IJPHS:
International Journal of Psychology and Health Science
GREENATION PUBLISHER
+62 812 1046 7572 http://greenpub.org greenation.info@gmail.com
DOI: https://doi.org/10.38035/ijphs.

Analysis of the Causes of Pending BPJS Health Claims in Outpatient Services at the Occupational Health Hospital of West Java Province

Egy Muhammad Rachmadi[1], Ade Irma Suryani[2]
[1]Politeknik Piksi Ganesha, Jawa Barat, Indonesia, egymuhammadrachmadi@gmail.com
[2]Politeknik Piksi Ganesha, Jawa Barat, Indonesia, adeirmasuryani20@gmail.com

Corresponding Author: egymuhammadrachmadi@gmail.com[1]

Abstract: The West Java Provincial Occupational Health Hospital is one of the healthcare facilities that has collaborated with BPJS Health. However, problems still occur in the implementation of the National Health Insurance (JKN) policy, especially regarding pending outpatient service claims. This study aims to identify the factors causing pending BPJS Health claims for outpatient services at the West Java Provincial Occupational Health Hospital. The study employed a quantitative descriptive approach with a cross-sectional design. Sampling was carried out using systematic random sampling, determining certain intervals based on population and sample size. Based on data analyzed from October to December 2024, 88 claim files were found to be pending. Contributing factors include inaccurate coding of the main diagnosis and medical action (38.6%), incomplete evidence of therapy (26.2%), administrative documents (18.2%), and supporting examinations (17%).

Keyword: Pending Causes, JKN, BPJS Health Claims, Claim Status, Payment

INTRODUCTION

According to the Organization Health Organization (2025), hospitals are an essential component of the social structure and healthcare system, as they provide comprehensive services covering both treatment and prevention for the community. Based on Regulation of the Minister of Health of the Republic of Indonesia (2022) No. 24, in order to ensure and improve the quality of healthcare services, every hospital is required to have medical records. Medical records are documents that contain information about a patient's identity, examination results, medical actions, treatment outcomes, and various healthcare services provided to the patient during the care process. Medical records and the National Health Insurance (JKN) are interrelated within Indonesia's healthcare service system. This relationship is particularly evident in aspects of claim submission and payment for services provided to JKN participants (Wahab and Salina, 2024).

The Indonesian government officially implemented the JKN program in 2014 as an effort to establish a comprehensive social security system in the health sector and to ensure

that all citizens receive equal access to healthcare services (Hartantri and Suryani, 2024). The responsibility for implementing and managing the JKN program lies with the Social Security Administering Body for Health (BPJS Kesehatan), which is in charge of regulating the administration and operations of healthcare services. Accredited hospitals partnering with BPJS Kesehatan are eligible to submit claims for the services rendered, and these claims will be reimbursed upon verification and confirmation of eligibility (Kusumawati and Pujiyanto, 2020). A BPJS Health claim is the process of submitting funding requests for healthcare services already provided to participants by the hospital. This is done collectively and billed to BPJS Kesehatan within a specific period, usually monthly (Maulida and Djunawan, 2022). Healthcare financing plays a critical role in supporting the implementation of the JKN Program in hospitals, which is carried out by BPJS through claim submissions (Larasty et al., 2023). BPJS Health accepts claims in both hardcopy and softcopy formats. The completeness of claim documents is a crucial factor that affects the smooth reimbursement of healthcare service costs (Wahab and Salina, 2024). BPJS Kesehatan uses a Casemix-based payment system known in Indonesia as Indonesia Case-Based Groups (INA-CBG's) (Khasanah et al., 2023). Claim submissions to BPJS require the inclusion of a medical resume containing the main diagnosis and comorbidities in accordance with the ICD-10 classification, and medical procedure codes based on ICD-9-CM. The claims are then processed through the INA-CBG's system, with payment mechanisms based on the patient's disease classification group (Hendra et al., 2021).

A lack of understanding of applicable regulations can lead to pending claims, a condition in which claim documents are returned by BPJS Health due to failing to meet verification criteria, thereby delaying payment. To support smooth reimbursement for health services, hospitals must thoroughly understand the claim requirements that must be met. Pending claims have the potential to disrupt the hospital's cash flow, including causing delays in meeting logistical needs such as medicine and medical supply availability (Sari and Hidayat, 2023). Pending claims can be caused by various factors, such as incomplete documentation, lack of therapy evidence, insufficient supporting examinations, and inaccurate coding of the main diagnosis and procedures. These situations compel BPJS verifiers to return the claim documents to the hospital verification team or the attending physician for completion (Maulida and Djunawan, 2022).

