



## Pending BPJS claim to support the quality of outstanding hospital in Muhammadiyah Hospital Bandung



Dola Ramalinda <sup>a</sup>, Encep Yayat <sup>b</sup>, Cika Hasanah <sup>c</sup>, Aulia Safhira <sup>d</sup>, Qori Octaviyani <sup>e</sup> Selsa Secillia <sup>f</sup>  
Niken Juandi <sup>g</sup> Maheswari Farah Salshabilla <sup>h</sup>

*Manuscript submitted: 06 April 2022, Manuscript revised: 31 May 2022, Accepted for publication: 30 August 2022*

### Corresponding Author <sup>a</sup>



### Abstract

The purpose of the study was to determine the efforts made in handling outpatient pending claims. The method used is descriptive research with a quantitative approach. The population is all BPJS pending claims for outpatients. The sample was calculated using the solvent formulation and obtained 83 pending outpatient BPJS claim files. Research time in February – April 2022 on the Casemix unit. The results show that the outpatient BPJS claim procedure has been running following the Standard Operating Procedures. The causes of pending BPJS outpatient claims, medical administration as much as 86%, inaccurate diagnosis 8%, and incomplete medical resume 4%. Evaluation of pending BPJS Outpatient claims problems, coordinating each section, and improving section performance.

### Keywords

*education;  
health;  
hospital;  
pending claims;  
quality outstanding;*

*International Journal of Health Sciences © 2022.  
This is an open access article under the CC BY-NC-ND license  
(<https://creativecommons.org/licenses/by-nc-nd/4.0/>).*

### Contents

Abstract .....	1483
1 Introduction .....	1484
2 Materials and Methods .....	1485

- <sup>a</sup> Politeknik Kesehatan YBA Bandung, Indonesia
- <sup>b</sup> Politeknik Kesehatan YBA Bandung, Indonesia
- <sup>c</sup> Politeknik Kesehatan YBA Bandung, Indonesia
- <sup>d</sup> Politeknik Kesehatan YBA Bandung, Indonesia
- <sup>e</sup> Politeknik Kesehatan YBA Bandung, Indonesia
- <sup>f</sup> Politeknik Kesehatan YBA Bandung, Indonesia
- <sup>g</sup> Politeknik Kesehatan YBA Bandung, Indonesia
- <sup>h</sup> Politeknik Kesehatan YBA Bandung, Indonesia

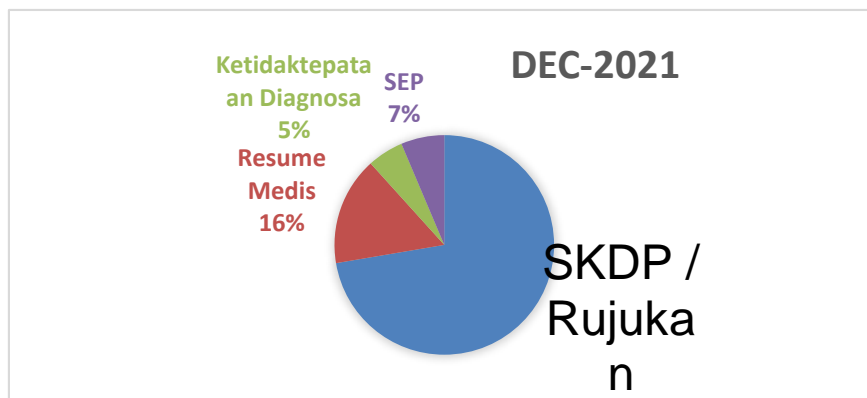
3	Results and Discussions .....	1486
3.1	Results.....	1486
3.2	Discussions .....	1487
4	Conclusion .....	1488
	Acknowledgments.....	1489
	References .....	1490
	Biography of Authors .....	1491

## 1 Introduction

A hospital according to the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2018 is a health service institution that provides health services that provide inpatients, (Permenkes No. 3, 2020). outpatient, and emergency services. Hospitals need to improve the quality of health services supported by various related aspects through the implementation of health medical records

