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Reducing Pending Claims In Indonesia's National Health Insurance System: Evidence From A Standardized Manual Administration Intervention

Irmawati Mathar[1]*, Mertisa Dwi Klevina[2]
[1] Program Studi DIII Perekam dan Informasi Kesehatan, Sekolah Tinggi Ilmu Kesehatan Bhakti Husada Mulia, Indonesia
[2]Program Studi D3 Kebidanan, Sekolah Tinggi Ilmu Kesehatan Bhakti Husada Mulia, Indonesia
Korespondensi penulis: ummymert@gmail.com

Abstract. *Pending claims in Indonesia's National Health Insurance (JKN) system pose a significant challenge, affecting hospital cash flow and administrative efficiency. A high rate of pending claims is often caused by incomplete documentation, misfiled medical records, and delays in verification processes. Optimizing manual administrative procedures may provide a solution to this issue. This study aims to evaluate the effectiveness of a standardized manual administration model in reducing pending claims in a hospital setting. A quasi-experimental pretest-posttest design without a control group was employed. Data were collected from a referral hospital in Indonesia from July to September 2024. A total of 138 inpatient claims were selected using simple random sampling. The intervention involved implementing a standardized manual administration system in August and September. Statistical analysis was conducted using Fisher's Exact Test with a significance level of $p < 0.05$. The implementation of the standardized manual administration model significantly reduced pending claims from 70.3% (97/138) in July (pre-intervention) to 36.2% (50/138) in August and further to 11.6% (16/138) in September (post-intervention) ($p = 0.000$ and $p = 0.003$, respectively). Additionally, improvements were observed in medical record completeness, supporting examination documentation, and administrative accuracy. A standardized manual administration system effectively decreases pending claims in JKN by improving documentation and claim verification processes. Further research is needed to explore the long-term sustainability of this model and the potential benefits of digitalization.*

Keywords: *Health Insurance, Pending Claims, Administrative Efficiency, Standardized Manual Administration, Indonesia*

1. INTRODUCTION

The management of BPJS Health claims continues to be a significant challenge for healthcare facilities (Tuzzahra R, Hakim AO, 2024). Within national health insurance schemes like Jaminan Kesehatan Nasional (JKN), handling claims especially in hospitals entails considerable complexity. One of the most pressing concerns is the accumulation of pending claims, which can negatively impact both operational performance and the quality of healthcare services. These delays often stem from issues such as inconsistent documentation, missing or incomplete data, and labor-intensive manual processing. As a result, there is a critical need to improve claims handling by creating a manual file analysis model that is both effective and tailored to the specific context of JKN.

The completeness of claim submission documents for JKN is crucial for the smooth reimbursement process. The lack of complete inpatient medical records is one of the main factors contributing to pending claims (Maulida & Djunawan, 2022). The absence of a standardized Standard Operating Procedure (SOP) for BPJS claims also contributes to claim

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delays (Nugroho P, 2022). Research by Agiwahyuanto, Setyana, Prasetya, & Anjani (2022) identified that out of 111 returned claim files, 98.19% were due to incomplete documents, such as the absence of CT scan results, radiotherapy schedules, and radiotherapy protocols. This highlights the importance of organized claim management to reduce claim rejections (Agiwahyuanto et al., 2022). The completeness of medical records plays a crucial role in expediting the health insurance claim process and improving the quality of hospital services (Christy, Simanjuntak, Sari, & Raihana, 2023). Putri, Semiarty, & Syah (2020) found that delays in claim payments by BPJS Health can affect hospital operations (Putri et al., 2020). Intervention in the form of claims management training, revision of Standard Operating Procedures (SOP), can reduce delayed claims (ELMITA BR GINTING, 2018).

Pending claims are also caused by non-compliance with coding standards, supporting evidence, or resources, as well as deviations from clinical practice guidelines and health insurance provider regulations (Yastori, 2022). There are several obstacles in collecting claim files, such as diagnosis letters that lack the doctor's signature, completeness of introductory files and incomplete examination results (Savitri & Gustiana, 2022).

