



# Problematic BPJS health patient pending claims in the implementation of INA-CBGs and management handling

Sulastri<sup>1</sup>, Menap<sup>2</sup>, Sastrawan<sup>3</sup>

<sup>1</sup>RSUD Bima, Jl. Langsat No 1 Raba Bima, Indonesia

<sup>2,3</sup>Universitas Qamarul Huda Badaruddin Bagu, Jln H Badaruddin Bagu, Pringgarata, Lombok Tengah, Indonesia

## ARTICLE INFO

### Article history:

Received Oct 22, 2023

Revised Oct 23, 2023

Accepted Nov 06, 2023

### Keywords:

BPJS Health;  
INA-CBGs;  
Pending claims.

## ABSTRACT

Guarantee program health (BPJS Health ) does payment to facility health reference level continued (FKRTL) in Indonesian Case Base Groups (INA-CBGs). BPJS health claim is submission cost maintenance patient participant guarantee health national (JKN) by parties House Sick to BPJS health carried out \_ in a way collective and billable every the month . Currently \_ Still happen problem between BPJS Health and Advanced Level Referral Health Facilities (FKRTL) including the relevant Bima City Hospital with problem coding that doesn't appropriate , medical resumes are not complete , incomplete relevant between medical resumes with results inspection support medical , and errors entry claim . Research objectives This is For know in a way deep regarding : (1) System planning management claim ; (2) System organizing ; (3) Implementation management record medical and files condition claim ; (4) System supervision in management JKN claim . Study This use approach studies case . Research results : (1) SPM recording has not been implemented medical ; (2) The hospital's internal coders and verifiers are not yet available equipped knowledge knowledge INA-CBGs coding , internal verification still underway done manually because \_ Not yet There is application internal verification ; (3) Implementation management record medical and files condition claim Not yet in accordance with PMK number 26 of 2021 and BA agreement together guide management solution problem INA-CBGs claims in 2020; (4) System supervision in management JKN claim yet held optimally.

This is an open access article under the [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/) license.



## Corresponding Author:

Sulastri,  
RSUD Bima,  
Jl. Langsat No 1 Raba Bima, Nusa Tenggara Barat, Indonesia.  
Email: [sulastri.s2mkes@gmail.com](mailto:sulastri.s2mkes@gmail.com)

## 1. INTRODUCTION

Hospital is institution service organizing health \_ service health individual in a way plenary which provides service take care stay in, take care of road , and it's serious emergency (Lee et al., 2023);(Lim et al., 2023). Between obligations House one of them is

sick is organize record medical through maintenance management information health in hospitals (Afful-Dadzie & Egala, 2022); (Madan Kumar et al., 2023);(Adams et al., 2023). As for what is meant with System Health Information is set order that includes data, information , indicators , procedures , technology , tools and sources Power human beings with each other related and managed in a way integrated For direct action or useful decision \_ in support development health(Peraturan Menteri Kesehatan Nomor 82 Tentang Sistem Informasi Manajemen Rumah Sakit, 2013);(Albano et al., 2021);(Gedikci Odogan et al., 2023);(Hu et al., 2021).

In implementing the Health Insurance program , the Organizing Body Guarantee Social (BPJS) Health does payment to Advanced Level Referral Health Facilities (FKRTL) according to Indonesian Case Base Groups (INA-CBGs). Minister of Health Regulation Number 6 of 2018 concerning Change Third on Minister of Health Regulation Number 52 of 2016 concerning Standard Health Service Tariffs in Implementation of the Health Insurance Program. Indonesian Case Base Groups (INA-CBGs) guidelines in Implementation Health Insurance is reference for Advanced Level Referral Health Facility (FKRTL), Organizing Body Guarantee Social (BPJS) Health, Security Council National Social (DJSN), Organization Profession , Hospital Association , and stakeholders interest related other about method INA-CBGs payments in implementation claim service Health Insurance (Peraturan Menteri Kesehatan Nomor 26 Tentang Pedoman Indonesian Case Base Groups (INA-CBGs) Dalam Pelaksanaan Jaminan Kesehatan, 2021).

BPJS health claim is submission cost maintenance patient JKN participants by party House Sick to BPJS health carried out \_ in a way collective and billed to BPJS Health \_ every month (Ardhitya & Perry, 2015). Claims process this is very important for House Sick as replacement cost JKN patients who have get home service \_ working sick \_ The same with BPJS health . Collaborating FKRTL with BPJS Health \_ must submit claim every month in a way regular at the latest 10th ( tenth ) month next , with included files mandatory requirements \_ be equipped in accordance procedure BPJS health verification.

