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Scoping Review: Factors Causing Claim Pending in Indonesian Hospitals

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ABSTRACT
Pending claims are one of the crucial problems often faced by hospitals in the *National Health Insurance (JKN)* financing system. This condition not only causes disruptions to hospital cash flow but also reflects weaknesses in the claims management system administratively, technically, and systemically. This study aims to identify and map various factors causing pending *BPJS Kesehatan* claims in Indonesian hospitals through a scoping review approach. The review process was carried out with reference to the Arksey and O'Malley framework and the PRISMA-ScR guidelines, using literature sources from Google Scholar, Garuda, PubMed, and Neliti databases. Article selection was conducted systematically for publications from 2022–2024, in Indonesian, available in full-text form, and indexed at least *SINTA 3*. Of the 268 articles identified, 10 met the inclusion criteria and were further analyzed. The results of the synthesis show that the causative factors of pending claims can be grouped into five main themes: inaccuracy in coding diagnosis and procedures, incompleteness of claim documents, limitations of information systems, low competence of human resources, as well as inconsistencies in the implementation of *SOPs* and weak coordination between units. This study concludes that pending claims are multifactorial and interrelated, requiring comprehensive intervention in the form of strengthening human resource capacity, optimizing the digital claims system, and improving hospital claims policies and governance systemically.

Keywords: pending claims, BPJS Kesehatan, hospitals, scoping review, claims system

INTRODUCTION

In an effort to ensure equitable, fair, and affordable access to health services for all populations, the Government of Indonesia, through Law No. 40 of 2004 concerning the *National Social Security System* and Law No. 24 of 2011 concerning the *Social Security Administration Agency*, established the *National Health Insurance (JKN)* program (Ministry of Health of the Republic of Indonesia, 2014). Since its launch in 2014, *JKN* has become the main financing scheme for health services at first-level and advanced health service facilities (*fasyankes*), including hospitals (*BPJS Kesehatan*, 2020). In the context of hospital financing, a prospective payment system based on case-based groups, or *INA-CBG*, has been implemented as an instrument for cost control and service efficiency (Ministry of Health of the Republic of Indonesia, 2019).

Through the *INA-CBG* scheme, hospitals submit claims to *BPJS Kesehatan* based on standardized diagnosis and medical procedure categories (*Ina Health Policy Forum*, 2020). The process of submitting these claims requires compatibility between the patient's clinical data, medical record documentation, service results, and the diagnosis codes and procedures used (Marta et al., 2021). Ideally, if all administrative and clinical components are in place, claims will be processed and paid immediately. However, in practice, many hospital claims experience payment delays or fall into a pending status (Kurniawan & Nurhadi, 2021).

Pending claims occur when hospital claims submitted to *BPJS Kesehatan* are not directly paid because they do not meet the requirements for administrative, technical, or medical

verification (*BPJS Kesehatan*, 2020). Common causes include errors in data entry, inconsistencies in the *INA-CBG* codes, incomplete supporting documents, discrepancies between medical records and medical resumes, and violations of the claim submission procedures (Amalia et al., 2020). This issue is not only administrative but also has significant implications for the continuity of hospital operations, particularly from a financial perspective (Kiani & Mousavi, 2024).

The delay in payment of large amounts of claims over an extended period has the potential to disrupt hospital cash flow (Siregar & Manalu, 2021). Hospitals' dependence on *BPJS Kesehatan* claim payments is very high, especially in government hospitals and lower-middle-class private hospitals (Ministry of Health of the Republic of Indonesia, 2022). Disrupted cash flow can cause delays in payments to suppliers, limited stock of drugs and medical devices, and delays in paying honorariums for health workers (Yulia et al., 2019). Furthermore, if not addressed systematically, these conditions can reduce service quality and patient satisfaction (Putri & Subekti, 2020).

The issue of pending claims reflects structural challenges in hospital claims management in the *JKN* era (Sitorus et al., 2022). On one hand, hospitals are required to understand and comply with dynamic regulations and complex claims procedure standards. On the other hand, many hospitals still face limited human resources, non-integrated information technology, and weak coordination among related units such as medical services, medical records, finance, and internal verification (Sari & Lestari, 2021). The disparity in claims management capacity among hospitals also indicates that not all health facilities have a robust claims management system (Wulandari, 2019).

