FACTORS RELATED TO PENDING INPATIENT CLAIM AT SEMEN PADANG HOSPITA

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ABSTRACT

Semen Padang Hospital still faces many obstacles in the implementation of BPJS claim verification, one of which is claim files that are rejected by verifiers, commonly referred to as pending claims. The purpose of this study is to identify factors associated with pending claims at Semen Padang Hospital in 2025. This study is an analytical observational study with a cross-sectional approach. The population consists of all inpatient BPJS claim documents at Semen Padang Hospital, totaling 1,741, with a sample of 325 documents selected using simple random sampling. Data was collected through observation using a checklist. Based on the research findings, 26 (8.0%) of the inpatient medical records were pending. The pending BPJS inpatient claims at Semen Padang Hospital were due to incomplete claim files (7, 2.2%), incorrect diagnosis codes (10, 3.1%), and incomplete supporting examination files (9, 2.8%). Statistical analysis revealed a significant association between incomplete claim documents and pending claims (p-value = 0.000, p < 0.05). There was also a significant association between incorrect diagnosis codes and pending claims (p-value = 0.000, p < 0.05). There was a relationship between incomplete supporting examination documents and pending claims (p-value = 0.000 (p<0.05). The conclusion of the study was that the causes of pending claims were influenced by incomplete claim documents, inaccurate diagnosis codes, and incomplete supporting examination documents. Before submitting a claim, it is recommended to first check the completeness of the claim documents and supporting examination documents, and pay close attention to the coding process to ensure that the codes are accurate and appropriate.
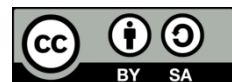
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1. INTRODUCTION

Hospitals are healthcare institutions that provide comprehensive medical and non-medical services. One important aspect of non-medical services is medical record management, which serves not only as a clinical record of patients but also as the basis for healthcare financing administration. In the context of the National Health Insurance (JKN) program, hospital service financing is managed through the Indonesian Health Security Agency (BPJS Kesehatan) using the Indonesian Case-Based Groups (INA-CBGs) payment system, where claims are submitted based on diagnoses and medical procedures coded according to ICD standards (Nilansari et al., 2021).

However, the BPJS claims process often faces challenges in the form of pending claims, where claim documents are returned by BPJS verifiers due to incomplete documentation, inaccuracies in diagnosis codes, or the absence of supporting examinations. This situation can lead to payment delays, disrupt hospital cash flow, and reduce administrative efficiency and healthcare service quality (Santiasih, 2021; Ibrahim et al., 2024). Previous research has also shown that pending claims can be caused by weak coding accuracy, incomplete documents, and staff understanding of claim procedures (Maulida & Djunawan, 2022; Pranayuda et al., 2023).

Semen Padang Hospital, as one of the private referral hospitals in West Sumatra, also faces the problem of pending claims. Initial observations show that there are delayed inpatient claims due to incomplete files, inaccurate diagnosis codes, and a lack of supporting examination documents. The quality of claim submissions at this hospital is still lower compared to similar private hospitals, making pending claims a critical issue that needs to be addressed to maintain financial stability and service quality.

Based on this background, this study aims to analyze the factors associated with pending inpatient claims at Semen Padang Hospital in 2025. The research focuses on the relationship between the completeness of claim documents, the accuracy of diagnosis codes, and the completeness of supporting examination documents with the occurrence of pending claims. The research results are expected to serve as a basis for improving the hospital's claim management system and supporting the enhancement of healthcare service effectiveness.

2. METHOD

This study is an analytical observational study with a cross-sectional approach conducted in the medical records room of Semen Padang Hospital in May–June 2025. The study population consisted of all inpatient claim files of BPJS participants from December 2024 to February 2025, totaling 1,741 files, with a sample of 325 files selected using simple random sampling with the Slovin formula. Independent variables included incomplete claim files, inaccurate diagnosis codes, and incomplete supporting examination files, while the dependent variable was claim delays. Data were collected through observation using a checklist instrument, then analyzed univariately and bivariately using the chi-square test with a significance level of 95% ($\alpha = 0.05$).

