

A Review of the Causes of Pending Inpatient Claims to BPJS Kesehatan (Indonesia's National Health Insurance Agency) Using The 7m Framework at Ajibarang Regional Public Hospital

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ABSTRACT

BPJS Kesehatan (Indonesia's National Health Insurance Agency) claims refer to the process of submitting health service costs to BPJS Kesehatan, which requires complete administrative, medical, and coding documentation. Pending claims occur due to discrepancies or incomplete documents, causing delays in payments and hospital cash flow. This study aims to identify the factors causing pending inpatient claims at Ajibarang Regional Public Hospital based on the elements of Man, Money, Material, Machine, Method, Motivation, and Media. Using a qualitative descriptive method with a case study approach, data was collected through in-depth interviews with the Head of the Medical Records Unit, internal verifiers, and coding officers, as well as a documentation study of pending claims in 2024. Data analysis applied the interactive model of Miles and Huberman, which involves data reduction, presentation, and conclusion drawing. Results revealed that out of 17,892 inpatient claims in 2024, 2,109 claims (11.79%) were pending. The primary cause was coding issues (54%), followed by administrative issues (29%) and medical issues (17.1%). Dominant factors included inaccurate diagnosis coding, incomplete documentation, differences in perception between physicians and BPJS verifiers, and technical system barriers. In conclusion, the causes of pending inpatient claims were mainly related to coding issues, followed by administrative and medical problems. Enhancements can be made through improved staff accuracy, coordination, and optimized information systems for smoother claim processing.

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1. INTRODUCTION

A hospital is an institution that provides comprehensive individual health services, including inpatient, outpatient, and emergency services¹⁰. Hospitals can be established by the central government, local government, or private entities. If established by the government, the hospital must function as a technical implementing unit of the health agency or as a public service agency, in accordance with applicable laws and regulations⁹.

BPJS Kesehatan claims refer to the bill for patient care submitted by hospitals to BPJS Kesehatan collectively every month. The submission of claims is an essential part of health financing in the implementation of the National Health Insurance (JKN) facilitated by BPJS at hospitals. To submit claims,

hospitals must prepare supporting documents as a condition for reimbursement. Claims can be submitted in either hardcopy or softcopy. The completeness of the documents is crucial for the smooth processing of JKN service reimbursements⁶. The claims submitted by hospitals will be examined by BPJS Kesehatan verifiers to assess the accuracy of administration and the accountability of the services provided¹. The verification process is carried out in three stages: participant administration, service administration, and health services². If there is any discrepancy, the documents are returned to the hospital or the claim is marked as Pending.

Pending claims occur when the claim is returned due to a failure to reach an agreement between BPJS Kesehatan and the hospital regarding codes or medical guidelines². Pending claims happen after BPJS Kesehatan issues a Pending report and resubmits the claim the following month, with a maximum time limit of six months. This condition affects the hospital's cash flow as payment is made only after the confirmation process is completed. As a result, the availability of medications for patients may be impacted. Therefore, the reasons for returning inpatient claims need to be traced and addressed to ensure the hospital's revenue remains stable and JKN services continue to operate smoothly⁵.

Ajibarang General Regional Hospital is a healthcare facility owned by the Banyumas Regency Local Government. Initially, this hospital originated from the Ajibarang I Inpatient Health Center. Over time, its status was upgraded to a regional general hospital based on the Decree of the Minister of Health of the Republic of Indonesia Number 447/MENKES/SK/IV/2010. In this decree, RSUD Ajibarang was officially upgraded from a class D hospital to a class C hospital managed by the Banyumas Regency Government. This upgrade indicates the hospital's service and capacity development in providing healthcare to the community.

Based on a preliminary study at RSUD Ajibarang, data was obtained regarding Pending claims from May to July 2024.

