

## ABSTRAK

### ANALISIS PENYEBAB CLAIM PENDING PADA PASIEN BADAN PENYELENGGARA JAMINAN SOSIAL (BPJS) KESEHATAN DI RSUD BANYUMAS TAHUN 2019

Mila Intan Lestari<sup>1</sup>, Siwi Pramatama Mars Wijayanti<sup>2</sup>, Sri Nurlaela<sup>3</sup>

**Latar Belakang:** Kejadian *claim pending* di RSUD Banyumas pada Triwulan III Tahun 2019 sebanyak 454 kasus di layanan rawat jalan dan 441 di layanan rawat inap. Kejadian *claim pending* di rumah sakit menarik untuk diteliti faktor-faktor penyebabnya. Penelitian ini bertujuan untuk mengetahui penyebab kejadian *claim pending* berdasarkan *input*, proses, dan *output*.

**Metodologi:** Penelitian ini merupakan penelitian deskriptif kualitatif dengan pendekatan fenomenologi. Penelitian ini dilakukan di RSUD Banyumas unit pelayanan rawat jalan dan rawat inap. Informan utama dalam penelitian ini adalah petugas penerima pasien JKN, petugas administrasi poli, petugas administrasi klaim JKN, DPJP dan informan pendukung dalam penelitian ini adalah Kepala Sub Bagian Pendapatan. Analisis data menggunakan *content analysis* dengan pendekatan *thematic network*.

**Hasil Penelitian:** Analisis penyebab *claim pending* di RSUD Banyumas menggunakan pendekatan *input* dan proses. Hasil analisis berdasarkan *input* yaitu belum tersedianya petugas khusus rekapitulasi dan kurangnya petugas koding, belum tersedianya *training* khusus bagi petugas, dan belum adanya jadwal kegiatan supervisi. Hasil analisis berdasarkan proses yaitu tidak dimilikinya petugas rekapitulasi data dan SOP unit bagian olah data, belum adanya sinkronisasi surat rujukan FKTP dengan hasil diagnosa rumah sakit, belum optimalnya perangkat teknologi, dan ketidaksiapan rumah sakit dalam mengikuti percepatan perubahan sistem BPJS Kesehatan. Organisasi RSUD Banyumas mengusulkan dan menyusun rekomendasi perbaikan dalam upaya menekan angka *claim pending*.

**Kesimpulan:** Penanganan *claim pending* yang terjadi di RSUD Banyumas belum optimal karena kurangnya kesiapan rumah sakit dalam manajemen pengembangan SDM dan organisasi, serta ketidaksiapan dalam perubahan sistem BPJS Kesehatan yang signifikan.

**Kata Kunci:** *Claim, BPJS Kesehatan, Rumah Sakit*

## **ABSTRACT**

### **ANALYSIS OF THE CAUSES OF PENDING CLAIMS IN SOCIAL INSURANCE ADMINISTRATION ORGANIZATION (BPJS) HEALTH'S PATIENTS IN BANYUMAS REGIONAL PUBLIC HOSPITAL 2019**

**Mila Intan Lestari<sup>1</sup>, Siwi Pramatama Mars Wijayanti<sup>2</sup>, Sri Nurlaela<sup>3</sup>**

**Background:** The number of pending claims at Banyumas Regional Public Hospital in Quarter III of 2019 were 454 cases in outpatient and 441 cases in inpatient. The causes of claim pending in the hospital were interested to be explored. This study aims to determine the causes of pending claims based on inputs, processes, and outputs.

**Methodology:** The research is a qualitative descriptive study with a phenomenological approach. This research was held in Banyumas Regional Public Hospital at outpatient and inpatient. The main informants in this research are JKN patient receiving officer, polyclinic administrative officer, JKN claim administration officer, DPJP and additional informant is the head of revenue subdivision. The analysis data using content analysis with a thematic network approach.

**Research's Result:** The analysis of the causes of claim pending in Banyumas Regional Public Hospital using an input and process approach. The results of the analysis are based on input is the unavailability of recapitulation officer and lack of coding officer, the unavailability of officer training, and the unavailability of a supervision schedule. The results of the analysis are based on the process is RSUD Banyumas doesn't have a data recapitulation officer and SOP on unit data processing section, there is no synchronization of FKTP reference letters with a hospital diagnosis result, the technological device is not optimal, and the unpreparedness of hospital to following the acceleration of BPJS Kesehatan changing system. Organization of RSUD Banyumas are pruposes and makes a recommendation for improvement to reduce the number of pending claims.

**Conclusion:** The handling of claim pending which was occurred at Banyumas Regional Public Hospital is not optimal because of the lack of hospital readiness in the management of human resource development and organizational, and the lack of hospital readiness in the changing system of BPJS Kesehatan.

**Keywords:** Claim, Social Insurance Administration Organization Health, Hospital