





## Efforts to Address Pending BPJS Claims for Outpatient Services at Mitra Sehat Situbondo Hospital Using PDCA

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### ABSTRACT

This community service program aims to improve the quality of BPJS outpatient claim coding at RS Mitra Sehat Situbondo through the application of the PDCA (Plan, Do, Check, Act) method. Initial observations revealed that coding errors led to numerous pending claims. During the planning phase (Plan), an in-depth analysis of the coding issues was conducted, and a training plan was developed covering proper coding techniques and the use of Electronic Medical Records (EMR). The execution phase (Do) involved direct mentoring for staff in the medical records unit. Evaluation (Check) showed a significant reduction in coding errors with an improvement in staff understanding of BPJS coding standards. Corrective actions (Act) included additional training sessions and the development of a continuous monitoring system. The results of this program confirm the effectiveness of the PDCA method in improving BPJS claim management and recommend the implementation of better monitoring systems and ongoing training to ensure long-term improvements.

**Keywords:** BPJS Claim Coding, PDCA Method, Quality Improvement, Electronic Medical Records, Mentoring

## 1. INTRODUCTION

BPJS Kesehatan is a government agency managing the National Health Insurance (JKN) in Indonesia. JKN provides health services according to medical needs, while BPJS Kesehatan is responsible



for paying healthcare facilities for services to participants and managing approved claims or returning claims that require re-examination [1]. In the context of JKN, BPJS claims are the process of submitting patient care costs from hospitals to BPJS Kesehatan on a monthly basis. According to BPJS Regulation No. 7 of 2018, claims must be complete and comply with the provisions to be approved [2]. BPJS Kesehatan plays a role in providing health services to the public and managing the monthly claim process from hospitals, which must adhere to the applicable administration and regulations [3]. The use of advanced and modern computer technology in the era of globalization can facilitate data processing, thereby saving time and costs [4].

One of the main issues in managing BPJS claims in hospitals is pending claims. Pending claims occur due to various factors such as incomplete documentation, diagnostic coding errors, and insufficient supplementary examinations. Incomplete claim documentation and errors in diagnostic coding are common issues and align with previous research findings. One crucial role in managing medical record data is the medical record officer. The medical record officer plays a crucial role in ensuring that stored data is accurate, complete, and reliable [5].

This community service activity aims to provide solutions to the factors causing pending BPJS outpatient claims at RS Mitra Sehat Situbondo. Through a mentoring program using the PDCA (Plan-Do-Check-Act) method, the mentoring is conducted with staff in the medical records unit regarding the importance of claim documentation completeness, diagnostic coding accuracy, and the role of digital technology such as Electronic Medical Records in reducing human error. With the implementation of these solutions, it is expected that BPJS claim management at RS Mitra Sehat Situbondo will become more efficient and effective.



## **2. IMPLEMENTATION METHOD**

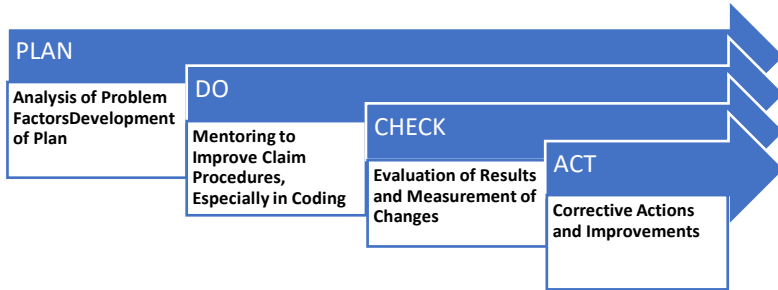
This community service program was implemented using the PDCA (Plan, Do, Check, Act) method to enhance BPJS claim management at RS Mitra Sehat Situbondo. During the Plan phase, the service team conducted an in-depth analysis of the issues causing pending claims. This analysis included identifying key factors such as incomplete documentation, diagnostic coding errors, insufficient supplementary examinations, and human error. Based on these findings, a mentoring plan was developed aimed at improving the claims administration process and enhancing staff skills in managing BPJS claims.

In the Do phase, the mentoring program was carried out. The mentoring focused on the medical records unit staff regarding BPJS claim procedures, with an emphasis on improving document completion, accurate diagnostic coding, and the use of Electronic Medical Records (EMR). Direct mentoring involved monitoring the claims submission process and providing practical guidance to address common errors. During this phase, direct interaction with staff enabled real-time problem identification and the application of appropriate solutions.