Based on the Regulation of the Minister of Health Number 71 of 2013, regarding health insurance, it is explained that health insurance is a guarantee of protection so that participants get benefits health protection to meet the basic health needs of all who pay for its dues that have been paid to the government, the organizers of the health insurance program apply a legal entity called the Social Security Administration Agency (BPJS). (Ilyas, 2011). For each participant who has a BPJS card and pays regular contributions, the costs for basic health needs will be deferred by BPJS by going through the claim process submitted by the hospital to the BPJS. The process of submitting a claim from the Hospital to BPJS Health through administrative verification requirements. The claim file that was found incomplete in the verification process resulted in the return of the file by BPJS Kesehatan.

The completeness of the documents for filing a claim is a very important part and is one of the conditions for the acceptance of the claim submission and the completeness of the documents as well affects the sooner or later the process of sending claims to the BPJS. (Colaboration, 2021). A complete claim document consists of, SEP (participant eligibility letter), SKDP (certificate in treatment)/ Referral, and outpatient medical resume Based on the observations made by the authors at the Muhammadiyah Bandung Hospital Installation by conducting interviews with the Head of *Casemix Division*, the hospital has served almost 90% of National Health Insurance (JKN) patients and the rest are general patients. Files submitted in November contained 9,543 files in the outpatient claim submission process, and 94 (10%) files were returned. Based on the data in November 2021 that the author got from the officers there, there are obstacles in pending claims against BPJS as many as 94 files, with the following data: Medical Administration as many as 68 files, incomplete medical resumes as many as 15 files, inaccurate diagnosis as many as 5 files, and SEP a total of 6 files.



Source: Author 2021

Graph 1. Incomplete outpatient claim file 2022

Based on the problems above, the writer is interested in conducting research with the title "Pending review of output BPJS claims to support the quality of claims hospital outpatient in Muhammadiyah Hospital Bandung"

## 2 Materials and Methods

### *Research types and approach*

This type of research is a type of descriptive research using a quantitative approach. According to [Sugiyono \(2018\)](#), descriptive research is research conducted to determine the value of independent variables, either one or more (independent) variables without making comparisons or connecting with other variables. The approach in this research is quantitative. According to [Sugiyono \(2018\)](#), the quantitative method is a research method based on concrete data, where the data in the research are in the form of numbers that will be measured using statistics as a test tool for calculations related to the problem being studied to produce a conclusion.

### *Population and sample*

The population is a generalization area consisting of objects or subjects that have certain quantities and characteristics determined by researchers to be studied and then drawn conclusions. The population in this study were all pending files for BPJS outpatient claims from December 2021 to February 2022 at the Muhammadiyah Hospital in Bandung as many as 486 pending files for outpatient BPJS claims.

According to [Sugiyono \(2019\)](#), the sample is part of the number and characteristics possessed by the population. To determine the number of samples to be taken, the researcher uses the Slovin formula or formula:

$$n = \frac{N}{1 + N(d)^2}$$

Information :

n: number of samples

N: Total population

d<sup>2</sup> : absolute determination level (0,1)

Then get:

$$n = \frac{486}{1 + 486 (0,1)^2}$$

$$n = \frac{486}{1 + 486 (0,01)}$$

$$n = \frac{486}{5,86}$$

$$n = 83 \text{ pending file BPJS outpatient claims}$$

### *Sampling technique*

In this study, the sampling technique used was purposive sampling. According to [Sanjaya \(2011\)](#), purposive sampling is a sampling technique with certain considerations. This technique is also suitable for use in quantitative research or research that does not generalize

### *Data collection technique*

According to [Moleong \(2017\)](#), data collection techniques are a step that is considered strategic in research because it has the main goal of obtaining data. The research data obtained were obtained through interviews, observations, and literature studies. to the medical record officer in the case-mix unit at the Muhammadiyah Hospital by conducting interviews, and direct observations in the field to see the real condition.

Literature can be interpreted as a source or reference used in various activities in the world of education or other activities. Literature can also be interpreted as a reference used to obtain certain information (Suryasa et al., 2022).

