
| RESEARCH ARTICLE

Factors Causing Pending Claims of BPJS Hospitalization on the Diagnosis of Pneumoni Covid-19 Cases

Irmawati Mathar¹ ✉ Crismantoro Budi Saputro², Wahyu Wijaya Widiyanto³ and Elisa⁴

^{1,2,4}*Program Studi DIII Perkam dan Informasi Kesehatan, STIKes Bhakti Husada Mulia, Jalan Taman Praja no 25, Madiun, Indonesia*

³*Program Studi DIII Kebidanan, Politeknik Indonusa Surakarta, Jalan Palem No 8 Jati Kab Sukoharjo, Jawa Tengah, Indonesia*

Corresponding Author: Irmawati Mathar, **E-mail:** irmawati.mathar88@gmail.com

| ABSTRACT

Pending claims are an issue that can impact hospitals, that is, more about delays in the service of doctors and employees. Several factors can cause pending claims, but the main cause of pending cases lies in the completeness of the file on the filling out of the medical resume sheet and the laboratory results that are not recorded. This research is descriptive qualitative with a population of 10 verification employees and a sample of 116 files. It uses interviews with verification officers and observations on pending files—and the identification of 5M management elements (Man, Money, Method, Machine, Materials) to determine what factors cause pending to come from. The results of the study obtained results In 2021; there were pending claims on the diagnosis of pneumoni covid-19 cases in as many as 1167 files, files that had expired were as many as 94 files and files that passed verification were as many as 145 of the total submissions of hospitalization and files for the diagnosis of pneumoni covid-19 cases were as many as 1420 files. If calculated, the percentage for pending cases is 82.18%, passed verification is 11.21% and files that expired as much as 6.61%.

| KEYWORDS

Pending Factors Claim, Man, Money, Method, Machine, Material

| ARTICLE INFORMATION

ACCEPTED: 03 August 2023

PUBLISHED: 07 August 2023

DOI: 10.32996/jmhs.2023.4.4.11

1. Introduction

BPJS claim is submitting BPJS participant patient care costs by the hospital to BPJS, done collectively and billed to BPJS monthly. The completeness of BPJS claim documents in the hospital includes: service recapitulation and patient support files consisting of Participant Eligibilitas Letter (SEP), medical resume, diagnosis statement from the treating doctor, and other service evidence. Furthermore, BPJS makes payments for files that are eligible for claim processing, but files that are not eligible for claim processing or *pending* must be returned to the hospital to be re-checked for the completeness of the submitted files so that they can be submitted for the claim process again.

Some hospitals admit to not having a denial management program. Most denial management programs have some flaws that, if corrected, can close the gap in the 90% of preventable denials. Identifying and addressing the root cause of rejection has greater financial benefits than withdrawing and reversing rejection. Hospitals should devise strategies to reduce the incidence of denial of medical needs through the collection and analysis of rejection data. Hospitals can break down data to develop optimal approaches at case management and service levels to minimize revenue lost from denial of medical needs (Eramo & A, 2014).

From January 2021 to October 2021, BPJS Kesehatan received 1,345,970 Covid-19 claims from hospitals with a total cost of IDR 72.3 trillion. After passing the verification by BPJS Kesehatan, the results were 1,180,858 Covid-19 cases with a total cost of Rp64.1

trillion that had passed the verification. The President Director of BPJS Health, Ali Ghufron Mukti, revealed this in a webinar organized by the Association of Indonesian Hospitals (PERSI) East Java on Tuesday (12/10).

"Covid-19 claims in 2020 BPJS Kesehatan has received claims submissions of 686,129 cases for IDR 40.7 trillion. Almost all of them have completed the verification process. Meanwhile, until October 11, 2021, we have carried out a verification process of around 87.7% of Covid-19 claims," said Ghufron.

Data on pending BPJS claims for pneumony of Covid-19 cases at Caruban Madiun Hospital in 2021 showed 1167 pending cases for 1420 files submitted in the BPJS claim process. So at Caruban Hospital, 82.18% experienced *pending* BPJS claims, claims that passed verification as many as 11.21% and expired files as much as 6.61%.

The results of research conducted by Salma Firyal (2020) on the problem of *pending* claims have a close relationship with the duties of a medical recorder, one of which is to code disease diagnoses and action procedures written by doctors. Based on a preliminary study conducted by Salma Firyal (2020) at Dr. Cipto Mangunkusumo Hospital, it was found that 788 of 2539 inpatients using the National Health Insurance were pending claims in January 2020. The occurrence of *pending* claims is caused by several things, such as administrative, medical, coding, inappropriate and others. Problems due to coding are still found in patient files that need to be corrected in the process of providing diagnosis codes and action procedures; this is one of the causes of pending claim cases. *Pending* claims result in non-payment of health services by BPJS Kesehatan, decreasing hospital income and impacting operational activities. The results of research conducted by Supriadi and Syifa (2018) found that the highest number of hospitalization claim files was delayed because they needed to pass service administration verification, which was 71 files (50%). The cause of not passing verification is due to the absence of indications of hospitalization and indications of general anesthesia. So that for repair, it is necessary to attach a new file containing indications of hospitalization and general anesthesia. In addition, 68 files (48%) were pending due to needing to pass the health service verification process. This is mostly due to the diagnosis code that does not match. There are 2 diagnosis codes combined into 1, no diagnosis code and deleted diagnosis code. The appropriate diagnosis code is repaired/corrected for repairing the file and includes the diagnosis code for files that have not listed the diagnosis code.

Caruban Regional General Hospital (RSUD) is one of the community service agencies. Caruban Regional General Hospital (RSUD) as a hospital in Madiun Regency, is accredited B with type C. *Pending* BPJS Inpatient claims in Covid-19 pneumony cases often occur in one year alone, as many as 1146 files have pending claims, so these files must be returned to Caruban Hospital for re-examination. The cause of *pending* claims is an incomplete medical resume, a lack of diagnosis information from a doctor and coding that does not follow the patient's disease diagnosis. *Pending* BPJS health claims are still a problem at Caruban Hospital, causing late claim payments from BPJS Kesehatan to the Hospital and harming hospital finances and resulting in late payments for doctors' medical services and other health worker services, which are feared to affect service activities and financing at Caruban Hospital. To improve the effectiveness and efficiency of services, *pending* cases must be reduced by identifying problems using 5M management elements. So the researcher is interested in taking the title "Analysis of Factors Causing *Pending* Inpatient BPJS Claims on the Pneumony Diagnosis of Covid-19 Cases at Caruban Hospital in 2021".

Based on the background description that has been stated, the formulation of the problem in this study is what are the factors that can cause *pending* claims for hospitalized BPJS in the Covid-19 Pneumony case at Caruban Hospital in 2021.

