

# Factors Causing *Pending* Claims on BPJS Outpatients at Mutiara Bunda Mother and Child Hospital Year 2024

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## ABSTRACT

Mutiara Bunda Hospital still has many obstacles in the implementation of BPJS claim verification, one of which is the claim file that is rejected by the verifier or commonly referred to as pending claims. The purpose of this study was to determine the factors causing pending claims in BPJS outpatients at Mutiara Bunda Mother and Child Hospital in 2024. This type of research is analytic observational research with a cross sectional approach. The population was the entire claim file of Mutiara Bunda Hospital outpatients as many as 7,659 and the sample was taken by simple random sampling which amounted to 109 files. Data were obtained from observation using a checklist table. Based on the results of the study obtained, 78 (71.6%) medical records were pending, pending BPJS claims for outpatients at Mutiara Bunda Hospital Padang. 23 (21.1%) pending due to inaccurate ICD 9 action codes, pending due to incomplete claim files 31 (28.4%) pending claims due to regulatory incompatibility as many as 42 (38.5%). The results of statistical tests obtained there is a relationship between the inaccuracy of the ICD 9 action code with pending claims ( $p$  value = 1.000 ( $p < 0.05$ )). There is a relationship between incomplete claim files and pending claims ( $p$  value = 0.042 ( $p < 0.05$ )). There is a relationship between regulatory incompatibility with pending claims ( $p$  value = 0.133 ( $p < 0.05$ )). The conclusion of the research results is that the cause of pending claims is influenced by the inaccuracy of the ICD 9 action code, incomplete claim files and regulatory incompatibility. It is hoped that the implementation of coding will be more thorough for the process of inputting the accuracy of the action code on the medical record file with the code in the INA-CBGs application, and pay more attention to the completeness of the claim file in order to minimize the occurrence of pending claims.

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## 1. INTRODUCTION

Hospital is an organized health care institution both from medical services, permanent medical infrastructure, continuous nursing care, diagnosis and treatment of diseases suffered by patients and overall carried out by medical professionals (Amran et al., 2022).

Medical Records are documents containing data on patient identity, examination, treatment, actions, and other services that have been provided to patients (Permenkes no 24 of 2022). Completeness of filling

out medical record documents is very important because the information contained in medical records can be used by hospitals and related health organizations as a statistical database, research and planning source for improving service quality (Hatta, 2014).

BPJS is a legal entity established to implement social security programs. BPJS consists of BPJS Health and BPJS Social Security Agency Regulation Number 3 of 2017 on the procedure for billing claims to BPJS states that billing bills are submitted every 10 days for the following month and BPJS Health is obliged to pay health facilities for services provided to participants within 15 days since the billing bill document is received in full.

Pending claim is the return of claim files by BPJS Health that have been submitted by the hospital because there are incomplete or inappropriate requirements that need to be revised again by casemix officers.

According to research by Oktamianiza, et al (2022) conducted research on "Factors Causing Pending Claims on Inpatients at Rsud Dr. Rasidin Padang in 2022" there are still many obstacles in the implementation of BPJS claim verification, one of which is the claim file rejected by the verifier. The population amounted to 36 medical record files and were sampled using the Total Sampling technique. The results showed that the accuracy of the incorrect diagnosis code was 20 (55.6%), the completeness of incomplete medical information was 13 (36.1%), and the completeness of incomplete supporting results was 8 (22.2%).

Based on the results of a survey conducted at Mutiara Bunda Padang Mother and Child Hospital, it was found that several BPJS patient claims were pending by BPJS Health and were not eligible to be claimed and made payments due to several incomplete requirements. Claim data at the hospital shows that in October 2023 out of 717 claims submitted there were 11 pending claims. In the accuracy of diagnosis and action codes, 8 pending claims were found, 1 pending claim was due to a lack of supporting documents and 1 pending claim did not match the tariff bill. It is known that the cause of pending claims is due to incomplete supporting files, errors in coding and bills that do not match the tariff.

Based on the above problems, the researcher conducted a study with the title "Factors Causing Pending BPJS Outpatient Claims at the Mutiara Bunda Mother and Child Hospital in 2024".

