descriptions may lead to employee stress, as workers face excessive workloads, insufficient time to complete tasks and the need to handle multiple responsibilities simultaneously. Conversely, the presence of a clear job description facilitates the specification of tasks for each staff member.

Actuating

The findings indicate that the activities for handling pending claims include revising claims in accordance with BPJS feedback, such as ensuring the alignment of medical resumes with supporting documents before resubmission through the VClaim system. This process is evidenced by claim documents such as the *Claim Submission Letter*, which indicates that the hospital resubmitted pending

claims under the label "Inpatient Follow-up Claims (Klaim Susulan RITL)," along with revised documentation attached to the *Review of Pending Claim Confirmation*, as required by BPJS in the *Record of Claim Verification Results*.

The study also found that although pending claim handling was generally carried out, limited human resources (HR) often resulted in task mismatches, with staff performing duties not aligned with their organizational positions in the JKN structure. This finding is consistent with Maulida (2022), who reported challenges related to inadequate human resources. According to Listiyawati & Rossalina (2022), insufficient HR leads to delays in claim resolution. A high volume of claims, when not supported by adequate staff, can cause fatigue and reduced focus among employees.

Controlling

The study found that hospital-based supervision was carried out routinely every month, in the form of the *Review of Pending Claim Confirmation* prepared by the internal claim verification physician and submitted to the JKN coordinator, who was responsible for coding. Supervision by BPJS was carried out annually through the *Post-Claim Verification Report (Coding Audit)*. The supervision process began with the JKN coordinator verifying the coding entered into INA-CBG's by the entry officers, followed by verification by the claim verification physician. If the coding corrections were deemed accurate, the claims could be resubmitted. The outcome of these supervisory activities was a reduction in the number of pending claims in subsequent months.

This is consistent with Maulida (2022), who found that controlling in handling pending BPJS claims was well established and routinely conducted, with monitoring and evaluation scheduled daily, monthly, semi-annually, and annually. According to Marhawati (2018), supervision encompasses all efforts and activities to identify and evaluate the accuracy of task implementation and determine whether activities are being carried out as expected. Planning, organizing and actuating cannot be effective without the support of a proper controlling function.

Conclusion

This one of the Banjarbaru's Private Hospital has established documents related to the four management functions (Planning, Organizing, Actuating and Controlling). These functions have been implemented effectively, except for the Organizing function, which has not yet been carried out optimally.

Documents such as the *Record of Claim Verification Results* and *Review of Pending Claim Confirmation* are available. This is evidenced by the completion of medical resumes, supporting documents and the revalidation of coding.

A document in the form of a *Decree on the Appointment of the JKN Team* exists, as evidenced by the JKN organizational structure (SOTK). However, this has not been complemented with clear job descriptions.

Documents such as the *Claim Submission Letter*, *Record of Claim Verification Results*, and *Review of Pending Claim Confirmation* are available, as evidenced by pending claims being revised in accordance with the *Record of Claim Verification Results* issued by BPJS.

Documents such as the *Review of Pending Claim Confirmation* and *Coding Audit* are available, as evidenced by supervision activities conducted by two parties: internally by the hospital's verification physician on a monthly basis and externally by BPJS on an annual basis.

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