Several studies have identified various factors contributing to pending BPJS Health claims at healthcare facilities. A study by Pranayuda et al. (2023) at RSUP Persahabatan recorded 475 pending files, mainly due to incomplete documentation, inaccurate coding, insufficient supporting examinations, and low understanding of the Coding Agreement Minutes. Larasty et al. (2023), in their study at Hospital X during the 2023 quarterly period, showed that 5.3% of documents were administratively non-compliant, particularly regarding the diagnosis and procedure conformity sheet, the coding of repeat visit patients, and the primary and secondary diagnoses. Mandia (2023) at the RMC Padang Pariaman main clinic reported that the highest number of pending claims occurred in September, predominantly due to 13 cases of incorrect coding resulting from errors in using combined codes and establishing diagnoses based on examination results. At Airlangga University Hospital, data from February to March 2022 showed that out of 88 pending files, the main causes were incomplete administrative documents, inaccurate coding, insufficient medical support examinations, and the absence of therapy evidence (Maulida and Djunawan, 2022). Meanwhile, Pratama et al. (2023) at RSUD Dr. Soedirman Kebumen found 27 pending files in September 2022, mostly due to differing perceptions between the hospital's internal coders and BPJS Health verifiers, as well as a lack of supporting data for accurate diagnosis coding.

The Occupational Health Hospital is a healthcare facility that has established cooperation with BPJS Health. However, there are still issues regarding pending claims,

especially in outpatient services. If these issues continue to occur during each claim submission process, they could lead to several negative impacts such as disrupted cash flow, operational barriers, delays in procurement, reduced financial performance of the hospital, increased administrative burden, and the risk of systemic losses. To comprehensively address these problems, it is necessary to identify the factors causing pending claims. Therefore, the researcher intends to conduct a study aimed at analyzing the causes of pending BPJS Health claims in outpatient services at the Occupational Health Hospital of West Java Province for the period of October–December 2024.

METHOD

This study uses a quantitative descriptive approach with a cross-sectional design, in which data collection is carried out at a single point in time (point time approach) (Notoatmodjo, 2020). The research was conducted at the Occupational Health Hospital of West Java Province, located at Jl. Rancaekek Km. 27 No. 612, Nanjungmekar Village, Rancaekek District, Bandung Regency, West Java. The research period was from March 3, 2025 to May 3, 2025.

Table 1. Outpatient Claim Status Data for the Period of October–December 2024

Claim Status	Number	Percentage
Eligible	7,713	91%
Pending	761	9%
Total Claims Submitted	8,474	100%

Based on Table 1, during the period of October to December 2024, the total number of outpatient claim submissions was 8,474 claim files. Of this total, 761 claims (9%) were still in pending status, while the remaining 7,713 claims (91%) were declared eligible. The population in this study consisted of 761 pending claim files, including cases of incomplete administrative documents, missing therapy evidence, lack of supporting examinations, and inaccuracies in coding primary diagnoses and procedures. The sample size was determined using the Slovin formula, with a margin of error (e) set at 10%. Sampling was conducted using the Systematic Random Sampling technique, which is a method of selecting samples systematically at regular intervals. This interval was obtained by dividing the total population by the predetermined sample size (Soekidjo Notoatmodjo, 2020). The calculation is as follows:

$$n = \frac{N}{1 + N(e^2)}$$

$$n = \frac{761}{1 + (761 \times 0.01)}$$

$$n = \frac{761}{8{,}61}$$

$$n = 88{,}38$$

$n =$ 88, Pending claim files

Explanation:

n = Sample size

N = Population size

e = Margin of error for sampling set at 10% (0.1)

Thus, a total of 88 pending claim files were selected as a representative sample of the unresolved claim population.

Pending claims at the Occupational Health Hospital of West Java Province refer to one of the claim statuses that have undergone verification by the BPJS Kesehatan team during the claim submission process. This status is assigned when the claim documents submitted by the hospital are deemed not yet in compliance with the applicable criteria.