Table 1. Distribution of Claim Submissions and Pending Claims May-July 2024 at RSUD Ajibarang

Month	Claims Submitted		Pending Claims	
	Number	Percentage (%)	Number	Pending Percentage (%)
Mei	3550	23.63	80	2.25
Juni	6259	41.66	52	0.83
Juli	5215	34.71	23	0.44
Total	15.024	100	155	

Source: SIMRS RSUD Ajibarang 2024

Table 1. shows that out of 15,024 claims submitted over the three months, 155 claims were pending. The highest number of pending claims occurred in May, with 80 claims, or 2.25%. Incomplete claim documents can cause delays in payment from BPJS Kesehatan. Meanwhile, discrepancies in coding can result in the return of funds previously received by the hospital. As a result, the payment process will be delayed until the coding is corrected.

One commonly used framework for analyzing the causes of a problem comprehensively is the 7M method. This approach helps identify and categorize various factors that may be the sources or triggers of a problem or process. In his book *TOPS® Team-Oriented Problem Solving*, Gaspersz introduced a version of the 7M method consisting of seven elements: Man, Machine, Material, Money, Method, Motivation, and Media⁴.

Supporting documents are the result of follow-up services received by patients. If these documents are unavailable or do not meet BPJS claim criteria, BPJS Kesehatan verifiers will return them for completion. Incomplete documentation can jeopardize the validity of the claim and the calculation of care costs, as it indicates additional services that have been provided (Farhansyah & Cahyani, 2024). With this in mind, the researcher is interested in conducting a study titled "An Analysis of the Causes of Pending BPJS Kesehatan Inpatient Claims Using the 7M Elements at Ajibarang General Regional Hospital."

2. RESEARCH METHOD

This research design is descriptive with a qualitative approach, aiming to identify the factors causing pending inpatient claims based on the 7M elements (Man, Money, Material, Machine, Method, Motivation, and Media) at Ajibarang General Regional Hospital. Data collection techniques used include in-depth interviews and documentation study. The sampling technique used is purposive sampling. The research was conducted at the Medical Records Unit of RSUD Ajibarang, with the study period taking place from May to June 2025. According, research subjects are informants who provide information or details about the conditions, situations, and circumstances at the research location⁷. Data were collected through medical record reviews and in-depth interviews with informants selected purposively. The informants in this study included the Head of the Medical Records Unit (Key Informant), Internal Verifiers, and coding officers. The object of this study is the inpatient BPJS Kesehatan claims documents from January to December 2024 at RSUD Ajibarang. Variables refer to aspects that the researcher intends to study to obtain information and draw conclusions¹². According to, variables are characteristics, traits, or measurements obtained in a study related to specific concepts or definitions. The variables in this study are the factors causing pending BPJS Kesehatan claims for inpatient patients at RSUD Ajibarang, namely the 7M elements (Man, Money, Material, Machine, Method, Motivation, and Media)¹¹.

3. RESULT AND DISCUSSIONS

The study aimed to identify the factors contributing to pending inpatient claims to BPJS Kesehatan at Ajibarang Regional Public Hospital, focusing on the 7M framework (Man, Money, Material, Machine, Method, Motivation, and Media). The findings are presented as follows:

3.1 General Overview of Ajibarang Regional Public Hospital

Ajibarang Regional Public Hospital (RSUD Ajibarang) was originally a healthcare service facility under Ajibarang Health Center and transitioned to a regional public hospital in 2007. It now provides healthcare services to several subdistricts in Banyumas, with a strategic location along major highways connecting Purwokerto, Tegal/Brebes, and Cilacap. The hospital's mission is to provide high-quality healthcare focused on patient needs.

3.2 Respondent Characteristics

The presentation of informant characteristics in this study aims to describe conditions relevant to the pending BPJS Kesehatan inpatient claims issue at RS Bhirawa Bhakti Malang. Data was collected through interviews and observations conducted from July 2022 to June 2023. Information was gathered from five informants of varying ages. The Head of Medical Records served as the key informant, while internal verifier doctors and casemix coders acted as supporting informants. To maintain confidentiality, only the informants' initials are provided.