Currently \_ Still happen problems in the field between BPJS Health and FKRTL in particular related coding . This thing result the occurrence of disputes and pending claims so that payment claim from BPJS Health to FKRTL be delayed (Peraturan Menteri Kesehatan Nomor 26 Tentang Pedoman Indonesian Case Base Groups (INA-CBGs) Dalam Pelaksanaan Jaminan Kesehatan, 2021). From the results verification Covid-19 claims at level national In 2021, there were 79.07 % appropriate claims as many as 933,708 cases with cost IDR 50.5 trillion , 14.42% dispute claims totaling 170,335 cases with cost IDR 9.9 trillion , 6.12% pending claims totaling 72,248 cases with costs IDR 3.4 trillion , and 0.39% is the claims that have been made expired or what not in accordance provision as many as 4,567 cases with cost IDR 193 billion (BPJS, 2021). Files that don't get away will experiencing pending and dispute.

Dispute Claims Covid 19 has become something problems and many experienced by the house Sick Covid reference . Based on National Dispute Claims Data from the Ministry of Health, the proportion of disputes is caused by criteria participant guarantee No corresponds to 55.07%, file claim No complete 37.14%, diagnosis comorbid No corresponding 4.78% and 3.02% factors others (Nurhadianah, 2022). One \_ case problem pending patient claims take care BPJS health hospitalization that occurred at RSUD Dr. RM Djoelham Binjai (Sitorus et al., 2022) because nonconformity or incomplete filling the items inside charging record medical , error officer in the input process , apart from That difference understanding about completeness file claim between party internal house verifier Sick with party BPJS health verifier .

The problems at this hospital came later impact cause lateness payment service medical conditions that impact performance hospital employees so influence on quality service House sick . Then the flow of hospital cash funds was also disrupted Because due payment \_ claimed No in accordance should (Santiasih et al., 2021);(Widodo, 2023). Problem Patient pending claims take care BPJS health hospitalizations also occurred at

Citra Husada Hospital in Jember. The results of research conducted by (Nuraini et al., 2019) show that charging file condition BPJS health claim take care stay Still there is case incompleteness that is around 20.70% in observations July 2018. Number of incompleteness highest in charging occurs on the INA-CBGs form and medical resume namely 50% and 54% of the 92 files observed .

Observation writer at the Regional General Hospital (RSUD) Bima Regency , every the month happen problem pending claims , dispute claims , even claim forfeit that occurs on the claim Regular National Health Insurance (JKN) and covid-19 claims . Study results documents carried out by researchers at Bima City Regional Hospital obtained case data claim pending on regular JKN claim for the period January to March 2022 there were 129 cases consists of 96 cases take care hospitalization and 33 cases take care path caused by error \_ coding , medical resumes that don't complete , results support medical that doesn't complete , and errors entry claim .

Problem the No should happened at home sick Bima City however happen every the month . Condition the show exists ineffectiveness to the application process claim . This thing naturally impact on delays or setback payment claim (pending claim). Condition the give rise to addition burden Work officer record medical specifically casemix unit officer Because make officer works twice even over and over again . Pending claims result loss House Sick Because slow down the payment process claim from BPJS Health to House Sick so that home cash flow Sick become disturbed . Problem the in a way No direct influential on quality service to patient Because availability drug become reduced , tool inadequate health , inadequate facilities and infrastructure \_ \_ adequate , as well lateness payment service service employee House sick , next impact on performance employee House Sick so that quality service House Sick decreased . If this pending issue let it happen and it happens in a way Keep going continuously , then will impact on performance employee become down , enthusiasm Work decreased , employees resign self ( move and resign) from House sick , and broke down Work employee consequence service service No paid . If resignation self employee happened to the doctor specialist There is no impact at the Bima City Regional Hospital Can operates and will lost patient Because No own doctor specialist . Resignation self doctor specialist is very easy happen because 90% of doctors The specialist at Bima City Regional Hospital is power with power status contract .

