



## Identification of Pending Claim Factors at X Hospital City of Medan in 2021

Flora Junita Sirait<sup>1</sup>, Ermi Girsang<sup>2</sup>, Sri Lestari Ramadhani Nasution<sup>3</sup>

<sup>1,2,3</sup>Master of Public Health, Faculty of Medicine, Dentistry and Health Sciences, Universitas Prima Indonesia, Medan

Email Correspondence: [srilestariramadhaninasution@unprimdn.ac.id](mailto:srilestariramadhaninasution@unprimdn.ac.id)

<p><b>Track Record Article</b></p> <p>Accepted: 12 May 2023 Revised: 31 December 2023 Published: 15 March 2024</p> <p><b>How to cite :</b> Sirait, Junita, F., Girsang, E., &amp; Nasution, Ramadhani, Lestari, S. (2024). Identification Of Pending Claim Factors At X Hospital City Of Medan In 2021. <i>Contagion: Scientific Periodical Journal of Public Health and Coastal Health</i>, 6(1), 146–157.</p>	<p style="text-align: center;"><b>Abstract</b></p> <p><i>An overview of Covid 19 claims in the city of Medan submitted for the period March 2020 to November 2021 amounted to IDR 5.046 trillion, of which IDR 4.767 trillion has been verified (94.71%) and IDR 1994 trillion is pending (33,868 cases). This research aims to identify pending claim factors at one of the Covid-19 referral hospitals in Medan City in 2021. The location that will be used in this research is the Murni Teguh Memorial National Health Insurance Billing Unit. Researchers conducted interviews with informants regarding Covid-19 claims and the sample used in this research was purposive sampling, namely a sample that was considered representative of the research data by meeting the criteria, namely inclusion and exclusion. Data analysis was carried out through several stages, namely data reduction, data display and verification. The results of the research are that the factors that cause delays in hospitals are the INACBG application update, communication between patients and the doctor in charge is less open regarding clinical complaints and travel history out of town or abroad, the number of human resources is insufficient compared to patients numbering up to thousands with an HR ratio of 1: 1685 patients and DPJP 1:96 patients, this was also experienced by several other hospitals as stated in the journal entitled Review of Inpatient Claim Dispute Settlement for Corona Virus Disease 2019 (Covid-19) Patients at Ajibarang Regional Hospital in 2020 and officers had problems in implementing Covid-19 claims, namely changes in regulations up to 6 times in 3 years, so that it caused a lot of miscommunication with officers on duty within the scope of Covid-19 services, but this change in regulations was due to adapting to Covid-19 conditions.</i></p> <p><b>Keywords:</b> <i>Covid-19, Identification, Pending, Social Security Administrator</i></p>
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## INTRODUCTION

Covid-19 is an epidemic disease that attacks the human respiratory system. Currently, almost all hospitals in Indonesia are serving Covid-19 patients (Ahyar, 2020). The first cases appeared in Indonesia in early March 2020 and in mid-March Covid-19 was declared a pandemic by the World Health Organization (WHO) (Kepmenkes, 2021). This disease is transmitted from human to human through droplets when coughing or sneezing, as well as through close contact with Covid-19 sufferers (Salwa, 2022). Medical personnel are at great risk of contracting the Covid-19 virus because the virus can stick to inanimate objects around the hospital, including medical record documents (Dina Lailani, 2020).

Social Security Administrator Health data dated September 2 2020 shows that the total number of claims submitted by hospitals in Indonesia was 103,519 cases with a cost of IDR 6,336,426,538,300 (Gamal, 2022). Claims completed by Social Security Administrator Health were 93,371 (90%) cases with a cost of IDR 5,539,856,881,100. Claims in the Social Security

Administrator Health verification process were 10,696 claims (10%) at a cost of IDR 845,486,614,800. Verification of 46,716 hospital claims or 50.03% of claims were appropriate, at a cost of Rp. 3,250,143,479,600,-. The remaining 46,084 or 49.36% are dispute claims with a cost of IDR 2,289,712,647,300 (Khaerunnisa, 2022). Until the end of December 2020, the total claims submitted amounted to Rp. 22,913,196,207,000, the amount that has been paid to the hospital is Rp. 14,526,648,658,510,- (63.3%) The remaining unpaid amount is Rp. 8,386,547,548,490,- (36.6%) (Ambarwati, 2021).