Tabel 2. Informant Characteristics

Subyek	Jabatan	Lama Bekerja	Pendidikan
Informant 1	Head of Medical Records	19 years	D3 Medical Records, S1 Public Health
Informant 2	Internal Verifier	2 years	D4 Medical Records
Informant 3	Internal Verifier	2 years	Medical Profession
Informant 4	Coder	5 years	D3 Medical Records
Informant 5	Coder	4 years	D3 Medical Records

Source: RSUD Ajibarang Profile

3.3 Persentase Kasus *Pending* Klaim Berkas Rawat Inap di Rumah Sakit Umum Daerah Ajibarang

Peneliti menelaah dokumen pendukung untuk memetakan klaim rawat inap BPJS Kesehatan yang *Pending* sepanjang 2024 di RSUD Ajibarang. Data temuan ini lalu digunakan menghitung persentase klaim *Pending*. Jumlah pengajuan yang ter*Pending* diambil dari rekapitulasi laporan klaim rawat-inap, dan hasilnya disajikan sebagai berikut:

Tabel 3. Number of Submitted Claims and Pending Inpatient Claims at RSUD RSUD Ajibarang, 2024

No	Month	Number of Claims Submitted	Number of Pending Claims	Percentage %
1	January	1281	90	7,03 %
2	February	1263	103	8,16 %
3	March	1538	83	5,40 %
4	April	1554	174	11,19 %
5	May	1663	305	18,34 %
6	June	1560	201	12,89 %
7	July	1604	150	9,35 %
8	August	1429	172	12,04 %
9	September	1392	155	11,14 %
10	October	1576	258	16,37 %
11	November	1509	205	13,59 %
12	December	1523	213	13,99 %
Total		17.892	2.109	11,79 %

Source: Pending Claims Report, RSUD Ajibarang, 2024

Based on the inpatient claim recap for 2024, RSUD Ajibarang submitted 17,892 claim documents, with 2,109 of them being pending. Thus, on average, approximately 11.79% of claims are pending each month. In September 2024, there were 1,392 claims submitted, with 155 claims pending (11.14%).

According to BPJS Kesehatan's Minutes of Meeting No. 411/BA/0720 regarding the Management Guidelines for INA-CBGs Claim Issues in 2019, the researcher used documentation study to calculate the percentage of pending claims. This study included an analysis of administrative, medical, and coding aspects. Secondary data in the form of the 2024 inpatient claim recap report was used as the basis for calculating the number and percentage of pending claims. The results of the calculations conducted through the documentation study are as follows:

PERSENTASE PENDING KLAIM RAWAT INAP 2024 RSUD AJIBARANG

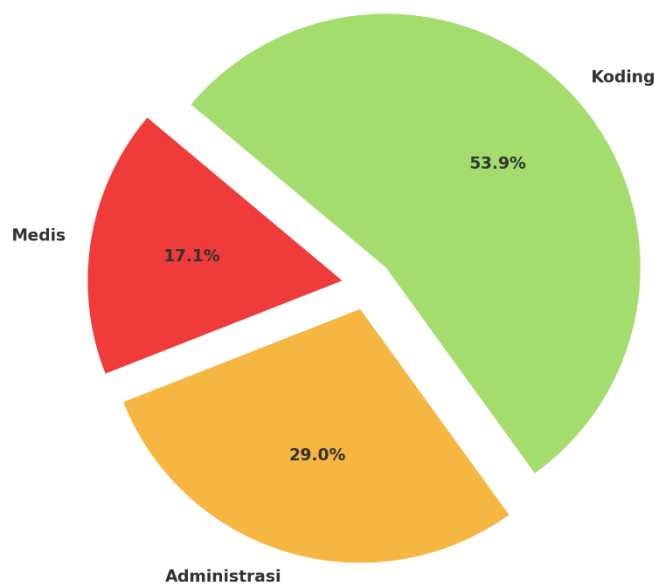


Figure 1. Pie Chart of Pending Inpatient Claims Percentage 2024 at RSUD Ajibarang

