



Factors Causing Delays in Submitting Inpatient BPJS Claims at General Hospital of dr. H. Koesnadi Bondowoso, Indonesia

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ABSTRACT

The submission of BPJS claims by health care facilities according to the technical verification manual is at least on the 10th of the following month. Meanwhile, in October 2019, the process of submitting inpatient BPJS claims at RSUD dr. H. Koesnadi Bondowoso exceeded the 10th of the next month which was 130 days delayed. The purpose of this study analyzes the factors that cause the delays in submitting inpatient BPJS claims. The Type of qualitative research by finding out causal factors based on personal factors, leadership factors, team factors, system factors and contextual/situational factors using Problem Tree Analysis. Data collection techniques are in-depth interviews, observation, documentation and brainstorming. The results showed a lack of knowledge related to the deadline for submitting a BPJS claim and a delay in file submission from inpatient rooms. Incomplete files for inpatient BPJS, internal verifier have multiple jobs and lack of guidance from chief nurse also causes of delay in submitting claims. There are no standard operating procedures, hospital information management system and scanner error, an increase of workload, and less supportive of work environment due to the Covid-19 pandemic. It is recommended to make standard operating procedures for submitting inpatient BPJS claims, discipline the employees, give rewards and add more employees for the Controller Installation.

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Faktor Penyebab Keterlambatan Pengajuan Klaim BPJS Rawat Inap di RSUD dr. H. Koesnadi Bondowoso

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ABSTRAK

Pengajuan klaim BPJS oleh fasilitas pelayanan kesehatan berdasarkan buku petunjuk teknis verifikasi maksimal tanggal 10 bulan berikutnya. Proses pengajuan klaim BPJS rawat inap di RSUD dr. H. Koesnadi mengalami keterlambatan dimana pengajuan bulan Oktober 2019 melebihi tanggal 10 bulan berikutnya yaitu terlambat 130 hari. Tujuan penelitian ini menganalisis faktor yang menyebabkan keterlambatan pengajuan klaim BPJS rawat inap. Jenis Penelitian kualitatif dengan mencari faktor penyebab berdasarkan personal factors, leadership factors, team factors, system factors dan contextual/situational factors menggunakan Problem Tree Analysis. Teknik pengumpulan data dengan wawancara mendalam, observasi, dokumentasi dan brainstorming. Hasil penelitian menunjukkan penyebab keterlambatan pengajuan klaim BPJS rawat inap yaitu kurangnya pengetahuan batas tanggal pengajuan klaim BPJS rawat inap, keterlambatan setor berkas klaim BPJS rawat inap dari ruangan, ketidaklengkapan berkas klaim BPJS rawat inap, verifikator internal double job, kurangnya bimbingan Kepala Ruangan, kerja sama belum maksimal,

belum adanya SOP, SIMRS dan scanner eror dan beban kerja bertambah serta lingkungan kerja kurang mendukung karena pandemic Covid-19. Solusi yang dapat dilakukan yaitu membuat SOP pengajuan klaim BPJS rawat inap, pendisiplinan petugas, pemberian reward dan menambah petugas di Instalasi Pengendali.

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INTRODUCTION

One of the health insurances provided by the Indonesia goverment is National Health Insurance Program (JKN) which is administered by BPJS *Kesehatan* (Social Insurance Administration Organization). BPJS collaborates with first health facilities and hospitals as the referral facilities through a cooperation agreement. Hospitals take role as a Health Service Provider (*PPK*) that has the right to claim service payments to the participants and it is also obliged to continue the payments to health facilities afterwards (Kemenkes RI, 2014). In this case, claims are the costs for health service of BPJS participants submitted either individually or collectively by PPK, (Asis et al., 2017). Submitting a claim to the further BPJS offices either in district or city branch must complete the administrative

requirements. It relates to the patients' medical record of their health services. The administrative requirements in filing a claim include a medical resume, service recapitulation, *SEP* (Participant Eligibility Letter), details of service bills from the hospital and others.