Based on the research journal of Peter Herey and Nauri Anggita Temesvari at Siloam Sentosa Hospital Bekasi, to support submitting Covid-19 claims, the applications required are INA-CBG and E-Claim. Siloam Sentosa Bekasi Hospital refers to KMK No. HK.01.07/MENKES/4344/2021 (Maulida, 2022). The claim process goes through the verification flow from BPJS Health, including administrative verification and patient service verification. After the verification is complete, an official report on the results of the claim verification will be published for further processing to the payment stage. As for the results of the review of Covid-19 claims submitted by hospitals, there were 63% smooth claims and 37% non-smooth claims (Sugiyono, 2018). The causes of claims not running smoothly occur in the process components, namely incomplete Covid-19 claim files, inconsistent contents of medical resumes and other files, inaccuracies in enforcing diagnosis codes ((Herey & Temesvari, 2022).

Based on a preliminary preliminary survey conducted by researchers using the observation method at one of the Covid-19 referral hospitals in Medan City with data on Covid-19 claim submissions for the 2021 period, the following data was obtained for claims submitted in 2021 as many as 3,370 inpatients and outpatients with details, namely in the month of filing in January there were 148 cases with a pending percentage of 31%, in the month of filing in February there were 310 cases with a percentage pending of 21%, in the month of filing in March there were 306 cases with a percentage of 31.3%, in April there were 184 cases with a percentage pending 21.7%, filings in May were 390 cases with a pending percentage of 58%, filings in June were 626 cases with a pending percentage of 22.3%, filings in July were 226 cases with a pending percentage of 46.5%, filings in September There were 444 cases with a pending percentage of 12.2%, submissions in October phase I were 432 cases with a pending percentage of 12.7%, submissions in October phase II were 268 cases with a pending percentage of 57.5%, submissions in November were 35 cases (Tarigan, 2022).

## **METHOD**

The type of research used is descriptive qualitative. Descriptive research design is research carried out with the main aim of providing an objective picture or description of a situation. And design is research carried out with the main aim of providing an objective picture or description of a situation. The location that will be used in this research is the National Health Insurance X Hospital Medan Billing Unit. This research was conducted from May 2023 until June 2023. The population used in this research is all data on regular applications for inpatient and outpatient Covid-19 billing during the 2021 period which is attached to the Social Security Administrator Verification Results Minutes and officers related to National Health Insurance billing, especially Covid-19 cases, totaling 5 people. The sample used in this research is purposive sampling, namely a sample that is considered to represent the data for this research by meeting the criteria, namely inclusion and exclusion. Inclusion criteria are the general characteristics of research subjects from a target population that is reached and will be studied. Scientific considerations should guide when determining inclusion criteria. The inclusion criteria in this research are filling in regular Covid-19 data collection.

Exclusion criteria are eliminating/removing subjects who meet the inclusion criteria from the study for various reasons, such as files that cannot be used, circumstances that interfere with the implementation of the research, ethical obstacles, and subjects refusing to participate. The exclusion criteria in this research are Data Submissions (Disputes) collecting Covid-19. Informants in this research are people or actors who really know and understand the problem, and are directly involved with the research problem, namely people who know about Covid-19 services and Covid-19 insurance collection. Data collection uses primary and secondary data types. Data collection methods were carried out by interviews, documentation and interviews. Data analysis was carried out using the stages of data reduction, data presentation and observation.

## **RESULTS**

### **A. Regulations regarding Corona Virus Disease**

In this regulatory variable, researchers interviewed informants who are officers in Covid-19 billing. In this regulation, researchers want to know about the officers' knowledge of the latest regulations issued by the government. Apart from knowledge, research officers want to know what effects arise due to changes in regulations issued by the government.

## B. Patient Criteria

In research related to patient criteria, researchers interviewed informants regarding whether pure hospitals strictly have criteria for patients who can be billed for Covid-19 billing or follow the regulations set by the government.

