

ABSTRAK

Nama : Dwi Kristianti
Program Studi : Sarjana Kesehatan Masyarakat
Judul : Faktor-Faktor Yang Berhubungan Dengan kejadian Klaim Pending Rawat Inap Jaminan BPJS Kesehatan Tahun 2025 di Rs XX Kabupaten Bogor, Jawa Barat,

Angka *pending claim* rawat inap BPJS Kesehatan tahun 2025 di RS XX Kabupaten Bogor, Jawa Barat, melonjak mencapai 14,86% per bulan dengan akumulasi dana tertahan sebesar Rp6,757 miliar, diperberat sanksi penalti AAK/VPK dan kasus tidak layak bayar yang mengancam stabilitas arus kas rumah sakit. Penelitian kuantitatif analitik dengan desain *cross-sectional* ini bertujuan menganalisis faktor kelengkapan berkas rekam medis, ketepatan pengkodean diagnosis (ICD-10) dan tindakan (ICD-9-CM), serta tingkat pemahaman regulasi JKN oleh petugas terhadap kejadian *pending claim*. Studi dilaksanakan pada Juli–September 2026 dengan sampel berkas klaim rawat inap 2025 dan petugas terkait, menggunakan lembar observasi serta kuesioner terstruktur. Analisis data menggunakan uji univariat dan bivariat *Chi-Square* serta *Odds Ratio* (OR) untuk menentukan hubungan signifikan dan derajat risiko faktor dominan. Hasil penelitian menunjukkan adanya hubungan bermakna antara ketiga variabel independen tersebut dengan status *pending claim*. Melalui temuan ini, manajemen diharapkan dapat mengambil kebijakan berbasis data (*evidence-based*) untuk menata ulang verifikasi *pre-billing* demi menekan angka *pending* di bawah toleransi 5%, meminimalkan penalti finansial, serta meningkatkan kedisiplinan klinis DPJP.

Kata Kunci: *Pending Claim*, BPJS Kesehatan, Rawat Inap, Rekam Medis, Koding, Pemahaman Regulasi.

ABSTRACT

Name: Dwi Kristianti

Study Program: Bachelor of Public Health

Title: *Factors Associated with Inpatient Pending Claims of BPJS Kesehatan in 2025 at RS XX Bogor Regency, West Java*

In 2025, the rate of inpatient pending claims for BPJS Kesehatan at RS XX Bogor Regency, West Java, surged to a monthly average of 14.86%, with accumulated withheld funds reaching IDR 6.757 billion. This condition was exacerbated by penalties for administrative and medical verification discrepancies (AAK/VPK) as well as non-eligible payment cases, posing a serious threat to the hospital's cash flow stability. This analytical quantitative study with a cross-sectional design aimed to analyze the factors of medical record documentation completeness, the accuracy of diagnostic (ICD-10) and procedure coding (ICD-9-CM), and officers' understanding of National Health Insurance (JKN) regulations regarding the incidence of pending claims. The study was conducted from July to September 2026, examining a sample of 2025 inpatient claim files and surveying relevant personnel using observation sheets and structured questionnaires. Data were analyzed using univariate analysis, as well as bivariate Chi-Square tests and Odds Ratios (OR) to determine significant relationships and the risk level of dominant factors. The results showed a significant relationship between all three independent variables and pending claim status. Based on these findings, management is expected to implement evidence-based policies to restructure pre-billing verification procedures to reduce the pending claim rate below the 5% tolerance threshold, minimize financial penalties, and enhance clinical discipline among attending physicians (DPJP).

Keywords: Pending Claims, BPJS Kesehatan, Inpatient, Medical Records, Coding, Regulatory Knowledge