

A Critical Evaluation of the JKN Claims Process Implementation at Rasyida Kidney Specialty Hospital, Medan

Sri Lestari Ramadhani Nasution¹, Ayu Mahfuza², Ermi Girsang³

^{1,2,3} Master of Public Health Study Program, Faculty of Medicine, Dentistry and Public Health, Prima Indonesia University, Medan, Indonesia

*E-mail: srilestariramadhaninasution@unprimdn.ac.id, ayumahfuza@yahoo.com, ermigirsang@unprimdn.ac.id

ABSTRACT

Quality of claims affects the cash flow of the hospital. Pending claims and disputes cause a cost burden for the hospital. The purpose of this study was to evaluate the JKN claim process at Rasyida Kidney Specialty Hospital. The research method is qualitative with triangulation testing. Results show that JKN Claim Submissions are submitted on time. The average percentage of compliant claims is 98%, while pending claims are 0.44%. The most pending outpatient claim cases in 2023 were diagnosis codes outside the hospital's specialty (80 cases). Meanwhile, the most pending inpatient claim cases were related to confirmation of the main diagnosis coding/reselection (17 cases). In conclusion, human resources are sufficient, money is allocated through a separate budget, materials still require accuracy in terms of completeness and content suitability, methods are aligned with regulations, and machines need special attention regarding server downtime. The processes of planning, organizing, actuating, and controlling are conducted routinely. The timeliness of claim submission adheres to period 2. The verification results have not yet reached 100%, and recurring pending claims still occur monthly.

Keywords: JKN Claim, INACBG's, pending claims

INTRODUCTION

Delays in claim payments can significantly impact a hospital's financial stability and may undermine service quality, especially as the government continues to promote improvements in healthcare delivery.

Anyaprita et al. (2020) found that the BPJS Health claim payment process at RSIJ Sukapura experienced delays of up to 3 months and 10 days due to both internal and external factors, such as late submissions, incomplete documentation, and verification issues.

Tarigan et al. (2022) analyzed 35 studies and reported monthly claim payment delays ranging from 2.5% to 47.7%, with causes including incomplete documentation, personnel capacity, coding accuracy, medical record quality, infrastructure adequacy, and SOP clarity.

Oktamianiza et al. (2021) reported compliance rates for rejected claims, highlighting administrative and diagnostic accuracy gaps.

Rohman et al. (2021) identified that 7% of claims were pending due to inaccurate coding, incomplete documentation, and unmet verification criteria.

Maulida & Djunawan (2022) reported similar findings for inpatient claims at Universitas Airlangga Hospital.

Anggiwahyunto et al. (2022) highlighted that outpatient emergency claims also face pending issues due to BPJS Health's verification of emergency status.

METHODS

This study employed a qualitative design with triangulation to enhance data validity. The research was conducted at Rasyida Kidney Specialty Hospital, Medan, from July 1 to August 10, 2024. Primary data were collected through in-depth interviews with key informants using an interview guide. Secondary data were obtained through review of hospital documents and administrative records.

RESULTS

This study conducted a document review of JKN claim submissions and verification outcomes from January to December 2023. The findings are as follows:

Timeliness: Claims were submitted between the 6th and 10th of each month, meeting the BPJS submission schedule. All submissions were on time.

Claim Verification Compliance: The average compliant claim rate was 98%, with an average compliant cost rate of 97.75%.

Pending Claims: The average pending claim rate was 0.44%, with an average pending claim cost rate of 1.7%.

Pending Outpatient Claims: The most common cause was diagnosis codes outside the hospital's specialty (80 cases).

Pending Inpatient Claims: The most frequent cause was main diagnosis coding confirmation/reselection (17 cases).

These findings provide insights into the operational efficiency of claim management at the hospital and highlight areas for improvement.

Table 1. Timeliness of JKN Claim Submissions in 2023

<i>Month</i>	<i>JKN Claim Submission Date</i>	<i>Timeliness</i>
January	08 February 2023	On time
February	08 March 2023	On time
March	10 April 2023	On time
April	08 May 2023	On time
May	07 June 2023	On time
June	06 July 2023	On time
July	07 August 2023	On time
August	06 September 2023	On time
September	10 October 2023	On time
October	06 November 2023	On time
November	06 December 2023	On time
December	08 January 2024	On time

Source: Secondary Data, 2024

Table 2. Verified BPJS Claims Compliance in 2023

<i>Month</i>	<i>Total Cases</i>	<i>Verified Compliant Cases</i>	<i>% of Compliant Cases</i>	<i>% of Compliant Claim Costs</i>
January	3,695	3,681	99%	99%
February	4,012	3,992	99%	97%
March	4,491	4,472	99%	98%
April	3,870	3,863	99%	99%
May	4,393	4,385	99%	98%
June	4,136	4,109	99%	96%
July	4,259	4,247	99%	98%
August	4,497	4,487	99%	98%
September	4,274	4,186	97%	96%
October	4,245	4,230	99%	98%
November	4,263	4,255	99%	97%
December	4,099	4,097	99%	99%
Average			98%	97.75%