## C. Billing for Covid-19 Claims at Hospitals

When researchers conducted research on billing for Covid-19 claims, researchers conducted observations on BAHV data on pending claims submitted in 2021:

**Table 1. 2021 BAHV Claim Submission Data**

Month of Service	In accordance		It is not in accordance with		No BAHV	
	In Patient	Out Patient	In Patient	Out Patient		
January	13	89	23	23	970	972
February	101	144	60	5	1933	1934
March	138	72	90	6	2677	2670
April	63	81	35	5	3230	3231
May	146	18	86	140	4271	4959
June	264	222	82	58	5866	5864
July	76	41	105	4	6899	6900
September	221	169	28	26	8844	8845
October	261	116	35	20	10496	10497
October 2	90	24	94	60	11518	11520
November	11	15	2	7	13620	13618
December	3	1	0	0	14887	14890

Sumber : Data BAHV Penagihan Covid-19 RS Murni Teguh 2021

Researchers also took data from pending minutes of verification results information during 2021. This data can support the results of the factors that influence pending Covid-19 billing. The data that researchers obtained is as follows :

**Table 2. Pending Minutes Of Verification Results Information for 2021**

Month of Service	Information		Amount	
	In Patient	Out Patient	In Patient	Out Patient
January	Patient Criteria	Patient Criteria	23	19
		File	0	4
February	Double Description	Patient Criteria	4	4
	Patient Criteria	File	53	1
	Berkas		3	0
March	Double Description	Patient Criteria	26	5
	File	File	30	1
	Patient Criteria		34	0
April	Double Description	Patient Criteria	3	4
	File	File	2	1

	Patient Criteria		30	0
May	File	File	4	121
	Patient Criteria	Patient Criteria	82	19
June	Double Description	Double Description	8	20
	File	File	32	18
	Patient Criteria	Patient Criteria	42	20
July	File	File	99	4
	Patient Criteria		6	0
September	File	File	28	25
		Patient Criteria	0	1
October I	File	File	24	20
	Patient Criteria		11	0
October II	INACBG application	INACBG application	94	60
November	File	File	2	7
<b>Amount</b>			640	354

Source: Pending BAHV Information Data

With the following information:

Pending Description	Explanation
Patient Criteria	Regarding confirmation of patient information (patient's condition is in accordance with the documents listed)
File	Files that have not been included, files that are not read or entry data that does not match the file
INACBG application	INACBG Update (File cannot be opened)
Double Description	Related to pending cases with more than 1 criteria (Patient Files and Criteria)

#### D. Human Resources

Through research into the Human Resources variable, researchers obtained the number, role, latest education and duties of each officer in the Covid-19 claims section. Researchers found that there were several sections of officers who directly processed claims to ultimately be billed to the Minister of Health via Social Security Administrator.

Informants involved in collecting Covid-19 claims:

##### a. Question 1

“How long does it take to complete the Social Security Administrator Covid-19 claim process?”

Main Informant 1:

"For me, bro, because I only work below in the Ambulatory, I don't know how long it takes to complete the process for you to bill Covid to Social Security Administrator, but sometimes it takes almost 1 day for me to correct my resume here."

Main Informant 2:

"Usually it takes about 2 days or more from the date file, doc, if there are repairs, and even then it's not immediately billed because usually there is a billing time limit too, doc, to the Social Security Administrator "

Main Informant 3:

"Well, if that's the case, I don't know, Doc. It's just that usually from when the patient arrives until the patient goes home, it's immediately closed, I complete the files, if there are files that are missing at least 2 days, Doc, I deliver the files to the coder, from that coder, I don't "Do you know how long it will take for the file to be billed to Social Security Administrator?"

Key Informants:

"It depends because if you look at it from each patient, it will definitely be piled up until the time from Social Security Administrator that we can bill to Social Security Administrator every 2 weeks, so wait first, from the last group submitted, calculate it in the next 2 weeks from your last date."

Triangulation Informant:

"As far as I know, doc, wait every 2 weeks from the previous final batch"

b. Question 2

"How do we ensure that patients receive the right care and medical services they need through Social Security Administrator Covid-19 claims?"

Main Informant I:

"Yes, if that's the case, sis, because if you look after the Ambu when the patient arrives, if it's already showing Covid, the patient will automatically be directed to the lab with an x-ray photo and then we'll immediately give him medicine if the patient doesn't need treatment. hospitalized, so as far as I know, this patient should have received proper treatment. "Because you can also see it from the patient's complaints, as well as the anamnesis too."