Incident delay important pending payments / claims done reduction / elimination . Therefore , research \_ This is important done For reveal facts related with problematic BPJS health patient pending claims in implementation of Indonesian Case Base Groups (INA-CBGs) and management treatment at Bima City Regional Hospital with hope can become study material For repair things still \_ Not yet in accordance with hope. Research on the problems of BPJS Health patient pending claims in the implementation of INA-CBGs (Indonesia Case-Based Groups) and their management is important for several reasons, the first of which is related to public health itself. BPJS Health is an important health insurance program for millions of Indonesians. Problems with pending claims can hinder patients' access to the health services they need. By researching these issues, we can improve public health services as a whole. Second, the issue of efficiency and transparency: INA-CBGs is a case grouping system used to determine health service financing. This research can help ensure that the system is efficient and transparent, so that existing funds are used wisely. Third, System upgrade. This research can help identify problems in the claims process that may occur, so that steps can be taken to improve the system. This may include changes in regulations, guidelines or technology infrastructure. Fourth, related to Financial and Payment issues: Delayed or problematic claims can have a financial impact on hospitals, physicians, and other health facilities. This research can help identify how these issues are impacting finances and provide a basis for improvement. Fifth, the issue of Legal Compliance. Ambiguity in the claims process can result in legal problems between the parties involved, including patients,

hospitals and BPJS Health. This research can help clarify and understand the legal issues involved. Sixth, Supervision and Accountability. By examining the implementation of INA-CBGs and claims management, we can monitor whether the rules and guidelines are implemented correctly. This can increase the level of accountability among the parties involved in the system. Seventh, Improved Patient Care: This research can also help improve patient care by identifying barriers and problems that impact patients when they seek health care.

In short, research on the problems of BPJS Health patient pending claims in the implementation of INA-CBGs and their management is important to ensure that the Indonesian health system functions well, efficiently and fairly, as well as providing affordable and quality health services to the community.

## 2. RESEARCH METHOD

Study This use approach studies case single holistic (holistic single -case study), namely research that puts case as focus research . One \_ reason For use One case in study This Because selected case \_ happens on time certain . Whereas pattern used \_ is exploratory that is explore something situations that don't can evaluated in a way intensive or based on single points and displayed in a way narrative or descriptive (Yin, 2021). Study This carried out at the Bima City Regional General Hospital (RSUD). Object study This is all over record medical pending JKN patients month January and February 2022 as many as 81 records medical take care walk and take care of it stay. Data analysis was carried out with the aim of obtaining more data meaningful. Data analysis in qualitative research is a process simplification of data into a form that is easier to read and interpreted. Miles and Huberman (1984), stated that Data analysis in qualitative research is carried out during data collection ongoing and after completing data collection within a certain period which is carried out interactively and takes place continuously until complete so that the data is saturated. Activities in data analysis namely data reduction (data reduction), data display (data presentation), and conculation drawing/verification (drawing conclusions/verification). The level of trustworthiness of the research results obtained must be tested It is intended, among other things, that the results of the research be acknowledged as true by the audience and meet scientific criteria. Checking the validity of data on This case study research was conducted to confirm the results of the analysis and interpretation of the data is reliable. According to (Cresweel, 2012) checking the validity of the data can be done with members checking, transferability (transferability), confirmability (certainty), triangulation, and external audit. Checking the validity of the research data This case study was conducted to confirm the results of the analysis and interpretation data can be trusted.

## 3. RESULTS AND DISCUSSIONS

Based on the research focus as in chapter I, the data is presented These are grouped into four, namely: (1) Exposure to data regarding claims management planning which includes record return time medical, completeness of the contents of the medical record, and consistency of the contents of the medical record. (2) Organizational system that includes job descriptions for management officers JKN claim. (3) Implementation of management of medical records and files Claim requirements include establishing a disease diagnosis and procedures/actions, carrying out medical record analysis, assigning codes diseases and procedures/actions, claim entry on the INA-CBGs application, making claims reports, and processing pending claims. (4) Supervision system that includes monitoring, evaluation and follow-up results of supervision applied in JKN claim management.

Planning is the most important process because it will serve as a reference for subsequent activities. Management planning A good JKN claim starts from recording medical records 109 carried out by Professional Care Providers (PPA), in this case DPJP, nurses, midwives, pharmacists, nutritionists and other health workers be involved in patient care a maximum of 1x24 hours after administration service. Apart from that, returning medical record documents from the room timely treatment, namely a maximum of 2x24 hours after the patient discharged for inpatient treatment and immediately after service in outpatient clinic. Return of medical record documents from treatment room to the medical records room should be on time and in complete condition and the contents of the medical resume are consistent.