Based on the interview results with the controller officer at (public hospital) RSU dr. H. Koesnadi Bondowoso conducted on November 8th 2019, the process of verification and claim from this hospital were applied through *Vedika* (Digital Claim Verification) since August 2019. It was found that the submission claim by *vedika* implementation encountered obstacles which led to delays in submitting claims to the BPJS. Consequently, the hospital exceeded the date given by BPJS about claim verification, which is not more than 10th of the following month. These are the data regarding this issue:

Table 1
The Dates of Claim Submission File to BPJS in October – February 2020

Month	Submitted File	Date of Submission	Notes
October	July 2019	9th October 2019	59 days late
November	August 2019	5th November 2019	55 days late
December	September 2019	6th December 2019	54 days late
	July 2019 (follow up)	19th December 2019	130 days late
January	January 2018 (follow up)	22nd January 2020	±2 years late
	October 2019	2nd January 2020	51 days late
	November 2019	27th January 2020	42 days late
February	December 2019	17th February 2020	37 days late
	October 2019 (follow up)	27th February 2020	104 days late

Source: RSU dr. H. Koesnadi Bondowoso.

From the data above, there is always a delay in submitting inpatient BPJS claims every month. In December, there is a submission of a follow-up claim in July 2019. In January there is a follow-up claim in January 2018, and in February there is a follow-up claim in October 2019. It

happens because officers from inpatients room are late to submit the document to the controller, moreover there is some incompleteness of it. See the following table of the hospital's data:

Table 2
The Incompleteness Data of Claim Files in November – December 2019

Month	October		November		December	
	RI	RJ	RI	RJ	RI	RJ
Amount of the submitted files	813	7083	786	6464	819	5901
Amount of the incomplete files	64	13	62	12	67	15
Percentage of the files incompleteness	6,58%	0,18%	7,89%	0,18%	8,18%	0,25%

Source: RSU dr. H. Koesnadi Bondowoso

The data shows that incompleteness percentage of the inpatients are greater than the outpatients. The highest percentage is in December which up to 8,18 % meanwhile there is only 0,25% from the outpatients. Some requirements are unable to be fulfilled entirely such as the absence of laboratory result and DPJP's sign, unclear notes on the

medical files, a mismatch between billing and SIMRS, wrong nominal on the casemix, etc. The incomplete data from inpatients'BPJS claims files may cause the case of follow-up claim and delays in its submission.

There are also some additional factors that stimulate this problem. Change of the claiming system to BPJS through

vedika which is from hardcopy to softcopy, errors in SIMRS related to its bridging system, and limited scanner tools that affect the claiming process. This matter belongs to the *System factors* stated by Armstrong and Baron (1998: 16) in (Wibowo, 2017). It is also supported by Noviatry & Sugeng (2016) who reveals that delays in claim submission in Panti Nugroho Hospital are triggered by *Machines factor* specifically about the errors in BPJS internet server in checking patients' data and lack of performance on bridging system that only applicable for *SEP*. Furthermore, low understanding of the hospital officers about deadline in submitting inpatients BPJS claims and their inadequate competences to work on those files become the *Personal Factors* of the cause. As written in Horas et al. (2019) who found that claim payment delays from *JKN* participants in RSU GMIM Pancaran Kasih Manado were caused by files incompleteness on patients' medical record, laboratory and EKG result, etc.

Regarding on *Team factors*, there is lack of coordination between officers from inpatients rooms and the controllers.

Oktaviani (2019) said that this problem would cause a fragmented care, conflicts among divisions, and delays in medical checking and treatments. Besides, from *Leadership factors*, chief of the controller officers did not fully involved to give guidance to submit the claim in time or punctually. Wibowo (2017) mentioned that work performance in a organization are influenced by the way its leader manage its employees. Based on a interview result, changes in the internal environment due to the implemenation of accreditation might also create delays during claim submission. This matter belongs to *Contextual/ situational factors* conveyed by Armstrong and Baron (1998: 16) in Wibowo (2017). In line with Wibowo (2007) that explained that if work environment provided comfort, it would encourage employee performance.

