ABSTRACT

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ANALYSIS OF FACTORS CAUSING OF INPATIENT PENDING CLAIMS AT THE SOCAH HEALTH CENTER

ABSTRACT

health centers (Puskesmas) as primary health care services play an important role in public health (UKM) and individual health (UKP) efforts. At the Socah Health Center, the phenomenon of pending claims occurs almost every month, with an average of one case per patient. One of the main causes is patients who are accident victims submitting duplicate claims through the National Health Insurance (BPJS Kesehatan) and other insurance providers, leading to overlapping information and administrative uncertainty regarding cost coverage. This situation prompted researchers to analyze the factors contributing to pending claims at the Socah Health Center.

The research method used a qualitative approach with data collection techniques through in-depth interviews, observation, and documentation studies. The research informants consisted of claims administrators and health workers involved in the claims submission process.

The results of the study indicated that pending claims were influenced by several factors, namely: (1) measurement: medical records were still recorded manually, which slows down data input; (2) material: claim documents ware complete and meet standards, but still required supervision from the time of registration; (3) machinery: the P-Care application functions well, although it was still vulnerable to infrastructure constraints; (4) mother nature: power outages were a dominant obstacle compared to other environmental factors; (5) manpower: the limited number of human resources slows down patient data entry; and (6) method: the absence of specific internal SOPs for claims means that the process was entirely dependent on BPJS guidelines.

The causes of pending claims are not only influenced by technical factors, but also by management and policy aspects. These findings are in line with research showing that limitations in human resources, technological infrastructure, and inconsistent operational standards are the main causes of delays in health service claims. This underscores the need to strengthen digital-based administrative systems, increase adequate staffing levels, and establish internal SOPs at community health centers to ensure that the claims process is more effective, transparent, and compliant with BPJS standards.

Keywords: Pending Claim, BPJS, Health Center, Medical Records