Table 2. Causes of Pending Outpatient Claims for the Period of October–December 2024

Causes of Pending Outpatient Claims	Number of Files	Percentage (%)
Incomplete administrative documents	16	18.2%
Incomplete therapy evidence	23	26.2%
Inaccurate coding of main diagnosis and procedures	34	38.6%
Incomplete supporting examinations	15	17%
Total	**88**	**100%**

Based on Table 2, the causes of pending outpatient claims for the period of October–December 2024 can be categorized into four main factors: incomplete supporting examinations, missing therapy evidence, incomplete administrative documents, and inaccuracies in the coding of primary diagnoses and procedures.

Table 3. Priority Scale of Causes for Pending Claims in the Outpatient Unit, October–December 2024 Period

Cause of Pending Outpatient Claims	Percentage (%)	Priority Scale of Claim Pending Causes
Inaccuracy in coding of primary diagnosis and procedures	38.6%	1
Incomplete therapy evidence	26.2%	2
Incomplete administrative documents	18.2%	3
Incomplete supporting examinations	17.0%	4
Total	**100%**	

RESULT AND DISCUSSION

DISCUSSION

Based on the analysis of Table 3 for the October–December 2024 period, there are four main factors causing pending claims in outpatient services at the West Java Provincial Occupational Health Hospital:

The first and most prioritized factor is inaccuracy in coding the main diagnosis and procedures, accounting for 34 files or 38.6% of total cases. This issue stems from the use of procedure codes that do not comply with the Ministry of Health's Clinical Pathway Guidelines (KHK Menkes), as well as errors in applying the main diagnosis code, which should begin with the “Z” code while the clinical condition should be listed as the secondary diagnosis. This finding aligns with research by Fahreza and Sukawan (2023), which states that incorrect diagnosis and procedure coding is the leading contributor to pending claim status. Similarly, Puspitasari et al. (2024) confirm that inaccuracies in using diagnosis and medical procedure codes, including the failure to classify the main diagnosis using the ‘Z’ prefix, are dominant factors in pending claims within the BPJS Kesehatan system. Tesya and Suryani (2024) further explain that errors in assigning disease diagnosis codes can disrupt the claim process and increase the risk of the claims being put on hold by BPJS Kesehatan.

The second factor is incomplete therapy evidence, found in 23 files (26.2%), which includes non-compliant service fragmentation as per BPJS Kesehatan regulations, omission of procedure types on outpatient visit forms, and lack of stated treatment goals. This is consistent with findings by Wahab and Salina (2024), who stated that incomplete therapy evidence is a reason for claim delays and emphasized the importance of consistency between

procedures documented on visit forms and therapies recorded in medical summaries. Prasetya (2024) also supports this, noting that missing procedure forms, improperly formatted service fragmentation, and the absence of treatment goals are major causes of claim rejections.

The third factor is incomplete administrative documents, found in 16 files (18.2%), which includes missing reassessment forms, function tests, Jasa Raharja guarantee letters, case chronologies, and Participant Eligibility Letters (SEP). This is supported by Zahro (2024), who reported that 3,072 outpatient claim files (33.7%) were delayed due to incomplete administrative documentation. Missing documents included the SEP, Jasa Raharja guarantee letters, and other supporting documents required for claim validation. Khoba (2024) also identified that pending claims often resulted from the absence of essential administrative forms such as case chronology sheets, verification support forms, and SEPs. This highlights the importance of reviewing an administrative checklist prior to claim submission.

The fourth factor is incomplete supporting examinations, found in 15 files (17%). This includes missing emergency management documentation, lack of indication for repeated ultrasound (USG), repeated outpatient visits without clear documentation, and panoramic examinations without specific clinical explanations. Rahmaningsih (2023) found that 28.88% of pending claims resulted from incomplete supporting examinations, particularly the absence of emergency care documentation and incomplete records of follow-up tests such as USGs. Lestari (2024) also noted that pending claims often stemmed from missing supporting exam results, lack of treatment documentation for emergency conditions, and insufficient medical indications for repeated outpatient care.

To address the issue of pending claims, structured and systematic improvements based on the priority scale of causes are required:

First, strengthening the capacity of coding officers is essential, as coding inaccuracies are the most dominant factor. Hospitals are advised to conduct regular training and coaching sessions to enhance coders' competencies and ensure updated understanding of applicable coding standards. Additionally, implementing a digital coding system integrated with Electronic Medical Records (EMR) can significantly reduce errors in entering diagnosis and procedure codes.

Second, to tackle incomplete therapy evidence, administrative documents, and supporting examination results, hospitals need to strengthen internal verification mechanisms. This can be done by forming a special team or increasing personnel assigned to verify the completeness of claim files before submission. The use of a standard claim document checklist and optimization of EMR systems that automatically capture all patient procedures and therapies are long-term strategies that support claim efficiency.