The implementation of a standardized manual administrative system is expected to be a solution for reducing pending claims. Several international studies indicate that clear SOPs and adherence to administrative procedures can enhance the effectiveness of health claim management (Omoit, Otieno, & Rucha, 2020). The return of claim documents is caused by incomplete and inconsistent claim documents at various stages, including administrative services, medical resume completion, coding and data entry, claim document verification, and claim submission (Ahdinur, Semiarty, & Fahmy, 2023). The same research found by Puspaningsih et all, 2022 that the main factor in delayed claims was incomplete medical resumes (Puspaningsih, Suryawati, & Arso, 2022). The return of JKN claims is due to discrepancies in administrative, medical, and coding aspects (Rahma Ardi Saputri, Nur Indira, & Fauzi, 2022).

Delayed claims in Indonesia's JKN system have become a significant challenge, impacting hospital operational efficiency and healthcare service quality. Various international studies have identified factors contributing to delayed claims and proposed interventions to address them. One of the main factors contributing to claim delays is discrepancies in diagnosis and medical procedure coding. A study by Yastori (2022) revealed that non-compliance with clinical practice guidelines and coding inconsistencies with supporting evidence or resources are major causes of delayed claims in the JKN era (Yastori, 2022). Pending One of the problems

with inpatient claims is incompleteness medical supporting data from inpatient medical records (Yulia, Yulfa Putri, 2023).

Additionally, an evaluation of the VClaim application at RS Bakti Timah Karimun by Puspita & Putra (2023) showed that despite its design to enhance efficiency, pending claims still occur, potentially disrupting hospital operations. This underscores the importance of proper administrative handling in the claim process (Orszag & Rekhi, 2021). At the international level, real-time adjudication for health insurance claims has been proposed as a solution to reduce claim delays. This process allows for instant claim submission and assessment, thereby lowering administrative costs and enhancing transparency in medical service payments (Mathar, Crismantoro Budi Saputro, Wahyu Wijaya Widiyanto, & Elisa, 2023).

Therefore, standardized administrative interventions, such as the introduction of a uniform administrative manual, can play a crucial role in reducing claim delays. These measures not only improve hospital operational efficiency but also ensure that patients receive timely care without administrative barriers. By adopting best practices from various international health insurance systems and applying them in a local context, Indonesia can reduce the number of pending claims in the JKN system. This will contribute to overall improvements in healthcare quality and patient satisfaction.

Several factors can lead to claim delays, but the primary cause is the completeness of medical resume forms and the absence of supporting examination results, such as laboratory tests (AZHARI, 2020). To improve the efficiency and effectiveness of claim submission, improvement efforts are needed (Mathar I, Devi E, 2024). A study by Mathar I, Devi E (2024) found that the rate of pending claims reached a significant level. A preliminary study at Hospital X in East Java, Indonesia, revealed that in the last three months of 2022, a total of 2,745 claim submissions were made, with 377 claims pending due to incomplete administrative documents (Sri Mulya, Dina Sonia, Daniel Happy Putra, & Noor Yulia, 2024). In July 2024, a preliminary study found 194 pending inpatient claims. It was noted that although Hospital X has a policy in place, it lacks a structured flow and SOP for claim submission, covering medical record verification, claim file review, and submission through the INA-CBGs system. Thus, this study aims to conduct a trial of the JKN claim submission procedure before its permanent implementation in hospitals to prevent pending claims within the JKN system.

Pending claims in the JKN system pose serious risks, including delayed reimbursements to healthcare providers, operational disruptions in hospitals, and the potential decline in healthcare service quality for patients. As Indonesia seeks to improve the

sustainability and efficiency of its national health insurance system, addressing administrative bottlenecks has become an urgent priority. This study arrives at a pivotal moment when BPJS Kesehatan is actively pursuing service quality enhancements and digital transformation. The findings offer timely, evidence-based policy guidance and serve as a practical model for scaling up similar interventions nationwide.This study provides the first empirical evidence on the effectiveness of a standardized manual administrative intervention to reduce pending claims within Indonesia's National Health Insurance (JKN) system. While delays in claim processing have long been a systemic issue in public health insurance schemes, manual standardization approaches remain underexplored, especially in developing country contexts like Indonesia. Unlike previous studies that largely focus on digital solutions or macro-level policy reforms, this research highlights the practical impact of administrative process improvements using real-world intervention data. It fills a critical gap in the literature by offering actionable insights into administrative efficiency at the facility-claim level.