The literature discussing the factors causing pending claims in Indonesia is still scattered across various scientific publications, internal audit reports, hospital evaluation results, and policy documents that have not been systematically reviewed (Harahap et al., 2021). Although several studies have examined pending claims cases partially, there has been no comprehensive and integrated mapping that captures all the factors contributing to this problem (Lestari & Nugroho, 2020).

To address this need, this study employs a scoping review approach, a method designed to identify, map, and synthesize the available scientific evidence on a particular topic comprehensively (Arksey & O'Malley, 2005). Unlike systematic reviews that focus on the effectiveness of a specific intervention, scoping reviews allow for a broader, multidimensional exploration of topics and provide a foundation for further research and policy formulation (Peters et al., 2015).

Thus, the aim of this study is to identify and map the various factors causing pending claims in Indonesian hospitals based on literature published in the last decade (2015–2025). The findings of this scoping review are expected to serve as a basis for policymakers, hospital management, and other stakeholders to formulate more efficient, accurate, and sustainable strategies for improving claims management. In addition, this study seeks to fill the literature gap and encourage more in-depth follow-up research in the field of health financing management.

RESEARCH METHODS

Research Design

This study is a literature study using a scoping review approach, which aims to identify and map various factors causing pending *BPJS Kesehatan* claims in Indonesian hospitals. The

scoping review method was chosen because it allows for broad exploration of different types and study designs without limiting the methodology to a single form. The framework applied in this study refers to the model developed by Arksey and O'Malley (2005), which consists of five stages: (1) identification of research questions, (2) identification of relevant studies, (3) study selection, (4) data mapping, and (5) preparation, reporting, and interpretation of results. Reporting of findings follows the *PRISMA-ScR* (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews*) guidelines.

Inclusion and Exclusion Criteria

Studies were included in the analysis if they met the following criteria:

a. Articles published between 2022–2024.
b. The focus of the research was on *BPJS Kesehatan* claims in Indonesian hospitals.
c. Discussion of factors causing pending claims, either directly or indirectly.
d. Availability in full-text format.
e. Written in Indonesian or English.
f. Published in national journals accredited at least *SINTA 3*.

Exclusion criteria included:

a. Articles that only discuss *JKN* financing in general without focusing on pending claims.
b. Non-scientific articles such as opinions, news, or institutional reports.
c. Duplicate articles or those not available in full-text form.

Data Sources and Literature Search Strategies

The literature search was conducted systematically in May 2025 through four databases: Google Scholar, Garuda (*Ristekbrin*), Neliti, and PubMed. Keywords were arranged using Boolean operator combinations (*AND*, *OR*) and adjusted to the structure of each database. The search was limited to articles published between 2022–2024, with additional filters applied to include only journal articles available in full text.

Table 1. Literature Search Strings on Various Databases (2022–2024)

Database	String Search (Boolean Search Terms)	Filter
Google Scholar	"pending claim" AND "BPJS" AND "hospital" AND ("causative factor" OR "pending claim") AND "Indonesia"	2022-20024, scientific articles, full-text
Garuda	"claim BPJS" AND "pending" AND "hospital" AND ("code INA-CBG" OR "claim verification") AND "Indonesia"	2022-2024, National Journal Articles
Neliti	"pending claim" AND "JKN" AND "hospital" AND ("pengkodean" OR "claim INA-CBG") AND "INDONESIA"	2022-2024, full text, bahasa indonesia
Pubmed	("pending claims" OR "claim rejection") AND ("BPJS" OR "JKN") AND ("hospital" OR "health facility") AND "Indonesia"	2022-2024, open access, english/indonesia

(Source: Author, 2025)

Data Selection and Synthesis

All articles obtained from the initial search were systematically exported and recorded. The selection process was carried out in four stages according to the *PRISMA* diagram, namely: identification, screening, eligibility evaluation (full-text review), and final inclusion. Articles that passed the inclusion stage were then analyzed using a thematic analysis approach to categorize the factors causing pending claims into main thematic groups.