Source: Secondary Data, 2024

Table 3. Pending BPJS Claims in 2023

<i>Month</i>	<i>Total Cases</i>	<i>Pending Cases</i>	<i>% Pending Cases</i>	<i>% Pending Claim Costs</i>
January	3,695	14	0.37%	0.3%
February	4,012	20	0.49%	2.1%
March	4,491	19	0.42%	1.5%
April	3,870	7	0.18%	0.8%
May	4,393	8	0.18%	1.8%
June	4,136	27	0.65%	3.1%
July	4,259	12	0.28%	1.2%
August	4,497	10	0.22%	1.5%
September	4,274	88	2.0%	3.9%
October	4,245	15	0.35%	1.4%
November	4,263	8	0.18%	2.9%
December	4,099	2	0.04%	0.4%
Average			0.44%	1.7%

Source: Secondary Data, 2024

Table 4. Detailed Breakdown of Pending Outpatient Claims in 2023

<i>Outpatient Case Type</i>	<i>Number of Cases</i>
<i>Outpatient visit fragmentation</i>	45
<i>Overlapping outpatient visits</i>	2
<i>Overlapping inpatient visits</i>	2
<i>Duplicate SEP with previous submission</i>	3
<i>Bundled with inpatient care</i>	1
<i>Coding adjustment for consultations</i>	1
<i>Coding adjustment for follow-up visits</i>	1
<i>Indications for ultrasound (USG)</i>	2
<i>Diagnostic confirmation required</i>	2
<i>Indication for hemodialysis 3x per week</i>	13
<i>Diagnosis code outside hospital specialization</i>	80

Source: Secondary Data, 2024

Table 5. Detailed Breakdown of Pending Inpatient Claims in 2023

<i>Inpatient Case Type</i>	<i>Number of Cases</i>
<i>Main diagnosis coding confirmation / Main Diagnosis Reselection</i>	17
<i>Diagnostic basis for J81 (Pulmonary Edema)</i>	1
<i>Diagnostic basis for J18.9 (Pneumonia)</i>	7
<i>Diagnostic basis for J96.0 (Acute Respiratory Failure)</i>	7
<i>Diagnostic basis for I12.0 (Hypertensive Renal Disease with Renal Failure)</i>	1
<i>Diagnostic basis for N18.5 (CKD Stage V)</i>	1
<i>Diagnostic basis for N39.0 (Urinary Tract Infection)</i>	1
<i>Diagnostic basis for A49.9 (Bacterial Infection)</i>	1
<i>Indication for inpatient care for Anemia in CKD</i>	3
<i>Specific therapy and support for J81 (Pulmonary Edema)</i>	1
<i>Special care for I95.9 (Hypotension)</i>	3
<i>Special care for E87.2 (Acidosis)</i>	4
<i>Special care for E87.5 (Hyperkalemia)</i>	2
<i>Coding confirmation for procedure code 56.0 (URS dilation)</i>	1
<i>Cancelled surgery advised to claim as RJTL</i>	1
<i>Death occurring within 6 hours advised to claim as RJTL</i>	1
<i>Potential readmission</i>	3
<i>Incomplete documentation</i>	3

Source: Secondary Data, 2024

DISCUSSION

Man Factor: Human resources are sufficient, with six core staff (two doctors, two coders, two administrative staff), and six support nurses.

Money Factor: A dedicated budget exists for training and claim process support, planned proactively.

Material Factor: Claim documentation is assessed based on diagnosis, anamnesis, physical exam, and supporting tests. Coding uses ICD-9 and ICD-10 standards, with thorough pre-submission checks.

Method Factor: SOPs align with BPJS and Ministry of Health regulations. Professional associations and BPJS Case Assessment are consulted to resolve policy discrepancies.

Machines Factor: The process uses INA-CBG's and DIVA systems. Server downtimes and central maintenance pose challenges, requiring IT coordination.

Planning Factor: Monthly meetings are held to discuss claim issues and plan improvements.

Organizing Factor: Task distribution follows staff educational background and is formalized through the casemix team structure and SOPs.

Actuating Factor: Staff motivation is driven by improving claims and hospital revenue. Communication is effective; external training is used as needed. Leadership is supportive and engages with staff.

Controlling Factor: Monthly casemix meetings are conducted to evaluate the claim process and address issues, promoting continuous improvement.

Timeliness: Claims are consistently submitted on time (6th–10th of each month).

Claim Compliance: A high rate of compliant claims (98%) was achieved, exceeding prior benchmarks (Maulida & Djunawan, 2022).

Pending Claims: The pending claim rate is low (0.44%), an improvement over prior studies.

Causes of Pending Claims: Outpatient—diagnosis codes outside specialization; Inpatient—main diagnosis coding confirmation.