2. METHOD

This study employs a quasi-experimental design with a pretest-posttest approach without a control group. This design is used to measure the effectiveness of implementing a standardized manual administrative system in reducing pending JKN claims at Hospital X. The study is conducted at Hospital X, a referral hospital operating within the JKN claim system. The research takes place over three months, from July to September 2024, with the manual administrative system intervention implemented in August and September. The study population includes all JKN claims submitted by Hospital X during the research period. The sample consists of 138 inpatient JKN claim files, determined using Slovin's formula. A simple random sampling technique is used, with the following inclusion criteria inpatient JKN claim files submitted to BPJS Kesehatan, inpatient JKN claim files from July (before the intervention) and inpatient JKN claim files processed after the intervention in August and September. Exclusion criteria is claim files using payment methods outside the JKN scheme, outpatient claim files.

The independent variable in this study is the implementation of a standardized manual administrative system, which includes the application of an internal verification procedure before claim submission.

The dependent variable is the rate of pending claims, measured based on claim status before and after the intervention and completeness of claim documents, including administrative aspects, treatment procedures, and supporting examinations. Data collection is

conducted using two main methods observation of the claim administration process before and after implementing the standardized manual administrative model and documentation analysis of the number of pending claims in July, August, and September 2024.

Data analysis is descriptive analysis is used to illustrate the trend of pending claims before and after the intervention using diagrams and fisher's Exact Test is applied to determine significant differences before and after the intervention, with a significance level of $p < 0.05$. The following comparisons are conducted difference in pending claim rates between July and August and difference in pending claim rates between July and September. This research has received approval from the Ethics Commission of STIKES Bhakti Husada Mulia Madiun Indonesia.

3. RESULT AND DISCUSSION

The results of a 3-month study at Hospital X Indonesia found the number of pending claims, the level of acceptance of claims and the effectiveness of the implementation of manual administration standards.

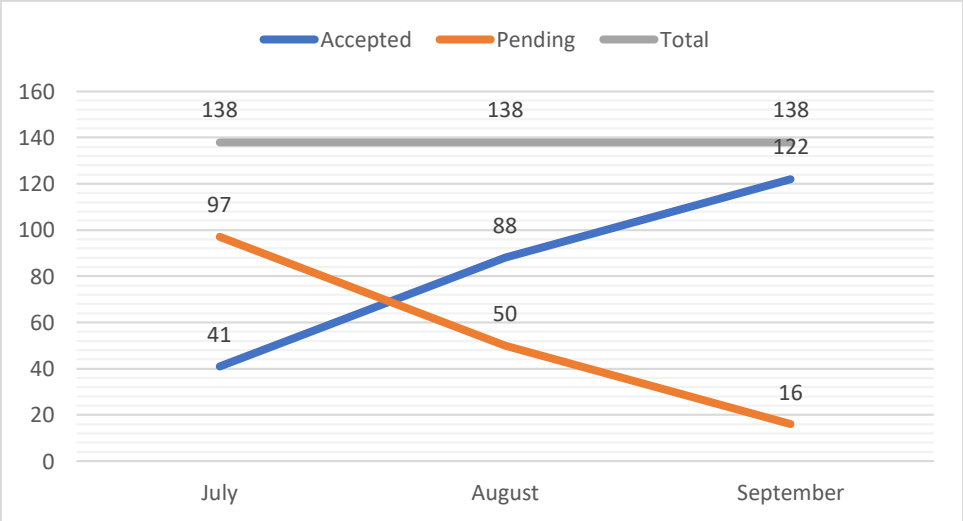

Figure 1 Pending Claim in July, August, and September 2024

Figure 1 shows the trend of changes in pending claims. In July, before any intervention, the number of pending claims remained high, with 97 out of 138 claims in the study sample. In August, after the implementation of the manual administrative system model for claim file verification, the number of pending claims decreased to 50. By September, the number of pending claims further declined to 16.