Third, evaluating human resource (HR) workload is also crucial, as limited personnel can affect the accuracy of completing administrative tasks. Redistributing or adding administrative staff is a strategic move to reduce workload and improve precision in claim verification and submission.

Fourth, regular internal claim audits should be conducted to monitor and evaluate recurring errors. Audit findings can serve as a basis for direct feedback to relevant units and be used in developing more effective and practical standard operating procedures.

Lastly, implementing a reward and punishment system could also enhance motivation. Providing recognition to units or individuals who succeed in reducing pending claims can boost work morale, while continuous coaching or administrative sanctions for repeated errors are expected to drive performance improvements.

By consistently and measurably implementing these improvement strategies, the number of pending claims can be significantly reduced. This not only expedites the disbursement process from BPJS Kesehatan but also positively impacts the hospital's

operational efficiency and overall service credibility. This section contains the data (in summarised form), data analysis and interpretation of the results. Results can be presented with tables or graphs to clarify verbal results, because sometimes the display of an illustration is more complete and informative than the display in the form of a narrative. The discussion section should answer the research problem or hypothesis that has been formulated previously.

CONCLUSION

The causes of pending claims in outpatient services at the Occupational Health Hospital of West Java Province during the period of October–December 2024, based on 88 samples, indicate that: the inaccuracy in coding the primary diagnosis and procedures was the main cause with 34 files (38.6%), followed by incomplete therapy evidence with 23 files (26.2%), incomplete administrative documents with 16 files (18.2%), and incomplete supporting examinations with 15 files (17%).

Therefore, the hospital needs to implement structured improvements to reduce pending claims and improve the quality of claim submissions. One of the priority steps is to conduct regular training and coaching for medical coders. This aims to minimize errors in coding primary diagnoses and procedures, considering that this factor is the main cause of pending claims in outpatient services at the hospital.

REFERENCES

Fahreza, salma aulia, & Sukawan, A. (2023). Tinjauan Trend Penyebab Pending Claim Jaminan Kesehatan Nasional Rawat Inap di RSUD Ciamis Review of Trends in Causes of Pending National Health Insurance Claims for Inpatient Care at Ciamis Regional Hospital Pendahuluan. 3(2), 18–25.

Hartantri, alda feriza, & Suryani, A. I. (2024). Pengaruh Akurasi Kode Diagnosis Terhadap Pembayaran Klaim Jkn Rawat Inap Di Rumah Sakit X. Open Journal Systems, 18(1978), 2957–2966. https://doi.org/https://binapatria.id/index.php/MBI/article/view/835/661

Hendra, E. R., Aris, W., & Susilowati. (2021). Analisis Penundaan Pembayaran Klaim pada Sistem Vedika Badan Penyelenggara Jaminan Sosial Kesehatan di Rumah Sakit Nur Hidayah Yogyakarta. Jurnal Wiyata, 8, 72–83. https://www.academia.edu/download/89449010/226.pdf

Khasanah, N. M., Fannya, P., Indawati, L., & Daniel, P. H. (2023). Tinjauan Proses Klaim Bpjs Kesehatan di Unit Rawat Inap Rumah Sakit Islam Sukapura Jakarta Utara Tahun 2021. Journal of Innovation Research and Knowledge, Vol.3(3), 501–512. https://bajangjournal.com/index.php/JIRK/article/view/6327/4829

Khoba, S. M. (2024). Analisis Faktor Penyebab Pending Klaim BPJS Rawat Inap Triwulan III Di RSUP Dr. Hasan Sadikin Tahun 2024. https://doi.org/https://sipora.polije.ac.id/38403/

Kusumawati, A. N., & Pujiyanto. (2020). Faktor-Faktor Penyebab Pending Klaim Rawat Inap di RSUD Koja Tahun 2018. Cdk-282, 47(1), 25–28.

