

ECONOMIC EFFICIENCY STRATEGIES IN REDUCING PENDING JKN HEALTH INSURANCE CLAIMS DURING THE FIRST SIX MONTHS OF 2025

Melyanti Nur Fauziah¹, Putri Giani Purnamasari², Rian Andriani³

^{1,2,3}*Master Program in Management, ARS University*

E-mail: mlvfauziah@gmail.com; putrigiani29@gmail.com; rian_andriani@ars.ac.id

ABSTRACT

The pending status of JKN (National Health Insurance) claims has become a crucial issue as it can affect cash flow, service effectiveness, and the financial stability of healthcare facilities. This study aims to analyze economic efficiency strategies in reducing the number of pending JKN insurance claims during the first six months of 2025. The research employs a descriptive quantitative method using secondary data obtained from JKN claim reports for the period of January to June 2025 at Hospital X in the Greater Bandung area. The findings provide an overview of the pending claim values during the first six months of 2025. The results indicate that increased efficiency through administrative process optimization, the implementation of a digital claim system, and timely claim submissions significantly contributed to reducing the number of pending claims. During this six-month period, pending claim submissions at Hospital X in the Greater Bandung area decreased by 7.88% from a total of 126,471 cases. These results demonstrate that effective claim reduction strategies can help hospitals remain competitive in the JKN era without compromising service quality. This study is expected to contribute to the formulation of economic efficiency policies to improve JKN claim management in the future while maintaining patient satisfaction as a top priority.

Key words: JKN; Hospital Strategy; Efficiency; Pending Claims.

INTRODUCTION

The National Health Insurance Program (JKN) is a health insurance program in Indonesia managed by BPJS Kesehatan and implemented by the Government on January 1, 2014. This program aims to provide access to quality health services for all people. The implementation of this program brings major changes and new challenges to hospital business processes, such as the demand to maintain service quality while increasing cost efficiency. Strategic management is the right step in maintaining hospital competitiveness in the JKN era. This policy includes not only long-term planning, but also innovation in services, human resource management, and adaptation to developments in health regulations and technology. This is supported by a study conducted by Gultom et al. (2023) which stated that hospitals that implement appropriate strategic management are able to achieve operational efficiency and improve service quality. Highcost demands, limited revenue from the claims system, and increasing patient expectations for service quality require hospitals to be smart in managing revenue in the JKN era.

One of the most crucial steps in the National Health Insurance (JKN) program is the claims verification stage, which aims to ensure that the treatment costs submitted by health facilities comply with applicable regulations. (Susanto et al., 2024). The hospital payment system has changed from a fee-for-service system to a prospective payment system with INA-CBGs rates. This claims-based payment model requires hospitals to operate with high efficiency. The amount of claims received from BPJS Kesehatan is determined in Minister of Health Regulation No. 3 of 2023, as an effort to control hospital quality and costs. To survive and thrive in the JKN era, a high-quality and efficient strategy is needed.

To ensure smooth hospital claims administration, an efficient, appropriate system is required, and in accordance with operational procedures in the process of verifying inpatient and outpatient claim files. Claims submitted by Hospital X in the Greater Bandung area are carried out at the beginning of each month, which receive claim verification results in the form of eligible for payment, pending, suspended/disputed, and even some claims that are not eligible for payment. These claim verification results are influenced by several factors that are the focus of hospital management. Some examples of causes for this claim verification result to be pending include repeat visits or non-compliance with applicable policies.

Research by Zaharany et al. (2021) shows that hospitals without sound financial management strategies are at risk of experiencing a decline in service quality. This study aims to analyze economic efficiency strategies to reduce

the number of pending claims for the National Health Insurance (JKN) during the first six months of 2025. Based on the results of a study by Harto et al. (2023), appropriate strategic policies can help hospitals not only survive in a competitive environment but also improve their market position through service innovation and operational efficiency.

Previous studies have highlighted the importance of economic efficiency and strategic management in the JKN system. Gultom et al. (2023) asserted that appropriate management strategies can help hospitals adapt to the INA-CBGs tariff policy without sacrificing service quality. Meanwhile, Susanto et al. (2024) found that the efficiency of the claims verification process is significantly influenced by information technology systems and compliance with administrative standard operating procedures. Zaharany et al. (2021) argued that weaknesses in hospital financial management systems lead to payment delays and an increase in pending claims. Similarly, Harto et al. (2023) demonstrated that hospitals that integrate technological innovation and staff training into efficiency policies can increase claim settlement rates by more than 30%.