As the impact of the delays, the disbursement of claim funds from BPJS would be always not on time. Look at this table for the details.

bulan	bathtinapirjatan/ambula	Rp	bulan	bathtinapirjatan/ambula	SEBUAI RC	Tanggal dibayar sesuai RC
Maret 2019 (susulan)	RJTL	63.888.400.00	Maret 2019 (susulan)	RJTL	63.888.400.00	22/11/2019
Maret 2019 (susulan)	RJTL	183.300.00	Maret 2019 (susulan)	RJTL	183.300.00	22/11/2019
April 2019 (susulan)	RJTL	12.874.100.00	April 2019 (susulan)	RJTL	12.874.100.00	06/12/2019
April 2019 (susulan)	RJTL	1.587.300.00	April 2019 (susulan)	RJTL	1.584.400.00	06/12/2019
June 2019	RJTL	1.422.799.100.00	June 2019	RJTL	1.321.345.300.00	29/11/2019
June 2019	RJTL	3.868.743.000.00	June 2019	RJTL	3.868.713.000.00	29/11/2019
			BK seluruh bayar		101.453.800.00	29/11/2019
Jul 2019	RJTL	4.674.784.700.00	Jul 2019	RJTL	4.674.784.700.00	11/12/2019
Jul 2019	RJTL	1.966.114.200.00	Jul 2019	RJTL	1.966.084.200.00	11/12/2019
MEI 2019	ALKES(KRUK)	422.400.00				
MEI 2019	ALKES(CORSET)	337.000.00				

Figure 1. Disbursement of BPJS Claim Funds 2019 (dr. H. Koesnadi, 2019)

The part marked with a red box is one of the time inaccuracies in the disbursement of claim funds from BPJS. The disbursement of funds in July 2019 was paid by BPJS on 11 December 2019. According to the Claims Administration Technical Guidelines, BPJS is obliged to pay the health facilities for its services provided to participants in at least 15 working days since the claim files received completely at BPJS office. Whereas this fact is very far from the payment schedule that should be made by BPJS. This time inaccuracy of claim funds disbursement will disrupt hospital operations related to service payments to employees, provision of medicines and medical devices and payments for electricity and water.

Hence, this study aims to analyze the factors that cause delays in submitting inpatient BPJS claims based on factors affecting work performance according to Armstrong and Baron (1998: 16) in Wibowo (2017). It consists of *Personal factors*, *Leadership factors*, *Team factors*, *System factors* and *Contextual / situational factors* which then they are analyzed by Problem Tree Analysis method.

RESEARCH METHOD

This type of research is qualitative to determine the factors causing delays in submitting BPJS inpatients claims at RSU dr. H. Koesnadi Bondowoso according to the factors by Armstrong and Baron's Theory in Wibowo (2017). This reasearch then use the Problem Tree Analysis method to analyze the causes of a problem.

Research Subject

The research subjects consist of the Head of the Control Installation, the Head of the Installation Controller, Internal Verifier, inpatient coding officer, 2 data entry officers, Head of the Room and 3 Room Administration Officers of RSU dr. H. Koesnadi Bondowoso.

Data Collection

Data collection methods are taken by in-depth interviews, observation, documentation and brainstorming to determine the solution of existing problems. Data collection was carried out for 4 months starting from September - December 2020.

Data Analysis

This research using qualitative data analysis by presenting the results of in-depth interviews, observation, documentation and narrative brainstorming and performing it in the form of a Problem Tree Analysis to analyze the factors that cause delays in submitting BPJS inpatient claims.

