Factors Causing Pending Claims at Nyi Ageng Serang Regional General Hospital

Rosmeida Marwah Utami¹², Savitri Citra Budi², Fendi Septiawan³

¹ Correspondence Author: rosmeida.marwah@mail.ugm.ac.id
¹² Health Information Management, Vocational School, Universitas Gadjah Mada, Indonesia
³ Nyi Ageng Serang Regional General Hospital, Kulon Progo, Daerah Istimewa Yogyakarta, Indonesia

INDEXING

Keywords:
Pending Claims; Social Health Insurance Administration Body; National Health Insurance

ABSTRACT

Nyi Ageng Serang Regional General Hospital submits monthly collective claims for the Social Health Insurance Administration Body patients. Based on the observations made at the Nyi Ageng Serang Regional General Hospital, the Social Health Insurance Administration Body claim file was pending by the Social Health Insurance Administration Body verifier because it needed to be confirmed. The pending claims will cause the payment of claims from the Social Health Insurance Administration Body to the hospital to be delayed, and it might affect service activities and financing for the hospital. Pending claims must be explored more deeply to the causal factors so they can be handled appropriately. This study aims to describe the factors causing pending claims for the Social Health Insurance Administration Body at the Nyi Ageng Serang Regional General Hospital. Data collection techniques used observation techniques, documentation studies, and interviews. Data analysis was performed using descriptive analysis. External factors that have caused pending claims include discrepancies in claim rates with the Minister of Health Regulations, incorrect codes, and incomplete codes. Meanwhile, the internal factors causing pending claims, according to the 5M management element, were the Man, Material, and Method factors.

Kata kunci:
Pending Klaim; BPJS Kesehatan; Jaminan Kesehatan Nasional

INTRODUCTION

According to the Law of the Republic of Indonesia Number 36 of 2009, everyone has the right to obtain health services from healthcare facilities to realize the highest degree of health. Health is one of the basic needs of every human. Therefore, every citizen has the right to health protected by law (Ardinata, 2020). Article 14 of the Law of the Republic of Indonesia Number 36 of 2009 states, "The government is responsible for planning, arranging, organizing, fostering, and supervising the implementation of health efforts that are
equitable and affordable by the community.” One of the health efforts made by the government is to organize the National Health Insurance program.

National Health Insurance, according to the Regulation of the Minister of Health of the Republic of Indonesia Number 6 of 2022, is the insurance of health protection so that participants obtain health care benefits and protection in meeting basic health needs provided to everyone who has paid contributions or whose contributions are paid by the government. National Health Insurance is organized by the Social Health Insurance Administration Body (BPJS Kesehatan in Indonesia). According to the Law of the Republic of Indonesia number 24 of 2011, the Social Security Administration Body, or BPJS, is a legal entity formed to organize social security programs. In this Social Security Administration Body program, the services applied are first-level health services and advanced reference services (Nurdiah & Iman, 2016). Health facilities owned by the Central and Regional Governments that meet the requirements must cooperate with the Social Health Insurance Administration Body (Peraturan Presiden, 2018). The essential component of JKN implementation is health financing organized by the Social Health Insurance Administration Body in hospitals through claim submission (Maulida & Djunawan, 2022). Claim submission can be made by hospitals that have collaborated with the Social Health Insurance Administration Body and will be paid if they have been declared eligible for claims by the Social Health Insurance Administration Body (Kusumawati & Pujiyanto, 2018b).

Social Health Insurance Administration Body claim is a submission of monthly hospital bills made collectively to the Social Health Insurance Administration Body for the medical expenses of patients participating in the Social Health Insurance Administration Body (Nabila et al., 2020). Claims are submitted based on the patient's medical record, which includes all information on the services provided to the patient. Medical records can prove service because they include all hospital services (Wirajaya & Dewi, 2019). The completeness of medical record files is used as a reference in establishing the cost of health services, one of which is evidence of nursing/health care reimbursement for claim purposes (Leonard, 2016). One of the forms in medical records used for submitting claims is the medical resume. The hospital coder staff uses medical resumes to classify disease diagnoses, ultimately leading to claim payouts (Librianti et al., 2019). The hospital submits a claim monthly and will receive minutes of the verification results.

Social Health Insurance Administration Body will approve and pay files eligible for a claim. However, for pending files, the hospital must receive the files returned by Social Health Insurance Administration Body for re-examination (Kurnia & Mahdalena, 2022). Claims returned by the Social Health Insurance Administration Body verifier to the hospital are pending claims. The return of the file is for revision, which can later be resubmitted (Ramadhani, 2020). Pending claims impact hospital operations because cash flow will be disrupted if more pending claims are made (Fitriani & Hidayat, 2023). Research by (Widyaningrum et al., 2022) mentioned that claims pending by the Social Health Insurance Administration Body will decrease hospital cash inflow.