Although many studies have discussed hospital efficiency in the JKN era, most have focused on general management and macro-financial policy aspects. There are not many studies that specifically examine how quantitative economic efficiency strategies influence the reduction of JKN pending claims over a certain period, especially with empirical data for the 2025 period. From the literature review above, research gaps can be identified in the following areas: Lack of quantitative studies that measure the direct impact of economic efficiency strategies on the number of JKN pending claims, the absence of the latest data-based analysis (2025) that assesses the effectiveness of efficiency policy implementation in various BPJS Kesehatan work areas.

Literature Review

Economic Efficiency Theory

The concept of economic efficiency was first introduced by Farrell (1957), who distinguished three main components: technical efficiency, allocative efficiency, and economic efficiency. Economic efficiency is achieved when an organization is able to produce maximum output with minimal input through the proper allocation of resources. In the context of healthcare, this theory is used to assess the performance of insurance companies or hospitals in managing claims efficiently in a cost- and time-efficient manner (Zere et al., 2011).

Health Insurance Claims Management

Claims management is a crucial component of the health insurance system, ensuring payment accuracy and smooth cash flow. According to Dixon et al. (2016), an efficient claims process depends on clear operational standards, electronic verification systems, and data transparency between service providers and insurers. Pending claims often arise from incomplete documentation, manual verification, and differing interpretations of medical rates (BPJS Kesehatan, 2023).

Pending Claims in the JKN Context

In Indonesia's National Health Insurance (JKN) system, delayed claims are a performance indicator frequently used to assess administrative effectiveness (Ministry of Health, 2022). A study by Sari and Hartono (2021) showed that delayed claims are caused by a lack of data integration between hospitals and BPJS Kesehatan, as well as a high administrative burden on verification officers. Strategies such as digitizing claim documents and training officers have been shown to reduce the rate of delayed claims by up to 20% in some regions.

Efficiency Strategies in Health Service Systems

According to Porter and Teisberg (2006), efficiency in healthcare services can be achieved through process redesign, system automation, and strengthening human resource competencies. Research by Taneja et al. (2019) emphasized that the implementation of an electronic claims system (e-claims system) significantly reduced claims processing time and administrative errors. Furthermore, the World Health Organization (2020) highlighted the importance of data-driven monitoring in ensuring economic efficiency in the public healthcare sector.

Empirical Studies Related to BPJS Kesehatan

Several local studies have shown a positive correlation between efficiency strategies and a reduction in delayed claims. Hidayat et al. (2020) found that implementing an Integrated Claim Verification System (ICVS) at referral hospitals increased claim settlement by 25%. Meanwhile, Putri and Sulastri (2022) reported that regular training for BPJS Kesehatan administrative staff reduced verification error rates by 15%. Both findings demonstrate that economic efficiency can be achieved through a combination of system innovation and increased human resource capacity.

Research Gap and Relevance

Most previous studies have focused on technical and managerial efficiency in the claims process, but few have quantitatively assessed economic efficiency by integrating three aspects cost, processing time, and delayed claims rate over a specific period. This study contributes by describing BPJS Kesehatan's economic efficiency strategy for the first six months of 2025 through a quantitative descriptive approach, thus providing an empirical basis for improving future claims management policies.

METHOD

Research Approach

This research uses quantitative descriptive research with the aim of numerically describing and analyzing the effectiveness of economic efficiency strategies in reducing the number of pending JKN claims in the period January–June 2025. The quantitative approach was chosen because it focuses on measuring, comparing, and statistically presenting efficiency indicators. "Quantitative descriptive research seeks to describe trends, attitudes, or opinions of a population by studying a sample of that population." (Creswell, 2014:155). Creswell explains that quantitative descriptive theory is used to identify patterns or trends through the collection of numerical data from a sample, which are then generalized to a specific population. The research was conducted at Hospital X in Bandung. Data analysis was conducted on JKN claims for the period January–June 2025, while primary data collection was used. The study population included all JKN claim records for the period January–June 2025, as well as claims administration staff, verification officers, and managers at BPJS offices and hospitals involved in the claims process. If all claims data was accessible, the study used a census method; However, if this was not possible, stratified random sampling was used based on facility type (community health centers, public hospitals, and private hospitals). The sample size was determined using the Cochran formula and adjusted proportionally across facilities, with an estimated minimum of 150–200 respondents.

Variables and Operationalization

The main variables include:

1. Number of Pending Claims – the number of claims outstanding at the end of the month.
2. Claim Processing Time – the average number of days from claim receipt to settlement.
3. Processing Cost per Claim – the total operational cost per claim processed.
4. Pending Reduction Rate (%) – calculated using the formula $((\text{Initial Pending} - \text{Final Pending}) / \text{Initial Pending}) \times 100\%$.

RESULTS AND DISCUSSION

Tabel 1. Report Six Months of BPJS Kesehatan

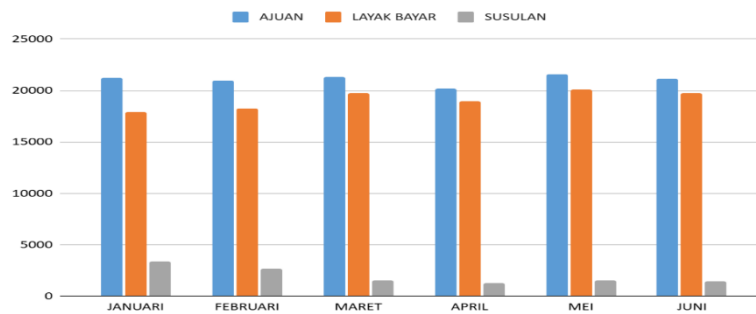
Month	Financial request		Eligible			Pending		
	CASE	COST	CASE	COST	%	CASE	COST	%
JANUARY	21225	Rp 39.430.357.717	17868	Rp 30.491.314.017	77%	3354	Rp 8.923.259.800	23%
FEBRUARY	20962	Rp 37.654.302.129	18255	Rp 30.360.142.029	81%	2701	Rp 7.292.047.000	19%

MARCH	21305	Rp 42.081.201.489	19780	Rp 33.471.625.189	80%	1521	Rp 8.591.207.800	20%
APRIL	20212	Rp 35.172.881.339	18912	Rp 29.490.993.639	84%	1285	Rp 5.673.610.400	16%
MAY	21616	Rp 42.193.665.316	20103	Rp 32.943.888.416	78%	1495	Rp 9.229.936.700	22%
JUNE	21151	Rp 39.812.774.430	19.698	Rp32.173.647.830	81%	1.443	Rp7.621.294.900	19%

(Source: BPJS Kesehatan)

Based on the table above, the results of the research study explain that in the first 6 months of 2025 there were 126,471 cases with the value of verified claims reaching an average of 80% and pending claims experiencing a 20% decrease. The value of claim submissions in January was 21,225 cases with 3,354 pending claim verification results. In February, there were 20,962 total cases submitted to BPJS Kesehatan, with pending claim verification results decreasing to 2,701 cases. In March, the total number of claim submissions to BPJS Kesehatan reached 21,305 cases with 1,521 pending claim verification results out of the total cases. In April 2025, the value of pending claim submissions decreased to 1,285 out of a total of 2,0212 claim submissions to BPJS Kesehatan. Claim submissions in May amounted to 21,616 cases to BPJS Kesehatan with a pending claim value of 1,495. In June 2025, the pending claim value was 1,443 out of a total of 21,151 claims submitted to BPJS Kesehatan.

Figure 1. Diagram Report Six Months of BPJS Kesehatan



This illustration explains with color explanations in the menu bar, blue for financial requests, orange for payable and gray for follow-ups, explaining that there is a strategy implemented by the management of Hospital X in Greater Bandung to emphasize the value of pending claims such as monitoring claim files on the 3rd, 5th, and 7th day of inpatient care, coordinating with the medical records and billing unit for completeness of files, and routine monthly pending coordination with BPJS Kesehatan to align perceptions of the causes of pending claims, and then conducting periodic socialization to all DPJPs regarding the applicable provisions of BPJS Kesehatan. In the context of cost efficiency, Ulandari et al (2022) show how Hospital X in Greater Bandung successfully implemented JKN with a Balanced Scorecard approach, which includes financial, customer, internal business process, and learning and growth aspects. This strategy allows the hospital to remain competitive, maintain service quality, and achieve a financial surplus. The theory of efficiency in the health care system, including in the context of the National Health Insurance (JKN) in Indonesia, refers to how resources (medical personnel, facilities, funds, and technology) are used to produce optimal health outputs (such as improving health levels, patient satisfaction, and reducing morbidity/mortality) at minimal cost. Strategies to Increase JKN Efficiency can be implemented by Strengthening the referral system so that primary services function optimally and reduce the burden on hospitals, Digitalizing services (integration of medical records, e-claims, etc.), Health promotion and disease prevention to reduce long-term cost burdens, and Auditing and strict monitoring of claims.

CONCLUSION

This study reveals that management policies implementing efficiency strategies have a significant impact on hospital competitiveness in the National Health Insurance (JKN) era. The efficiency strategy implemented by Hospital X in Greater Bandung to reduce pending BPJS Kesehatan claims verification results can be measured by timely claim resolution according to the established timeline, BPJS Kesehatan claims payments in the same month, and a decrease in the percentage of pending claims to total claims each month in the first six months of 2025.

REFERENCES

- Arikunto, S. (2013). *Prosedur Penelitian: Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.
- BPJS Kesehatan. (2023). *Laporan Kinerja BPJS Kesehatan 2023*. Jakarta: BPJS Kesehatan.
- Creswell, J. W. (2014). *Research Design: Quantitative, Qualitative, and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: SAGE Publications.
- Dixon, J., Ellis, P., & Hudson, R. (2016). Health insurance claim processing efficiency: An evaluation of administrative reforms. *Health Policy Journal*, 12(3), 45–59.
- Farrell, M. J. (1957). The measurement of productive efficiency. *Journal of the Royal Statistical Society: Series A (General)*, 120(3), 253–290. <https://doi.org/10.2307/2343100>
- Gultom, H., Rahmawati, A., & Siregar, F. (2023). Strategic management implementation in improving hospital service efficiency in the JKN era. *Indonesian Journal of Health Policy*, 15(1), 55–68.
- Harto, D., Prasetyo, B., & Yuliani, T. (2023). Strategic hospital policy and competitive advantage in the BPJS era. *Journal of Public Health Management*, 9(2), 102–118.
- Hidayat, R., Lestari, E., & Prabowo, D. (2020). Implementation of integrated claim verification in BPJS hospitals. *Journal of Health Management*, 8(2), 110–118.
- Kementerian Kesehatan Republik Indonesia. (2022). *Laporan Evaluasi Sistem Jaminan Kesehatan Nasional*. Jakarta: Kemenkes RI.
- Porter, M. E., & Teisberg, E. O. (2006). *Redefining Health Care: Creating Value-Based Competition on Results*. Boston, MA: Harvard Business School Press.
- Putri, L., & Sulastri, D. (2022). Human resource training and claim verification errors in BPJS Health. *Indonesian Journal of Public Policy*, 5(1), 67–78.
- Sari, N., & Hartono, B. (2021). Factors affecting pending claims in BPJS Health facilities. *Health Administration Review*, 7(4), 90–102.
- Sugiyono. (2017). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta.
- Susanto, E., Wulandari, S., & Kurniawan, A. (2024). Verification system analysis in hospital claim processing under JKN program. *Journal of Indonesian Health Economics*, 6(1), 33–45.
- Taneja, P., Singh, R., & Bhardwaj, A. (2019). Efficiency improvement through e-claims system in healthcare insurance sector. *International Journal of Health Policy Research*, 11(2), 78–88.
- World Health Organization. (2020). *Efficiency and Performance in Health Systems*. Geneva: WHO Press.
- Zaharany, D., Munandar, R., & Fitriani, S. (2021). Financial management strategy and hospital service performance under BPJS Health. *Journal of Hospital Administration Studies*, 5(3), 143–157.
- Zere, E., Tumusiime, P., Walker, O., Kirigia, J., Mwikisa, C., & Mbeeli, T. (2011). Measuring efficiency in health systems in Africa. *Health Economics Review*, 1(3), 1–9. <https://doi.org/10.1186/2191-1991-1-35>