Organizing is the process of determining, grouping and organization of various activities necessary to achieve goals, placing people in each of these activities, providing necessary equipment and establishing limits of authority to each person so they can work together efficiently and effective to achieve goals. In order to realize JKN claims management planning, Therefore, organization is needed that involves various elements hospital. In managing claims, the hospital forms team determined by the hospital director in the Decree Director of Bima City Hospital number 817/03.A/RSUD-Kota/II/2022 regarding the Appointment of the INA-CBGs Digital Claims Verification Team and Covid-19 claim at Bima City Hospital in 2022 and given special authority to manage JKN claims and covid-19 claims.

### 3.1 Planning Management Claim.

Planning management good JKN claim started from recording record proper medical care on time , completely and consistently carried out by professionals giver care (PPA) in matter these are DPJP, nurses , midwives , pharmacists , nutritionists and staff health others involved in the service patient. Standard minimum service return (SPM). record medical from patient finished get service medical until record medical return to room record medical in 2x24 hour time , meanwhile For charging record medical maximum 1x24 hours in circumstances complete .

Based on results observation to record medical pending claims at Bima City Regional Hospital can be received is known that time return record medical from room maintenance to installation record medical entirely carried out >2x24 hours after patient go home and don't There is none record returned medical \_ appropriate time (<2x24 hours) after patient go home . It means accuracy time return record Medically, the SPM achievement target is 0% which should be 100%. Completeness fill record medical patient only 52.8 % ie half from the recorded SPM achievement target medical which should be 100%. Consistency fill record medical only 50.9 % did it should be 100% caused by existence DPJP's wishes for raise INA-CBGs rates and found a number of diagnosis that is not in accordance rule determination diagnosis and rules coding .

Based on description above , planning management claims that include time return record medical , equipment fill record medical , and consistency fill record medical at Bima City Regional Hospital yet in accordance with SPM recording medical . This thing caused by yet implementation of SPM recording medical at Bima City Regional Hospital because understanding about SPM recording medical from level management until to level executor in matter this is still a PPA less . There are also PPA who really understand SPM recording medical However difficult For implement it Because limitations the time and busyness of the PPA .

### 3.2 System Organizing Manager JKN claim

Until moment This Still happen problem between FKRTL and BPJS Health related accuracy coding among them Because lack of inspection support supporting diagnosis, nonconformity or incomplete filling in record items medical , incompleteness file claim , error officer in the input process JKN claims on the INA-CBGs application , knowledge

officer executor Still Not yet control JKN claims , and errors placement Primary and secondary diagnoses on a medical resume . This thing result the occurrence of disputes and pending claims so that payment claim from BPJS Health to FKRTL be delayed .

For overcome various problems that cause such pending claims , then needed system organizing manager good JKN claim so that team manager can claim JKN Work optimally appropriate \_ with their respective duties (Yusuf et al., 2022). Management team claim must equipped with knowledge knowledge especially about INA-CBGs coding for internal coders and verifiers as well technology helpful information \_ speed up submission claim and minimize pending claims at home Sick including applications \_ internal house verification illness and SIMRS (Pamularsih, 2015); (Maryati et al., 2022).

Management team JKN claims at Bima City Regional Hospital have not yet been made Once follow trainings related their respective duties, especially internal coders and verifiers who are cast important in management JKN claim. The internal verification process is still ongoing done manually without \_ use application verification . From the description above , yes explained that system organizing manager JKN claims at Bima City Regional Hospital have not yet been made Can minimize / eliminate pending claims are due because of the management team JKN claims at Bima City Regional Hospital have not yet been made Once follow trainings related their respective duties, especially internal coders and verifiers who are cast important in management JKN claim , so understanding associated internal coders and verifiers rule INA-CBGs coding still less of an effect easy change order code main and code secondary when find gap between the real cost of the house Sick with real claims. The internal verification process is still ongoing done manually without \_ use application verification so that the internal verifier does not can know claims that are at risk of pending conflict with rule coding / errors coding , entry errors , results support medical that doesn't Attached , proof action / procedure No attached , etc.

### 3.3 Implementation Management Record Medical and Files Condition Claim

Duties and responsibilities answer doctor that is establish and write down the main diagnosis , secondary diagnosis and actions / procedures that have been carried out held as well as create a medical resume patient in a way complete , clear and specific during patient treated at home sick . Recording record medical must made complete maybe by a doctor nor power authorized health \_ or PPA for see notes development history disease patient from beginning until end in a way continuous (Sakidjan, 2014).