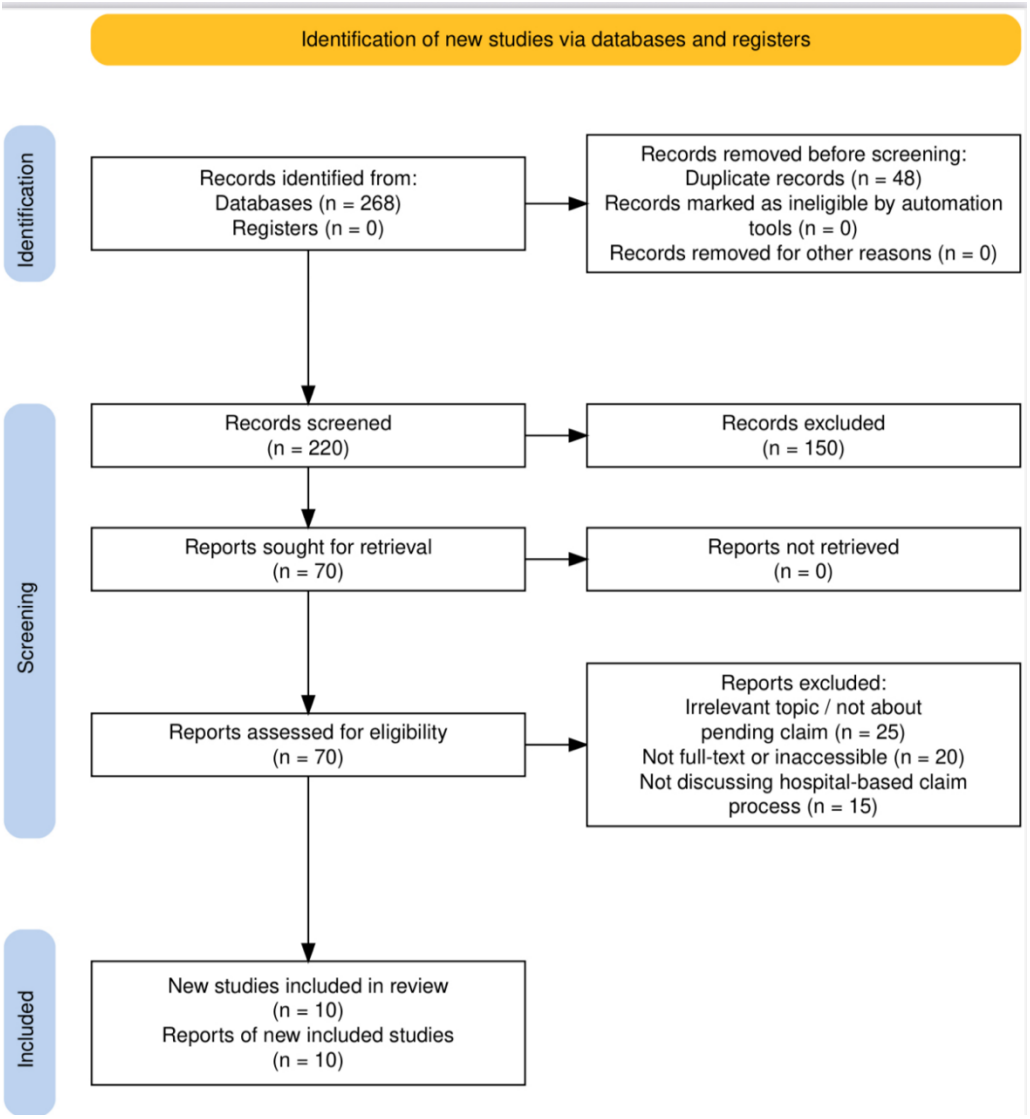

Figure 1. Article Selection Flowchart Refers to PRISMA-ScR
(Source: Author, 2025)

Based on the results of the article identification and selection process, as shown in Figure 1 (*PRISMA* Diagram), a total of 268 initial articles were found through searches in four databases: Google Scholar, Garuda, Neliti, and PubMed. After the removal of 48 duplicate articles, 220 articles remained and were screened by title and abstract. From this screening process, 150 articles were excluded because they were not relevant to the focus of the study, did not discuss *BPJS* claims, or were unrelated to hospitals.

Subsequently, 70 articles were retrieved for full-text review. However, 60 of these were excluded because they did not meet the inclusion criteria—primarily because they did not address the specific causes of pending claims, were not available in full-text form, or were not conducted within the context of Indonesian hospitals.

In the end, a total of 10 articles met all criteria and were included in the thematic synthesis to identify categories of factors causing pending claims in Indonesian hospitals.

RESULTS AND DISCUSSION

This study successfully identified and analyzed ten scientific articles from national journals

accredited by at least SINTA 3 published in the period 2022 to 2024, Google Schoolar, Garuda Ristedikti, Portal neliti and onesearch. All of these articles are relevant to the topic of the pending BPJS Kesehatan claims in Indonesian hospitals. The research was conducted in different types of hospitals, including regional general hospitals, teaching hospitals, and central hospitals, with varied methodological approaches, such as quantitative, qualitative, and evaluative descriptive studies.