## 2. METHODS

The purpose of this study was to look at inappropriate coding, incomplete claim files and regulatory inconsistencies. This research was conducted at RSIA Mutiara Bunda Padang, especially the Casemix section which is located at Jln. Air Paku, Gunung Sarik, Kuranji, Padang City in July 2023. Jl. S. Parman No.142, Ulak Karang Sel., Kec. Padang Utara, Padang City, West Sumatra.

The population in this study were all outpatient claim files in January-December 2023 totaling 7,659 files. The sampling technique in the study with Simple Random Sampling technique sampling of the population was taken randomly and each member of the population had the same opportunity to be selected as a sample in the study. the sample in this study was 99 claim files with drop out (10%) so the sample was 109 samples. The independent variables in this study are incomplete claim files, inaccurate diagnosis codes, non-compliance with regulations and the dependent variable is pending claims. This type of research is quantitative research with a cross sectional approach.

## 3. RESULTS AND DISCUSSION

### 3.1. Univariate Analysis

#### 3.1.1. Frequency distribution of pending claims at Mutiara Bunda Hospital Padang 2024.

**Table 1. Frequency Distribution of Pending Claims**

<i>Pending Claim</i>	<b>f</b>	<b>%</b>
Not Pending	31	28.4
Pending	78	71.6
<b>Total</b>	<b>109</b>	<b>100.0</b>

Based on the table above, it shows that of the 109 medical records of outpatients, 78 (71.6%) medical records were pending, and 31 (28.4%) were not pending on outpatients at Mutiara Bunda Mother and Child Hospital Padang 2024. the cause of pending claims is that the payment of health facilities is not in accordance with what was submitted, there is an incomplete claim file, there is an incorrect ICD code. Pending claims are caused by inaccurate action codes on patient medical records with ICD-9 CM and incomplete claim files. The inaccuracy of the medical action code and the incompleteness of the claim file will result in the process of pending claims. So that there are files that are pending from the BPJS to the Hospital and there are files received from the BPJS from the Hospital.

### 3. 1. 2. Frequency distribution of inaccurate ICD 9 action codes

Inaccuracy of ICD 9 Action Codes	f	%
Inappropriate	23	21.1
Exactly	86	78.9
<b>Total</b>	<b>109</b>	<b>100.0</b>

Based on the table above, it shows that out of 109 medical records of outpatients, 23 (21.1%) inappropriate action codes were obtained, and 86 (78.9%) were appropriate for outpatients at Mutiara Bunda Mother and Child Hospital Padang 2024. pending claims are caused by incomplete claim files, namely procedures that are not attached during the claim process such as lab support results that have not been attached, radiology results, CT-scan results, X-ray results, ultrasound results and others, doctor signatures, lack of BPJS requirements. Incomplete files found in the study came from outpatient medical record files. Outpatient medical record files are a very important factor in claiming BPJS Health at Mutiara Bunda Hospital. This results in pending claims, therefore it is important for officers to check the completeness of medical records and ensure the fulfillment of BPJS Health claim requirements which can later provide financing appropriately and in accordance with the specifications of the types of treatment.

### 3. 1. 3. Frequency distribution of incomplete claim files

Incomplete Claim File	f	%
Incomplete	31	28.4
Complete	78	71.6
<b>Total</b>	<b>109</b>	<b>100.0</b>

Based on the table above, it shows that out of 109 medical records of outpatients, 31 (28.4%) incomplete action codes were obtained, and 78 (71.6%) were correct in outpatients at Mutiara Bunda Mother and Child Hospital Padang 2024.

### 3. 1. 4. Frequency Distribution of Non-conformity with regulations

Regulatory Discrepancies	f	%
Not suitable	42	38.5
As per	67	61.5
<b>Total</b>	<b>109</b>	<b>100.0</b>

Based on the table above, it shows that of the 109 medical records of outpatients, 42 (38.5%) did not match the diagnosis writing, and 67 (61.5%) were appropriate for outpatients at Mutiara Bunda Mother and Child Hospital Padang 2024. pending claims occur due to Mutiara Bunda Hospital not submitting claim requirements in accordance with regulations set by BPJS Health related to hospital classification based on hospital type, this is often the case when the hospital does not check back the exact regulatory provisions.