Larasty, G., Farhansyah, F., & Anisa, D. 2023. (2023). Analisis Penyebab Pending Klaim Berkas BPJS Kesehatan Pelayanan Pasien Rawat Inap Di Rumah Sakit X. 2(02), 384–398. https://journal.mediapublikasi.id/index.php/manekin

Lestari, Y. A. (2024). Analisis Faktor Penyebab Pending Klaim BPJS Kesehatan Pada Unit Rawat Inap di RSUP dr.Soeradji Tirtonegoro. https://doi.org/https://sipora.polije.ac.id/38436/

Mandia, S. (2023). Analisis Kasus Penyebab Pending Klaim BPJS di Klinik Utama Ringan-Ringan Medical Centre (RMC) Pakandangan, Padang Pariaman. Jik Jurnal Ilmu Kesehatan, 7(2), 359. https://doi.org/10.33757/jik.v7i2.952

Maulida, E. S., & Djunawan, A. (2022). Analisis Penyebab Pending Claim Berkas BPJS Kesehatan Pelayanan Rawat Inap Rumah Sakit Universitas Airlangga. Media Kesehatan Masyarakat Indonesia, 21(6), 374–379. https://doi.org/10.14710/mkmi.21.6.374-379

Menkes RI. (2022). Peraturan Menteri Kesehatan RI No 24 tahun 2022 tentang Rekam Medis. Peraturan Menteri Kesehatan Republik Indonesia Nomor 24 Tahun 2022, 151(2), 1–19.

Organization Health Organization. (2025). Rumah Sakit. World Health Organization. https://doi.org/https://www.who.int/health-topics/hospitals

Pranayuda, B., Haryanti, I., Utomo, Y., & Madiistriyatno, H. (2023). Analisis Penyebab Pending Klaim Pasien BPJS Kesehatan dalam Pengajuan Klaim di Rumah Sakit Umum Persahabatan. Blantika: Multidisciplinary Journal, 1(4), 305–313. https://doi.org/10.57096/blantika.v1i4.44

Prasetya, A. E. K. A. (2024). Faktor penyebab pendingklaim bpjs kesehatan di rumah sakit rafflesia bengkulu tahun 2024. https://doi.org/https://repository.stikessaptabakti.ac.id/458/1/SKRIPSI%20-%20ABEL%20EKA%20PRASETYA%20convert%20bab%201-3.pdf

Pratama, A., Fauzi, H., Nur Indira, Z., & Purnama Adi, P. (2023). Analisis Faktor Penyebab Pending Klaim Rawat Inap Akibat Koding Rekam Medis Di Rumah Sakit Umum Daerah (RSUD) Dr. Soedirman Kebumen. Jurnal Ilmiah Perekam Dan Informasi Kesehatan Imelda (JIPIKI), 8(1), 124–134. https://doi.org/10.52943/jipiki.v8i1.1225

Puspitasari, S., Hidayat, A. D., & Pangestuti, A. (2024). Analysis of the Accuracy of Diagnosis and Action Codification with Reconfirmation of BPJS Inpatient Patient Claims for the January- April Period of 2024 at SLG Kediri Hospital Analisis Keakuratan Kodifikasi Diagnosis dan Tindakan dengan Konfirmasi Ulang Klaim Pasien BPJS Rawat Inap Periode Bulan Januari-April Tahun 2024 di RSUD SLG Kediri. 7, 29–37.

Rahmaningsih, D. M. (2023). Analisis Faktor Penyebab Pending Klaim BPJS Kesehatan Rawat Inap Di RS Pusat Pertamina Jakarta. https://doi.org/https://sipora.polije.ac.id/23412/

Sari, N. W. A., & Hidayat, B. (2023). Analisis Faktor Penyebab Klaim Pending Pelayanan BPJS di Era JKN. Medicina, Fakultas Kedokteran Universitas Udayana, 54(1), 5–9. https://doi.org/10.15562/medicina.v54i1.1203

Soekidjo Notoatmodjo. (2020). Metodologi Penelitian Kesehatan. PT Rineka Cipta.

Tesya, L., & Suryani, A. I. (2024). Dampak Ketepatan Kodefikasi Penyakit Terhadap Klaim Rawat Jalan Peserta BPJS di RSUD Kesehatan Kerja Provinsi Jawa Barat. 8, 4718–4723.

Wahab, S., & Salina. (2024). Analisis Data Dan Faktor Penyebab Pending Klaim Bpjs Rawat Inap Guna Menunjang Ke Efektivitasan Pengklaiman Di Rsud Kota Bandung Tahun 2024. 56–66.

Zahro, A. T. (2024). Analisis Faktor Penyebab Pending Klaim BPJS Kesehatan Pasien Rawat Jalan Akibat Aspek Administrasi di Rumah Sakit Umum Pusat Dr. Kariadi Semarang. https://doi.org/https://sipora.polije.ac.id/38021/