CONCLUSION

The JKN claim process at Rasyida Kidney Specialty Hospital is largely effective. Human resources are sufficient, budgets are allocated, processes are aligned with regulations, and planning, organizing, actuating, and controlling are routinely conducted.

However, documentation accuracy and system performance (server downtime) require continued attention. Claim verification has not yet reached 100%, and recurring pending claims persist.

Recommendations include:

- Conduct ongoing internal evaluation to enhance claim management quality and efficiency.
- Pursue further research on reducing claim discrepancies and pending cases.
- Encourage Ministry of Health to improve system compatibility (INA-CBG's with ICD-9/ICD-10).
- Foster collaboration between BPJS Health and hospitals to establish agreements on managing recurring pending claims.

ACKNOWLEDGEMENT

The authors would like to express sincere gratitude to the management and staff of Rasyida Kidney Specialty Hospital for their support and cooperation during this study. Special thanks to the casemix team, medical record department, and all healthcare personnel involved in the JKN claim process. The authors also acknowledge academic advisors and colleagues for their guidance, and extend appreciation to the Ministry of Health and BPJS Kesehatan for their ongoing efforts to improve healthcare financing in Indonesia.

REFERENCES

- Abdi, H. (2023, 22 November). Kualitas adalah tingkat baik buruknya sesuatu, kenali indikator dan jenisnya. Diakses pada 4 April 2024, dari <https://www.liputan6.com/hot/read/5461847/kualitas-adalah-tingkat-baik-buruknya-sesuatu-kenali-indikator-dan-jenisnya?page=4>
- Anggiwahyunto, F., Anjani, S., & Juwita, A. (2021). Tinjauan penyebab pengembalian berkas klaim kasus gawat darurat. Semarang.
- Anyaprita, D., Siregar, K. N., Fachri, M., dkk. (2020). Dampak keterlambatan pembayaran klaim BPJS Kesehatan terhadap mutu pelayanan Rumah Sakit Islam Jakarta Sukapura. Jakarta: Muhammadiyah Public Health Journal.
- Kurnia, R. A. (2018). Kajian sistem pengajuan klaim pasien Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di RSD Balung Kabupaten Jember tahun 2017. Jember: Digital Repository Universitas Jember.
- Kurniawan, H. S. (2021). Analisis faktor penyebab pending klaim BPJS Kesehatan di Rumah Sakit Bhayangkara Yogyakarta tahun 2020. Yogyakarta.
- Maulida, E. S., & Djunawan, A. (2022). Analisis penyebab pending claim berkas BPJS Kesehatan pelayanan rawat inap Rumah Sakit Universitas Airlangga. Semarang: Media Kesehatan Masyarakat Indonesia.
- Mavori, E. (2020). Upaya perbaikan keterlambatan pengajuan klaim BPJS Kesehatan pada unit rawat inap di RSIA Srikandi Jember tahun 2019. Jember: Digital Repository Universitas Jember.
- Nabila, S. F., Santi, M. W., & Deharja, A. (2020). Analisis faktor penyebab pending klaim akibat koding berkas rekam medis pasien rawat inap di RSUPN Dr. Cipto Mangunkusumo. Jember: J-Remi: Jurnal Rekam Medik dan Informasi Kesehatan.
- Nomeni, H. E., Sirait, R. W., & Kenjam, Y. (2020). Faktor penyebab keterlambatan pengajuan klaim pasien BPJS rawat inap di Rumah Sakit Umum Daerah SOE. Kupang: Media Kesehatan Masyarakat.

Oktamianiza, Rahmadhani, & Yulia, Y. (2021). Literatur review tentang faktor penyebab klaim tidak layak bayar BPJS Kesehatan di rumah sakit tahun 2020. Medan: Jurnal Ilmiah Perkam dan Informasi Kesehatan Imelda.

Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 7 Tahun 2018 tentang Pengelolaan administrasi klaim fasilitas kesehatan dalam penyelenggaraan jaminan kesehatan.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 3 Tahun 2023 tentang Standar tarif pelayanan kesehatan dalam penyelenggaraan program jaminan kesehatan.

Peraturan Menteri Kesehatan Republik Indonesia Nomor 51 Tahun 2018 tentang Pengenaan urun biaya dan selisih biaya dalam program jaminan kesehatan.

Rohman, H., Wintolo, A., & Susilowati, E. (2021). Analisis penundaan pembayaran klaim pada sistem Vedika BPJS Kesehatan di Rumah Sakit Nur Hidayah Yogyakarta. Yogyakarta: Jurnal Wiyata.

Tarigan, I. N., Lestari, F. D., & Darmawan, E. S. (2022). Penundaan pembayaran klaim Jaminan Kesehatan Nasional oleh BPJS Kesehatan di Indonesia: Sebuah scoping review. Jakarta: Jurnal Ekonomi Kesehatan Indonesia.

Yudhistira, R. (2018). Kajian keterlambatan pengajuan klaim pelayanan rawat jalan pasien BPJS Kesehatan di RSUD Blambangan tahun 2017. Jember: Digital Repository Universitas Jember.