RESULT AND DISCUSSION

Analyzing Causing Factors Level 1,2,3. Delays in Submission of Inpatient BPJS Claims Based on *Personal Factors*

Personal factors in this study are related to claim submission process based on the officers' competence. Competence is the ability to carry out a job or task based on the skills or knowledge of the officers about *vedika*, the requirements and its deadline for submitting claims according to the BPJS regulations, which is no later than the 10th of the following month. The finding reveals that the cause of the delays is due to lack of officers' knowledge about its submission deadline. It is because the officers are still new to work in the department at the control installation. It is also caused when they have never attended training regarding inpatient BPJS claims. Due to the Covid 19 pandemic, meetings related to training or seminars were eliminated considering the recommendation to comply with health protocols. Moreover, the flow of funds for external seminar is also replaced to the Covid 19 service. To obtain productive human resources for the sustainability of an organization or company, they are required to be involved in a special training and development program (Suratman & Eriyanti, 2020).

About the lack competence of officers, it is also caused by the low skills in fulfilling inpatient BPJS claim requirements so that many of it are returned to the room as the files are found incomplete. Some of the reasons are the resume and its supporting results have not been attached, waiting for the doctor filling the required file, and the patient's medical resume which could not be read clearly. In line with the research conducted by Putri et al. (2019) stated that the cause of delay in submitting claims is because there is an incomplete claim document that must be returned to the treatment room. The process of returning the claim documents may cause delays during the submissions.

Lack of staff competences is also caused by room administration officers who are late to deliver inpatient BPJS claim documents to the control installation. It happens as the doctors do not immediately fill in the patient's medical resume and the pathology and anatomy results are only completed in about a week. Their insufficient ability is also caused by verification process that are not carried out every day. This is because the internal verifier has double job, and they wait for files to be delivered from the room. Complete medical record files are not immediately brought to the *IJP* (Financing Guarantee Installation) but they are waiting to be collected in the service unit room. This delay makes it hard to achieve the target of stage I files every month (Aditya Pradani et al., 2017).

Analyzing Causing Factors Level 1,2,3. Delays in Submission of Inpatient BPJS Claims Based on *Leadership* Factors

Leadership factors in this study refer to instructions (explanations) on how to do something given by the head of the control section and the head of the inpatient room to submit claims for inpatient BPJS punctually. The head of the room has provided guidance, but it is not done every day because the room clerk usually get the new information toward submission of BPJS claims from the *Whatsapp* group and sometimes they provide this information to the head of the room. However, providing guidance through the *Whatsapp* group is less effective and ideally it should be the direct guidance from the head of the room so that the explanation can be right on target. The role of the head of the room is very influential in improving the quality of inpatient rooms' staffs, therefore it is necessary to continuously train its staff (Matondang, 2020).

Analyzing Causing Factors Level 1,2,3. Delays in Submission of Inpatient BPJS Claims Based on *Team* Factors

Team factors in this study are related to completing tasks in order to achieve goals by individuals or between the officers, either in the control department or officers in the inpatient unit to submit BPJS claims on time. Based on the research result, giving punishment has been made to officers who are unable to perform well in the form of cutting their services allotment, demotion of the position, postponement of periodic salary increases and termination of employment if the offenses committed by officers are considered very serious. However, giving rewards still cannot be applied regularly because there are no clear parameters about officer discipline. The rewards made by the hospital are related to services because there have been clear quality indicators of it. Wibowo (2017) stated that leaders provide additional income as an effort to appreciate the performance of their workers. The share of incentives links rewards and performance that are given to individuals or groups to increase work motivation.

Analyzing Causing Factors Level 1,2,3. Delays in Submission of Inpatient BPJS Claims Based on *System* Factors

System factors in this study are indicated by the existence of a clear work system and facilities that support the timeliness of submitting inpatient BPJS claims. The system factors in this study include the *vedika* claim submission system, SOP, scanner, supporting applications for claim submission including SIMRS, E-Claim and EMR. *Vedika* or digital claim verification is a process of verifying claims submitted by the Advanced Referral Health Facility (FKRTL), using a digital verification application carried out by an internal verifier at the FKRTL. Based on the results of interviews with officers, the *vedika* claim process helps and makes it easier for officers, but this is if there are supporting facilities. The drawback of the *vedika* system is that officers have to scan files one by one because the claim requirement files are sent online via the E-Claim application, the verification process is also carried out twice, namely matching the BPJS inpatient claim requirements file with the INA CBG's E-Claim application and requires storage space for stacks of verified claim requirement files and sent to BPJS Kesehatan because only SEP (Participant Eligibility Letter), patient medical resumes and casemixes are sent to BPJS branch offices in hardcopy form.