Nyi Ageng Serang Regional General Hospital is a type C hospital that has collaborated with the Social Health Insurance Administration Body to serve Social Health Insurance Administration Body patients, both outpatient and inpatient. The hospital submits claims every collective month regularly, a maximum of the 10th of the following month. The flow of
the claim submission process begins with preparing Social Health Insurance Administration Body claim requirements. Entry diagnosis and action are carried out on SIMRS bridging with E-Claim. Then, a grouper is carried out, and data is pulled as a txt on the E-Claim to be sent to the Social Health Insurance Administration Body.

Based on observations made by researchers at the Nyi Ageng Serang Regional General Hospital, there are still problems with claims, including the discovery of Social Health Insurance Administration Body claim files that are pending by Social Health Insurance Administration Body verifiers to be confirmed, both inpatient and outpatient Social Health Insurance Administration Body claim files. From Pending Claims Report at Nyi Ageng Serang General Hospital in January 2023, there were 173 pending claims, or 4.1%, from 4,212 claims filed, while in February, there were 63 pending claims, or 1.6%, from 3,943 files filed. The same thing also happened in Pratama et al. (2023) research conducted at Dr. Soedirman Regional General Hospital. Out of 1,041 files of inpatient claim submissions for September 2022, the number of pending claim files sent by Social Health Insurance Administration Body verifier officers was 163.

The pending claims will cause the payment of claims from the Social Health Insurance Administration Body to the hospital to be delayed. Pending claims can also delay payment for doctors and other health workers' medical services, which are feared to affect hospital service activities and financing (Santiasih et al., 2021). Therefore, the authors want to describe the factors causing pending Social Health Insurance Administration Body claims at Nyi Ageng Serang Regional General Hospital, both outpatient and inpatient. This study aims to describe the factors causing pending Social Health Insurance Administration Body claims at Nyi Ageng Serang Hospital. Pending claims discussed in this study are pending claims of the Social Health Insurance Administration Body. This study describes the causes of pending claims from 2 factors: external factors based on pending claims reports from the Social Health Insurance Administration Body and internal factors according to hospital claims executors.

**RESEARCH METHOD**

The research method used was descriptive research with a qualitative approach. This research was conducted on March 6 – April 28, 2023. Researchers investigated the causes of pending Social Health Insurance Administration Body claims for January – February 2023. Data collection techniques use observation techniques, documentation studies, and interviews. Observations are made directly on the claim support file. The documentation study was conducted using secondary data sources of news reports from the Social Health Insurance Administration Body. The interview was conducted with 4 Social Health Insurance Administration Body claim officers at the hospital, consisting of 2 coders, one outpatient claim administration scan and download officer, and 1 Person in Charge (PIC) claims, as well as a scan officer of inpatient claim administration at Nyi Ageng Serang Hospital. The interview used a guideline containing questions regarding the 5M management elements: man, money, material, machine, and method. Data analysis used descriptive analysis that describes the research results as a narrative. This research used source triangulation techniques to test the validity of the interview data.
RESULTS AND DISCUSSION
External Factors Causing Pending Social Health Insurance Administration Body Claims at Nyi Ageng Serang Regional General Hospital

The external factor causing pending claims in this study is the causative factor based on the news report of pending claims from the Social Health Insurance Administration Body verifier sent to the Nyi Ageng Serang Regional General Hospital. Social Health Insurance Administration Body verifiers will verify claims submitted to the Social Health Insurance Administration Body. The hospital will receive the results of the pending claim verification in the form of a pending claim report. In the pending claim report, the cause of pending claims in January-February 2023 can be known. The authors categorized and recapitulated the pending causes of the report. The following are the causes of pending claims in January - February 2023 based on the pending claim report from the Social Health Insurance Administration Body, which is as follows:

Table 1. Causes of Pending Claims based on Social Health Insurance Administration Body pending claim reports

<table>
<thead>
<tr>
<th>Number</th>
<th>Cause of Pending Claims</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Discrepancy of claim rates with the Minister of Health Regulation</td>
<td>116</td>
<td>49.2%</td>
</tr>
<tr>
<td>2</td>
<td>Incorrect codes</td>
<td>69</td>
<td>29.2%</td>
</tr>
<tr>
<td>3</td>
<td>Incomplete codes</td>
<td>15</td>
<td>6.4%</td>
</tr>
<tr>
<td>4</td>
<td>Billing discrepancy with medical resume</td>
<td>14</td>
<td>5.9%</td>
</tr>
<tr>
<td>5</td>
<td>Incompleteness of claims administration</td>
<td>11</td>
<td>4.7%</td>
</tr>
<tr>
<td>6</td>
<td>Difference with the terms of the claim</td>
<td>6</td>
<td>2.5%</td>
</tr>
<tr>
<td>7</td>
<td>Misplacement of the diagnosis</td>
<td>3</td>
<td>1.3%</td>
</tr>
<tr>
<td>8</td>
<td>Return date error</td>
<td>2</td>
<td>0.8%</td>
</tr>
<tr>
<td>Total</td>
<td>236</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Pending claims report in January - February 2023