Main Informant 2:

"Well, I don't know about that, doc, because it's also in the medical realm. If the treatment is right, it's just my opinion that as long as the patient is declared Covid, it has to be according to the anamnesis, only then can it be said that he or she will get the right treatment or service, like the doctor said earlier."

Main Informant 3:

"If in terms of the claim, you can see whether the file is complete or not, the anamnesis and everything else is appropriate, that means it's correct, Doc."

Key Informants:

"If that's the case, docflo, from the patient's point of view, whether they get the right service or treatment, our attending doctor should definitely give the best, just look at the claim file, you know."

Triangulation Informant:

"Well doc, from a clinical perspective I don't know, but as long as the documents can be completed and can be billed, I think it's appropriate, doc"

c. Question 3

"What conditions can become obstacles when carrying out work according to your position? (Doctor, PIC, Coder, Filing and Accounting)"

Main Informant 1:

"Usually that's the regulation, bro, for example, at the beginning, the patient can just have their thorax checked using a Ct-Scan, after that apparently there is a notification that the patient who was billed for using a Ct-Scan ends up having a dispute, so they have to change again to using X-Ray "

Main Informant 2:

"If it's me, when the code changes from B to U, it's so awkward, Doc, it's the same when the regulations change, so the files also get a lot of improvements."

Main Informant 3:

"The most appropriate thing is if a file is incomplete, for example the Doctor in Charge of Services doctor's signature is still empty, so it's difficult to find a doctor, after that, sometimes there are files that are not clear, for example the photo of the ID card is not clear, doc"

Key Informants:

"It's more about regulations, docflo, these regulations are retroactive, whereas services to patients have been provided according to the old regulations, so they like to be put on hold"

Triangulation Informant:

"Sometimes, Doc, if there is a revision to a file, after that it doesn't join the group that will be submitted, so the file is sent to the group in the next 2 weeks, sometimes there are missed accounting records, because usually it is recorded as of the date because there are follow-ups. so sometimes something is missed"

## **DISCUSSION**

### **A. Regulations regarding Corona Virus Disease**

All informants gave their opinions when there was a misunderstanding when the regulations were changed because when the new regulations were issued, the officers were making claims against the regulations first issued by the government (Soliha, 2022).

Researchers also asked questions about the Covid-19 claims process at Murni Teguh Medan Hospital, whether there were any differences with existing regulations, but researchers found that in general the officers had made claims in accordance with regulations issued by the Ministry of Health, namely Decree of the Minister of Health HK.01.07/MENKES /238/2020. However, in reality the regulations regarding Covid-19 claims from 2020 to 2023 have even changed (Albertus, 2019).

This research is in line with research (Herey & Temesvari, 2022). After officers from the hospital input the claim submission, the verification process is then carried out. Verification carried out by Social Security Administrator Health includes: 1) Administrative Verification where the claim submitted is matched with the supporting evidence attached; 2) Patient Service Verification where the verifier calculates service costs and length of service according to the services provided by the hospital to the patient. Furthermore, the results of verification by Social Security Administrator Health are in the form of Minutes of Claim Verification Results. Furthermore, if verification has been carried out, the claim payment will be transferred to the hospital account.

Regulations are one of the reasons claims officers experience problems in communicating with service staff in hospitals, one of which is regarding patient criteria which must be written down in full so that external verifiers can read them carefully, regulations that change and apply retroactively are not the same. immediately issued by the Minister of Health. Changing regulations occurred because the condition of Covid-19 when it first appeared, especially in 2021, experienced several phases. As stated by Pemko Term of Employment Review Approval Services Muhadjir in (Fitria Chusna & Kristian Erdianto, 2021) why government policies must always be elastic and adjusted to circumstances, in people's eyes it is considered always changing but in fact this cannot be separated from the situation of Covid-19 behavior . In the article entitled Covid-19 Task Force: Regulations often change and are revised due to the dynamics of the pandemic (Dian Erika, 2021) Regulations often change due to and are revised due to the dynamics of the Covid-19 virus, because with each journey of this pandemic we call it a living document which is always changing and adapt to existing conditions. The phase conditions in question are the development of Covid-19 in the variants that emerged, namely the Alpha variant in 2020, the Delta variant in 2021 and the Omicron variant in 2022.