SOPs or Standard Operating Procedures are instructions or steps to complete a work process that provides the correct and best steps to carry out an activity. SOPs in this study are policies or work procedures related to submitting inpatient BPJS claims, editing inpatient BPJS claim files, data entry on E-Claims and SOPs related to the claim verification process. Based on the results of interviews with several officers, those intended SOPs are still unavailable because the instructions and requirements for submitting BPJS claims are always updated so that the RSU dr. H. Koesnadi Bondowoso directly referred to the technical instructions and regulations sent and informed by BPJS via the *WhatsApp* group. According to Malonda et al. (2015) there is no SOP made by the hospital in the form of a Decree Regarding the Proposal for Submission of Claims at Dr. Sam Ratulangi Tondano to BPJS which become an obstacle in filing claims for health facilities to BPJS.

The scanner referred to in this research is a scanner facility that fulfills the need to assist in the duplication process and keeps the file requirements for submitting claims for inpatient BPJS in softcopy. Based on the results of the interview, the available scanner sometimes makes errors cannot work properly. The number of scanners for inpatient BPJS claims submissions at the Control Installation has not met the need due to the large number of inpatient BPJS claim files, which are almost 1000 files a month. In line with research conducted Pada et al. (2017), facilities and infrastructure affect the performance of officers, if the facilities and infrastructure are incomplete and not in accordance with standards, it may affect negatively to their work performance. The supporting applications referred to in this study are applications that are used in the process of submitting claims for inpatient BPJS, including E-Claim, V-Claim, SIMRS, EMR and the presence of a bridging system among several applications. Based on the results of the interview, it can be concluded that SIMRS has been available since 2015 but its use is often error-free, the network is sometimes slow, so it is difficult for officers to monitor inpatient files, resulting in delays in the verification process causing officers to work overtime.

In line with Sophia & Darmawan (2017) research, several factors that cause delays in claims are due to facilities and infrastructure such as problems with applications and the internet, no bridging system, and there are hospitals without a billing system. Electronic Medical Record (EMR) is the use of electronic media so that all patients' medical records are stored in a database management. With the EMR or RMK, it will be easier for officers in the process of submitting claims for inpatient BPJS, so they do not need to scan one by one the claim requirement files, but simply by downloading the notes and results of the patient examination on the EMR. Meanwhile RSU dr. H. Koesnadi Bondowoso has not used this EMR due to the large funds and unqualified human resources at the hospital. EMR is very important for hospital management because they provide integrated and accurate data as well as a solution to improve cost efficiency, increase access and service quality. However, its implementation has many challenges, one of which is the lack of organizational readiness. This is one of the factors that cause health facilities to fail in implementing EMR (Wirajaya & Dewi, 2020)..