1.1 Research Objectives

1. Know the Inpatient BPJS Health claim flow stages at Caruban Hospital.
2. Identifying pending claims for Inpatient BPJS Health in Covid-19 Pneumony cases at Caruban Hospital by identifying 5M management elements (*Man, Money, Machine, Method, Material*).
3. Find out the efforts of Caruban Hospital so that there are no pending cases of BPJS Health claims.
4. Knowing the impact of *pending* Inpatient claims on Caruban Hospital.

1.2 Research Benefits

1. Add information and insight into BPJS Pending Claims in hospitals.
2. Know what factors can cause *Pending* Inpatient BPJS Health Claims.
1. Fulfill the final project of Scientific Writing.

2. Research Methods

The research used descriptive qualitative with an approach to identifying problems using 5M management elements, which aims to find out whether the inpatient file submitted by Caruban Hospital was returned or delayed payment by BPJS Kesehatan at Caruban Hospital. And the method used in this study is the interview method and also making observations.

The population in this study was all verification officers at Caruban Hospital, with 10 officers and doctors and medical records who were pending in 2021, namely from January to October 2021. The sample in this study is the medical record of hospitalization of pneumony cases that experienced *pending* BPJS Health claims at Caruban Hospital in 2021, namely from January-October

2.1 Research Variables and Operational Definitions of Variables

Research variables are attributes or traits, or values of people, objects or activities that have certain variations determined by researchers to be studied, after which conclusions will be drawn, according to Sugiyono (2019). Types of variables:

1. *Independent variable*
The independent variable in this study is the completeness of inpatient medical records for the diagnosis of Covid-19 cases at Caruban Hospital.
2. *Dependent variables*
The variable tied to this study is the medical record of hospitalization diagnosis of Covid-19 cases pending BPJS Health claims in 2021.

2.2 Operational Definition

An operational definition is a research variable intended to understand the meaning of each research variable before the analysis process is carried out, according to V. Wiratna Sujarweni (2018). The validity and reliability process is carried out before the research process. The operational definition in this study is as follows:

Table 1. Operational Definition

Variable	Operational Definition
Claimed Medical Records	The completed file is then submitted to BPJS Kesehatan for a claim.
<i>Pending claims</i>	Submission of medical record claims that are delayed because the file is not complete the requirements, then BPJS Kesehatan returns it to the hospital to be completed so that BPJS can make a claim.
<i>Claim Verification</i>	Examination of the requirements for the file to be claimed

2.3 Research Instruments

Research instruments will be used for the data collection process, according to Notoatmodjo (2018). The research instruments used in this study were interviews, observations, literature studies, stationery and recording devices.

2.4 Location and Time of Research

The location of the study is in the Caruban Regional General Hospital unit, which is located at Jl. Ahmad Yani No.KM 2, Caruban, Ngampel, Kec. Mejayan, Madiun Regency, East Java 63153. The study was conducted in the medical records unit. The research was carried out from April to June 2022 at the verification medical record unit at Caruban Regional Hospital.

2.5 Data Collection Techniques

In this study, researchers obtained primary data by observing and interviewing *verification officers* at Caruban Regional Hospital. The observation was carried out by identifying medical records of hospitalization diagnoses of Covid-19 cases that experienced *pending* BPJS Health claims, as well as conducting interviews with *verification officers* at Caruban Hospital. In this study, researchers obtained secondary data by looking at hospital policies in BPJS Health claim procedures and data related to this study.

2.6 Data Analysis Techniques

Data analysis is the process of finding and compiling systematically data obtained from interviews, field notes and documentation by organizing data into categories, describing it into units, synthesizing, arranging it into patterns, choosing which ones are important to learn, and making conclusions so that they are easily understood by oneself and others according to Sugiyono (2018: 482). Data analysis includes data reduction, data presentation and conclusion drawing.

3. Results and Discussion

3.1 Identification of the Stages of Inpatient BPJS Claim Flow in the Diagnosis of Covid-19 Case Pneumony at Caruban Hospital

At Caruban Hospital, the flow of submitting claims starts from the inpatient department, providing the file to be claimed to the verification section before being submitted, a receipt is made for proof of detailed medical costs, and after that, a coding process is carried out for the main diagnosis and accompanying, and the last process is submitting a claim to the BPJS.

The following are the results of interviews conducted by researchers with verification officers at Caruban Hospital.

Do you know the Inpatient BPJS claim flow process stages at Caruban Hospital?

Respondent 1 (I, Inpatient input verification)

"For the flow, I know that the first file from hospitalization is taken, then a receipt process is carried out to calculate the cost of treatment; after it is calculated, a coding process is carried out for the diagnosis of the disease and also a coding for the therapy given after completion of the entry process,"

Respondent 2(A,Verification of input of Covid-19 cases)

"Already know the first flow, namely the file from the hospitalization of Covid-19 cases taken by the verification party, after that the receipt process will be carried out, then the coding will be carried out and carried out by the coder after completion and then entered for the claim submission process."

Respondent 3(R, Verification of Covid-19 case input)

"Knowing it from the initial flow when the file from hospitalization to the first claim submission process is that the file from hospitalization is given to the second verification part, which is to carry out the receipt process to detail the patient's medical costs, the third is that the OSA will coordinate the diagnosis of the disease and the therapy provided. The fourth is that after completion, all will be entered, and the process of submitting BPJS claims will be carried out".

Respondent 4 (H, Head of Room verification section)

"For the flow like this, if the hospitalization of the Covid-19 case becomes a file originating from hospitalization, the first verification will be given, namely the receipt procession, so there will be a verification section that carries out the receipt process, namely by calculating the cost of treatment and treatment costs during the patient's treatment after completing the receipt process, then there is a coordination, namely those who do the OSA, namely coding for the disease and also there is therapy provided after completion, the verification party will check the submitted file whether it is complete and appropriate or not, after it is complete, it will be entered, and a claim submission process will be carried out to the BPJS".

Based on the results of interviews with verification officers at Caruban Hospital, the results of the inpatient claim process flow for the diagnosis of Covid-19 cases at Caruban Hospital, namely files originating from hospitalization, are brought to the verification section for the BPJS claim submission process before submitting the file, the process of making receipts after completion will be carried out a coding process carried out by the OSA and the next thickening process will be submitted for the claim process.

We are identifying pending claims for Inpatient BPJS Health in Covid-19 Pneumony cases at Caruban Hospital by identifying 5M management elements (*Man, Money, Machine, Methode, Material*).