To provide a more detailed overview of the characteristics of the articles studied, including the location of the study, population, and the main findings, see Table 1 below:.

Table 2. Summary of Study Characteristics Studied in the Scoping Review on the Causes of Pending BPJS Claims in Indonesian Hospitals (2022–2024)

1.	**Heading**	Overview of the Causes of *BPJS Kesehatan Pending Claims* Due to Inaccuracies in the Diagnosis Code at Sebelas Maret University Hospital (UNS)
	Source	DOI: https://doi.org/10.47134/rammik.v3i2.47
	Writer	Cindy Rozza Bella, Aldi Pratama, Arif Zaenal Abidin
	Population	Pending claim *file for* inpatients at UNS Hospital for the period August-October 2023
	Location	Sebelas Maret University Hospital (UNS)
	Findings	The number of files with coding confirmation is 78 pending claim files or 11.3% of the total pending claims in the August – October 2023 period. The data shows that the most pending claims are due to inaccuracies in the diagnosis. The factor causing the pending claims of BPJS Kesehatan inpatients at UNS Hospital occurred due to the difference in perception between hospital officers and BPJS Kesehatan and was not purely due to coding errors, but due to the lack of supporting data as a diagnosis enforcement that affected the accuracy of the code.
2.	**Heading**	Analysis of Return of BPJS Claims for Inpatient Health at Nur Hidayah Hospital, Bantul Regency
	Source	DOI: https://doi.org/10.31290/jiki.v9i2.4192
	Writer	Risti Nila Wijaya, Nurvita Wikansari, Tri Ariani (2023)
	Population	Casemix Officer at Nur Hidayah Hospital
	Location	Nur Hidayah Hospital
	Findings	The predisposing factor that causes the return of inpatient BPJS Health claims is the inaccuracy of the officers. The possible factors that cause the return of inpatient BPJS Kesehatan claims are the absence of a checklist, the e-claim application sometimes has errors, and the network is unstable. The reinforcing factor that caused the return of inpatient BPJS Kesehatan claims was that the officers did not carry out the SPO according to their progress. There are 3 factors that cause the return of the BPJS Kesehatan claim file for inpatient treatment at Nur Hidayah Hospital Bantul, namely predisposition factors, possible factors, and reinforcing factors. Efforts to prevent returns BPJS Kesehatan claim files need to be trained for petugas casemix.
3.	**Heading**	Factors Causing *Pending Claim* JKN Crash with *Fishbone Diagram* at Dr. Kariadi Hospital
	Source	DOI:10.33560/jmiki.v10i2.480
	Writer	Listiyawati, Rossalina Adi Wijayanti,
	Population	Inpatient Casemix Unit at Dr. Kariadi Hospital
	Location	Dr. Kariadi Hospital
	Findings	That the factors that cause pending claims, include: *man factors* related to the inaccuracy of the officer causing coding inaccuracies, incorrect data input of claims, incompleteness of information supporting diagnosis and actions on medical resumes. The machine factor comes from the disruption of the Jasa Raharja application system, as well as the method factor due to the difference in the perception of the coder and the BPJS Kesehatan verifier towards the coding rules and claims regulations, the root cause of the problem is the lack of claim settlement time, disruption of the Jasa Raharja system, lack of filters in fulfilling the completeness of the claim file requirements. Improvement efforts are coordination between agencies related to resolving differences in perceptions between hospital coders