## 3.2. Bivariate Analysis

### 3. 2. 1. The relationship between inaccuracy of ICD 9 action codes and pending claims

Inaccuracy of ICD 9 Action Codes	Claim Process				Total		p Value
	Pending		Not Pending		f	%	
	f	%	f	%			
Inappropriate	16	69.6%	7	30.4%	23	100.0%	1,000
Exactly	62	72.1%	24	27.9%	86	100.0%	
Total	78	71.6%	31	28.4%	109	100.0%	

Based on the table above, it shows that pending claims due to inaccurate ICD 9 action codes are pending (69.6%) higher than not pending (30.4%). The results of the statistical test (chi-square) obtained a value of  $p = 1.000$  ( $p < 0.05$ ) means that there is a relationship between the inaccuracy of the ICD 9 action code with pending claims. that there is a relationship between code inaccuracy and pending claims. This greatly affects the payment process to the hospital from the BPJS Health so that the pending claims occur. Inappropriate or incorrect action codes in ICD-9 can cause medical claims to be delayed because they need re-verification or correction. SOPs play an important role in reducing pending claims. Effective SOPs can reduce the number of pending claims by ensuring that the information submitted in the claim is accurate and complete from the start.

### 3 . 2 . 2. Relationship between incomplete claim files and pending claims

Incomplete claim file	Claim Process				Total		p Value
	Pending		Not Pending		f	%	
	f	%	F	%			
Incomplete	27	87.1%	4	12.9%	31	100.0%	
Complete	51	65.4%	27	34.6%	78	100.0%	
Total	78	71.6%	31	28.4%	109	100.0%	0,042

Based on the table above, it shows that pending claims due to incomplete claim files (87.1%) are higher than those not pending (12.9%). The results of the statistical test (chi-square) obtained a value of  $p = 0.042$  ( $p < 0.05$ ) means that there is a relationship between the incompleteness of the claim file and pending claims. that there is a relationship between incomplete claim files and pending claims. This is very influential on operational work, especially in the claims process. With the incomplete claim submission file, payment from the BPJS to the hospital, if not completed immediately, this can harm the hospital.

### 3 . 2 . 3. Relationship of regulatory non-conformity with pending claims

Regulatory Discrepancies	Claim Process				Total		p Value
	Pending		Not Pending		F	%	
	f	%	f	%			
Not suitable	34	81.0%	8	19.0%	42	100.0%	
As per	44	65.7%	23	34.3%	67	100.0%	
Total	78	71.6%	31	28.4%	109	100.0%	0,133

Based on the table above, it shows that pending claims due to regulatory discrepancies (81.0%) are higher than files not pending (19.0%). The results of the statistical test (chi-square) obtained a value of  $p = 0.133$  ( $p < 0.05$ ) means that there is a relationship between regulatory discrepancies and pending claims. This regulatory discrepancy has something to do with the pending claims at RSIA Mutiara Bunda, this is due to the lack of carefulness of officers in classifying related regulations when submitting claims to BPJS. This can have an impact on the pending of the submitted claim file. In addition, a good and structured SOP can minimize errors and speed up the claim submission process.

## 4. CONCLUSIONS

The causes of pending outpatient claims at RSIA Mutiara Bunda, namely because: caused by the inaccuracy of the ICD 9 action code and incompleteness of the claim file, because there are differences of opinion between the coder and the BPJS and the coding performed by the coder is not in accordance with ICD 9, because it is not attached during the claim process such as lab support results that have not been attached, radiology results, CT-Scan results, X-ray results, ultrasound results and others, because when submitting claims the type of hospital does not comply with regulatory provisions based on hospital classification.

Based on this research, it can be concluded that it is hoped that the implementation of coding will be more thorough for the process of inputting the accuracy of the action code on the medical record file with the code in the INA-CBGs application, and pay more attention to the completeness of the claim file in order to minimize the occurrence of pending claims.

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