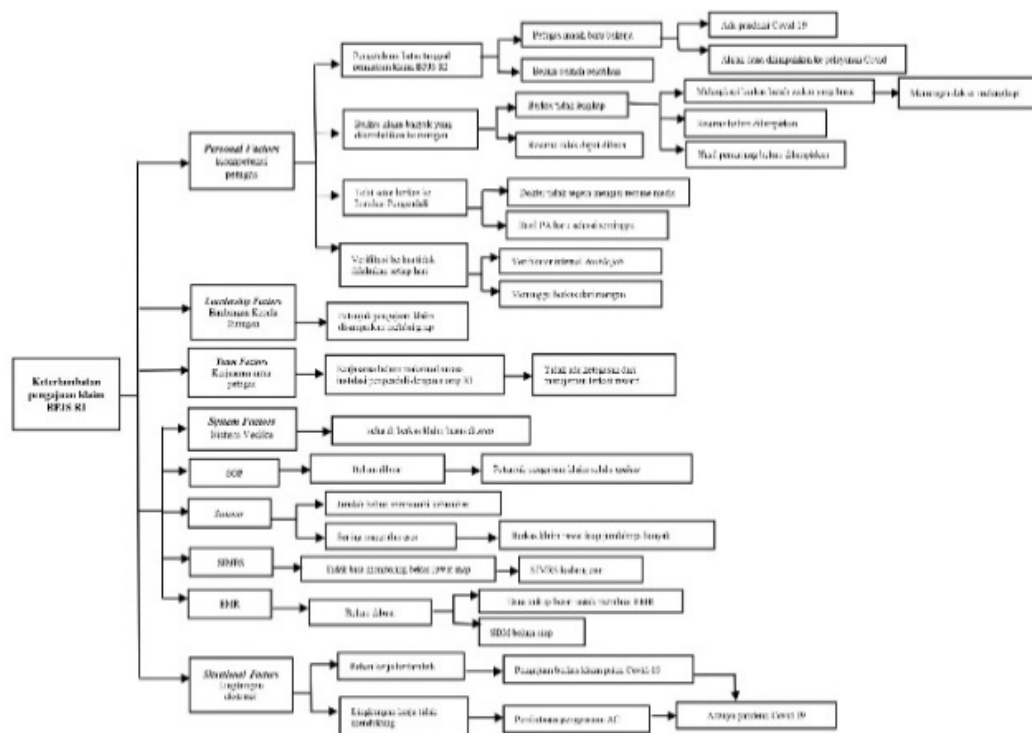


Figure 2. Problem Tree Analysis of the Causes of Delay in Submitting Inpatient BPJS Claims

Analyzing Causing Factors Level 1,2,3 Delays in Submission of Inpatient BPJS Claims Based on *Contextual/Situational Factors*

Contextual / situational factors in this study are about the workload caused by changes in the external environment, internal and external relationships between staffs in inpatients room and from the Control Installation room. The external environment increases the workload of officers therefor it causes lack of their work achievement especially in the control installation room. The complex Covid 19 claim requirements file with unsupportive working conditions due to reduced use of air conditioning during the Covid 19 pandemic is also a factor that causes delays in submitting

claims. The lack of officers submitting inpatient BPJS claims with the addition of Covid19 patient claim files further burdens their workload. According to Clark et. al (1994) in Riyanto (2018), an uncertain environment refers to a situation or condition of the external environment whose changes are difficult to predict. Research conducted by Widiyanti et al. (2020) found that most nurses have too much work so this can reduce productivity at work.

Factors Analysis of Causing Delays in Submission of Inpatient BIPS Claims through Problem Tree Analysis

Based on descriptions of interviews, observation and documentation, the main problem in this study is the delay

in submitting inpatient BPJS claims. The following figure 2 is a description of the Problem Tree Analysis regarding the causes of delays.

Level 1 causes of the main problem are analyzed based on factors that affect performance according to Armstrong and Baron (1998: 16) in Wibowo (2017) which consists of Personal factors, Leadership factors, Team factors, System factors and Contextual / situational factors. Causes of level 2 and so on are analyzed based on each factor at the cause of level 1.

Determining Solutions Regarding Delays in Submitting Inpatient BPJS Claims using Brainstorming

Based on the explanation regarding the causes of the delays using Problem Tree Analysis, the solution can be determined through brainstorming activity. It was carried out on November 23, 2020, which was attended by research informants consisting of the head of control installation affairs, inpatient coders and data entry officers. The following table is the solutions from the brainstorming results