At Caruban Hospital, there were 1167 pending claims on the pneumony diagnosis of Covid-19 cases in 2021, 94 expired files and 145 files that passed verification out of 1420 inpatient diagnosis files for Covid-19 cases. If calculated, the percentage for *pending* cases is 82.18%, passing verification is 11.21% and files that have expired as much as 6.61%.

Based on the results of observations and interviews with verification officers at Caruban Hospital, the identification of factors causing pending claims for hospitalization in the diagnosis of pneumony of covid-19 cases in 2021 at Caruban Hospital in the identification of 5M management elements (*Man, Money, Machine, Method, Material*) is as follows :

a. Human Resources Factor (*Man*)

At Caruban Hospital, the human resources (*man*) factor is in the educational qualifications of verification officers. Where the verification officer does not have a medical record background

Based on human resource factors (*man*) caused by pending hospitalization claims, the diagnosis of pneumony of Covid-19 cases obtained the results of interviews with verification officers as follows:

Table 2. Table of Characteristics of Officer Identity

No	Name	Gender	Education	Length of Work
1	H	L	Top Health Workers	28 Th
2	A	L	S1 Technical	2 Th
3	L	P	SMA	16 Th
4	I	P	S1 Economics	7 Th
5	And	L	S1 Computer	10Th
6	A	P	S1 Economics	4 Th
7	R	P	S1 Nursing	6 Th
8	T	P	S1 Economics	7Th
9	D	P	S1 Computer	7 Th
10	A	L	S1 Economics	3 Th
11	S	L	S1 Communication Science	7 Th
12	L	P	S1 Computer	7 Th
13	P	L	S1 Education	3 Th
14	R	L	SMP	8 Th
15	F	L	S1 General Practitioner	3 Th

Source: Caruban Hospital

Based on Table 2. The results of officer characteristics comprised junior high school graduates, high school students, upper health workers, engineering graduates, bachelor of education, general practitioners, 4 officers of Bachelor of Economics, and 3 officers of Bachelor of Computers. There are no officers in the verification section of Caruban Hospital with medical record education backgrounds.

The following are the results of human resources (man) factor interviews with officers;

Do officers often receive training related to claiming BPJS Covid-19 cases?

Respondent 1 (I, Inpatient input verification)

"For training or socialization, it has been done, but representatives come."

Respondent 2(A, Verification of input of Covid-19 cases)

"There have been but not all verification officers have participated in only one or two people."

Respondent 3(R, Verification of Covid-19 case input)

"Once done, only representatives were present"

Respondent 4(H, Head of Room verification section)

"For socialization from the BPJS, there are only representatives present, usually two or three officers."

Based on the results of interviews with verification officers at Caruban Hospital, it was found that there had been socialization or training related to BPJS claims for Covid-19 cases. Still, it was attended by only some officers, only two or three verification officers at Caruban Hospital.

Are verification officers from Medical Records graduates?

Respondent 1 (I, Inpatient input verification)

"For verification officers here, they do not have to graduate medical records."

Respondent 2(A, Verification of input of Covid-19 cases)

"If in the verification section here, no one graduated from medical records."

Respondent 3(R, Verification of Covid-19 case input)

"It doesn't have to be a medical record."

Respondent 4(H, Head of Room verification section)

"If in the verification section here, it does not have to be medical record graduates, usually medical record graduates are placed specifically in the medical record section."

Based on the results of interviews with verification officers at Caruban Hospital, it was found that no one had a medical record education background in the verification section.

b. Financial factors (Money)

In the financial factor (*money*), there is a delay in the financing of doctor and employee services at Caruban Hospital.

Based on financial factors (*money*) caused by pending hospitalization claims, the diagnosis of pneumony of Covid-19 cases was obtained from interviews with verification officers as follows.

Does the *pending* claim of this Covid-19 case result in losses to Caruban Hospital?

Respondent 1 (I, Inpatient input verification)

"Experiencing losses in the field of doctor and employee financing services".

Respondent 2(A, Verification of input of Covid-19 cases)

"Losses more precisely in the field of services".

Respondent 3(R, Verification of Covid-19 case input)

"Yes, have a loss".

Respondent 4(H, Head of Room verification section)

"Experiencing losses precisely to delays in financing the services of doctors and employees at Caruban Hospital so that it exceeds the specified date".

Based on the results of interviews with verification officers at Caruban Hospital, it was found that the cause of the delay from the financing factor (*Money*) was affecting the process of providing services for doctors and employees, causing delays from the predetermined date.

c. Equipment Factor (Machine)

Wifi networks cause the equipment factor (*machine*) with often unstable connections and servers from BPJS that sometimes experience *down*.

Based on the equipment (*machine*) factor caused by pending hospitalization claims, the diagnosis of pneumony of Covid-19 cases obtained the results of interviews with verification officers as follows.

Did you ever experience a system error during the Covid-19 claim submission process?

Respondent 1 (I, Inpatient input verification)

"Ever more to the network that is sometimes slow, so it takes longer to file claims."

Respondent 2(A, Verification of input of Covid-19 cases)

"It often happens that it hampers the time to file a claim."

Respondent 3(R, Verification of Covid-19 case input)

"It often happens more to the network at Caruban Hospital, which is very slow, and there has been a server from the Ministry of Health that is *down*, so it cannot submit claims; all hospitals have the same case."

Respondent 4(H, Head of Room verification section)

"It's more about the network at Caruban Hospital, which is slow, and once when it was going to submit a claim, it couldn't be because the server from the Ministry of Health *was down*, and it was simultaneously all hospitals, so they could submit the claim process the next day

Based on the results of interviews with verification officers at Caruban Hospital, it was found that the cause of the delay was from the equipment factor (*machine*), namely that there was often an unstable network and also occurred when submitting claims could not be done because the server from the Ministry of Health was down and hampered time because they had to wait the next day.

Is the number of computers already in place to process BPJS claim submission?

Respondent 1 (I, Inpatient input verification)

"Already crowded".

Respondent 2(A, Verification of input of Covid-19 cases)

"For the number of computers already crowded."

Respondent 3(R, Verification of Covid-19 case input)

"Already Crowded"

Respondent 4(H, Head of Room verification section)

"It's already crowded because each part has its computer."

Based on the interviews with verification officers at Caruban Hospital, the equipment factor (Machine) results were obtained because the number of computers was crowded because each officer and each section had their computers.

d. Method Factor (Method)

The method factor is that there is no SOP for the inpatient claim process for the pneumony diagnosis of Covid-19 cases.

Based on the method factor caused by pending hospitalization claims, the diagnosis of pneumony of Covid-19 cases obtained from the results of interviews with verification officers as follows:

Does Caruban Hospital have SOPs related to BPJS claims for Covid-19 cases?