Determination diagnosis diseases and procedures / actions carried out by the DPJP, meaning that the DPJP at the Bima City Regional Hospital has already done so operate duties and responsibilities he answered in accordance as mandated in PMK number 26 of 2021 concerning guidelines Indonesian case base groups (INA-CBGs) in implementation guarantee health , however Not yet runs optimally because only one DPJP person who wrote a medical resume in a way complete , clear and specific while the other DPJP delegates to doctor ward .

Implementation analysis record medical Good qualitative nor quantitative done 2 times, namely at patient currently treated in the room treatment (concurrent analysis ) and after patient home (retrospective analysis ). Concurrent analysis yet held optimally by the head room no treatment yet Once follow training /inhouse training about analysis record medical . Whereas analysis retrospective carried out by two officers in the room casemix is one of them is profession recorder medical It means officer who has knowledge knowledge about analysis record medical However his task held with not enough thorough and hasty Because chase time submission claim (Andrikov & Kuchin, 2021).

Determination code diseases and procedures / actions based on ICD 10 for diagnosis disease , ICD-9 for procedures / actions and ICD IM for diagnosis and specific actions / procedures . Determination code diseases and procedures / actions carried out by the coder in room casemix However seldom written in record medical but direct entry

in INA-CBGs application . Determination code diseases and procedures / actions are also carried out by the child's DPJP at the time set diagnosis , actions / procedures and complete medical resume . Existing ICD code determined by the child's DPJP the direct accepted by the coder and used For submission claim JKN without reviewing suitability code with rule coding set out in PMK number 26 of 2021 concerning guidelines Indonesian case base groups (INA-CBGs) in implementation guarantee health, BA deal together guide management solution problem INA-CBGs claims , and other guidelines (Indawati, 2019);(Windari & Kristijono, 2016).

Claim data entry process in the INA-CBGs application is carried out in two stages. Stage First , entry of claim data in the INA-CBGs application by the entry officer . At stage This is the data that is entered start from identity patient , class care , date service , down to the detailed real cost of service patient . Furthermore entry will continued by the coder in entering the claims data stage the second one started from entry existing ICD-10 and ICD-9 CM codes determined by the coder Alone or by DPJP, then grouping, finalizing , sending claim to the data center of the Ministry of Health and Printing Kalim grouping results . Order the application process claim walk effective and efficient , coding should resolved moreover formerly Then next with entry claims on the INA-CBGs application until delivery claim to the Ministry of Health's data center . Entry claim Enough completed by 1 entry officer and coder focus on the task set ICD coding (Ode et al., 2016).

Making report claim JKN for management House sick by casemix made after accept news event feed come back from BPJS Health . Report claim No taken from un-encrypted INA-CBGs TXT file but taken from excel summary per DPJP. Then the claim data from the excel file is combined the data with costing files from officer boarding so that prolong making report .

Application process return pending claims are made after exists news event feed come back from BPJS health verifier . This process is burden heavy physical and moral burden for officer casemix especially for head record medical as underwriter answer because pending claims will has an impact on many matter including staff \_ casemix will Work repeat do submission return pending claims , services service No will shared to all over employee House Sick If pending claims yet paid by BPJS health whose effects are influence on morale Work employee House Sick furthermore impact on performance employee House ill , provision medicines and tools health obstructed and numerous Again other impacts that occur consequence from this pending claim.

Application process return pending claims are made after accept news event feed go back and confirm list pending reason from BPJS health verifier but BA bait come back No come simultaneously with a confirmation list pending reason (Keat-Chuan Ng et al., 2023). Confirmation list pending reason obtained after asked many times to BPJS health verifier so that pending claims do not Can submitted quick after receive BA bait back . Submission return pending claims are very late because officer casemix only Waiting for the pending confirmation list from BPJS verifier and not agile charge or pick up direct to BPJS office lists pending confirmations .

It can be said that implementation management record medical and files condition claim No in accordance with PMK number 26 of 2021 and BA agreement together guide management solution problem INA-CBGs claims in 2020 were caused by a lack of socialization about regulations the in a way comprehensive to staff House Sick especially to staff involved \_ directly to management record medical and files claim JKN so understanding about regulations the becomes very less .