Based on Figure 4.2 above, from 2,109 pending claims in 2024, 611 (29%) were related to administrative issues, 350 (17.1%) were related to medical issues, and 1,138 (54%) were related to coding issues. According to the 2024 inpatient claim recap, coding issues contributed the most to the pending claims, accounting for 1,138 cases (54%). Coding issues involve the process of assigning diagnosis and medical procedure codes using disease classification standards (ICD-10) and procedural codes (ICD-9 CM or ICD-10

PCS). The goal is to ensure that the claims submitted align with the patient's medical condition and the procedures performed. Throughout 2024, coding was the largest contributor to pending claims, representing more than half of the total cases. Examples of causes include errors in using the code K21.9 (gastroesophageal reflux disease/GERD), which should be revised to K30 (dyspepsia) if no classic GERD symptoms are present, using the code N39.0 (urinary tract infection/UTI) without urine culture results, or using the code I50.0 (congestive heart failure/CHF) for patients with an ejection fraction (EF) greater than 50%. These coding errors often occur due to differences in perception or incomplete supporting data.

Medical issues refer to problems related to the completeness, accuracy, and correctness of documents and medical data that serve as the basis for claims. This includes the results of supporting tests, inpatient medical indications, patient progress notes, and evidence of medical procedures performed. Causes of pending claims in this aspect include the absence of required examination attachments, inpatient indications not meeting BPJS criteria, or missing supporting documents such as ventilator monitoring sheets. These deficiencies lead BPJS verifiers to assess that the claim does not meet the medical requirements.

Administrative issues refer to problems related to the completeness of administrative documents and the consistency of data in the claim files. This includes matching data between medical summaries, participant eligibility letters (SEP), and claim forms, as well as timely submission of documents. Causes of pending claims in this aspect include mismatched identity data, incomplete claim files when submitted, or delays in document submission from relevant units, causing the submission to exceed the deadline set by BPJS. Although the number of cases is lower than coding issues, administrative problems still impact the smooth flow of claims and the hospital's cash flow.

Overall, the analysis shows that coding issues were the leading cause of pending inpatient claims at RSUD Ajibarang in 2024, followed by administrative and medical issues. Improvements in each aspect, such as through staff training, stricter internal verification, and improved coordination between units, are needed to reduce pending claims in the following year.

The research conducted at RSUD Ajibarang revealed that the researchers interviewed several individuals regarding various issues that could cause pending BPJS Kesehatan inpatient claims. The interviews revealed several factors that contribute to the delay in inpatient claims at RSUD Ajibarang. Factors Contributing to Pending Claims at RSUD Ajibarang:

a) Man (Human Resources)

Pending inpatient claims in 2025 at RSUD Ajibarang were primarily caused by inaccurate coding and incomplete documentation due to the lack of attention to detail among staff. The team handling claims is small, and many of the staff members also have additional duties in other units. There were frequent disagreements between the Responsible Physician (DPJP) and BPJS Health verifiers, particularly in determining the primary diagnosis and ensuring all supporting documents were complete. Misunderstandings or errors in coding, such as using incorrect diagnosis codes, often contributed to claims being marked as pending.

b) Money (Financial Resources)

Pending claims have a significant impact on the hospital's cash flow. Delays in claim approval from BPJS Kesehatan mean that payments for services are postponed, which, despite eventual resolution, lowers the motivation of hospital staff, as payment and incentives become inconsistent. Although payments are made after the claims are confirmed, these delays affect the timeliness of service reimbursements and can lead to frustration among staff, particularly when the volume of pending claims is high.

c) Material (Documentation)

