

## **Analisis Penyebab Klaim Pending Jaminan Kesehatan Nasional Pada Pasien Rawat Inap di Rumah Sakit Pelni Tahun 2022**

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### **Abstrak**

<div style="text-align: justify;"><span data-sheets-formula-bar-text-style="font-size:13px;color:#000000;font-weight:normal;text-decoration:none;font-family:'Arial';font-style:normal;text-decoration-skip-ink:none;">Latar belakang: Kejadian klaim pending rawat inap JKN di RS Pelni pada tahun 2022 dari 29.100 berkas yang diajukan pada pengajuan klaim tahap pertama sebanyak 949 berkas (3,26%). Hal ini dapat menghambat operasional, pengembangan pelayanan dan mengganggu arus kas, sehingga perlu dilakukan identifikasi dan analisis terhadap penyebab klaim pending. Tujuan: Diidentifikasi variabel penyebab klaim pending sehingga dapat memperbaiki sistem pengajuan klaim JKN di RS Pelni. Metode penelitian: Desain penelitian deskriptif melalui wawancara mendalam terhadap 8 informan dan telaah terhadap 459 berkas untuk diidentifikasi penyebab masalah berdasarkan teori implementasi kebijakan Van Meter dan Van Horn. Hasil penelitian: Alasan berkas klaim yang pending adalah konfirmasi coding diagnosis dan prosedur sebanyak 38,7%, kesalahan pengisian resume medis sebanyak 23,8%, ketidaklengkapan berkas penunjang sebanyak 13,6%, konfirmasi pembayaran oleh Jasa Raharja sebanyak 5,1%, kesalahan grouping sebanyak 0,4%. Walaupun persentase klaim pending relatif rendah (3.26%), tetapi pembiaran akan mengakibatkan kesehatan arus kas operasional serta potensi keterlambatan arus kas masuk senilai minimal 2% dari total pendapatan per bulan. Kesimpulan: Alasan klaim pending berhubungan dengan tenaga coder baru, clinical pathway belum dijalankan dengan baik, kurangnya supervisi DPJP dalam membuat resume medis. Dibutuhkan pelatihan dan supervisi terhadap SDM, membangun komunikasi efektif antar stakeholder dan melakukan monitoring dan evaluasi terkait pengelolaan klaim. Kata kunci: RS Pelni, klaim pending, teori implementasi kebijakan Van Meter dan Van Horn. </span></div><hr /><div style="text-align: justify;"><span data-sheets-formula-bar-text-style="font-size:13px;color:#000000;font-weight:normal;text-decoration:none;font-family:'Arial';font-style:normal;text-decoration-skip-ink:none;">Background: The incidence of JKN inpatient pending claims at Pelni Hospital in 2022 out of 29,100 files submitted in the first stage of claim submission was 949 files (3.26%). This can hinder operations, service development and disrupt cash flow, so it is necessary to identify and analyze the causes of pending claims. Objective: To identify the variables that cause pending claims so that they can improve the system for submitting JKN claims at Pelni Hospital. Research method: Descriptive research design through in-depth interviews with 8 informants and analysis of 459 files to identify the causes of problems based on the theory of policy implementation by Van Meter and Van Horn. The results of the study: The reasons for pending claim files were confirmation of diagnosis coding and procedures as much as 38.7%, medical resume filling errors as much as 23.8%, incomplete supporting documents as much as 13.6%, payment confirmation by Jasa Raharja as much as 5.1%, grouping error of 0.4%. Even though the percentage of pending claims is relatively low (3.26%), neglecting it will result in a healthy operational cash flow and potential delays in cash inflows of at least 2% of total income per month. Conclusion: The reasons for pending claims are related to new coder staff, clinical pathways that have not been implemented

properly, lack of DPJP supervision in making medical resumes. HR training and supervision is needed, building effective communication between stakeholders and monitoring and evaluating related to claim management.