Respondent 1 (I, Inpatient input verification)

"Caruban Hospital does not yet have SOPs related to COVID-19 claimants."

Respondent 2(A, Verification of input of Covid-19 cases)

"There is no SOP related to the process of claiming Covid-19 cases."

Respondent 3(R, Verification of Covid-19 case input)

"There is no SOP related to the Covid-19 case claim process more guided by KMK RI NUMBER HK.01.07/MENKES/5673/2021."

Respondent 4(H, Head of Room verification section)

"More guided by KMK RI HK NUMBER. 01.07/MENKES/5673/2021"

Based on the interviews with verification officers at Caruban Hospital, the equipment factor (Machine) results were obtained that there was no SOP related to the process of claiming Covid-19 cases because KMK RI HK NUMBER 01.07/MENKES/5673/2021 more guided Caruban Hospital.

e. Material Factor

The material factor is caused by the incomplete file to be submitted for the claim process, such as medical resumes and laboratory results.

Based on material factors caused by pending hospitalization claims, the diagnosis of pneumony of Covid-19 cases obtained from the results of interviews with verification officers as follows:

Does the officer check the completeness of the file to be submitted before submitting a claim?

Respondent 1 (I, Inpatient input verification)

"Before submission, we check the completeness of the file."

Respondent 2(A, Verification of input of Covid-19 cases)

"Always check the completeness of the file."

Respondent 3(R, Verification of Covid-19 case input)

"Always do it because there are often incomplete files."

Respondent 4(H, Head of Room verification section)

"Before submitting, we always do the completeness of the file. If there is an incomplete file will be asked to be completed."

Based on the results of interviews with verification officers at Caruban Hospital, the results of the equipment factor (*Machine*) were obtained, namely before the submission process; the verification party always checks the completeness of the file; if the file is incomplete, it will be returned.

3.2 Find out the efforts of Caruban Hospital so that there are no pending cases of BPJS Health claims.

Efforts made by Caruban to minimize pending cases are based on observations and interviews with verification officers at Caruban Hospital; the efforts made by the hospital so that pending cases do not occur are as follows:

How are Caruban Hospital's efforts to handle pending cases of Inpatient claims so that they often do not occur?

Respondent 1 (I, Inpatient input verification)

"Be more careful in checking the completeness of the file and what is the request from BPJS when repairing it needs to be completed again and then submitted again."

Respondent 2(A, Verification of input of Covid-19 cases)

"Accuracy in checking the completeness of the file before submitting a claim and if there is a revision from BPJS, the hospital must fulfill it."

Respondent 3(R, Verification of Covid-19 case input)

"Be more careful in checking the completeness of the files to be submitted and what is the request for improvement from BPJS is more fulfilled"

Respondent 4 (H, Head of Room verification section)

"The accuracy of officers must be prioritized regarding checking the completeness of the file before submission and also what is a revision from the BPJS so that it is fulfilled to minimize pending claim cases."

Based on the results of interviews with verification officers at Caruban Hospital, it was found that efforts to reduce pending claim cases were more careful officers. If the BPJS asked the hospital to improve, it must do so.

3.3 Knowing the Impact of Pending Inpatient Claims on Caruban Hospital.

After the researcher conducted an interview process with the verification officer, it was found that the impact of pending cases of Hospitalization Claims for diagnosing pneumony of Covid-19 cases was a delay in the financing of doctors and employees services at Caruban Hospital. The following are the results of interviews conducted by researchers with verification officers at Caruban Hospital.

Does the impact of the cause of pending BPJS claims for inpatient cases affect health services at Caruban Hospital?

Respondent 1 (I, Inpatient input verification)

"For the impact of pending claim cases, it is more influential to provide services for doctors and employees at Caruban Madiun Hospital, so it is more hampered".

Respondent 2(A, Verification of input of Covid-19 cases)

"The impact is more on the tether to payments for doctor services and also employee salaries at Caruban Hospital".

Respondent 3(R, Verification of Covid-19 case input)

"For services, it does not interfere at all but rather delays financing the services of doctors and employees at Caruban Hospital".

Respondent 4(H, Head of Room verification section)

"The impact of this pending claim is more to the delay in the service of doctors and employees at Caruban Hospital, so it does not affect the service at all but rather the provision of services".

Based on the results of interviews with verification officers at Caruban Hospital, it was found that this pending claim did not affect services but rather affected the service sector, namely delays in providing doctors and employees at Caruban Hospital.

4. Discussion

4.1 Identify the stages of the Inpatient BPJS Health claim flow at Caruban Hospital.

Caruban Hospital already has a process flow stage for submitting claims for hospitalization diagnosis of Covid-19 cases. The flow makes it easier for officers to carry out the claim submission process, starting from the inpatient section to the verification section to submit the claim submission process to the BPJS Kesehatan.

The stages of the BPJS Health claim flow for inpatient Covid-19 cases at Caruban Hospital are as follows:

- a. Files originating from the Covid-19 case hospitalization, if completed, will be brought to the verification section room for the claim submission process.
- b. Furthermore, the process of making a Receipt is carried out to prove the details of the patient's treatment costs and the cost of therapy obtained during the hospitalization process at Caruban Hospital.
- c. After completing the next receipt process, the coding process is carried out in the OSA section by coordinating the main diagnosis of the patient's disease, other supporting diagnoses, and the therapy given by the doctor who handles the patient. The coding process uses ICD-10 CM for disease coding and ICD-9 CM for the action or therapy given.
- d. Before making a thickening, the Verification party will check the files to be submitted as follows for the Covid-19 files to be verified as follows:
 1. PCR Results
 2. Inpatient Warrant
 3. Participant Eligibility Letter (SEP)
 4. Medical Resume signed by a doctor
 5. Laboratory Results
 6. Proof of service that includes the diagnosis and procedure and signed by the Doctor in Charge of the Patient (DPJP)
- e. If the file to be submitted has not met the requirements, the verification officer will return it to the hospitalization so that the repair and completion process is carried out.
- f. After completing the repair, the hospitalized party returns the file to the verification party for the claim submission process.

The process of submitting claims from hospitals to BPJS Kesehatan has a verification stage of completeness of membership administration files, service administration and health service verification. The completeness of BPJS claim documents in the hospital includes service recapitulation and patient support files consisting of Participant Eligibility Letters (SEP), medical resumes, diagnostic statements from the treating doctor, and other proof of service. The hospital is obliged to complete the BPJS Kesehatan claim requirements document before being submitted to BPJS Kesehatan to obtain reimbursement of patient care costs in accordance with Indonesia *Case Base Groups* (INA-CBG's) rates. Valentina & Halawa, 2018).