Incomplete documentation, such as missing lab results or forms not filled out correctly, is a frequent cause of pending claims at RSUD Ajibarang. Although the hospital's internal communication for document completion is generally effective, the claim verification process is still largely manual. The reliance on physical documentation and manual verification can slow down the process, despite the hospital using an electronic system to manage some aspects of the documentation.

d) Machine (Technology)

RSUD Ajibarang has adequate infrastructure, but there are still challenges with system integration. The hospital's SIMRS system, while functional, is not fully optimized for BPJS claims management, meaning some tasks still need to be done manually. Additionally, there is a shortage of equipment, as some staff members are forced to use personal laptops due to a limited number of hospital-provided devices. This lack of fully integrated and adequate technological support makes the claims management process less efficient.

e) Method (Procedures)

The hospital follows Standard Operating Procedures (SPO) for processing inpatient claims, which includes all necessary steps from patient data entry to submitting claims to BPJS Kesehatan. However, not all staff are fully familiar with these procedures, and updates to the SPO are often made in response to changes in BPJS regulations. Training is provided to staff, but updates to the procedures are not frequent. As a result, some staff may still face challenges in following the correct procedures.

f) Motivation

The motivation of staff at RSUD Ajibarang is largely driven by a sense of responsibility and the awareness that timely claims processing impacts the hospital's finances. While the work environment is supportive, the lack of specific incentives for claim management diminishes staff motivation. While there is a general sense of responsibility, the workload can be overwhelming, and the absence of clear rewards for claim management further discourages staff from focusing solely on improving the claims process.

g) Media (Communication)

Communication at RSUD Ajibarang is generally effective, with tools like WhatsApp and Telegram being used for quick coordination regarding claims management. However, there are issues with external communication, particularly regarding delays in receiving official notifications from BPJS Kesehatan. While internal communication through platforms like WhatsApp and Telegram is efficient, delays in receiving necessary documents or information from BPJS can disrupt the smooth handling of claims, causing further delays.

4. DISCUSSION

4.1 Percentage of Pending Inpatient Claims at RSUD Ajibarang

Out of 17,892 BPJS Kesehatan claims submitted in 2025, 2,109 claims were pending. In the report/recap of pending inpatient claims for 2025, the researcher conducted an analysis of the causes of pending claims based on BPJS Kesehatan's Minutes of Meeting No. 411/BA/0720 regarding the Management Guidelines for INA-CBGs Claim Issues in 2019. The analysis focused on three main aspects: administration, medical, and coding. To support this analysis, the researcher used documentation study to determine the number and percentage of pending claims.

From the 2,109 pending claims in 2024, 611 (29%) were related to administration, 350 (17.1%) were related to medical issues, and 1,138 (54%) were related to coding. Based on the 2024 inpatient claim recap, coding issues contributed the most to the pending claims, with 1,138 cases (54%). This indicates that the majority of challenges were related to the process of coding diagnoses and medical procedures. Some causes of pending claims identified included incorrect codes, such as K21.9 (gastroesophageal reflux disease/GERD) that should have been revised to K30 (dyspepsia) if there were no classic GERD symptoms, the use of code N39.0 (urinary tract infection/UTI) without urine culture results, and the use of code I50.0 (congestive heart failure/CHF) when the ejection fraction (EF) was greater than 50%.

4.2 Factors Contributing to Pending Inpatient Claims at RSUD Ajibarang

In this study, the factors causing pending inpatient claims at RSUD Ajibarang were identified as Man (Human Resources), Material, and Machine, while Method, Money, Motivation, and Media were not considered as factors leading to pending claims. This is because RSUD Ajibarang already has Standard Operating Procedures (SPO) and policies that have been effectively communicated and serve as references in the BPJS Kesehatan claims process.

a) Man (Human Resources)