According to the researcher's assumptions, when researchers conducted interviews with informants, although they always followed the regulations issued by the Ministry of Health, there were still obstacles in implementing claims (Erika, 2021). This is because regulations change and apply retroactively. The regulations change because the situation and conditions



during the pandemic have changed a lot. These changes consist of changes in the clinical phase of the Covid-19 virus itself.

## **B. Criteria for Corona Virus Disease Patients**

Based on the results of interviews with 3 main informants, 1 key informant and 1 triangulation informant and researchers, they made observations regarding the criteria for Covid-19 patients at X Hospital, in accordance with the regulations used by officers to submit Covid-19 claims in accordance with regulation HK.01.07/ MENKES/238/2020.

In line with research (Hildan Hadian & Sadeli Masria, 2022) entitled Description of the Characteristics of Covid-19 Patients at Hospital breath as much as 91%. In accordance with research (Khaerunnisa et al., 2022) at the Mekar Sari Bekasi Hospital in 2020-2021, it is stated that COVID-19 patients will be screened where if the results are positive then the patient will immediately be hospitalized in the isolation room, if the patient is found without symptoms but with positive antigen results, the patient will be given education to self-isolate in the isolation room. A PCR swab will be carried out to confirm whether the patient remains a suspected patient or a confirmed patient if the result is positive (Soliha, 2022). This is in accordance with the Guidelines for the Prevention and Control of Coronavirus Disease (COVID-19) patients by the Ministry of Health (Sucipto, 2020).

According to the researchers' assumptions, even though hospitals continue to use regulations as a reference for criteria for Covid-19 patients, delays still occur because the condition of patients who come to the hospital is sometimes different from the regulations which apply retroactively (Fitria, 2021). For example, at the start of the pandemic, one of the criteria for patients was that they had to be symptomatic. ARI and loss of smell, but in reality as time goes by patients who are confirmed to have Covid-19 do not have symptoms of ARI and loss of smell.

## **C. Human Resources**

From the results of the researcher's interviews with informants, it was found that, if we look at the human resources factor, the claims officers are highly trained, especially because they have many years of experience in handling Covid-19 claims, because previously they also played a role in regular claims for Social Security Administrator services (Elijah, 2020).

Similar to research (Ratriana, 2020) entitled Overview of Dispute Settlement for Inpatient Claims for Corona Virus Disease 2019 (Covid-19) Patients at Ajibarang Regional Hospital in 2020, it is stated that human resource factors are very influential with technology, development of Hospital Management Information System, planning factors is needed. requires the creation of a special Standard Operating Procedures to handle COVID-19 claim dispute issues so that

it can make it easier for officers to resolve disputes and in terms of the implementation of the claim process, seen from the flow in accordance with existing regulations, there is a need for introduction or training regarding procedures for inputting COVID-19 claims in the application. Indonesian Case Base Groups System by related officers (Mukrimaa, 2019).

According to the researchers' assumptions, the situation in hospitals, even though they have human resources who have backgrounds in accordance with their job descriptions, still the number of patients increases drastically during a pandemic, which definitely has its own factors causing pending claims (Mukrimaa, 2021). This is because during the claim process only 2 people are involved directly in the final claim process. Where the officer has to check and verify the files claimed and at the same time input the data into Indonesian Case Base Groups System manually so it takes a long time and requires more concentration.

#### **D. Billing for Covid-19 Claims at Hospitals**

In this research, researchers carried out observations, documentation and interviews with informants to find out more about billing for Covid-19 claims at X Hospital in Medan and to find out data on pending information that occurred at X Hospital in Medan during 2021 (Service, 2020).

In research (Adnyana & Budi, 2023) entitled Potential Fraud in Claims for Reimbursement of Costs for Covid-19 Patient Services, it is stated that when collecting claims, fraud can occur, that potential fraud can occur at all stages in the claims process (Sugiyono, 2019). starting from patient service at the hospital, submitting claims by the hospital, verification by Social Security Administrator Health, and payment by the Ministry of Health (Sugiyono, 2018).

According to the researcher's assumption, the highest pending factor in the results of research based on minutes of verification results is the file (Salwa, 2022). This may occur because the number of human resources and patients do not match so that some officers do not include the patient's identity or so on (Shanti, 2021). The file is also related to a form that has previously been included, but because in When documenting the patient's identity it is not clearly visible so the external verifier asks the hospital for confirmation (Santiasih, 2021).

#### **CONCLUSIONS**

Based on the results of research regarding the identification factors for pending claims in one of the Covid-19 referral hospitals in Medan City, it can be concluded that the factors causing pending claims at the hospital are updates to the Indonesian Case Base Groups System application, communication between the patient and the Doctor in Charge is less open regarding clinical complaints and travel history. leaving the city or abroad, the number of

human resources is lacking with a ratio of patients numbering up to thousands with a ratio of HR 1:1685 patients and Doctor in Charge of Services 1:96 patients, this is also experienced by several other hospitals as stated in the journal entitled Overview of Claim Dispute Settlement Inpatient treatment for Corona Virus Disease 2019 (Covid-19) patients at Ajibarang Regional Hospital in 2020 (Ratriana, 2020), and officers had problems in implementing Covid-19 claims, namely changing regulations up to 6 times in 3 years, resulting in many misses. - communication with officers on duty within the scope of Covid-19 services, but this change in regulations is due to adapting to the conditions of Covid-19 when it first appeared in 2020, experiencing several phases of the Alpha variant in 2020, the Delta variant in 2021 and the Omicron variant in 2022. So the Minister of Health and the Government carried out a Living Document to adjust the existing situation.

## REFERENCE

- Adnyana, M. S., & Budi, H. (2023). Potensi Kecurangan (Fraud) Dalam Klaim Penggantian Biaya Pelayanan Pasien Covid-19. *KRISNA: Kumpulan Riset Akuntansi*, 14(2), 162–174. <https://doi.org/10.22225/kr.14.2.2023.162-174>
- Ahyar, H., Maret, U. S., Andriani, H., Sukmana, D. J., Mada, U. G., Hardani, S.Pd., M. S., Nur Hikmatul Auliya, G. C. B., Helmina Andriani, M. S., Fardani, R. A., Ustiawaty, J., Utami, E. F., Sukmana, D. J., & Istiqomah, R. R. (2020). *Buku Metode Penelitian Kualitatif & Kuantitatif* (Issue March).
- Albertus, A. (2019). *Etiologi COVID-19*. Alomedika. <https://www.alomedika.com/penyakit/penyakit-infeksi/coronavirus-disease-2019-covid-19/etiologi>
- Ambarwati, W. (2021). Pembiayaan Pasien COVID-19 dan Dampak Keuangan terhadap Rumah Sakit yang Melayani Pasien COVID-19 di Indonesia Analisis Periode Maret 2020 – Desember 2020. *Jurnal Ekonomi Kesehatan Indonesia*, 6(1), 23–37. <https://doi.org/10.7454/eki.v6i1.4881>
- Dian Erika. (2021, November). Satgas Covid-19: Regulasi Sering Berubah dan Direvisi karena Dinamika Pandemi. *Kompas.Com*, 1. <https://nasional.kompas.com/read/2021/11/03/15482001/satgas-covid-19-regulasi-sering-berubah-dan-direvisi-karena-dinamika-pandemi>
- Dina Lailani. (2020). RESILIENCE DALAM MENGHADAPI PANDEMI COVID-19 DI RUMAH SAKIT PUPUK KALTIM BONTANG, TAHUN 2020. In *Repository Unhas*. Universitas Hasanudin.
- Eliyah, & Ratriana, A. (2020). Tinjauan Penyelesaian Dispute Klaim Rawat Inap Pasien Coronavirus Disease 2019 (COVID-19) di RSUD Ajibarang Tahun 2020. *Jurnal Rekam Medis Dan Informasi Kesehatan*, 5 No 1(1), 29–36. <https://doi.org/10.31983/jrmik.v4i2.8394>
- Fitria Chusna, & Kristian Erdianto. (2021, September). Kebijakan Penangan Pandemi Berubah-ubah, Menko PMK : Menyesuaikan Perilaku Covid-19. *Kompas.Com*, 1. <https://nasional.kompas.com/read/2021/09/02/08501971/kebijakan-penanganan-pandemi-berubah-ubah-menko-pmk-menyesuaikan-perilaku>
- Gamal Thabroni. (2022). *Metode Penelitian Deskriptif: Pengertian, Langkah & Macam*. Serupa.Id. <https://serupa.id/metode-penelitian-deskriptif/>
- Herey, P., & Temesvari, N. A. (2022). Tinjauan Kelancaran Klaim Pasien Covid-19. *Jurnal Rekam Medis Dan Informasi Kesehatan*, 5(2), 89–95.

- <https://doi.org/10.31983/jrmik.v5i2.8057>
- Hildan Hadian, & Sadeli Masria. (2022). Gambaran Karakteristik Pasien Covid-19 di Rumah Sakit X. *Jurnal Riset Kedokteran*, 51–56. <https://doi.org/10.29313/jrk.vi.878>
- Kepmenkes RI. (2022). Standar Akreditasi Rumah Sakit Berdasarkan KMK 1128. *Keputusan Menteri Kesehatan*, 1–342.
- Khaerunnisa, R., Rumana, N. A., Yulia, N., & Fannya, P. (2022). Gambaran Karakteristik Pasien Covid-19 di Rumah Sakit Mekar Sari Bekasi Tahun 2020–2021. *Jurnal Manajemen Informasi Kesehatan Indonesia*, 10(1), 72. <https://doi.org/10.33560/jmiki.v10i1.390>
- Maulida, E. S., & Djunawan, A. (2022). Analisis Penyebab Pending Claim Berkas BPJS Kesehatan Pelayanan Rawat Inap Rumah Sakit Universitas Airlangga. *Media Kesehatan Masyarakat Indonesia*, 21(6), 374–379. <https://doi.org/10.14710/mkmi.21.6.374-379>
- Mukrimaa, S. S., Nurdyansyah, Fahyuni, E. F., YULIA CITRA, A., Schulz, N. D., د. غسان, Taniredja, T., Faridli, E. M., & Harmianto, S. (2019). Strategi dan Teknik Penulisan Karya Tulis Ilmiah dan Publikasi. In *Jurnal Penelitian Pendidikan Guru Sekolah Dasar* (Vol. 6, Issue August).
- Mukrimaa, S. S., Nurdyansyah, Fahyuni, E. F., YULIA CITRA, A., Schulz, N. D., د. غسان, Taniredja, T., Faridli, E. M., & Harmianto, S. (2021). Metode Penelitian Kualitatif. In *Jurnal Penelitian Pendidikan Guru Sekolah Dasar* (Vol. 6, Issue August).
- National Health Service. (2020). NHS COVID-19. In *Wikipedia*. Wikipedia.
- PD Sugiyono. (2019). *Metode Penelitian Pendidikan*.
- Salwa Rizkiani Syah, S. S. (2022). ANALISIS PENGEMBALIAN BERKAS KLAIM BPJS TERHADAP KETENTUAN PENGKLAIMAN BIAYA PELAYANAN PASIEN COVID-19. *Open Journal Systems*, 16(1978), 7831–7842.
- Santiasih, W. A. dkk. (2021). Analisis Penyebab Pending Klaim Bpjs Kesehatan Rawat Inap di RSUD Dr. RM Djoelham Binjai. *Journal of Healthcare Technology and Medicine*, 7(2), 1381–1394.
- Shanti, H. D. (2021). BPJS Kesehatan tentang Kelengkapan Berkas Covid-19. *Antara News*.
- Soliha, D. M., Putra, D. H., Fannya, P., & Rumana, N. A. (2022). Tinjauan Faktor Penyebab Dispute Klaim BPJS Pasien Covid-19 di RSUD Kabupaten Tangerang. *Jurnal Kesehatan Masyarakat*, 6, 1–7.
- Sucipto, C. D. (2020). *Metodologi Penelitian Kesehatan*. Gosyen Publishing.
- Sugiyono. (2018). *Metode Penelitian Manajemen*. Bandung: Alfabeta.
- Tarigan, I. N., Lestari, F. D., & Darmawan, E. S. (2022). Penundaan Pembayaran Klaim Jaminan Kesehatan Nasional Oleh Bpjs Kesehatan Di Indonesia: Sebuah Scoping Review. *Jurnal Ekonomi Kesehatan Indonesia*, 7(2), 108. <https://doi.org/10.7454/eki.v7i2.6136>