According to researchers, the flow of submitting claims for pneumony diagnosis of Covid-19 cases is in accordance with the rules of the Minister of Health, namely in the Decree of the Minister of Health of the Republic of Indonesia Number HK. 01.07/MENKES/5673/2021 concerning Technical Guidelines for Reimbursement Claims for Corona Virus Disease 2019 (COVID-19) Patient Services where the regulation is used to guide the process of submitting BPJS claims.

4.2 Identifying pending claims for Inpatient BPJS Health in Covid-19 Pneumony cases at Caruban Hospital by identifying 5M management elements (Man, Money, Machine, Methode, Material)

In 2021 at Caruban Hospital, there were 1167 pending claims in the diagnosis of Covid-19 cases, 94 expired files and 145 files that passed verification from 1420 inpatient diagnosis files for Covid-19 cases. If calculated, the percentage for *pending* cases is 82.18%, passing verification is 11.21%, and files that have expired are as much as 6.61%. The main factor causing *pending* cases at Caruban Hospital is that the doctor needs to complete the medical resume and diagnosis of the disease. And the hospitalizer is also less

careful in checking the completeness of the file, so many medical resumes are not filled out completely and often do not attach laboratory results and thoracic photos.

According to researchers, filling in a medical resume sheet is important and must be written completely to make the information provided clear and coherent. And at Caruban Hospital, writing a medical resume still needs to be completed, such as a comorbidity diagnosis that a doctor needs to write. There needs to be a signature from the doctor who handles the patient. We recommend that the inpatient officer be more thorough in checking the medical resume sheet that has yet to be filled out completely; if it is incomplete, then you must ask the doctor to complete the medical resume that still needs to be completed. As well as in the inpatient section must attach all requirements in the process of submitting claims, such as laboratory results must be attached. With this accuracy, pending cases will decrease. If using identification with 5M management elements as follows

a. Human Resources Factor (*Man*)

At Caruban Hospital, the human resources factor (*Man*) where there are no officers with medical record education backgrounds in the verification section. The human factor (*Man*) also affects the occurrence of *pending* claims at Caruban Hospital. It was found that all verification officers did not come from educational backgrounds, and medical records in terms of education also affected the level of knowledge of officers in the process of submitting BPJS Health claims so that pending cases would not occur. The knowledge in question is the officer's understanding of the BPJS Health claim process, including the flow of claims and requirements when submitting claims at the hospital. The inpatient officer is still not careful in checking the completeness of the file to be submitted because it is often found in the medical resume section on the SEP number and BPJS number, which is not written and does not attach laboratory results.

This is in accordance with research according to Mirfat et al. (2017), stating that nurses still do not understand that the completeness of files when submitting BPJS claims is one of the human resource factors that can cause delays in medical record files, thus hampering the claim submission process.

According to researchers, the human resources factor (*man*) at Caruban Hospital, at least in the verification section, must be one person who has a medical record education background. An officer with a medical record education background, the officer understands the claim process and checks the completeness of the file, especially the medical resume file to be submitted.

And the inpatient department still needs to fully check the completeness of the files to be submitted for the claim process. The completeness of the file in question is more to the completeness of the medical resume; the following is the completeness of a medical resume that is often incomplete :

1. BPJS Number

In the file to be submitted, it often happens that the patient's BPJS number is not written by the hospitalizer, making the verification officer have to return the file to the inpatient so that the process is carried out to complete the writing of the BPJS number because the patient's BPJS number is an important thing to be used as a requirement for submitting a claim process. Inpatient officers should be more careful, and the BPJS number must be filled in to make it easier for verification officers if they will submit a claim process. Because when the submission requires the patient's BPJS number, it must be filled in so that the claim process is carried out quickly.

2. SEP Number

At RSUDCaruban, there is often a SEP number that needs to be listed to hamper the claim submission process, where the inpatient officer should write the SEP number because it is very important for submitting the BPJS Health claim process. By always filling in the SEP number, the verification officer will be easier and faster in submitting the claim process. And the SEP number is the most important thing in the required file.

3. Doctor's signature.

At the time of submitting a BPJS claim before, the verification party checking often found that there was no signature of the DPJP (Doctor in Charge of the Patient) where the inpatient often did not check the completeness of the medical resume; if the DPJP (Doctor in Charge of the Patient) had not signed, the hospitalization should immediately ask for a signature to the DPJP (Doctor in Charge of the Patient). If the file has entered the verification section for submitting the claim process, it is expected to be complete so that the claim submission process is immediately carried out quickly. There is no need to return the file to hospitalization again because the file is incomplete.

4. Writing The Diagnosis

The secondary diagnosis often needs to be written, but the hospitalizer should be more careful about the completeness of the primary and secondary diagnoses. If it is incomplete, then the file is better asked to the DPJP (Doctor in Charge of the Patient) to write the diagnosis completely so that when the coding process will also be carried out, it will also be easier for the officer if the diagnosis is written in full.

According to researchers, both inpatient officers and verification departments should all receive training from BPJS Kesehatan regarding submitting claims for Covid-19 cases. With this training, officers will know what completeness must be present when submitting a BPJS Health claim. And both inpatient officers and verification parties must thoroughly check the files submitted for BPJS claims. So that with the accuracy of officers can minimize pending claim cases at Caruban Hospital so that pending cases are no longer high.

b. Money Factor

At Caruban Hospital, pending cases due to the money factor (*Money*), namely the *existence of this pending*, does not affect services but affects the financing of doctor and employee services at Caruban Hospital, where there are often delays in financing the services of doctors and employees.

Based on the results of research conducted at Caruban Hospital, as a result of pending cases, hospitalization claims, pneumonia diagnosis of Covid-19 cases in 2021, which affects the money/capital factor on the financing of doctors' and employees' salary services at Caruban Hospital. as a result of this *pending case*, the payment of *doctors' and employees' salary services* is late beyond the predetermined date. So it does not interfere with the service process at Caruban Hospital.

This is in line with research conducted by Lewiani et al. (2017); pending claims affect hospital finances because reimbursement becomes hampered. BPJS Kesehatan will send reimbursement if all claims submitted by the hospital meet the claim requirements.

According to researchers, from the identification of *the cause of the pending factor, namely the money/capital factor (money)* related to *the provision of doctors and millionaires*, it is hoped that it will not be too late if there is often a delay, it is feared that both doctors and employees will make morale decrease in work and work becomes hampered because there is no sense of enthusiasm to complete work quickly.

c. Equipment factor (Machine)

Based on the results of research conducted at Caruban Hospital on the equipment factor (*machine*), there are often obstacles, namely a slow internet connection when officers process submitting BPJS claims for hospitalization diagnosis of Covid-19 cases. As a result of this internet connection disruption, the verification party in the process of submitting claims is more stalling because they have to wait for a stable internet connection first, then they can upload.