#### *Research instruments*

Sanjaya (2011), states that research instruments are tools that can be used to collect research data or information. The instrument in this study was to use interview guidelines for *Casemix officers* at Muhammadiyah Hospital in Bandung.

#### *Research time and place*

The author conducted this research in February – April 2022 at the Casemix unit of the Muhammadiyah Hospital in Bandung, which is located at Jalan KH Ahmad Dahlan No. 53, Turangga, Kec. Lengkong, Bandung City, West Java 40264.

### **3 Results and Discussions**

#### *3.1 Results*

Based on the research conducted by the author regarding (Muroli et al., 2020). "Review of Pending BPJS Outpatient Claims to Support Claims Quality at Muhammadiyah Hospital Bandung" is that there are obstacles in pending claims against BPJS outpatients.

#### *BPJS Health claim procedure for outpatients at Muhammadiyah Hospital Bandung*

Based on the research results obtained by conducting interviews with the head of the *Casemix field*, (Anyaprita et al., 2020). The process of implementing the outpatient BPJS claim submission procedure at Muhammadiyah Hospital Bandung runs according to the existing Standard Operating Procedures. The SPO for submitting BPJS claims is as follows:

- 1) List of outpatients and inpatients by printing out the SEP (participant eligibility letter).
- 2) For complete files, they are given to the Caemix section to sort the sheets to be submitted (a). Outpatient: SEP, photocopy of ID card, BPJS card, KK, completed resume, support, and billing. (b). Hospitalization: SEP, photocopy, ID card, BPJS card, KK, medical resume, support (laboratory results, radiology, nursing records, operation reports), and billing.
- 3) When complete, all outpatient and inpatient files are coded with disease code (ICD 10) and action code (ICD 9) and grouped and sent online via the E-Claim application.
- 4) After the files have been coded, the files are arranged in advance according to the SEP No for outpatient and sorted according to the date of return and class for inpatient.
- 5) The appropriate file will then be given to the scanner section to be scanned.
- 6) If the file that has been scanned and the application matches, the internal verifier sends a TXT to the Claim application to become a news event.

#### *Factors pending outpatient claims at Muhammadiyah Hospital Bandung*

Based on the research results obtained from 3 months of data, the pending outpatient claims are as follows:

Table 1

## Pending outpatient claims

No	Reason	Amount	%
1.	Medical Administration	71	86%
2.	Incorrect diagnosis	8	9%
3.	Medical resume	4	5%
	Total	83	

From the tab, it is seen that the factors causing pending outpatient claims in total are 83 files, namely, in the medical administration there are 71 (86%), incorrect diagnoses are 8 (9%), and the medical resume is 4 (5%).

#### *Efforts in handling pending outpatient claims at Muhammadiyah Hospital Bandung*

Based on the results of the research, it was found that the efforts made by the hospital were related to pending outpatient claims (Valentina, 2018). The hospital always evaluates to reduce the incidence of incomplete claim files, starting with communicating all problems and coordinating each related section, and improving the performance of each section.

#### *Obstacles in handling pending outpatient claims at Muhammadiyah Hospital Bandung*

From the results of the research obtained, Wirajaya (2019), the obstacles when handling pending outpatient claims are obstacles from *humans* such as the absence of a doctor's signature on the medical resume, the accuracy of the officer when entering claims, and also obstacles from *materials* such as the absence of Participant Eligibility Letters (SEP), incomplete diagnosis on file, sometimes illegible diagnosis, and lack of supporting anamnesis.

### 3.2 Discussion

#### *BPJS Health claim procedure for outpatients at Muhammadiyah Hospital Bandung*

Based on the results of research on the pending review of outpatient BPJS claims to support the quality of claims at the Bandung Muhammadiyah Hospital, (EP, 2018). It shows that for the outpatient BPJS claim procedure at the hospital, some of the implementations are appropriate, but there are still some that are not appropriate, namely incomplete files such as incomplete there are SEPs and resumes that have not been filled in. Based on these problems, the quality of claims at this hospital is not fully following the requirements in the Standard Operating Procedures (SOP).