The research, conducted through documentation study and interviews at RSUD Ajibarang, revealed that the education background of the staff involved in claims processing includes one Head of Medical Records, two internal verifiers, and two coders, all with at least a D3 in Medical Records and Health Information. According to Minister of Health Regulation No. 55 of 2013, medical recorders must have completed education in medical records and health information as required by law, which is met by RSUD Ajibarang. However, despite most staff having a background in DIII Medical Records and Health Information, their skills in disease classification, indexing, and document completeness evaluation varied. This suggests that formal education alone is insufficient to ensure full competency, and additional training and work experience are necessary to improve the accuracy and quality of medical records management. In this study, the Man factor influencing pending claims was identified as differences in perception between coders and BPJS Kesehatan verifiers regarding coding standards. Additionally, inaccuracies in coding also contributed to pending claims. Other factors contributing to pending claims came from the clinical aspects of service, including the responsibilities of doctors and care units, showing that the causes of pending claims involve multiple interconnected service units. Some examples of pending causes include incorrect coding such as K21.9 (gastroesophageal reflux disease/GERD) that should have been revised to K30 (dyspepsia) if there were no classic GERD symptoms, or the use of code N39.0 (urinary tract infection/UTI) without urine culture results, and the use of code I50.0 (congestive heart failure/CHF) when EF >50%. These findings align with research which states that most pending claims are due to inaccuracies in diagnosis and treatment coding, and misalignment between the diagnosis provided by the doctor, the hospital coder, and the BPJS verifier, often due to insufficient dissemination of updated knowledge or regulations⁸.

b) Money (Financial Resources)

In this study, Money was not a factor contributing to pending claims at RSUD Ajibarang. The hospital has allocated a budget for staff training to improve the quality of BPJS Kesehatan claims services and minimize potential pending claims in terms of human resources. Furthermore, RSUD Ajibarang has also allocated funds for the maintenance of the hospital's information system. While pending claims may affect incentives, the impact is not significant because RSUD Ajibarang is a government-owned hospital. The reward system applied is collective for the team, not individual, and the budget is incorporated into the hospital's finances. Currently, only the DPJP receives direct individual incentives. Research confirms that financial factors, including financial incentives, do not significantly contribute to pending claims. This is because the hospital has allocated a budget to finance staff training to improve BPJS claims management. The study further emphasized the importance of consistent budget allocation for maintaining the hospital's information systems to ensure optimal performance¹³.

c) Material (Documentation)

Research through documentation study, observation, and interviews at RSUD Ajibarang revealed that incomplete claims documentation is a significant factor in pending claims. Several claims were found to be incomplete or lacked necessary attachments, leading to claims being returned to the hospital for completion. The most commonly missing documents that contributed to pending claims include supporting test results such as ECHO, radiology, urine/sputum/blood cultures, endoscopy/gastroscopy, and ventilator evidence. This occurs because claims documents are not handed over to the Casemix staff on time, leading to delays in document completion. This finding is consistent with study, which states that incomplete claims documents, such as missing test results, are a major cause of pending claims⁶.

d) Machine (Technology)

Research conducted through documentation study, observation, and interviews at RSUD Ajibarang showed that the hospital's implementation of the SIMRS system, which is well-integrated, facilitates workflow between units and creates faster, more accurate, and integrated service. Staff found the system helpful as patient data, examination results, and claims could be accessed easily without having to switch between manual systems. However, the laptops used by the staff are not fast enough for processing claims efficiently, and the number of laptops provided by the hospital is insufficient. The hospital has only three

laptops for five staff members, so those without a laptop must use their personal devices. Despite this, the hospital's internet network is reliable and does not hinder the claims process. The lack of real-time notification features in the SIMRS system to track the completeness of claim documents remains an issue, as the monitoring process is still manual. This manual process may lead to delays in identifying incomplete documents and thus contribute to pending claims. This finding is consistent with the study in the Journal of Designing a Web-Based Claims Management Information System, which emphasizes that a lack of automated notifications in a claims management system reduces work effectiveness and slows down the verification process.

e) Method (Procedures)