And during the submission process, the server from the Ministry of Health has an error or is *down*, so in one day, it cannot upload claim submissions and usually can upload it again the next day or wait 2 days. As a result of the KEMENKES server experiencing *an error or down*, the work for submitting claims becomes piled up because you have to wait for the KEMENKES server to stabilize.

In line with research conducted by Indrawaraswanti (2017) in his research that technology is used to facilitate officers in carrying out their work, but what happens to RS X? Existing technology is not *user friendly*, so it makes it difficult for officers to use it. The computers in the casemix room need to be upgraded so as not to experience sluggish and long loading when used for the BPJS claim process. The internet network must be repaired regularly to avoid frequent system errors in supporting INA CBG applications.

According to researchers, in terms of equipment (*machine*), the Caruban Hospital verification department should choose an internet provider with the best connection using the best internet connection; it will make it easier for verification officers when submitting a claim process, limiting the number of users, limiting the number of users, minimizing the internet connection is not slow, and frequently updating Application regularly with frequent *updates then there will be* the latest features that have been improved then the system will not be slow because it has undergone improvements.

d. Method Factor (Method)

Based on the results of research conducted at Caruban Hospital, in the factor verification section of the method/procedure (method), it was found that Caruban Hospital did not have an SOP related to claiming hospitalization for the diagnosis of pneumonia of Covid-19 cases. For its guidelines, Caruban Hospital is guided by the DECREE OF THE MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA NUMBER HK.01. 07/MENKES/5673/2021 CONCERNING TECHNICAL INSTRUCTIONS FOR CLAIMS FOR REIMBURSEMENT OF CORONA VIRUS DISEASE 2019 (COVID-19) PATIENT SERVICES.

In line with research conducted by (Feriawati and kusuma, 2015) regarding claims for submitting BPJS Health claims in inpatient units in hospitals, there are no SOPs, even though SOPs are important as guidelines in carrying out routine work, so if obstacles occur, they can be easily traced. The *Standard Operating Procedure* (SOP) function is used as a reference in providing BPJS services so that they can be understood by all employees based on existing service standards so that the service process can run well to realize the objectives of excellent BPJS services (Pratamawisadiet al.2017)

According to researchers, Caruban Hospital should make SOPs related to claiming hospitalization for the diagnosis of Covid-19 cases. By making SOPs, verification officers will be more guided by these SOPs when submitting claims to completion because the SOP contains how the stages and sequence from the beginning of the submission process to the stage of completing the claim submission.

e. Material Factor

Based on the results of research conducted by material factors, it was found that the completeness of the file to be submitted was still incomplete as in filling out a medical resume as follows:

1. BPJS Number

In the file to be submitted, it often happens that the patient's BPJS number is not written by the hospitalizer, making the verification officer have to return the file to the inpatient so that the process is carried out to complete the writing of the BPJS number because the patient's BPJS number is an important thing to be used as a requirement for submitting a claim process. Inpatient officers should be more careful, and the BPJS number must be filled in to make it easier for verification officers if they will submit a claim process. Because when the submission requires the patient's BPJS number, it must be filled in so that the claim process is carried out quickly.

2. SEP Number

At Caruban Hospital, there is often an SEP number that needs to be listed to hamper the claim submission process, where the inpatient officer should write the SEP number because it is very important for submitting the BPJS Health claim process. By always filling in the SEP number, the verification officer will be easier and faster in submitting the claim process. And the SEP number is the most important thing in the required file.

3. Writing The Diagnosis

The secondary diagnosis often needs to be written, but the hospitalization should be more careful about the completeness of the primary and secondary diagnoses. If it is incomplete, the file is better asked to the DPJP (Doctor in Charge of the Patient) to write the diagnosis completely so that when the coding process is carried out, it will also be easier for the officer if the diagnosis is written in full.

4. Signature of DPJP (Doctor in Charge of Patient)

At the time of submitting a BPJS claim before, the verification party checking often found that there was no signature of the DPJP (Doctor in Charge of the Patient) where the inpatient often did not check the completeness of the medical resume; if the DPJP (Doctor in Charge of the Patient) had not signed, the hospitalization should immediately ask for a signature to the DPJP (Doctor in Charge of the Patient). If the file has entered the verification section for submitting the claim process, it is expected that everything is complete so that the claim submission process is immediately carried out quickly; there is no need to return the file to the hospitalization again because the file needs to be completed.

In addition, it is also often absent such as laboratory results and PCR results that exceed 1X24 hours. It should be attached because it is very important and a requirement in submitting the claim process.

In line with research conducted by Nurdianti et al. (2017) that the completeness of the claim file form is the most important part and must also be considered during the claim file process, the completeness of claim file requirements is one of the conditions for receiving a claim submission. A complete claim file consists of a Participant Eligibility Letter (SEP), medical resume/patient status report/diagnosis statement from the treating doctor if needed, proof of service such as the results of supporting examinations, therapy protocols and regimens (drug administration schedules), hospital bill details (manual or *automatic billing*), and other required supporting files (Apriliyanti, 2019).

According to researchers, hospitalization officers should be more thorough in checking the completeness in writing medical resumes and completeness such as laboratory results and PCR results that should always be attached. If the inpatient officer is more thorough, the verification department will faster process BPJS claim submissions.

It can be concluded that if identified with 5M management elements, the cause of *pending* comes from material factors (*material*) and human resource factors (*man*), namely if the material factor at the time of filing the claim file often occurs incomplete, namely on the medical resume, namely on the doctor's signature that is lacking, the SEP number and BPJS number which are often not written completely and laboratory results that were not attached during the submission process. The human resources (*man*) factor is more on educational background qualifications outside of medical records so that all verification officers should receive training or socialization related to claiming BPJS Inpatient claims. With this training and socialization, the officers will gain much knowledge and experience to minimize *pending cases* at Caruban Hospital.

4.3 Find out the efforts of Caruban Hospital so that there are no pending cases of BPJS Health claims.

At Caruban Hospital, there are high *pending cases*, so the hospital tries to reduce pending cases; *the hospital director always asks the department, both hospitalization and verification, to be more thorough in checking the files to be submitted for the claim process and if the BPJS states pending, things that need to be corrected are more carried out, such as the cause of pending* Because the medical resume is lacking in the accompanying diagnosis, the verification officer returns the file to the hospitalization to be asked by the doctor for filling in the accompanying diagnosis. And the next effort is what becomes a request from BPJS to make improvements; then, the Caruban Hospital tries to repair it according to demand.