#### *Factors pending outpatient claims at Muhammadiyah Hospital Bandung*

Based on the results of the study, the factors causing pending outpatient claims were caused by three factors. (Dayanti, 2021). The most common factor is the first in medical administration, such as patients who come only for consultations, do not get therapy or treatment, and do not get medication, because one episode cannot be claimed because they have to use an internal referral to the second poly. The administrative verification factor greatly influences the claim process, according to BPJS Health regulation Number 7 of 2018 concerning the management of the Health Facility Claims Administration in the Implementation of Health Insurance (BPJS). related to the administrative verification stage, where the officer examines the suitability of the claim file, namely the Participant Eligibility Letter (SEP) with the participation data entered in the INA CBG's application.

Then the second factor is the incorrect diagnosis such as the placement of the primary and secondary diagnoses, the file is constrained due to the incorrect determination of the diagnostic code, for example, the determination of the wrong 4th digit and the diagnosis that is not completely coded, and the lack of supporting anamnesis (Oktavia & Azmi, 2019). Determining a patient's diagnosis is an obligation, the rights and responsibilities of the doctor (medical staff) concerned must not be changed, therefore the diagnosis in the medical record must be filled out completely and clearly according to the directions in the ICD-10 book.

Several things that can make it difficult for coding officers include incomplete diagnosis writing, illegible writing, and the use of abbreviations or terms that are not standardized or are not understood (Huraerah et al., 2022). To repair this file, a revision of the appropriate diagnostic code is carried out and then includes a diagnosis code for files that have not listed the diagnosis code (Evans, 2008; Chick, 2020; Gylfason, 2001).

Furthermore, the third contributing factor is incomplete medical resumes such as the absence of a doctor or dentist's signature which hinders the outpatient BPJS claim process (Lin et al., 2021). The completeness of the medical resume is something that needs to be considered because the medical resume plays an important role in ensuring the continuity of medical services (Solechan, 2019). The completeness of the medical resume and the accuracy of the claimed diagnosis is still not optimal, there are still incomplete medical resumes and diagnostic codes pending by the BPJS. However, the incomplete resume and inaccurate code can still be repaired, the repairs are carried out jointly by the doctor, coder, and case manager (Herrero et al., 2003; Cheng et al., 2020; Bjelland et al., 2002).

#### *Efforts in handling pending outpatient claims at Muhammadiyah Hospital Bandung*

The hospital always evaluates to reduce the problem of pending claims (Aditya, 2015). Efforts to overcome pending claims due to problems in medical administration can be done by examining the suitability of the claim file, namely the Participant Eligibility Letter (SEP). This greatly affects the claim process.

Efforts to overcome pending claims due to incorrect diagnoses are carried out by approaching the doctor in charge of the patient to write a diagnosis according to the patient's disease with a complete diagnostic code and reviewing each proposed diagnosis, the diagnosis receiving treatment is accompanied by clear support (Wang & Luo, 2005; McMullan, 2006; Haines et al., 2006).

In efforts to overcome pending claims because the medical resume is incomplete, the hospital tries to socialize and remind all departments that are directly related to patient care, to ensure that all supporting results are attached to the patient's medical record, including the doctor's name and signature on the patient's medical record. file to always complete (Astuti et al., 2021). By conducting socialization and regular meetings regarding the writing of medical resumes to DPJP, the writing of medical resumes can be better.