### 3.4 System Supervision

Evaluation to management JKN claims are carried out by the team control quality control home costs (TKMKB). sick and director House sick . TKMKB \_ is team outside team manage JKN claims consisting of from ranks management House sick , DPJP, and

parts finance House sick. Evaluation This done at least one times three month in form supervision or monitoring and evaluation .

At the Bima City Regional Hospital there are monitoring, evaluation and action activities carry on from supervision of activities charging record medical by DPJP which is very late , deposit record medical from room maintenance to very late casemix , submission late claims , many pending cases \_ every month , submission return late pending claims No done in a way routine and optimal. Monitoring and evaluation by the director House Sick No done in a way comprehensive to all parties involved in management \_ JKN claims in particular Pending claims begin from time charging record medical by DPJP, deposit record medical treatment by a nurse to casemix, filling card index medication (KIO) by pharmacist , management record medical and files claim by the team casemix and verify by the team internal house verifier sick (Jaswa et al., 2023). Monitoring and evaluation only done to performance casemix just . It can be said that system supervision implemented \_ in management JKN claims are not held in a way comprehensive and periodic and not yet exists team specifically appointed by management \_ House Sick For do supervision to management JKN claim.

#### 4. CONCLUSION

Based on description in section results and discussion can concluded that : *First* , planning management claims that include time return record medical , equipment fill record medical, and consistency fill record medical . Implementation of SPM recording medical Not yet done Because management House pain and PPA involved in filling record medical part big Not yet understand about SPM recording medical . *Second* , System organizing which includes officer job descriptions manager There are no JKNS claims at Bima City Hospital yet Can minimize / eliminate pending claims are due Because coder and internal verifier as cast important in management JKN claim yet equipped knowledge adequate knowledge \_ Because Not yet Once follow training INA-CBGs coding . Apart from that , the internal verification process is still ongoing done manually without \_ use application verification so that the internal verifier does not can know claims that are at risk of pending conflict with rule coding / errors coding , entry errors , results support medical that doesn't complete , proof action / procedure \_ No attached , etc. \_ *Third* , Implementation management record medical and files condition claim covers determination diagnosis disease and procedures / actions , implementation analysis record medical , determination code diseases and procedures / actions , claim entry on the INA-CBGs application , making report claims , and application process return pending claims. Implementation management record medical and files condition claim Not yet in accordance with PMK number 26 of 2021 concerning guidelines Indonesian case base groups (INA-CBGs). *Fourth*, System supervision implemented \_ in management JKN claim yet held in a way comprehensive caused Because Not yet exists team specifically those who do supervision to management JKN claim. Monitoring and evaluation only carried out by the director House Sick to performance casemix just at the moment There is problem.

Research on the problems of pending claims from BPJS Health patients in the implementation of INA-CBGs (Indonesia Case-Based Groups) and their management has a number of theoretical implications that can provide significant contributions to theory and understanding in various fields. Several theoretical implications that can be identified include: First, Health Services Management Theory: This research can provide insight into how claims management and financing in public health systems such as BPJS Health affects the provision of health services. This can contribute to the development of health service management theories. Second, Health Policy Theory: This research can help in better understanding the role of health policy, including health insurance policy, in shaping access and quality of health services. The theoretical

implications may lead to a deeper understanding of how policies can be improved to address the problem of pending claims. Third, Health Economic Theory: In the aspect of health financing, this research can influence health economic theory by exploring the ways in which health financing impacts access, costs and efficiency of health services.

Research on the problems of pending claims from BPJS Health patients in the implementation of INA-CBGs and their management has a number of limitations that need to be acknowledged, as well as suggestions for future researchers, including: Limited Data Access. This research may face obstacles in accessing accurate and complete data regarding pending claims from BPJS Health patients. Sensitive data and patient privacy can also be a barrier. Therefore, the suggestion that can be given is that future researchers can try to gain better access to the required data through collaboration with BPJS Health or relevant institutions. In addition, attention should be paid to privacy and ethical issues in the processing of patient data. K. A further limitation is Changing Context: Health policies, regulations, and claims management practices may change over time. The research results may have limitations in terms of generalization to the future. Suggestions that can be given: Future researchers need to be aware of the dynamics of change in the health sector and continue to monitor developments in related policies and practices. Longitudinal studies may be needed to describe changes over time. Next, subjectivity in Qualitative Analysis: Qualitative analysis tends to be subjective and can be influenced by the researcher's approach. Analysis results may vary depending on the researcher's interpretation. Suggestions given: Future researchers must maintain openness to various perspectives and apply triangulation to increase the reliability of the analysis results. Involving different researchers or research teams can help reduce subjectivity. The next limitation is limited resources: This research may require sufficient resources, especially in terms of time, funds and access to relevant respondents or informants. The advice given is that future researchers can plan resources wisely and ensure that this research is carried out with sufficient resources to achieve the research objectives. By paying attention to these limitations and suggestions, research on the problems of pending BPJS Health patient claims in the implementation of INA-CBGs and their management can become more meaningful and provide a more significant contribution to improving the health system in Indonesia.