According to the results of interviews conducted with the Verification officer, the efforts made by Caruban Hospital to minimize *pending cases* of hospitalization diagnosis of pneumony of Covid-19 cases are as follows:

a. Officer thoroughness

The accuracy of the officer is the most important thing in the process of checking the completeness in writing a medical resume and also the completeness of the file to be submitted for the claim process to the BPJS.

This is in line with Revitasari's (2016) research; the completeness of filling in medical records is very important because if there are fields that need to be filled in completely, it will result in reduced patient information. This causes less than optimal services provided to these patients' treatment and healing process. the completeness of medical record documents is very important because it affects the service process of a hospital. The officer's accuracy will produce clear and complete file completeness; if the diagnosis is unclear, the officer must directly ask the doctor authorized to provide the diagnosis.

According to researchers, the completeness of the file is the most important thing; with the file filled in completely, the information presented will be very clear and coherent. When submitting a claim, the inpatient officer and the verification department must increase the accuracy in checking the files to be submitted for the claim process with extra accuracy so that *pending cases* can be minimized.

b. Caruban Hospital more fulfilled the request for repairing pending files.

When the file does not pass the verification of BPJS claims, BPJS will ask Caruban Hospital to make improvements to the completeness that still needs to be improved within 14 days. Usually, incomplete files are on medical resumes on other supporting diagnoses and the therapy given needs to be improved in writing the diagnosis so that it can cause pending claims. Furthermore, other pending causes are laboratory results that are not attached to all and PCR results that exceed 1X24 hours. Efforts made to handle pending cases at Caruban Hospital are always fulfilling requests from BPJS to carry out the repair process and for resubmission, which is less than 14 days, so that *pending cases* can be minimized.

According to researchers, the efforts made by Caruban Hospital in reducing *pending cases* have been good. However, officers, both inpatient and verification departments, must be more careful so that when submitting the file is complete, all the requirements requested by the BPJS are fulfilled so that it can reduce the number of *pending cases*. And supervision is carried out and always carries out the process of evaluating officer compliance in filling out the claim submission requirement sheet that will be submitted to BPJS so that it can minimize *pending cases* at Caruban Hospital.

4.4 Knowing the Impact of Pending Inpatient Claims on Caruban Hospital.

The impact of pending cases at Caruban Hospital does not affect services to patients at Caruban Hospital but rather has an impact on the financing of doctor and employee services. With this delay, the salary financing process becomes hampered and not in accordance with the time given. This problem is feared that it will reduce the enthusiasm of employees at Caruban Hospital, and work will accumulate.

According to the results of an interview with the verification officer at Caruban Hospital, the impact of this pending claim case was obtained, which affected the field of payment services for the salaries of doctors and employees. So that the time for the payment of the salaries of doctors and employees is delayed from the agreed date; if there are often delays in the payment of doctors'

salary services and employees, it is feared that it will interfere with the work process to be piled up because the enthusiasm for work is lacking.

In line with research conducted by Lewiani et al. (2017), pending claims affect the financial condition in hospitals because the reimbursement becomes hampered. BPJS Kesehatan sends reimbursement if all claims submitted by the hospital meet the claim requirements.

According to researchers, Caruban Hospital should reduce *pending* cases so they do not often occur because this will have an impact on delays in the payment of doctors' and employees' salary services. If there are often delays in salary payments, the enthusiasm of workers at Caruban Hospital will decrease, and work will often be postponed. By making salary payments on time, employee enthusiasm to work becomes higher.

5. Conclusion and Suggestion

5.1 Conclusion

Based on the results of the research discussion entitled 'Analysis of the factors causing *the inpatient BPJS* claim to be diagnosed with Covid-19 cases at the Caruban Regional General Hospital in 2021', the following conclusions were obtained:

1. Based on the results of an interview with a verification officer at Caruban Hospital, the results of the inpatient claim process flow for the diagnosis of Covid-19 cases at Caruban Hospital, namely the file that feels from the hospitalization are brought to the verification section for the BPJS claim submission process before submitting the file, the process of making receipts after completion will be carried out a coding process carried out by the OSA and the next thickening process will be submitted for the claim process.
2. In 2021, there were 1167 pending claims on the diagnosis of Covid-19 cases, 94 expired files and 145 files that passed verification out of 1420 inpatient files for the pneumonia diagnosis of Covid-19 cases. If calculated, the percentage for *pending* cases is 82.18%, passing verification is 11.21% and files that have expired as much as 6.61%. If identified with 5M management elements, the cause of *pending* comes from material factors (*material*) and human resource factors (*man*).
3. Efforts from Caruban Hospital to minimize pending cases by placing more emphasis on accuracy and also what is a request from BPJS Kesehatan about repairs to pending files will be fulfilled by Caruban Hospital.
4. The impact of the *pending case* at Caruban Hospital resulted in delays in financing doctor and employee services. And it does not interfere with the service process at Caruban Hospital.

5.2 Suggestion

Based on the results of the research discussion entitled 'Analysis of the factors causing *BPJS inpatient claims* in the diagnosis of Covid-19 cases at Caruban Regional General Hospital in 2021', researchers provided the following suggestions:

1. Inpatient officers are more thorough in checking medical resumes and the completeness of requirements for filing claims so that all types of claims are attached more when submitting a claim process.
2. For verification officers, all officers should receive training or socialization related to submitting BPJS claims for hospitalization of Covid-19 cases so that officers gain experience and minimize pending cases.
3. Caruban Hospital should use the best wifi internet connection so that when submitting a claim, the network rarely experiences network problems.
4. RSUDCaruban should make SOPs related to the BPJS claim process for inpatient diagnosis of Covid-19 cases so that verification officers have guidelines for the claim process.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

Publisher's Note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers.

References

- [1] Apriliyanti, E. E. (2019). Analisis Faktor Penyebab KlaimPending Pasien Peserta Jaminan Kesehatan Nasional (JKN) Rawat Jalan di RSUD Haji Surabaya Politeknik Negeri Jember.
- [2] Ardhyta, T. (2015). Faktor-Faktor Yang Melatar Belakang Penolakan Klaim BPJS di RSUD dr. Amino Gondohutomo Provinsi Jawa Tengah.
- [3] Center For Diades Control and Prevention (CDC). (2020). *Coronavirus Disease 2019 (Covid-19)*.
- [4] Depkes. (2019). Peraturan Pemerintah Republik Indonesia Nomor 44 Tahun 2009 Tentang Rumah Sakit.