#### *Obstacles in handling pending outpatient claims at Muhammadiyah Hospital Bandung*

Obstacles when handling pending outpatient claims, namely obstacles from *humans* such as the absence of a doctor's signature on the medical resume, and also the accuracy of the officer when entering claims, then obstacles from *materials* such as the absence of a Participant Eligibility Letter (SEP), incomplete diagnosis in the file, a diagnosis that is sometimes illegible, as well as a lack of supporting anamnesis (Pradana et al., 2017). This hinders the officers to do coding. It is necessary to evaluate claims that have not been carried out routinely, namely by conducting regular meetings (Nurdiah & Iman, 2016). Feedback with all outpatient and inpatient units is the best solution to overcoming the problem of non-compliance with DPJP (Doctor in Charge of Patients) in completing medical records

## **4 Conclusion**

*The conclusions of this study are:*

- 1) The outpatient BPJS claim procedure at Muhammadiyah Hospital Bandung has partially been implemented according to the SOP (Standard Operating Procedure), but still found that are not following the SOP (Standard Operating Procedure) such as incomplete SEP (Participant Eligibility Letter) and medical resume.
- 2) The cause of the pending claim for outpatient BPJS health at the Muhammadiyah Bandung hospital is mostly caused by medical administration of as many as 71 outpatient BPJS claim files because it was found that patients who came only for consultations were not given treatment or medication, and patients who came for only one episode could not be claimed by BPJS because there must be an internal referral to the second poly, then the second is caused by inaccurate diagnoses of as many as 8

---

outpatient BPJS claim files such as inaccuracy in determining primary and secondary diagnoses, then the last one is caused by incomplete medical records as many as 4 outpatient BPJS claim files such as the absence doctor's signature.

- 3) Efforts made by the hospital to deal with pending claims always carry out evaluations to reduce the incidence of incomplete claim files, starting with communicating all problems and coordinating each related section, and improving the performance of each section.
- 4) Obstacles in handling the problem of Pending BPJS Outpatient Claims at Muhammadiyah Hospital Bandung, namely the absence of a doctor's signature on the medical resume, inaccuracy of officers when inputting claim data, absence of SEP (Participant Eligibility Letter), lack of complete diagnosis, unreadability of diagnosis and lack of support anamnesis hinder the coding process.

*The suggestions from this research are:*

- 1) Propose to increase human resources, such as by setting Casemix officers to have a minimum education of D3 Medical Record by having an active STR (Registration Certificate) to support the quality of Casemix officers to have better knowledge and competence with the aim of improving the Quality of BPJS Claims in Hospitals Muhammadiyah Bandung.
- 2) Socialization was held regarding the importance of filling in inpatient medical record files, both medical record officers and other health workers have more knowledge and awareness of the importance of filling out medical record files so that there are no more problems related to the incompleteness of medical resumes.
- 3) An evaluation of the performance of officers and the compliance of officers in filling out the requirements sheet submitted by the BPJS vet regularly is carried out, to minimize pending BPJS Outpatient Claims at the Muhammadiyah Hospital in Bandung.
- 4) Socialization was carried out by the BPJS regarding regulatory changes both to the BPJS Administration and to administrative officers at the hospital so that there were no differences and misunderstandings in the implementation of claims.

#### *Acknowledgements*

We express our appreciation and gratitude to the editors and publishers who have written important and valuable notes so that this manuscript is published on time.