#### REFERENCES

- Adams, T., O'Sullivan, M., & Walker, C. (2023). Surgical procedure prediction using medical ontological information. *Computer Methods and Programs in Biomedicine*, 235, 107541. <https://doi.org/10.1016/j.cmpb.2023.107541>
- Afful-Dadzie, E., & Egala, S. B. (2022). Medical practitioners' decision making on quality of online medical information: A consumption values theory analysis. *Health Policy and Technology*, 11(4), 100685. <https://doi.org/10.1016/j.hlpt.2022.100685>
- Albano, D., Follman, S., Patel, Y. D., Gantotti, S., Reilly, P., & Hermes-DeSantis, E. R. (2021). Enhancing Patient Care: Value of Pharmaceutical Medical Information Services. *The Journal for Nurse Practitioners*, 17(7), 840–845. <https://doi.org/10.1016/j.nurpra.2021.01.009>
- Andrikov, D. A., & Kuchin, A. S. (2021). Development of a prototype of a medical information system for a clinical diagnostic center. *Procedia Computer Science*, 186, 287–292. <https://doi.org/10.1016/j.procs.2021.04.147>
- Ardhitya, T., & Perry, A. (2015). Faktor Yang Melatarbelakangi Penolakan Klaim BPJS Oleh Verifikator BPJS di RSJD Amino Gondohutomo Provinsi Jawa Tengah. *Udinus Repository*.
- BPJS. (2021). *BPJS kesehatan Dorong RS Ajukan Berkas Klaim Covid secara Lengkap, Berita Umum BPJS kesehatan*, 13 Oktober 2021. <https://www.bpjs-kesehatan.go.id/bpjs/post/categories/Mjl/berita>.
- Cresweel, J. W. (2012). *Research Design: Pendekatan Kuantitatif, Kualitatif dan Mixed*. Pustaka Pelajar.
- Gedikci Ondogan, A., Sargin, M., & Canoz, K. (2023). Use of electronic medical records in the digital healthcare system and its role in communication and medical information sharing among healthcare professionals. *Informatics in Medicine Unlocked*, 42, 101373.