Research through documentation study, observation, and interviews at RSUD Ajibarang revealed that the hospital has Standard Operating Procedures (SPO) for the inpatient claims process under Document No. 445.1/218/SPO/ADM/2023. Although most staff follow the procedure, some are unaware or have never seen the SPO. The hospital has set up and implemented SPO specifically for claims management, including methods to anticipate and handle pending claims. Interviews showed that some staff were not aware of the SPO, which may hinder compliance. This finding aligns with a systematic review, which states that one of the primary reasons for non-compliance with SPOs is a lack of knowledge and awareness, as well as limited training and education.

f) Motivation

Motivation was not identified as a factor contributing to pending claims at RSUD Ajibarang. Staff motivation has remained high due to their sense of responsibility, not just as a professional obligation but also due to a positive work environment. The role of supervisors has a significant impact on maintaining morale, with regular follow-ups and appreciation for completed work. However, staff do experience workload pressure, but they are still motivated due to their sense of responsibility. Research at RSU Dr. H. Koesnadi Bondowoso also found that motivation was not a factor in pending claims, as a strong sense of responsibility among medical and administrative staff played a key role in ensuring claims were processed efficiently.

g) Media (Communication)

Media was not identified as a factor causing pending claims at RSUD Ajibarang. Communication media, such as WhatsApp and Telegram, have played an important role in facilitating the exchange of data and information between units. These platforms allow for fast, efficient communication, ensuring that important information, data sharing, and clarifications can occur without delay. External communication with BPJS is also streamlined through these channels. However, some delays in receiving physical mail from BPJS can still occur. These findings align with research on the causes of pending BPJS outpatient claims, which emphasized that communication breakdowns, not the type of media used, are a major factor in claim delays.

5. CONCLUSION AND RECOMMENDATION

Based on the research results and discussion in line with the research objectives, the conclusion can be drawn that the main cause of pending inpatient claims at RSUD Ajibarang in 2024 is dominated by the coding aspect (54%), followed by the administrative aspect (29%) and the medical aspect (17.1%). Contributing factors in the Man (human resources) aspect include differences in perception between coders and BPJS verifiers regarding coding standards and inaccuracies in disease coding. Money and Motivation were not significant causes, as the hospital has allocated budgets for maintenance, training, and maintains a high level of staff motivation. In the Material aspect, incomplete documents, such as missing supporting examinations, are still common. Regarding Machine, the limited specifications and number of laptops have led some staff to use personal devices. The claims verification system at RSUD Ajibarang is still manual and lacks automatic notification features to flag document completeness.

Although the hospital has set up a Standard Operating Procedure (SPO) with a structured claims submission process, some staff members have never seen or are not fully familiar with the contents of the SPO. On the other hand, coordination between units has been facilitated by the use of communication media

such as WhatsApp and Telegram, which smoothens the exchange of information and accelerates the clarification process for claims documents.

To improve the Man factor, RSUD Ajibarang is advised to enhance understanding among coders, medical staff, and DPJP through regular training focusing on BPJS Health coding updates and claim document completeness. Additionally, the hospital should conduct monthly medical and coding audits to evaluate pending claims, especially those due to ICD-10 and ICD-9-CM discrepancies.

For the Machine factor, it is recommended that RSUD Ajibarang integrate an automatic notification feature into its SIMRS to provide real-time alerts for claim document completeness. This will help reduce claim submission delays. The hospital should also increase the number of devices and upgrade existing hardware to improve the speed and efficiency of claim data input and submission.

In terms of Method, the hospital should regularly conduct internal medical audits to ensure the accuracy of medical resumes and provide feedback to doctors and nurses on any shortcomings. To ensure consistent implementation of procedures, RSUD Ajibarang should provide printed and easily accessible digital SPO versions for staff.

For the Material factor, RSUD Ajibarang needs to strengthen its internal control system by using an integrated digital checklist that can be accessed by the supporting service units, medical records, and claims administration. This checklist should include the responsible staff's name and completion time, making it easier to track any delays or issues in the claims process.

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