## References

- Aditya. (2015). Claims of the Social Security Administration.
- Anyaprita, D., Siregar, K. N., Hartono, B., Fachri, M., & Ariyanti, F. (2020). Dampak Keterlambatan Pembayaran Klaim Bpjs Kesehatan Terhadap Mutu Pelayanan Rumah Sakit Islam Jakarta Sukapura. *Muhammadiyah Public Health Journal*, 1(1).
- Astuti, L. D., Chotimah, I., & Parinduri, S. K. (2021). ANALISIS FAKTOR YANG MEMPENGARUHI PROSES KLAIM BPJS DI RSUD LEUWILIANG BOGOR TAHUN 2018. *PROMOTOR*, 4(3), 235-252.
- B.A Mutual Agreement No.1693. (2021). Guidelines for the Management of INA-CBG Claims Problem Solutions. Jakarta: Ministry of Health of the Republic of Indonesia.
- Bjelland, I., Dahl, A. A., Haug, T. T., & Neckelmann, D. (2002). The validity of the Hospital Anxiety and Depression Scale: an updated literature review. *Journal of psychosomatic research*, 52(2), 69-77. [https://doi.org/10.1016/S0022-3999\(01\)00296-3](https://doi.org/10.1016/S0022-3999(01)00296-3)
- BPJS Health No.7., (2018). Management of Health Facility Claim Administration in the Implementation of Health Insurance. Jakarta: BPJS Health.
- Cheng, Y., Luo, R., Wang, K., Zhang, M., Wang, Z., Dong, L., ... & Xu, G. (2020). Kidney disease is associated with in-hospital death of patients with COVID-19. *Kidney international*, 97(5), 829-838. <https://doi.org/10.1016/j.kint.2020.03.005>
- Chick, R. C., Clifton, G. T., Peace, K. M., Propper, B. W., Hale, D. F., Alseidi, A. A., & Vreeland, T. J. (2020). Using technology to maintain the education of residents during the COVID-19 pandemic. *Journal of surgical education*, 77(4), 729-732. <https://doi.org/10.1016/j.jsurg.2020.03.018>
- Dayanti, N.S. (2021). Pending Analysis Of Claims Related To The Health Security Implementing Agency (BPJS). Depkes RI Number 71., (2013). Health Services in the National Health Insurance. Jakarta: Minister of Health.
- EP, A. A. (2018). Faktor-Faktor Penyebab Klaim Tertunda BPJS Kesehatan RSUD Dr. Kanujoso Djatiwibowo Periode Januari–Maret 2016. *Jurnal Administrasi Rumah Sakit Indonesia*, 4(2).
- Evans, C. (2008). The effectiveness of m-learning in the form of podcast revision lectures in higher education. *Computers & education*, 50(2), 491-498. <https://doi.org/10.1016/j.compedu.2007.09.016>
- Gylfason, T. (2001). Natural resources, education, and economic development. *European economic review*, 45(4-6), 847-859. [https://doi.org/10.1016/S0014-2921\(01\)00127-1](https://doi.org/10.1016/S0014-2921(01)00127-1)
- Haines, A., Kovats, R. S., Campbell-Lendrum, D., & Corvalán, C. (2006). Climate change and human health: impacts, vulnerability and public health. *Public health*, 120(7), 585-596. <https://doi.org/10.1016/j.puhe.2006.01.002>
- Herrero, M. J., Blanch, J., Peri, J. M., De Pablo, J., Pintor, L., & Bulbena, A. (2003). A validation study of the hospital anxiety and depression scale (HADS) in a Spanish population. *General hospital psychiatry*, 25(4), 277-283. [https://doi.org/10.1016/S0163-8343\(03\)00043-4](https://doi.org/10.1016/S0163-8343(03)00043-4)
- Huraerah, A., Yuningsih, Y., Hani, U., Yusuf, H., Sakroni, S., & Fahrudin, A. (2022). Bureaucratic culture of state civil servants in the implementation of national health insurance policy for the poor people in Indonesia. *International Journal of Health Sciences*, 6(2), 545-554. <https://doi.org/10.53730/ijhs.v6n2.6726>
- Ilyas, Y. (2011). Getting to Know Health Insurance Review of Claims & Fraud Management Utilization Second Edition. Faculty of Public Health, University of Indonesia.
- KEPMENKES No. 312., (2020). Medical Recorder Professional Standards and Health Information. Jakarta: Minister of Health of the Republic of Indonesia.
- Law No.11. (2011). National System of Science and Technology. Jakarta: President of the Republic of Indonesia.
- Law No.20., (2003). Education. Jakarta: President of the Republic of Indonesia.
- Law No.24 Article 11., (2011). Authority of the National Health Insurance Service Agency. Jakarta: President of the Republic of Indonesia.
- Lin, L., Choi, Y., Chen, T., Kim, H., Lee, K. S., Kang, J., ... & Piao, Y. (2021). Superhydrophobic and wearable TPU based nanofiber strain sensor with outstanding sensitivity for high-quality body motion monitoring. *Chemical Engineering Journal*, 419, 129513. <https://doi.org/10.1016/j.cej.2021.129513>
- McMullan, M. (2006). Patients using the Internet to obtain health information: how this affects the patient–health professional relationship. *Patient education and counseling*, 63(1-2), 24-28. <https://doi.org/10.1016/j.pec.2005.10.006>