- <https://doi.org/10.1016/j.imu.2023.101373>
- Hu, F., Huang, M., Sun, J., Zhang, X., & Liu, J. (2021). An analysis model of diagnosis and treatment for COVID-19 pandemic based on medical information fusion. *Information Fusion*, 73, 11–21. <https://doi.org/10.1016/j.inffus.2021.02.016>
- Indawati, L. (2019). Analisis akurasi koding pada pengembalian klaim BPJS rawat inap di RSUP Fatmawati tahun 2016. *Jurnal Manajemen Informasi Kesehatan Indonesia*, 7(2), 113–113.
- Jaswa, E. G., Lindquist, K. J., Hariton, E., Aliaga, K. E., Cedars, M. I., & Huddleston, H. G. (2023). Association between social media use for medical information during pregnancy and likelihood of vaccination against COVID-19. *AJOG Global Reports*, 3(4), 100262. <https://doi.org/10.1016/j.xagr.2023.100262>
- Keat-Chuan Ng, C., Linus-Lojikip, S., Mohamed, K., & HSS, A.-S. (2023). Application of medical information system to identify dengue outbreak factors: Insights from a hyperendemic city in Malaysia. *International Journal of Medical Informatics*, 177, 105162. <https://doi.org/10.1016/j.ijmedinf.2023.105162>
- Peraturan Menteri Kesehatan Nomor 82 Tentang Sistem Informasi Manajemen Rumah Sakit, (2013).
- Peraturan Menteri Kesehatan Nomor 26 Tentang Pedoman Indonesian Case Base Groups (INA-CBGs) Dalam Pelaksanaan Jaminan Kesehatan, (2021).
- Lee, K. M. K., Page, A., Kim, S., Al-Diery, T., Koeper, I., Singh, I., Hawthorne, D., & Johnson, J. (2023). Perceptions and expectations of health professionals regarding hospital pharmacy services and the roles of hospital pharmacists: A qualitative systematic review and meta-synthesis. *Exploratory Research in Clinical and Social Pharmacy*, 10, 100264. <https://doi.org/10.1016/j.rcsop.2023.100264>
- Lim, R. B. L., Yeat, C. L., Vighneshvaran, R., Kasinathan, N., Ahmad Subki, S. Z., Singh, A. H. S., & Saad, N. D. (2023). Mapping Levels of Palliative Care Service Development in Malaysian Public Hospitals Using the WHO Public Health Model of Palliative Care. *Journal of Pain and Symptom Management*, 66(3), 221–229. <https://doi.org/10.1016/j.jpainsymman.2023.05.017>
- Madan Kumar, C., Amin, R., & Brindha, M. (2023). Cryptanalysis of Secure ECC-Based Three Factor Mutual Authentication Protocol for Telecare Medical Information System. *Cyber Security and Applications*, 1, 100013. <https://doi.org/10.1016/j.csa.2023.100013>
- Maryati, W., Yuliani, N., & Justika, A. I. (2022). Karakteristik Rumah Sakit dan Keakuratan Kode Diagnosis Mempengaruhi Hasil Klaim INA-CBGs. *LINK*, 16(2), 141–148.
- Nuraini, N., Wijayanti, R. A., Putri, F., Alfiansyah, G., Deharja, A., & M.W., S. (2019). Optimalisasi Manajemen Pengajuan Klaim Pending Pasien BPJS Rawat Inap di RS Citra Husada Jember. *Jurnal Kesmas Indonesia*.
- Nurhadianah, N. (2022). Analisis Pending dan Dispute Klaim Kementerian Kesehatan Pasien Rawat Inap Covid 19. *Dohara Publisher Open Access Journal (DPOAJ)*.
- Ode, W., Wunari, D., Karimuna, S. R., & Munandar, S. (2016). *Studi Penerapan Sistem Pembayaran Layanan Kesehatan dengan Sistem Diagnosis Penyakit (Indonesia Case Based Groups/Ina-cbgs) di Ruang Rawat Inap Rumah Sakit Umum Bahteramas Kota Kendari Tahun 2015*. Doctoral dissertation, Haluoleo University.
- Pamularsih, R. A. (2015). *Penyelenggaraan Pelayanan Kesehatan Melalui BPJS Di Rumah Sakit*. Universitas Islam Indonesia.
- Sakidjan, I. (2014). Analisis Kelengkapan Catatan Rekam Medis Kasus Tetralogy of Fallot pada Implementasi INA-CBGs di RSPJN Harapan Kita. *Jurnal Administrasi Rumah Sakit Indonesia*, 1(1).
- Santiasih, W. A., Simanjong, A., & Satria, B. (2021). Analisis Penyebab Klaim pending BPJS kesehatan Rawat Inap di RSUD DR.RM. Djoelham Binjai. *Jurnal Of Healthcare Technology Ang Medicine*.
- Sitorus, M. I., Yulia, N., Fannya, P., & Rumana, N. A. (2022). Tinjauan peranan koder dalam pengajuan berkas klaim BPJS Kesehatan pasien rawat inap di RSUD DR. RM Djoelham Kota Binjai. *Jurnal Ilmiah Perkam Dan Informasi Kesehatan Imelda*, 7(1), 56-64.
- Widodo, P. P. (2023). Klaim Pending Rawat Inap Bpjs Kesehatan Di Rs X. *Prosiding Seminar Nasional Rekam Medis & Manajemen Informasi Kesehatan*.
- Windari, A., & Kristijono, A. (2016). Analisis Ketepatan Koding Yang Dihasilkan Koder Di RSUD Ungaran. *Jurnal Riset Kesehatan*, 5(1), 35–39.
- Yin, R. K. (2021). *Studi Kasus Desain & Metode* (8th ed.). PT. Rajagrafindo Persada.
- Yusuf, Z., Nurwanah, A., & Sari, R. (2022). Fraud pada Program Jaminan Kesehatan Nasional Perpekstif: Kompetensi Auditor Internal dengan Pendekatan Fenomenologi. *Owner*: