

Analysis of Factors Causing Pending BPJS Inpatient Claims at Hospital X.

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ABSTRACT

Pending claims for BPJS inpatient at Hospital X from January to June 2024 reached 6.75%, or 370 files out of 5,480 submitted claims. The pendency stemmed from coding officers failing to accurately determine the primary and secondary diagnoses, not assigning codes according to the patient's examination results, not reviewing supporting medical documents, and not referring to the BPJS agreement record. This study aimed to analyze the predisposing, enabling, and reinforcing factors contributing to these pending claims. This study employs a qualitative research design. Data were collected through in-depth interviews, written tests, observation, documentation, USG, and brainstorming sessions involving one supervisor casemix, two inpatient coding officers, one chief of casemix, and one attending physician. The findings highlight several behavioral factors contributing to pending claims. The predisposing factors, non-medical record educational backgrounds and limited understanding of primary and secondary diagnoses, as the staff's attitude of relying on memorized ICD codes and prioritizing time efficiency. Enabling factors included the unavailability of agreement reports and the absence of specific training on BPJS claim coding. Reinforcing factors included the lack of written sanctions and the absence of an SOP for BPJS claim coding. Based on the USG results, the main priorities were the absence of SOP, lack of specific training, staff's attitude of relying on memorized ICD codes. Improvements identified through brainstorming included drafting and disseminating SOPs by the chief casemix, requiring coding officers to attend specialized BPJS claim coding training, proposing internal training programs, and implementing regular monitoring and evaluation. Therefore, the hospital needs to validate the SOP, provide training, and conduct monitoring and evaluation to improve the quality of coding.

Keywords: BPJS, Coding Officer Behavior, Pending Claims, Inpatient.