- Moleong, L. J. (2017). *Metode Penelitian Kualitatif*, cetakan ke-36, Bandung: PT. *Remaja Rosdakarya Offset*.
- Muroli, C. J., Rahardjo, T. B. W., & Kodyat, A. G. (2020). Faktor-Faktor Yang Mempengaruhi Terjadinya Pending Klaim Rawat Inap Oleh BPJS Di RSAB Harapan Kita Jakarta Barat Tahun 2019. *Jurnal Manajemen dan Administrasi Rumah Sakit Indonesia (MARSJI)*, 4(2), 191-197.
- Nurdiah, R. S., & Iman, A. T. (2016). Analisis Penyebab Unclaimed Berkas BPJS Rawat Inap di RSUD Dr. Soekardjo Tasikmalaya. *Jurnal Manajemen Informasi Kesehatan Indonesia (JMIKI)*, 4(2).
- Oktavia, N., & Azmi, I. N. (2019). Gambaran Faktor Yang Berpengaruh Terhadap Ketepatan Kode Diagnosa Dokumen Rekam Medik Pasien Skizofrenia Di RSKJ Soeprpto Bengkulu. *Jurnal Ilmiah Pharmacy*, 6(1), 1-11.
- Permenkes, No. 55., (2013). *Implementation of Medical Record Workers*. Jakarta: Minister of Health of the Republic of Indonesia.
- Permenkes, No.3., (2020). *Hospital Classification and Licensing Need to be Adjusted to Developments and Legal Needs*. Jakarta: Minister of Health.
- Permenpan No.30., (2013). *Functional Position Medical Recorder*. Jakarta: Minister of State Apparatus Empowerment of the Republic of Indonesia.
- PMK 26., (2021). *Guidelines for Indonesia Case Base Groups (INA-CBGs) in the Implementation of Health Insurance*. Jakarta: Minister of Health.
- Pradani, E. A., Lelonowati, D., & Sujianto, S. (2017). Keterlambatan Pengumpulan Berkas Verifikasi Klaim BPJS Di RS X: Apa Akar Masalah Dan Solusinya?. *Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit*, 6(2), 112-121.
- Sanjaya, A. (2011). *Learning Models*. Jakarta: Earth Literacy.
- Solechan, S. (2019). Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Sebagai Pelayanan Publik. *Administrative Law and Governance Journal*, 2(4), 686-696.
- Sugiyono. (2019). *Statistics For Research*. Bandung: CV Alfabeta.
- Suryasa, I. W., Rodríguez-Gámez, M., & Koldoris, T. (2022). Post-pandemic health and its sustainability: Educational situation. *International Journal of Health Sciences*, 6(1), i-v. <https://doi.org/10.53730/ijhs.v6n1.5949>
- Valentina, V., H. (2018). Analysis of the Causes of Unclaimed BPJS Files for Inpatients at Imelda Indonesian Workers General Hospital (Ipi Hospital) Medan. *Imelda Scientific Journal of Health Information and Recorders*, 480-485.
- Wang, F., & Luo, W. (2005). Assessing spatial and nonspatial factors for healthcare access: towards an integrated approach to defining health professional shortage areas. *Health & place*, 11(2), 131-146. <https://doi.org/10.1016/j.healthplace.2004.02.003>
- Wirajaya, M., K. (2019). Factors Affecting Incomplete Medical Records of Patients in Hospitals in Indonesia. *Indonesian Journal of Health Information Management Vol 7, No 2*.

### Biography of Author



Dola Ramalinda  
Deputy Finance Director, Lecturer of Information Technologi & Entrepreneurship  
at Politeknik Kesehatan YBA Bandung, Indonesia.  
Email: [dolaramalinda@poltekkesyba.ac.id](mailto:dolaramalinda@poltekkesyba.ac.id)