

Analysis of the Causes of Pending Claims for JKN Inpatients with Fishbone Diagrams at Dr Kariadi Hospital, Listiyawati, NIM G41201998, 2020, *Majoring of Health, Study Program of Health Information Management, State Polytechnic of Jember*, Rossalina Adi Wijayanti, SKM, M.Kes (Supervisor I)

ABSTRACT

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Problems related to the implementation of JKN claims at Dr Kariadi Hospital, namely the existence of pending claims 3.67%. This study aims to analyze the causes of pending claims for JKN inpatients at Dr Kariadi Hospital using a fishbone diagram. This type of research is qualitative. Data collection techniques using observation, interviews, documentation, brainstorming. The research subjects included 4 coding officers, 1 PJRM, 1 internal verifier, and 1 claims administration. The object of research is the claim file. The research instrument used observation sheets, interview sheets, documentation sheets and brainstorming. The research was conducted at Dr Kariadi Hospital on September 1 – November 30, 2021. The data validity test used source triangulation and technical triangulation. Based on the results of the study, it is known that the causes of pending claims 1.26% inaccurate coding, incorrect input of claim data 0.01%, incomplete information supporting diagnosis and treatment on medical resume 0.31%, this is due to the inaccuracy of officers in the claim process (man factor).). Incomplete file 0.10% (material factor). The system disturbance in the Jasa Raharja application 0.21% (machine factor), and the difference in perception between the BPJS Health coder and verifier on the coding rules and claims regulation 0.83% (method factor). The root causes of the problem are the lack of time for claim settlement against the claim target (especially closing claims), Jasa Raharja's system disruption, lack of filters in meeting the completeness of the claim file requirements, and less detailed coding rules/regulations for claims. Improvement efforts include routine coding audits. Coordination between relevant agencies in resolving differences in perceptions of hospital coders and BPJS Health verifiers as well as disruptions to the Jasa Raharja system, re-checking work results and making work priorities. RME acceleration on all required claim files to prevent returns of incomplete claim files.

Keywords: *BPJS claim, fishbone diagram, pending claim*