In the Check and Act phases, the results of the mentoring were evaluated to measure its effectiveness and impact on claim management. Data collection involved monitoring changes in the number of pending claims and the number of claims returned by BPJS Kesehatan. Evaluations were conducted to determine if there was an improvement in claim document accuracy and diagnostic coding. Based on the evaluation results, corrective actions and improvements were implemented to ensure the sustainability of the improvements and address any remaining challenges. Through the



PDCA approach, this program ensures ongoing enhancements in BPJS claim management, as shown in Fig. 1 below:



**Figure 1. PDCA Process**

### **3. RESULT AND DISCUSSION**

#### **Result**

The implementation of the community service program using the PDCA method at RS Mitra Sehat Situbondo showed encouraging results in improving the quality of BPJS outpatient claim coding. Prior to the program implementation, observations indicated that diagnostic coding errors were a major cause of pending claims. After the mentoring, conducted using the PDCA approach, there was a significant reduction in coding errors. Post-mentoring data showed an optimization in coding quality, reflecting an improvement in coding quality as a strategic step towards reducing pending claims. This highlights the effectiveness of the intervention in enhancing the accuracy of diagnostic coding.

#### **Implementation of PDCA**



**Plan:** In the planning phase, the community service team conducted an in-depth identification of the coding issues at the hospital. Initial analysis revealed that deficiencies in staff mentoring and a lack of understanding of BPJS coding standards were major factors causing errors. Based on these findings, a training plan was developed to enhance staff skills in diagnostic coding according to BPJS Health guidelines. The plan included training modules on proper coding techniques and the use of information technology to support accurate coding processes.

**Do:** In the implementation phase, intensive coding training was provided to staff in the medical records unit involved in the claims process. The training covered both theory and practice of coding, as well as the use of Electronic Medical Records (EMR) software to minimize errors. During the training process, direct mentoring was provided to ensure staff could apply the learned techniques in their daily work. Observations during this phase showed that staff became more confident and skilled in managing diagnostic codes.

**Check:** In the checking phase, the results of the training were evaluated by comparing claim data before and after the intervention. The data showed a reduction in the number of claims returned by BPJS Kesehatan, which had previously been caused by coding errors. Additionally, staff understanding was evaluated through quizzes and performance assessments, which indicated improved comprehension and application of correct coding techniques.

**Act:** In the action phase, based on the evaluation results, corrective actions were implemented to address any residual issues. Additional training sessions and the provision of supplementary reference guides for staff were introduced to ensure the sustainability of improvements. Furthermore, a continuous



monitoring system was established to track coding errors in real-time and provide constructive feedback to staff..

## **Discussion**

The results of this community service activity indicate that the PDCA approach is effective in improving the quality of diagnostic coding at RS Mitra Sehat Situbondo. The significant reduction in coding errors highlights the success of the training and mentoring program. These findings are consistent with previous research showing that enhancing staff skills and applying accurate coding standards can reduce administrative errors [6].

The implementation of the PDCA method also underscores the importance of comprehensive planning and execution of training to address coding issues. Structured training and direct mentoring helped staff better understand and apply coding techniques. The evaluation of training results reinforces the importance of continuous monitoring and evaluation to maintain coding quality and prevent future errors.

However, despite significant progress, challenges remain in ensuring the sustainability of improvements. Coding errors may recur without an effective monitoring system. Therefore, the development of a continuous monitoring system and the provision of additional support for staff are crucial steps to ensure that these improvements persist and provide long-term benefits for BPJS claim management at RS Mitra Sehat Situbondo. Implementing more advanced information technology can also contribute to further improvements in the coding process and claim management

## **4. CONCLUSION**

The implementation of the community service program using the PDCA method at RS Mitra Sehat Situbondo successfully improved the quality of BPJS outpatient claim coding, reducing the rate of coding errors. This approach demonstrates that thorough planning,



effective training implementation, detailed result checking, and continuous corrective actions are key to improving claim management. To sustain these improvements, it is recommended that the hospital continues to apply a strict monitoring system, provide ongoing training, and utilize more advanced information technology. With these measures, it is hoped that BPJS claim management can become more efficient and accurate in the future.

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