3. RESULTS AND DISCUSSION

A. Univariate Analysis

1) Frequency Distribution of Pending Claims at Semen Padang Hospital

Table of *Frequency Distribution of Pending Claims*

Pending Klaim	f	%
No Pending	299	92,0
Pending	26	8,0
Total	**325**	**100%**

This study involved 325 BPJS inpatient claim files at Semen Padang Hospital. The results of the observation showed that there were 26 files (8.0%) with pending claims, while 299 files (92.0%) were declared not pending.

Table of Factors Causing Claims to be Pending

Faktor Pending *Klaim*	f	%
Incomplete Claim Documents	7	26,9
Inaccuracy of Diagnosis Codes	10	38,5

Incomplete Supporting Examination Files	9	34,6
Total	**26**	**100%**

Based on 26 pending claims, the biggest cause was inaccurate diagnosis codes (38.5%), followed by incomplete supporting documents (34.6%) and incomplete claim documents (26.9%).

B.   Analisis Bivariat

1)   The Relationship Between Incomplete Claim Files and Pending Claims

Incomplete Claim Documents	Claim Procces				Total		P Value
	Pending		No *Pending*				
	f	%	f	%	F	%	
Complete	19	6,0%	299	94,0%	318	100%	
Incomplete	7	100%	0	0%	7	100%	0,000
Total	26	8,0%	299	92,0%	325	100%	

The results of the bivariate analysis show that all independent variables have a significant relationship with pending claims. All incomplete claim files (100%) were pending, while only 6.0% of claims with complete files were pending (p=0.000).

2)   The Relationship Between Incorrect Diagnosis Codes and Pending Claims

Inaccuracy of Diagnosis Codes	Claim Procces				Total		p Value
	Pending		No *Pending*				
	f	%	f	%	f	%	
Correct	16	5,1%	299	94,9%	315	100%	
Incorrect	10	100%	0	0%	10	100%	0,000
Total	26	8,0%	299	92,0%	325	100%	

The same applies to the accuracy of diagnosis codes. All claims with inaccurate codes (100%) were put on hold, compared to only 5.1% of claims with accurate codes (p=0.000).

3)   The Relationship between Incomplete Supporting Examination Files and Pending Claims

Incomplete Supporting Examination Files	Claim Procces				Total		p Value
	Pending		No *Pending*				
	f	%	F	%	f	%	
Complete	17	5,4%	299	94,6%	316	100%	
Incomplete	9	100%	0	0%	9	100%	0,000
Total	26	8,0%	299	92,0%	325	100%	

A similar finding was observed in the completeness of supporting documents, where all incomplete documents (100%) experienced claim delays, compared to only 5.4% of complete documents (p=0.000).

The results of this study confirm that pending claims at Semen Padang Hospital are largely caused by administrative and technical factors, namely incomplete claim files, inaccurate diagnosis codes, and incomplete supporting examination documents. These three factors are significantly associated with the occurrence of pending claims. These findings are consistent with the research by Maulida & Djunawan (2022), Pranayuda et al. (2023), and Oktamianiza et al. (2022), which emphasize that pending claims are closely related to the completeness of documents and the accuracy of diagnosis codes.

Incomplete claim files result in claims being returned by BPJS in accordance with verification guidelines, thereby slowing down the payment process. Meanwhile, inaccurate diagnosis codes affect the determination of INA-CBGs rates and cause differences in perception between clinicians and coders. Incomplete supporting examinations also weaken diagnosis validation, causing verifiers to reject claims.

Therefore, efforts to improve claim quality need to focus on strengthening internal verification systems, training coders, and ensuring good coordination between medical staff and claims officers. These measures are expected to reduce the number of pending claims, improve hospital cash flow, and support the quality of healthcare services.

4. CONCLUSION

This study shows that the number of pending inpatient claims at Semen Padang Hospital in 2025 reached 8.0%. Pending claims are significantly related to three main factors, namely incomplete claim files, inaccurate diagnosis codes, and incomplete supporting examination files. Of these three factors, inaccurate diagnosis codes are the highest cause of pending claims. These findings underscore the importance of complete administrative documentation, accuracy in diagnosis coding, and the integration of supporting examination documents in the BPJS claim submission process. Hospitals need to strengthen their internal verification systems, enhance the competence of coding staff, and ensure good coordination among relevant units to improve claim quality. By taking these steps, pending claims can be minimized, hospital cash flow can be better assured, and the quality of healthcare services can be maintained.

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