Table 1. Relationship between completeness of medical management and pending claims in September 2024.

Claim Status	Complete and Accurate (n, %)	Incomplete and Inaccurate (n, %)	Fisher's Exact Test (p-value)
August			
Accepted	88 (65,67%)	0 (0%)	0,016
Pending	46 (34,33%)	4 (100%)	
September			
Accepted	122 (90.37%)	0 (0%)	0.001
Pending	13 (9.63%)	3 (100%)	

Table 1 shows that the *p*-value = 0.016, indicating a significant relationship between the completeness of medical management in August and the pending claim rate. Since $p < 0.05$, it can be concluded that improvements in medical management completeness influence the number of pending claims."

Table 1 also shows that the p value = 0.001 indicates that the relationship between the completeness of the management in September and the pending claims rate is highly statistically significant. Since $p < 0.05$, we can conclude that the better the completeness of the procedures, the lower the number of pending claims.

Table 2. Relationship between completeness of supporting examinations and pending claims in September 2024.

Claim Status	Complete & Appropriate (n, %)	Incomplete & Inappropriate (n, %)	Fisher's Exact Test (p-value)
August			
Accepted	88 (66,65%)	0 (0%)	0,002 -
Pending	44 (33,33%)	6 (100%)	
September			
Accepted	122 (89.71%)	0 (0%)	0.013
Pending	14 (10.29%)	2 (100%)	

Table 2 shows that the Fisher's Exact test result with a *p*-value of 0.002 indicates a highly significant relationship between the completeness of supporting examinations in August and the pending claim rate. Since $p < 0.05$, this means that the completeness of supporting examinations has a substantial impact on the number of pending claims.

Table 2 also shows that the Fisher's Exact test result with a *p*-value of 0.013 indicates a statistically significant relationship between the completeness of supporting examinations and the pending claim rate in September. Since $p < 0.05$, this means that the completeness of supporting examinations has a significant impact on the number of pending claims. Although

the *p*-value in September (0.013) is higher than in August (0.002), the relationship between supporting examinations and pending claims remains significant.

Table 3. Relationship between administrative completeness and pending claims in August 2024.

Claim Status	Complete & Appropriate (n, %)	Incomplete & Inappropriate (n, %)	Fisher's Exact Test (p-value)
August			
Accepted	88 (66.17%)	0 (0%)	0.005
Pending	45 (33.83%)	5 (100%)	
September			
Accepted	122 (88,41%)	0 (0%)	
Pending	16 (11,59%)	0 (0%)	

Table 3 shows that the Fisher's Exact test result with a p-value of 0.005 indicates a statistically significant relationship between administrative completeness and the rate of pending claims in August. Since $p < 0.05$, this means that administrative completeness has a significant impact on the number of pending claims.

Table 3 aalso shows that in September 2024, the implementation of the manual administrative model was fully successful, ensuring that all claims in September met the required administrative completeness standards.

4. DISCUSSION

Claim Pending Rate The study results indicate a significant decrease in the claim pending rate from July to September 2024. Based on Fisher's Exact test results between July and August ($p = 0.000$) and between July and September ($p = 0.000$), it can be concluded that the implementation of a standardized manual administrative system had a significant impact on reducing the number of pending claims. The implementation of a more structured and manual administration system can help reduce the number of pending claims (Fadilah N, 2023). The application of a strict manual administrative system ensures the completeness and accuracy of claim documents before submission, thereby minimizing the likelihood of pending claims (Pranayuda, Haryanti, Utomo, & Madiistriyatno, 2023). Pranayuda et al. (2023) concluded that the main factors causing delays in BPJS claims at Persahabatan Hospital were incomplete medical documents and errors in diagnosis coding (Uli, Lily, Laela, & Noor, 2022). Uli et al. (2022) stated that completeness greatly influences the BPJS claim approval process (Mandia, 2023). The implementation of the manual administrative model has proven to have a positive impact on reducing pending claims. However, the sustainability of its effectiveness needs to be

evaluated in the long term to determine whether this model remains efficient or requires further digitization.