- [5] Eramo, & A, L. (2014). Don't Deny the Denials: Experts Recommend Implementing a Strong Claims Denial Strategy to Offset ICD-10-based Coder Productivity Loss. *Journal of AHIMA*, 85(6), 30–33. <http://bok.ahima.org/doc?oid=107367>
- [6] Feriawati, Puri, & A, P. K. (2015). Faktor-faktor Keterlambatan Pengeklaiman BPJS di Rumah Sakit Bhayangkara Semarang Tahun 2015.
- [7] Harrington Emerson dalam Phiffner John F dan Presthus Robert, V. (1960). Harrington Emerson dalam Phiffner John F dan Presthus Robert V. In *5 Unsur Manajemen*.
- [8] Hasibuan, & Malayu, S. (2019). Manajemen :Dasar, Pengertian, dan Masalah. *Jakarta : Bumi Aksara*.
- [9] Indrawaraswanti, M. (2017). Analisis faktor-faktor penyebab keterlambatan pengajuan klaim BPJS Kesehatan di RS Perkebunan PTPN X Jember.
- [10] Kartasasmita, C. (2010). In *Pneumonia Pembunuh Balita. Kemenkes RI. Buletin Jendela Epidemiologi*.
- [11] Kemenkes RI. (2020). Pedoman Pencegahan dan Pengendalian Corona Virus Disease Covid-19 Revisi 5. Jakarta: Kementerian Kesehatan Republik Indonesia.
- [12] Kementerian Kesehatan RI Tentang Petunjuk Teknis Sistem Indonesian Case Base Group (INA-CBGs).(PERMENKES Nomor 27 Tahun 2014). ((2014)).
- [13] Kesehatan, B. (2018). Peraturan Badan Penyelenggara Jaminan Sosial Kementerian Kesehatan Nomor 7 Tahun 2018 Tentang Pengelolaan Administrasi Klaim Fasilitas Kesehatan Dalam Penyelenggaraan Jaminan Kesehatan Nasional. pp. 1-22.
- [14] Lewiani, N., Lisnawaty, & Akifah, a. (2017). Proses pengelolaan Klaim Pasien BPJS Unit Rawat Inap Rumah Sakit Dr.R. Ismoyo Kota Kendari Tahun 2016. *Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat*, 1-16.
- [15] Menteri Kesehatan Republik, I. (2021). Keputusan Menteri Kesehatan Republik Indonesia Nomor HK.01.07/MENKES/5673/2021 Tentang Petunjuk Teknis Klaim Penggantian Biaya Pelayanan Pasien Covid-19.
- [16] Mirfat, Sayyidah, N., Andadari, & Y, N. (2017). Faktor Penyebab Keterlambatan Pengembalian Dokumen Rekam Medis di RS X Kabupaten Kediri.
- [17] Notoadmojo, S. (2018). In *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.
- [18] Notoatmodjo, S. (2018). In *Metodologi Penelitian Kesehatan*. Jakarta: PT Rineka Cipta.
- [19] Nurdianti, P., Majid, R., & and Rezal, F. (2017). Studi Proses Pengeklaiman Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan di Rumah Sakit Umum Bahteramas Provinsi Sulawesi Tenggara Tahun 2017. *Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat Vol.2, no.7*, 1-14.
- [20] Peraturan Menteri Kesehatan Republik Indonesia No.27 Tahun 2014 Tentang Petunjuk Teknis Sistem Indonesia Case Base Groups (INA-CBGs). (n.d.). *Jakarta : Kemenkes RI*.
- [21] Permenkes No. 340/ Menkes/per/ III/ 2010, Tentang Klasifikasi Rumah Sakit. (2010).
- [22] PERMENKES RI. (2016). Peraturan Menteri Kesehatan Republik Indonesia Nomor 59 Tahun 2016 Tentang Pembebasan Biaya Pasien Penyakit Infeksi Emerging Tertentu.
- [23] Pratamawisadi, Aditya, D. P., & D, Y. (2017). Analisis Kualitas Pelayanan Publik Pada Pasien Peserta BPJS Studi Kasus RSU Puri Raharja Tahun 2016.
- [24] Revitasari, A. (2016). Analisis Ketidakefektifan Pengisian Dokumen Rekam Medis Rawat Jalan di Rumah Sakit Mata Masyarakat. *Universitas Airlangga*.
- [25] Safrizal, Z. (2020). In *Pedoman Umum Menghadapi Pandemi Covid-19 Bagi Pemerintah Daerah Pencegahan, Pengendalian Diagnosis dan Manajemen*. Jakarta.
- [26] Salma Firyal, N., Weka Santi, M., & Deharja, A. (2020). Analisis Faktor Penyebab Pending Klaim Akibat Koding Berkas Rekam Medis Pasien Rawat Inap di Rsupn Dr.Cipto Mangunkusumo. *J-REMI : Jurnal Rekam Medik Dan Informasi Kesehatan Politiknik Negri Jember*, 1(3), 288-296.
- [27] Satrianegara, & M., F. (2009). Buku Ajar Organisasi Dan Manajemen Pelayanan Kesehatan Serta Kebidanan. Jakart: Salemba Medika, Dasar-dasar Manajemen. Yayasan Trisakti.
- [28] Sugiyono. (2018). In *Metodelogi Penelitian Kuantitatif, Kualitatif, dan R & D*. Bandung: CV. Alfabeta.
- [29] Sugiyono. (2018). In *Metodelogi Penelitian Kuantitatif,Kualitatif,dan R & D* (p. 456). Bandung: CV Alfabeta.
- [30] Sugiyono. (2019). Metode Penelitian Kuantitatif,Kualitatif dan R & D. Bandung : Alfabeta.
- [31] Sugiyono. (2019). Metode Penelitian Kuantitatif,Kualitatif,dan R & D. Bandung: Alfabeta.
- [32] Sulaimana, A. (2017). Pengambilan Berkas Klaim Pasien Peserta Jaminan Kesehatan (JKN) di RSUD Sultan Syarif Mohamad Alkadrie Kota Pontianak.
- [33] Supriadi, Sylfa, R., & Syifa, R. (2018). Tinjauan Berkas Klaim Tertunda Pasien JKN Rumah Sakit Hermina Ciputat 2018. *Jurnal Vokasi Indonesia* 7.
- [34] Tersiana, A. (2018). Metode Penelitian. Yogyakarta: Penerbit Yogyakarta.
- [35] Undang-Undang No. 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial (BPJS). (2011).
- [36] V.Wiratna, S. (2018). In *Metodologi Penelitian Bisnis dan Ekonomi Pendekatan Kuantitatif*. Yogyakarta: Pustaka Baru Press.
- [37] World Health Organization. (2020). COVID-19: A global pandemic. *European Chemical Bulletin*.
- [38] World Health Organization. (2019). Pneumoni. *World Health Organization*.