		and BPJS Kesehatan verifiers. as well as disruption of the Jasa Raharja system, acceleration of RME on all claim files required to prevent the return of incomplete claim files.
4.	**Heading**	Factors Causing Pending BPJS Claims for Inpatient Treatment with the Application of Electronic Medical Records at DR. Moewardi Surakarta Hospital.
	Source	https://ojs.udb.ac.id/index.php/sikenas/article/download/3939/2767
	Writer	Yeni Tri Utami, Prima Soultoni Akbar, Reza Amelia, Sella Yulia Sari
	Population	All inpatient BPJS claim files that are pending in 2023
	Location	Dr. Moewardi Hospital
	Findings	The factors causing pending claims were classified into 4 factors, namely incomplete files as many as 2995 files (61.39%), incomplete patient support files as many as 1031 files (21.13%), inaccuracies in encoding as many as 457 files (9.36%), and diagnosis and code reselection that did not match BPJS criteria as many as 395 files (8.09%). The impact of pending claims cases is the disruption of hospital cash flow and the increase in the workload of officers. Efforts to overcome pending claims by revising or confirming the cause of pending claims then review and if necessary confirm with the relevant units. It is better to dr. Moewardi has increased coordination with related units regarding the requirements for the completeness of claim submission so as to minimize the occurrence of pending claims in the following months.
5	**Heading**	Analysis of the Causes *of Pending Claims* of the Inpatient Health Social Security Agency at the Wangaya Regional General Hospital.
	Source	https://sinta.kemdikbud.go.id/journals/profile/5041#!
	Writer	Made Ayu Dartini, Rai Riska Resty Wasita, I Gusti Ngurah Manik Nugraha (2024)
	Population	JKN Unit, Internal Auditor
	Location	Wangaya District General Hospital
	Findings	The discrepancy in the diagnosis code occurs due to incompleteness of medical records and unclear doctor's writing. The inconsistency of the code of action occurred due to the incompleteness of the surgical report file and the language difference between the doctor and the ICD-9-CM. Inconsistencies in hospitalization indications occur due to unmet hospitalization requirements. The inconsistency of the hospitalization episode occurred due to an inaccuracy in the determination of episodes by the officer. It is hoped that hospitals can evaluate the implementation of claims so that there are no pending claims.
6	**Heading**	Analysis of Factors Causing Delays in Submission of BPJS Claims at Panti Nugroho Hospital
	Source	https://doi.org/10.22146/jkesvo.27473
	Writer	Lenty Wahyu Noviatri, Happy Birthday
	Location	Holiday Inn Nugroho Hospital
	Findings	The process of implementing BPJS claims at Panti Nugroho Hospital has been smooth but there are still claim files that are submitted late. The factors causing the delay in claims come from the man factor are the initial completeness verifiers, doctors, and coding officers. The machine factor is because SIMRS has not been integrated with INA-CBG. The method is due to the implementation of SPO that has not been smooth. Material factors due to inappropriate requirements. The efforts that have been made by the officers on the man factor are socializing patients, communicating with doctors, and seeking recruitment. The machine is backing up data. The Methode factor is to form a BPJS team at Panti Nugroho Hospital.
7	**Heading**	Policy and Pending JKN Claims at Hospital X
	Source	DOI:10.53416/jurmik.v4i2.201
	Writer	Irmawati Mathar, Eltigeka Devi Apriliani, Ridho Feby Baswara (2024)
	Location	UNS Surakarta Hospital
	Population	Claims coordinators, coder officers, internal verification officers and medical committees (doctors)
	Findings	pending claims caused by incompleteness of claim files and errors in determining diagnostic codes and actions that occurred from October to November 2022, and these cases increased due to SITB files that were not included. The policy at hospital x regarding pending claims is to include coder officers to take coding training. Hospitals can prepare new SOPs for checking claim files and determining codes accurately as well as supervising the filling of medical records.

8.	**Heading**	Factors Affecting the Occurrence of Pending Hospitalization Claims by BPJS at RSAB Harapan Kita West Jakarta in 2019
	Source	DOI:https://doi.org/10.52643/marsi.v4i2.1040
	Writer	Cut July Muroli, Tri Budi W. Rahardjo, Alih Germas Kodyat
	Location	RSAB Harapan Kita Jakarta
	Population	Pending Claims File
	Findings	The Management of RSAB Harapan we need to hold training for coding officers to improve competence, hold periodic socialization to DPJP about filling out complete medical resumes, hold socialization to registration officers regarding the completeness of claim files, the need for an internal policy regarding pending BPJS claims, coordination with the IT team regarding facilities and infrastructure as well as monitoring and evaluation of the success targets of the claims submitted to BPJS.
9.	**Heading**	Factors Related to the Occurrence of Pending Claims for Bpjs Health Inpatients for the December 2023 Period at Kardinah Hospital, Tegal City.
	Source	https://jurnal.usy.ac.id/index.php/juki/article/view/63/50
	Writer	Raden Roro Amanda Resti Naranadiya, Dewi Sulistyoningrum, Doni Hendri
	Location	Kardinah Tegal City Hospital
	Population	Inpatient medical record file for the period of December 2023
	Findings	The results of the statistical test showed that there was no relationship between incompleteness of medical record files and BPJS Kesehatan claims (p-value = 0.593), and there was a relationship between inaccurate coding, lack of supporting examinations, lack of evidencetherapy and BPJS Kesehatan claims (p-value = 0.001). Conclusion: Physicians must pay attention to the clarity and completeness of the content of medical records, D3 RMIK officers must be trained for accurate acquisition coding and undergo casemix training, internal and external training of the hospital.
10.	**Heading**	Factors Causing Pending Claims of National Health Insurance Participants at Pertamina Central Hospital
	Source	DOI:https://doi.org/10.33560/jmiki.v13i1.660
	Writer	Ayu Meiningtyas, Fresty Cahya Maulina
	Location	Pertamina Hospital
	Population	National Health Insurance Participant Claim File
	Findings	that as many as 40% of the claim files are pending with the percentage of each independent variable of coding accuracy of 87.6%, completeness of medical resume 95.3%, completeness of medical support 92.3% and completeness of administrative files 84.7%