Tabel 3
Brainstorming Result

No.	Term	Problem	Solution
1.	<i>Personal factors</i>	Lack of officers' competence related to inpatient BPJS claims	1. Knowledge related to claim submission information is obtained from BPJS branch officers so that seminars and training are currently not needed 2. Giving rewards in the form of incentives so that officers can improve their work 3. Internal verifiers must be more cooperative in verifying inpatient BPJS claim files 4. Disciplining inpatient room officers to complete and to submit BPJS claim files
2.	<i>Leadership factors</i>	Tight activities of the leader	1. The head of the room is more focused on managerial work, not clinicians 2. There are those who back up the work of the Head of the Room, especially those who control BPJS claims 3. Provide punishment and increase the reward to the room administration officer 4. Implement periodic socialization and evaluation between the control installation and the room admin
3.	<i>Team factors</i>	Low cooperation with room officers	Applying checks and balances among the divisions related to claim submissions
4.	<i>System factors</i>	Lack of supporting facilities and infrastructure since the management cannot prioritize needs and there is no SOP for submitting inpatient BPJS claims	1. Fulfillment of the facilities and infrastructure needed is to increase specifications and increase the number of computers, and add more scanners 2. Prepare SOP for inpatient BPJS claim submission
5.	<i>Contextual/ situational factors</i>	Changes in the external environment emerged with the submission of Covid-19 claims which made the workload increase, the room was also less ergonomic	1. Adding a workforce to submit Covid-19 claims 2. Designing the room to be more ergonomic

Source: RSU dr. H. Koesnadi, 2020

Based on Table 3 for the personal factors, the solution gained from brainstorming is always updating information on the claim submission deadline from BPJS Bondowoso branch office, giving rewards for staff performance, increasing the cooperative side of internal verifiers and disciplining inpatient officers to complete and submit the claim files. For the leadership factors, the head of the room should focus more on managerial work instead of clinicians, provide worker who back up their work especially those who master in BPJS claims, provide punishment and add rewards

for room administration officers, conduct periodic socialization and evaluation between the control installation and administration room. Next, the solution from the team factors is performing checks and balances at the installation related to the submission of BPJS claims. For the system factors are by fulfilling necessary facilities to increase specifications, providing more computers and scanners, and making SOPs for submitting inpatient BPJS claims. The following is the design of the SOP for submitting claims suggested by researchers:

 <p>STANDAR OPERASIONAL PROSEDUR</p>	PENGALUAN KLAIM BPJS RAWAT INAP		
	No. Dokumen		Ditetapkan oleh Direktur RSUD dr. H. Koesnadi Bondowoso
	No. Revisi	1	
	Tanggal Terbit	2 Januari 2020	
	Halaman	1/2	dr. Yun Pristina A. Su. P. NIP. 19771002 200604 1 066
PENGERTIAN	Pengajuan klaim rawat inap merupakan proses mengajukan atau mengirim berkas klaim pelayanan rawat inap kepada BPJS Kesehatan.		
TUJUAN	Sebagai acuan langkah – langkah dalam mengajukan klaim BPJS rawat inap.		
REFERENSI	1. Peraturan Menteri Kesehatan RI No. 269/Menkes/Per/III/2008 tentang isi rekam medis 2. Permenkes No. 76 tahun 2016 tentang Pedoman INA-CBGs dalam Pelaksanaan JKN 3. Panduan manual verifikasi klaim INA-CBGs Edisi 1 Tahun 2017		
ALAT DAN BAHAN	1. Aplikasi E-Claim INA CBGs 2. Scanner 3. alat tulis 4. Berkas klaim BPJS rawat inap		
PROSEDUR	1. Berkas klaim BPJS rawat inap disetor dari ruangan ke Instalasi Pengendali 2. Berkas klaim diterima oleh petugas Instalasi Pengendali 3. Petugas mengecek kelengkapan berkas klaim BPJS rawat inap 4. Petugas memverifikasi kelengkapan berkas klaim pada SIMRS 5. Petugas memberikan kode diagnosis dan tindakan pada berkas klaim 6. Petugas mengentry data pada E-Claim 7. Kirim klaim online 8. Cetak klaim individual pasien		
 <p>STANDAR OPERASIONAL PROSEDUR</p>	PENGALUAN KLAIM BPJS RAWAT INAP		
	No. Dokumen		Ditetapkan oleh Direktur RSUD dr. H. Koesnadi Bondowoso
	No. Revisi	1	
	Tanggal Terbit	2 Januari 2020	
	Halaman	1/2	dr. Yun Pristina A. Su. P. NIP. 19771002 200604 1 066
	9. Verifikator memverifikasi berkas klaim BPJS rawat inap 10. Petugas mendownload txt pada E-Claim INA-CBGs 11. Petugas merakit atau mengurutkan berkas klaim 12. Petugas me-scan seluruh berkas (disimpan dalam bentuk .pdf) 13. Login pada Virtual Claim atau V-Claim 14. Pilih menu kirim klaim 15. Upload txt yang telah didownload sesuai bulan pelayanan yang akan diklaim 16. Kirim txt yang telah diupload 17. Kirim hardfile SEP (Surat Eligibilitas Peserta), Resume medis dan Casemix ke kantor cabang BPJS Kesehatan		
	HAL – HAL YANG PERLU DIPERHATIKAN	1. Tanggal pada SEP 2. Kelas rawat inap pasien 3. Tanggal masuk dan tanggal keluar RS 4. Cara pulang pasien 5. Hardfile yang dikirim ke kantor cabang BPJS Kesehatan yaitu SEP (Surat Eligibilitas Peserta), Resume medis dan Casemix.	
	DOKUMEN TERKAIT	Berkas klaim BPJS rawat inap meliputi SEP, Formulir INA-CBGs, surat perintah rawat inap atau surat masuk rumah sakit, resume medis atau ringkasan pulang, hasil penunjang dan lain - lain.	
	UNIT TERKAIT	Instalasi Pengendali, Ruang Rawat Inap	

Figure 3.2 SOP for Inpatient BPJS Claims

The solution for contextual/situational factors is that management should add special officers to submit claims for BPJS for Covid-19 patients and design the control installation workspace to make it more ergonomic. This is in line with the research conducted by Valentina & Halawa (2018) which states that the cause of unclaimed BPJS files for inpatients at the Rumah Sakit Umum Imelda Pekerja Indonesia (RSU IPI) Medan is due to insufficient coders so it is advisable to add more human resources to this field.

CONCLUSION AND RECOMMENDATION

These are the causes of delay in submitting BPJS claims in RSU dr. H. Koesnadi Bondowoso based on the following factors:

1. Personal factors show that there is lack of knowledge of the claim submission deadline, lateness to collect claim files from the inpatients room, incomplete claim files, and double job of internal verifier.
2. Leadership factors find out that there is no guidance from head of the inpatients room to do file claims submission punctually.
3. Team factors reveal that low level of cooperation between Control Installation officers and inpatient officers cause the submission delay.
4. System factors discover that the use of vedika system takes time to make all claim files have to be scanned first,

there is no SOP of it, error SIMRS for some occasions, and the absence of EMR.

5. Contextual/ situational factors point out the cause obtained from increased workload and less supportive work environment.
6. Solutions gained during brainstorming; keep updating on regulations or technical instructions of BPJS submission claims, giving rewards to the officers, emphasizing managerial work for the head of the room, checking and balancing among the divisions, making SOPs for submitting claims, adding more officers in controller installation.

The recommendation below are addressed mostly to the authorized parties at RSU dr. H. Koesnadi Bondowoso:

1. Hold training or seminars to new officers at the control installation and room administration related to submitting BPJS claims.
2. Provide budget to not only supply supportive facilities and infrastructure such as best quality of computers and scanners, but also create EMR so that BPJS claims can be submitted on time.
3. Rearrange the workspace in the control installation.
4. Apply SOPs that have been recommended and designed by researchers.
5. Further research is expected to elaborate this study by calculating labor requirements based on workload and analyzing outpatient BPJS claims filing.

Gratitudes

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