Completeness of Medical Procedures Data show that the completeness of medical procedures improved after the implementation of the manual administrative model. The results of Fisher's Exact test between medical procedures in August and pending claims ($p = 0.016$) and between medical procedures in September and pending claims ($p = 0.001$) confirm that the completeness of medical procedures influences the reduction of pending claims. Pending claims are often caused by incomplete administrative documents, incorrect coding, and medical issues. The implementation of a more structured and complete administrative system has been proven to reduce the number of pending claims (Pranayuda et al., 2023). Ensuring the completeness of administrative procedures can minimize the number of pending claims (Fajariani, Noor, & Amqam, 2020). The importance of completing medical records accurately and promptly is crucial to accelerating the claims process and reducing payment delays (Sukmasari KP, 2024). The improvement in the completeness of medical procedures following the implementation of the manual administrative model suggests that administrative policy changes can directly enhance efficiency in claims management. However, challenges in its implementation may arise from human resource factors and healthcare facilities' compliance with the new policies.

Completeness of Supporting Examinations The completeness of supporting examinations also improved after the implementation of the manual administrative model. Fisher's Exact test results between supporting examinations in August and pending claims ($p = 0.002$) and between supporting examinations in September and pending claims ($p = 0.013$) indicate that the completeness of supporting examinations significantly influenced the reduction of pending claims. Incomplete administrative data and inaccuracies in filling out medical records, including supporting examination results, contribute to pending claims. Out of 222 claim files returned by BPJS, 4.5% were due to discrepancies in supporting examination results and inconsistencies in medical summaries (Susanti et al., 2022). Improving the completeness of supporting examinations helps expedite the claims process and reduces the risk of pending claims. However, to enhance efficiency further, an integrated electronic system should be considered, allowing supporting examinations to be automatically verified within the claims system.

Completeness of Administrative Aspects In terms of administrative aspects, the study results show a significant increase in administrative completeness following the implementation of the manual administrative model. This is supported by Fisher's Exact test

results between administrative aspects in August and pending claims (p = 0.005). However, the Chi-Square test for administration in September could not be calculated because the variable was constant, indicating that all claims in September had complete administrative documentation. Susanti et al. (2022) also reported that administrative errors were the primary cause of claim delays in BPJS Kesehatan. A study at RSUD Kebayoran Baru in November 2022 found that 10.97% of pending claims were due to incomplete doctor's medical summaries and inconsistencies in claim document submissions (Rabiulyati M, Nurwahyuni A, 2024). These inconsistencies included incomplete supporting examination results, which affected claim delays (Juli Muroli, W. Rahardjo, & Germas Kodyat, 2020). Juli Muroli et al. (2020) found that administrative errors in filling out medical documents caused delays in verifying inpatient claims by BPJS (Kultsum, 2022). Kultsum (2022) found that complete medical documentation is very important to reduce cases of delayed claims The function of verifiers at health facilities is to carry out initial verification before claim documents are sent (Hidhayanto W, 2024). This is in line with Hidhayanto W, 2024's statement that hospitals should ensure the completeness of claims before submitting them (Artanto, 2018). The results of this study indicate that the implementation of a standardized manual administrative system significantly reduces pending claims in the JKN system. These findings are consistent with the study by Artanto (2018), which identified that the primary causes of pending claims at RSUD Dr. Kanujoso Djatiwibowo were incomplete claim documents and errors in coding diagnoses and medical procedures. This study supports the notion that improving administrative standards and verifying documents before claim submission can significantly reduce the rate of pending claims. The findings of this study indicate that the manual administrative model successfully ensured the completeness of claim documents, with all claims in September meeting administrative requirements. This suggests that the model is effective in improving administrative compliance, although long-term considerations should include system digitization for greater efficiency.

5. CONCLUSSION

Based on the analysis results, the implementation of the manual administration model has been proven to significantly improve the completeness of claim documents and reduce the number of pending claims. All analyzed aspects, including the completeness of medical procedures, supporting examinations, and administrative documentation, showed improvement after the implementation of this model. However, challenges remain in its implementation, such as the increased workload for administrative staff and the potential need for a more

modern system, such as claim digitalization. Therefore, further research is needed to evaluate the long-term effectiveness of this model and explore more sustainable solutions for claim management in healthcare facilities.

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