Table 1 shows that according to the report of the pending claim, the most common factor is the discrepancy in claim rates with the Minister of Health Regulation, with a total of 116 files or 49.2%. The second most common cause is incorrect code, and the third most common cause is lack of complete code. The following are the external factors causing pending claims in the January - February 2023 claim period:
1. Discrepancy of claim rates with the Minister of Health Regulation

The most significant cause of pending claims for January 2023 was the discrepancy between the grouper rate and the new Minister of Health Regulation. In January 2023, there was a recent update from the Ministry of Health regarding claim rates. However, there were 116 cases whose grouper results still used the old tariff, so the Social Health Insurance Administration Body verifier made the claim pending due to a failed connection between SIMRS bridging and E-Claim. This claim rate discrepancy only occurs conditionally in January because the rate update was carried out in January 2023.
2. Incorrect Codes

There were 69 pending claims due to the coders' less exact code of the claims. There are diagnostic and action codes that are not selected correctly or a diagnosis code that should use a combined code. It aligns with previous research results that diagnostics that should receive a join code cause pending claims (Listyorini & Ramadhan, 2022). Based on research results at Dr. Rasidin Padang, inappropriate diagnoses were found in 20 of 36 inpatient files (Oktamianiza et al., 2022).

3. Incomplete Codes

Based on the pending claim report, there were fifteen pending claims caused by incomplete codes entered by coder officers. According to the patient's medical resume, several diagnoses have not been entered. Previous studies reported that pending claims are due to inappropriate diagnosis codes, such as two diagnosis codes combined into 1, no diagnosis code, and a deleted one (Supriadi & Rosania, 2019).

4. Billing discrepancy with medical resume

Common causes of rejected or delayed claims include coding and billing errors (Latifah & Putri, 2021). There were 14 claims that the billing or cost details did not match the medical resume. For example, there is no Root Canal Treatment procedure in the billing or cost details, but the officer enters the Root Canal Treatment procedure on the claim, so there is a billing discrepancy. Then, the officer needs to confirm to the polyclinic whether it is true that Root Canal Treatment is carried out on the patient. The claim administration verification process is carried out by verifying the suitability of the claim file with the required files. If there are discrepancies, the file is returned to the hospital for completion (Sahir & Wijayanti, 2022).

5. Incompleteness of claims administration

There were eleven pending claims caused by incompleteness claims administration. Incomplete claim administration includes incomplete diagnostic support that should have been included when submitting a claim. Previous research results also showed that pending claims are caused by the absence of supporting resources or supporting evidence for diagnosis (Yastori, 2021; Heltiani et al., 2023).

6. Discrepancy with the terms of the claim

Based on the pending claim report, six pending claims were caused by inappropriate submission of claim files with the terms of the Social Health Insurance Administration Body. There is a file that, according to the Social Health Insurance Administration Body, cannot be billed for inpatient claims, so it should be billed for outpatient claims. In a similar study, there were file returns because several files were submitted for emergency claims considered non-emergency by the Social Health Insurance Administration Body verifier. After all, they did not meet the criteria for emergency conditions, according to the Social Health Insurance Administration Body (Agiwahyanto et al., 2021).

7. Misplacement of the diagnosis

Based on the pending claim report, there are three pending claims due to misplacement of the diagnosis or reverse diagnosis order resulting in pending claims. A similar study also stated that the claims were caused by the misplacement of primary and secondary diagnoses not under coding rules (Puspaningsih et al., 2022; Kusumawati & Pujiyanto, 2018a). If the primary and secondary diagnostic codes are incorrectly coded,
the Social Health Insurance Administration Body verifier can confirm with the hospital (Mudiono et al., 2023).

8. Return date error

Based on the pending claim report, there are two pending claims due to incorrect filling in the return date. Previous research also showed that the return of claim files was caused by administrative errors, including errors in writing SEP numbers, RM, admission hours, and return home (Sulaimana et al., 2019).

