ABSTRAK

Berkas pending klaim BPJS Kesehatan dapat memicu defisit anggaran rumah sakit. Beberapa faktor penyebab terjadinya pending klaim BPJS adalah karena ketidaksesuaian dan ketidaklengkapan dokumen, kesalahan koding, dan perbedaan persepsi antar petugas. Fenomena ini juga terjadi di RSD Mangusada Kabupaten Badung, yang mengalami peningkatan jumlah klaim pending pada bulan Juli-Agustus 2024. Penelitian ini bertujuan untuk menganalisis faktor administrasi, medis, dan koding serta persepsi petugas rumah sakit terhadap kejadian pending klaim BPJS pasien rawat inap di RSD Mangusada Kabupaten Badung.

Penelitian ini dilakukan di RSD Mangusada Kabupaten Badung pada bulan November 2024 sampai Mei 2025. Penelitian menggunakan pendekatan mixed method dengan desain *convergent parallel*. Sampel kuantitatif adalah 321 berkas klaim pending (total sampling) yang dianalisis dengan uji *chi-square*. Sampel kualitatif adalah 19 informan (purposive sampling) yang datanya dianalisis secara tematik dan divalidasi dengan triangulasi.

Secara kuantitatif ditemukan hubungan signifikan ($p<0,05$) antara kejadian pending klaim dengan faktor administrasi, medis, dan koding. Secara kualitatif, temuan ini dijelaskan oleh tiga masalah utama: kelemahan pada alur kerja administrasi dan sarana pendukung, kompetensi SDM (koder dan petugas administrasi) yang belum optimal akibat minimnya pelatihan serta perbedaan persepsi dan kurangnya komunikasi antar DPJP, koder, dan verifikator.

Pending klaim di RSD Mangusada disebabkan oleh interaksi kompleks antara faktor teknis (prosedur administrasi, kelengkapan medis dan akurasi koding) dan faktor manusia (kompetensi dan komunikasi). Direkomendasikan untuk menyelenggarakan pelatihan koding dan komunikasi secara berkala, serta membentuk forum koordinasi antar unit untuk menyelaraskan persepsi dalam proses klaim.

Kata kunci: Pending Klaim, RSD Mangusada, BPJS Kesehatan, Badung

ABSTRACT

Pending BPJS Health claims can trigger hospital budget deficits. Several factors contributing to pending BPJS claims include document inconsistencies and incompleteness, coding errors, and differences in perception among staff. This phenomenon also occurred at Mangusada Regional Hospital in Badung Regency, which experienced an increase in the number of pending claims from July-August 2024. This study aims to analyze administrative, medical, and coding factors, as well as hospital staff perceptions regarding pending BPJS claims for inpatients at RSD Mangusada in Badung Regency.

The study was conducted at RSD Mangusada in Badung Regency from November 2024 to May 2025. The study used a mixed-method approach with a convergent parallel design. The quantitative sample consisted of 321 pending claim files (total sampling), which were analyzed using the chi-square test. The qualitative sample consisted of 19 informants (purposive sampling) whose data were analyzed thematically and validated using triangulation.

In the quantitative analysis, a significant relationship ($p<0.05$) was found between pending claims and administrative, medical, and coding factors. In the qualitative analysis, these findings were explained by three main issues: weaknesses in administrative workflows and supporting facilities, suboptimal human resource competencies (coders and administrative staff) due to insufficient training, and differences in perception and lack of communication between DPJP, coders, and verifiers.

Claim delays at RSD Mangusada are caused by the complex interaction between technical factors (administrative procedures, medical completeness, and coding accuracy) and human factors (competence and communication). It is recommended to conduct regular coding and communication training, as well as establish a coordination forum between units to align perceptions in the claims process.

Keywords: *Pending Claims, Mangusada General Hospital, BPJS Health, Badung*

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