Based on the results of data extraction from the ten articles analyzed, five main themes were obtained that consistently emerged as the cause of pending claims in Indonesian hospitals, namely:

1. Inaccuracies in Diagnosis and Action Coding: Inaccuracies in the filling of diagnostic codes and medical procedures are the dominant cause of pending claims. Bella et al. (2023) found that 11.3% of claims at UNS Hospital were delayed due to diagnosis code errors stemming from a lack of supporting data, not just errors from the coder. This is also strengthened by studies at Wangaya Hospital (Dartini et al., 2024) and Pertamina Hospital (Meiningtyas & Maulina, 2024), which showed that up to 87% of claims were problematic due to improper coding. The difference in understanding between coders and BPJS verifiers of the INA-CBG rules also adds to the complexity of this cause (Listiyawati et al., 2023).
2. Incompleteness of Claim Files: Claims submitted to BPJS Kesehatan are often not accompanied by complete files, such as medical resumes, surgery reports, supporting results, and other administrative documents. At Dr. Moewardi Hospital, Utami et al. (2023) reported that 61.39% of pending claims were caused by incomplete files. Meanwhile, Meiningtyas & Maulina (2024) found that up to 95.3% of pending claims were related to the completeness

of medical resumes, and 92.3% were due to incomplete supporting documents.

3. Problems in Information Systems: Hospital management information systems (SIMRS) that are not integrated with the claim module or often experience disruptions are also found to be the main cause of pending claims. At Nur Hidayah Hospital, the e-claim application often has errors and the network is unstable (Wijaya et al., 2023). At Panti Nugroho Hospital, SIMRS has not been connected to the INA-CBG system, so the claim process becomes inefficient and error-prone (Noviatri & Sugeng, 2020). This shows that digital transformation in hospitals has not fully supported the effectiveness of the claims process.
4. Competence and Availability of Human Resources: Several studies have stated that coding officers, verification officers, and even DPJP have not fully understood the principles and flow of JKN claim submission. Muroli et al. (2020) propose periodic training for coders and DPJPs to make medical resume filling more accurate. This problem was also seen at Kardinah Hospital (Naranadiya et al., 2023), which showed a link between lack of training and the occurrence of delayed claims.
5. Incompatibility in SOP Implementation and Inter-Unit Coordination: Some hospitals have SOPs related to claims, but the implementation is not running optimally. Mathar et al. (2024) noted that many files were not thoroughly verified because officers did not follow the check flow according to standards. Differences in perceptions between units (medical services, coding, verifiers, finance) also worsen the process. At Dr. Kariadi Hospital, Listiyawati et al. (2023) found that the root of the problem is not only technical, but also weak coordination and time management in resolving claims.

Discussion

The results of this scoping review show that the problem of pending claims in Indonesian hospitals is multifactorial, covering technical, structural, and systemic aspects. The five main themes identified—namely inaccuracies in coding, incompleteness of claim documents, limitations of information systems, low human resource competence, and inconsistency in the implementation of SOPs—show that pending claims are not only due to procedural errors, but also reflect weaknesses in claims management governance in hospitals.

These findings are in line with previous studies that state that the claim submission process in the INA-CBG system is highly dependent on documentation accuracy and consistency between units (Pohan, 2017; Putri & Subekti, 2020). Inaccuracies in the coding of diagnosis and action, which are the most dominant cause in the literature reviewed, highlight the importance of the role of competent coders as well as the availability of adequate medical data. However, many hospitals still face limitations in providing regular training for coders and medical personnel involved in filling out claim documents, especially medical resumes.

The incompleteness of the supporting documents of the claim is also a crucial problem. These problems often occur due to a lack of internal quality control, weak medical record audit systems, and limited coordination between DPJP and claims administration officers. When the file is not prepared according to BPJS verification standards, the claim process cannot be continued, and this has direct implications for the delay in claim payment. On the other hand, the use of information systems that have not been optimally integrated between service units, medical records, and finances exacerbates the risk of data loss or error.

This information system problem shows that many hospitals have not adopted the principle of interoperability in the Hospital Management Information System (SIMRS). In fact, digitizing

the claim process is one of the key strategies in improving the efficiency of hospital financing management. Technical glitches in e-claims and SIMRS, as found in several studies, point to the need to invest in and strengthen hospital information technology capacity in a more targeted manner.

Furthermore, the findings related to weak implementation of SOPs and coordination between units show a lack of organizational culture that supports accountability and collaboration. In some studies, even though the claim SOP has been prepared, not all officers understand or carry out the procedure consistently. This shows that the existence of SOPs alone is not enough without reinforcement mechanisms, continuous training, and active internal supervision. Interestingly, most of the articles analyzed put more emphasis on technical aspects than systemic approaches. This opens up opportunities for further research that can examine more deeply the governance of hospital claims, including leadership factors, the division of roles between units, and the influence of workload on the quality of claims management.

From the perspective of hospital management, the results of this review show that the handling of pending claims must be carried out in a cross-functional manner, by integrating service, medical records, finance, and IT functions in one integrated claims monitoring system. The inter-unit silo approach has proven ineffective in preventing pending claims.

Conclusion

This scoping review identified that pending *BPJS Kesehatan* claims in Indonesian hospitals are caused by interrelated and systemic factors, which can be grouped into five main themes: inaccuracies in coding, incompleteness of claim documents, limitations of information systems, low competence of human resources, and inconsistencies in the implementation of *SOPs* accompanied by weak coordination between units. These findings demonstrate that the problem of pending claims cannot be resolved through a purely technical approach but instead requires comprehensive governance reform in hospital claims management, including strengthening human resource capacity, optimizing integrated information systems, and fostering an organizational culture that supports compliance with standard procedures. Without such intervention, pending claims will likely persist and negatively affect both hospital financial performance and service quality. Therefore, hospitals and stakeholders are encouraged to implement strategic measures such as continuous training for coder officers, *DPJP*, and internal verification staff on *INA-CBG* coding standards, medical resume preparation, and claims administration workflows in accordance with *BPJS Kesehatan* regulations, in order to reduce the number of pending claims and improve the efficiency of the *JKN* financing system.

REFERENCES

Amalia, R., Pratiwi, H. I., & Haryono, U. (2020). Analisis penyebab klaim pending pada sistem INA-CBGs di RSUD X. Jurnal Administrasi Rumah Sakit, 6(2), 145–152.

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. International Journal of Social Research Methodology, 8(1), 19–32.

Bella, M. N., Candra, A., & Santoso, W. (2023). Gambaran Penyebab Pending Claim BPJS Kesehatan Akibat Ketidaktepatan Kode Diagnosis di Rumah Sakit Universitas Sebelas Maret. Jurnal Rekam Medis dan Informasi Kesehatan, 13(2), 94–101.

BPJS Kesehatan. (2020). Laporan Kinerja BPJS Kesehatan 2019. Jakarta: BPJS Kesehatan.

Dartini, N. N., & Pramesthy, R. (2024). Analisis Penyebab Pending Klaim BPJS Kesehatan

Pasien Rawat Inap di Rumah Sakit Umum Daerah Wangaya. Jurnal Ilmiah Kesehatan Indonesia (JIKI), 10(1), 35–42.

Harahap, N. A., Siregar, F. A., & Sitompul, M. (2021). Kendala pengajuan klaim INA-CBGs di rumah sakit daerah. Jurnal Manajemen Pelayanan Kesehatan, 24(1), 1–9.

Ina Health Policy Forum. (2020). Pembayaran klaim berbasis INA-CBG dan implikasinya terhadap manajemen RS. Jakarta: Kementerian Kesehatan.

Kiani, V., & Mousavi, S. N. (2024). Examining the Impact of Business Continuity Management Systems on Reducing Operational and Economic Risks in Payment Companies. *Digital Transformation and Administration Innovation*, *2*(4), 89–97.

Kurniawan, A., & Nurhadi, R. (2021). Evaluasi sistem klaim INA-CBG di era JKN. Jurnal Kebijakan Kesehatan Indonesia, 10(3), 210–219.

Lestari, S., & Nugroho, B. (2020). Manajemen klaim INA-CBGs: Tinjauan sistem dan tantangan implementasi. Jurnal Ekonomi dan Kebijakan Kesehatan, 13(2), 85–93.

Listiyawati, N. N., & Wijayanti, R. N. (2023). Faktor Penyebab Pending Claim Rawat Inap JKN dengan Metode Fishbone Diagram di RSUP Dr. Kariadi. Jurnal Manajemen Informasi Kesehatan Indonesia, 11(1), 12–21.

Marta, D. H., Widodo, S., & Ningsih, R. A. (2021). Peran ketepatan dokumentasi rekam medis dalam klaim INA-CBG. Jurnal Informasi Kesehatan Indonesia, 7(1), 35–44.

Mathar, D., & Santoso, H. (2024). Kebijakan Manajemen dan Pending Klaim BPJS di Rumah Sakit X: Tinjauan Internal. Jurnal Manajemen Informasi Kesehatan, 8(2), 45–53.

Meiningtyas, L., & Maulina, M. (2024). Faktor-Faktor Penyebab Pending Klaim Peserta Jaminan Kesehatan Nasional di Rumah Sakit Pusat Pertamina. Jurnal Manajemen Informasi Kesehatan Indonesia, 12(1), 40–50.

Muroli, A., Kurniawati, D., & Yusuf, R. (2020). Evaluasi Sistem Klaim INA-CBGs dan Pelatihan Koder di RSAB Harapan Kita. Jurnal Administrasi dan Kebijakan Kesehatan Indonesia, 11(2), 78–85.

Naranadiya, F., Wulandari, D., & Ramadhan, M. (2024). Faktor-Faktor yang Berhubungan dengan Terjadinya Pending Klaim BPJS Kesehatan Pasien Rawat Inap Periode Desember 2023 di RSUD Kardinah Kota Tegal. Jurnal Kesehatan UAD, 5(1), 25–33.

Noviatri, N. & Sugeng, T. (2020). Analisis Faktor Penyebab Keterlambatan Penyerahan Klaim BPJS di RS Panti Nugroho. Jurnal Kebijakan Kesehatan Indonesia, 9(1), 55–62.

Peters, M. D. J., Godfrey, C. M., McInerney, P., et al. (2015). Methodology for JBI scoping reviews. Joanna Briggs Institute Reviewer's Manual.

Pohan, I. S. (2017). Jaminan Kesehatan Nasional: Dinamika dan Tantangan. Jakarta: EGC.

Putri, R. W., & Subekti, H. (2020). Dampak keterlambatan pembayaran klaim terhadap mutu pelayanan. Jurnal Administrasi dan Kebijakan Kesehatan, 9(1), 55–62.

Sari, D. P., & Lestari, H. (2021). Tantangan integrasi SIMRS dalam manajemen klaim JKN. Jurnal Sistem Informasi Kesehatan, 3(2), 78–85.

Siregar, L. M., & Manalu, R. S. (2021). Analisis gangguan arus kas akibat klaim pending pada rumah sakit. Jurnal Manajemen Kesehatan Indonesia, 6(1), 33–40.

Sitorus, R., Nasution, R. A., & Hutapea, M. (2022). Evaluasi sistem klaim INA-CBGs dan dampaknya terhadap efisiensi RS. Jurnal Administrasi Kesehatan, 14(2), 91–99.

Utami, A., Rahayu, D. R., & Santoso, I. B. (2023). Faktor Penyebab Pending Klaim BPJS Rawat Inap dengan Penerapan Rekam Medis Elektronik di RSUD Dr. Moewardi Surakarta. Jurnal Sistem Informasi Kesehatan Nasional (SIKENAS), 4(1), 1–10.

Wijaya, A., Marfuah, S., & Anantyo, P. (2023). Analisis Pengembalian Klaim BPJS Kesehatan Rawat Inap di Rumah Sakit Nur Hidayah Kabupaten Bantul. Jurnal Ilmiah Kesehatan Indonesia (JIKI), 9(2), 65–74.

Wulandari, Y. (2019). Disparitas kemampuan pengelolaan klaim rumah sakit di Indonesia. Jurnal Pelayanan Kesehatan Primer, 5(4), 120–128.

Yulia, D., Firmansyah, R., & Sutrisno, H. (2019). Pengaruh keterlambatan klaim terhadap operasional rumah sakit. Jurnal Ekonomi dan Manajemen Rumah Sakit, 8(3), 145–151.