Internal Factors Causing Pending Social Health Insurance Administration Body Claims at Nyi Ageng Serang Regional General Hospital

Internal factors that cause pending claims come from the hospital itself. Internal factors causing this pending claim were obtained based on interviews with the claims officers at Nyi Ageng Serang Hospital. The internal factors in this study were reviewed based on 5M management elements (Man, Machine, Method, Material, Money). Man, material, and method were the 5M management elements that caused pending claims at Nyi Ageng Serang Hospital. In contrast, the money and machine elements did not affect the occurrence of pending claims. The internal factors causing the claims are as follows:

1) Man

Man factor in this study is the officers submitting Social Health Insurance Administration Body claims. Based on the interview, the officers are not precise in coding diagnosis and procedure. For example, a claim code should be inputted using a combined code. Instead, they only used a combined code. Previous research also explained that incorrect diagnosis code determination is the cause of pending claims (Pratama et al., 2023). In addition, based on the results of interviews with officers, the officers’ inaccuracy caused pending claims. Similar studies reported that pending claim files were caused by officers’ inaccuracy and negligence in the claim process (Afrriani et al., 2022).

Another cause of the man factor was officers’ difficulty reading doctors’ writings. Doctor’s writing that is difficult to read is a factor causing the accuracy of determining the diagnosis code. According to previous studies, another man factor is the level of officers’ knowledge that needs to be improved. Nowadays, coding officers find it difficult to determine the diagnosis code due to unclear and illegible doctor’s writing (Triatmaja et al., 2022).

The work experience of the coding officer also affects pending claims. The longer the experience, the more accurate the officer’s coding ability. In addition, the coder’s skill in determining the diagnosis code and action can affect pending claims. A previous study confirmed this finding, saying that coding officers who have a more extended working period show better productivity because officers a more extended active period, the level of skill, knowledge, and analytical ability in coding increases, and the resulting coding is more accurate (Sahir & Wijayanti, 2022).

2) Material

Based on the interview, the material factor causing pending claims is the incompleteness of the claim administration file. Completeness of claim files means files used for Social Health Insurance Administration Body claim submission requirements
following existing provisions. If the claim file is incomplete, the claim will be pending. The incompleteness of claim administration that causes pending claims at Nyi Ageng Serang Regional General Hospital is the incompleteness of diagnosis support results and incomplete supporting files for certain cases. For example, traffic accident cases must be completed with a police report. A similar study also stated that material factors are still found to be incomplete claim files submitted to the Social Health Insurance Administration Body office, so the claims submitted are pending claims (Rohman et al., 2021). Another study also explained that administrative incompleteness causes delays in Social Health Insurance Administration Body claims (Tarigan et al., 2022). The same finding was shown in the previous Imelda Workers Hospital Indonesia study. Out of fifty pending claims medical records, ten with administrative data were found incomplete (Sitorus et al., 2023).

3) Method

Standard Operating Procedures (SOP) are required to carry out claim activities. SOP for claim implementation has already been implemented at the Nyi Ageng Serang Regional General Hospital. In addition, in coding, officers have coding guidelines, such as minutes of agreement, ICD 10 for diagnosis, and ICD 9-CM for the procedure. Based on interviews with officers, there was no SOP for the completeness of the claim file and no checklist for the completeness of the claim file. It causes pending claims to occur because there are still incomplete claim files. Previous research at RSU Haji Surabaya mentioned the same finding where several files were pending due to incomplete files, such as supporting examination reports, referral letters, and photocopies of personal identity, and there were no procedures governing the completeness of claim files (Triatmaja et al., 2022). With the checklist of completeness of files, incomplete files can be known before being submitted to the Social Health Insurance Administration Body.

CONCLUSION

Researchers analyzed the issues by looking at the causes of pending claims according to the claims implementing officer at the hospital and from the results of verification conducted by the Social Health Insurance Administration Body verifier. However, this study has limitations where researchers only describe the factors causing pending claims based on interviews and pending claim reports from the Social Health Insurance Administration Body without directly comparing them with pending claim files. Based on research and discussion, researchers concluded that pending claims at the Nyi Ageng Serang Regional General Hospital, seen from external factors in January 2023 and February 2023, were mainly caused by a discrepancy in claim rates with the Minister of Health Regulation and a lack of precise codes. Internal factors causing pending claims from the Man element are lack of accurate claim coding, inaccuracy of officers in the coding and input process, officer's difficulty in reading doctors' writings, and lack of coding officer skills. From the Material element, namely an incomplete claim administration file. Then, the Method element that caused the claim to be pending is the absence of Standard Operating Procedures (SOP) and a checklist for the completeness of the claim file.

Suggestions to overcome pending claims are to increase the accuracy of coders, improve the knowledge and skills of coders through training, coordinate between coding officers and
doctors to equalize opinions related to coding, make Standard Operating Procedures (SOP) completeness of claim files to minimize incompleteness of claim administration files and evaluate the implementation of Social Health Insurance Administration Body claims regularly.

REFERENCES


Technology and Medicine, 7(2), 1381–1394.
Undang-Undang Republik Indonesia Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial.
Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan.