



ANALYSIS OF CASEMIX TEAM PERFORMANCE IN THE SUCCESSFUL VERIFICATION OF NATIONAL HEALTH INSURANCE CLAIMS AT HOSPITAL X

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ABSTRACT

The Casemix team is a vital component of the hospital healthcare system, focused on providing patient care. The Casemix team comprises coding, posting, clinical pathway, and information technology components. Hospital management considers the performance of the Casemix Team to be suboptimal. Objective: This study aimed to ascertain the factors contributing to the suboptimal performance of the Casemix team. Method: The research method employed in this study was qualitative research, specifically utilising a case study approach. The data were gathered by observing the claims management conducted by the Casemix Team and conducting in-depth interviews with key individuals, including the Casemix Team, the President Director, the Finance Manager, and the BPJS (Social Security Agency on Health) verifier. The data collection in this study followed a cross-sectional design. The data was collected through observation of claim management by the Casemix Team and in-depth interviews with the informants. The data processing and analysis used the content analysis method, which involves data collection, data reduction, data presentation, and drawing conclusions from the results. Results: The suboptimal performance of the Casemix Team can be attributed to several factors. Firstly, the team's knowledge regarding posting and the clinical pathway was inadequate. Secondly, the completeness of the claim- supporting files was lacking. Thirdly, there was a lack of special compensation. Fourthly, the supervision provided by the leadership was not optimal. Lastly, the team faced constraints due to internet connection issues. Conclusion: Casemix Team Performance Indicators are seen in terms of quality, quantity, timeliness, effectiveness, and independence.

Keywords: casemix; indicator; performance

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INTRODUCTION

Health financing is crucial for implementing the JKN (National Health Insurance). The INA-CBGs (Indonesia Case Based Groups) system is crucial in submitting and paying hospital claims, working in conjunction with the BPJS (Dewan Jaminan Sosial Nasional, 2014). The INA-CBGs system comprises multiple interconnected components. Clinical pathways, coding, and information technology are interconnected with service delivery. Simultaneously, a posting component indirectly impacts preparing INA-CBGs by treating each case group individually. (Hendra et al., 2021) Minister of Health Regulations Number 27 of 2014 states that INA-CBG's coding system uses ICD-10 for primary and secondary diagnoses and ICD-9-CM for procedure codes. Coding is responsible for determining the amount of money paid to the hospital. Once the INA- CBG coding is completed, the BPJS claim procedure is initiated. Hospital claims refer to invoices for medical services rendered to patients covered by insurance, specifically BPJS Kesehatan. In order to ensure the proper utilisation of funds for the Health Insurance programme, it is imperative to authenticate claims. The purpose of

verifying claims is to ensure that the costs of the Health Insurance programme are utilised accurately, promptly, and effectively. If claims do not align with the verification process results, there will be a postponement in the payment of those claims (Djatiwibowo et al., 2018). Listiyawati (2022) stated that the prompt resolution of claims is closely related to the efficiency of the application utilised, such as the INA-CBGs grouper. System limitations from

application updates and difficulties integrating SIMRS (Hospital Management Information System) with the BPJS server can impede officers' claim process efficiency (TKMKB, 2020). Opitasari and Nurhayati (2019) state that submitting JKN claims should follow the appropriate rules and laws regularly and punctually. If claims are not submitted promptly, BPJS Health may delay processing claim payments. This can cause disruptions to hospital cash flow, mainly if most patients participate in the National Health Insurance (JKN) programme. Disruption of operational cash flow is anticipated to harm the quality of health services rendered, compromising patient trust and loyalty towards the institution (Opitasari & Nurhayati, 2019). Hospital of X has an internal policy requiring the Casemix Team to submit and receive real-time claims before the 5th of the following month. This policy ensures that the hospital can promptly receive payments from BPJS Health during the same month. Analysis of the claim submission data from 2020 to 2022 revealed that the Casemix Team's claim submission process was not real-time. This means they could not submit claims before the 5th day of the subsequent service month.

Dated 10th November 2021, BPJS Kesehatan implemented a policy to offer health service advances to Advanced Referral Healthcare Facilities (ARHF). Hospitals, namely FKRTL, are permitted to submit an advance request before releasing the verification results, provided the completeness of the files has been officially documented. In this instance, the Casemix Team must expedite the submission of claims. The primary measure of the Casemix Team's regular tasks is the coding and entry of data on JKN patients treated within the past 24 hours into the e-klaim application, achieving a 100% completion rate. Nevertheless, despite the observations, the Casemix Team room continues to receive incomplete patient files, preventing them from reaching the target indicator for routine work. According to the data from the Casemix Team, it was found that in 2022, the Casemix Team serviced an average of 20 outpatients and one inpatient who did not have their claims submitted.

Furthermore, pending claims are sent back to the hospital to finalise paperwork, verify, and negotiate, in addition to the challenges faced in expediting claim filing. Claims awaiting resolution are discovered monthly for both outpatient and inpatient claims. The Casemix Team is responsible for confirming these outstanding claims. The delay in hospital income from JKN service claims, the delayed submission of claims, and pending claims cause submission fees. Robbins defines performance indicators as instruments used to gauge employee performance attainment. 1) Work Quality is employee perceptions of the quality of work conducted and the level of excellence in completing tasks relative to the talents and capabilities of employees (Robbins & Judge, 2003). According to Ivancevich's (2007) view, employee performance is determined by both job ability and work motivation. Workability refers to the equilibrium between the factors of human resources and work conditions (Tewal, 2017). 2) Quantity is the production amount is measured by the number of units or completed activity cycles (Robbins, 2015). Timeliness is refers to the prompt completion of tasks within the specified timeframe, considering the coordination of efforts and achieving desired outcomes while optimising the available time for other activities. The determinants of employee discipline include remuneration, managerial guidance, and regulations (Sampeliling, 2015). 4) Effectiveness refers to the extent to which an organisation optimises

the use of its resources (such as employees, money, technology, and raw materials) to enhance the output of each resource unit (Robbins & Judge, 2017). Independence refers to the degree to which an individual can perform their job duties without relying on support from others. Employee autonomy is necessary to establish a solid dedication to the organisation; however, employee accountability is crucial to the functioning of the office (Aeni et al., 2023)

METHOD

This study employed a qualitative research approach, explicitly utilising a case study methodology. The data were gathered by watching the management of claims by the Casemix Team and conducting in-depth interviews with key individuals, including the Casemix Team Head, coder, Casemix administrative officer, President Director, Finance Manager, and BPJS validator. The data collection in this study was conducted using a cross-sectional approach, specifically through the observation of claim management by the Casemix Team. This observation was conducted at a given time, with the condition that each participant was observed either once or with several variables simultaneously. The data gathered in this investigation comprise both primary and secondary sources. Primary data refers to information collected directly from study subjects and is a research data source. The collection of primary data was achieved through direct observation and in-depth interviews. Observations were conducted in the Casemix Team room at Hospital of X. Extensive interviews were conducted with research participants, including primary and supplementary cross-validation sources. Secondary data refers to additional information relevant to the investigated variables. The secondary data in this study pertains to the outcomes of claim verification.

The research employed an observational approach, with the researcher serving as the primary instrument for data collection, aided with interview guidelines as additional research tools. The data validity of this research is derived from the triangulation approach. The triangulation method ensures data validity by cross-referencing it with external information for verification or comparison. Triangulation considers the sources, methodologies, time, and atmosphere to assess the quality of information retrieval. Reliability refers to the consistency and dependability of the study data. The reliability of this research is derived from the process of auditing data. Auditing data aims to verify the process of reaching conclusions, which involves identifying the research topic, determining the research subject, collecting data, validating the data, and drawing conclusions. The content analysis method was employed for data processing and analysis. Substance analysis is a study method that thoroughly examines the substance of the written information. It encompasses several stages, including data gathering, data reduction, data presentation, and conclusion or verification. Ethics clearance published by Health Research Ethics Committee Faculty Of Public Health Diponegoro University. Description of ethical approval number is 487/EA/KEPK-FKM/2023. This declaration of ethics applies during September, 28th 2023 until September, 28th 2024.

RESULTS

Casemix Team Quality

Tabel 1.
Conclusion of indepth interview about quality indicator

Question	MI Conclusion	TI Conclusion
What are the Casemix Team's knowledge and skills in coding?	Four informants mentioned that they could code diagnoses and procedures according to coding rules. Two informants mentioned that they did not understand the diagnosis and procedure codes and the correct coding rules.	The Casemix team can code JKN patient diagnoses and procedures according to coding rules.
Has the Casemix Team received training on coding before?	Six informants mentioned that coding training had been provided, but only the team leader and one outpatient coder had received it.	They have received coding training, but not all coders have. It is hoped that the Casemix team will transfer knowledge related to coding.
What is the Casemix Team's knowledge of costing?	Three informants mentioned that knowledge of case mix costing needs improvement. It is essential to consider the cost of patient care so that cost control can be implemented. Three informants mentioned that they did not understand the relationship between costing and the work process in Casemix.	The Casemix team does not understand the costs of managing JKN patient claims more.
Has the Casemix Team received training on costing beforehand?	Six informants mentioned that they had never received cost training.	The Casemix team has not received costing training.
What is the Casemix Team's knowledge of clinical pathways?	Two informants mentioned that their knowledge of clinical pathways was sufficient, and four informants mentioned that their knowledge of clinical pathways was lacking.	The Casemix Team's knowledge of clinical pathways is not in-depth; it only knows the concept. The Casemix Team has never been involved in preparing clinical pathways.
What is the role of clinical pathways in successful claim verification?	Two informants explained that the clinical pathway is an instrument for quality and cost control and strengthens confirmation to BPJS if there are delayed or rejected claims. Four informants mentioned that they did not know the importance of the clinical pathway in the JKN claim submission process.	This is very instrumental. If it has been determined in the CP, the claim can be approved, and cost control can be implemented.
How does the Casemix Team cooperate in the coding process?	Six informants mentioned that the Casemix team was able to work together in the coding process and help each other complete tasks.	The Casemix team can work together to complete the claim submission process.
What are the primary duties and functions of the Casemix Team at Hospital of X?	Six informants explained the main tasks and functions of the Casemix Team in the hospital, which submits claims for JKN patients served and optimised the cost of submitting claims.	The Casemix team submits claims for patient services for BPJS Health participants.
What files are required by the Casemix Team for claim submission?	Six informants mentioned that the files needed to submit claims are SEP, administrative billing, medical resumes, supporting examinations, and other evidence of services that support claim requirements.	Evidence of participant eligibility, evidence of services performed, prescriptions, medical summaries, and billing.
How can the Casemix Team	Six informants mentioned that	Files are obtained from other

Question	MI Conclusion	TI Conclusion
receive the files? Are there any obstacles related to the process?	evidence was obtained from other units in the service area, and there were still problems with the lack of files when entering the case mix.	units, but there are still obstacles.
What stages of the file management process has the Casemix Team received until it is ready to be submitted to BPJS Health?	Four informants mentioned that outpatient and inpatient files are processed using different procedures. Outpatient coders code diagnoses and procedures in SIMRS based on medical resumes. SIMRS is already connected to the claim. Inpatient coders input data and code in e-klaim. After the coding process, uploading proof of service and coding results to web view (outpatient claims) and scan (inpatient claims) is completed. Subsequently, enter the process of purification and verification of claims. Two informants stated the incoming files were coded by coders, scanned and uploaded for review.	Supporting files go to Casemix, are coded and are inputted into the e-klaim.

The Casemix team lacks a comprehensive comprehension of posting. Several participants suggested further investigation and analysis should be conducted on the posting element, as it is closely tied to cost management in JKN patient services. The collaboration between the Casemix Team and the hospital's financial management is suboptimal. The Casemix team lacks training in posting JKN patient services. The Casemix team lacks a comprehensive comprehension of the clinical pathway. Two informants can elucidate the significance of the clinical pathway in submitting service claims, particularly regarding cost management.

Quantity

Tabel 2.
Conclusion of indepth interview about quantity indicator

Question	MI Conclusion	TI Conclusion
What is the average number of claim files coded and inputted in 1 day?	Six informants mentioned 100-150 files per day for outpatients and 30-35 files per day for inpatients.	The number of outpatient claim files is around 100 per day, and the number of inpatient claim files is around 30 per day.
Can the daily e-klaim application coding and input process be completed?	Six informants mentioned that they could complete the coding process and daily e-klaim input.	Coding and daily e-klaim input can be completed.
What are the obstacles to the e-klaim application coding and input process?	Six informants mentioned that the files submitted to Casemix were incomplete, creating a backlog of work for the following day.	There are obstacles related to the filing of supporting evidence for claims.
How many claims have the potential to accumulate at the end of the month?	Six informants mentioned that Casemix received 6-10 outpatient files late every day and 1-3 inpatient files late every day.	There are always delays in receiving supporting files for claims that enter cases.

Question	MI Conclusion	TI Conclusion
What are the obstacles to delays in completing claim files for Casemix?	Two informants mentioned the obstacle to the delay of supporting files for claims from the outpatient area because there is no consistent checklist of file completeness. Two informants mentioned that the obstacle could be because DPJP (Doctor in Charge of Services) has not completed medical resumes in real-time, particularly for inpatient medical records. Two informants stated they did not know the factors causing delays in the completeness of claim files entering the case	The possible cause of delays in the arrival of files to Casemix is incomplete medical records waiting to be completed by the DPJP. Several times, there have been reports related to medical records that did not go directly to Casemix, particularly medical records of inpatients.
What is the availability of human resources to manage the completeness of claim files before entering Casemix?	Six informants mention that medical record officers would bundle the completeness of outpatient claims, namely medical resumes. For the completeness of inpatient claims, the medical record officer will take the file and deliver it to Casemix after the patient is discharged from inpatient care.	HR for claim file management should work together. DPJP and PPA are responsible for completing medical resumes and other completeness files completely and in real-time. Medical record officers responsible for medical record distribution can also be conducted in real-time.
What is the role of hospital leaders regarding delays in claim files to Casemix?	Six informants mentioned that there had been follow-up on this matter, namely meetings and coordination with related service units. However, there was no standard procedure or evaluation, so the potential for delays and lost files still exists.	Delays and shortages of files have been occurring for a long time, so it is necessary to establish clear commitments and SOPs.
What is the Perception of employees in the service area regarding the importance of smoothness and completeness of claim-supporting files?	Four informants stated that employees in the service area knew the importance of smooth and complete claim files. Two informants did not know the exact perception of service area employees regarding the importance of accelerating the receipt of claim support files.	Service area employees are aware of the importance of smooth and complete files,
What is the attitude of service area employees when the Casemix Team confirms that claim supporting files are lacking or delayed?	Six informants mentioned the attitude of service area employees willing to complete the Casemix Team's requests.	Employees are willing to complete tasks that are their responsibility.
What is the average number of claim files submitted to BPJS in 1 month?	Six informants mentioned that the submitted road claim files ranged from 6000 to 6500 files; for inpatient claim files, 700 to 850 files in 1 month of service.	The average submission of outpatient files is 6000 and inpatient 750-850 files.
Can all patients who are served with JKN financing have their claims submitted? If not, why is this the case?	Six informants mentioned that files could not be submitted.	All JKN patient claims can be submitted.

Through comprehensive interviews, it was discovered that the Casemix Team could accomplish their daily job. Nevertheless, there are hurdles in the filing process, such as the files received by the Casemix Team not being complete by the number of patients serviced on the previous day. Consequently, there will be an accumulation of tasks towards the end of the month as the

deadline for submitting claims approaches. Failure to execute Casemix Teamwork in real-time will delay claim submission.

Timeliness

Tabel 3.
Conclusion of indepth interview about timeliness indicator

Question	MI Conclusion	TI Conclusion
What are the regulations regarding the timeliness of claim submission to BPJS?	Six informants mentioned that the maximum hospital policy is to submit claims on the 5 th .	Complete claim submission by the 5 th .
Is there a target time for submitting claims? Can it be fulfilled?	Six informants mentioned that there is a target for submitting claims, but it has not been met.	There is a target, but it has not been met.
What is the role of the Casemix Team leader in promptly submitting claims to BPJS?	Five informants mentioned that the Casemix team supervisor was not directly involved and did not evaluate the results of claim verification. One informant mentioned that the Casemix supervisor evaluated the reporting of verification results, although there was no follow-up.	Casemix team leaders have not been optimal in submitting and evaluating team performance.
How is the supervision of unit leaders related to the timeliness of submitting claims to BPJS?	Six informants mentioned that there is leadership supervision regarding submission time.	Leadership supervision is not optimal. Usually, the leader knows the date of sending the claim when the Casemix Team asks for a signature on the claim file's completeness.
What motivates the unit leader to submit claims to the BPJS promptly?	Six informants mentioned that there is no leadership supervision regarding submission time.	Leadership motivation is not optimal.
How is the compensation given to the Casemix Team to support the timeliness of submitting claims to the BPJS?	Six informants mentioned no special compensation if the Casemix team submits claims according to the established policy.	There is no special compensation, and it needs to be re-evaluated.

Through extensive interviews, it was discovered that the Casemix Team was aware of an internal hospital regulation regarding the deadline for submitting claim files. This deadline was set as the 5th day of the following service month. The effectiveness of the Casemix Team leader is suboptimal. The supervision and monitoring of the claim submission date evaluation have not been conducted. Additionally, the Casemix Team does not receive any type of pay for their performance. Suboptimal leadership performance can negatively affect employee trust in leaders. Leaders must demonstrate honesty, virtue, and the capacity to earn the trust and obedience of employees. Establishing trust facilitates team effectiveness, enhances employee productivity, and enables effective management of work risks.(Robbins, 2015)

Effectiveness

Tabel 4.
Conclusion of indepth interview about effectiveness indicator

Question	IU Conclusion	IT Conclusion
Is the current HR sufficient for the work needs of the Casemix team?	Six informants mentioned that the number of human resources is sufficient.	The number of human resources is sufficient.
What is the job structure in the Casemix Team?	Six informants mentioned that Casemix has inpatient and outpatient claims teams. The outpatient claims team consists of	The work structure, in Casemix, consists of an outpatient claims team and an inpatient claims team. The Casemix team consists of 1 team leader, coders, and

Question	IU Conclusion	IT Conclusion
	three coders and one administrative officer. The inpatient claims team consists of two coders, one coder who doubles as the team leader, and two claims administration officers.	administrative officers.
Does the job structure of the Casemix Team facilitate the team's work in successfully verifying JKN claims?	Six informants mentioned that the current job structure in the Casemix team is good.	The work structure of the Casemix team is good, and there are no proposals for change or evaluation.
Does the hospital submit the advance payment policy before the BAHV is considered helpful for hospital finances and procurement needs in the Casemix team?	Six informants mentioned that the advance payment policy benefits hospital finances.	BPJS Health's policy regarding the provision of advance payments is beneficial, particularly for private hospitals.
What technology and information is needed to manage claims for the Casemix Team?	Six informants mentioned that the Casemix Team needs computer equipment, scanners, SIMRS, e-claims, vklaim, outside inachgs packages, ICD-10 and ICD-9 alloys, internet networks, and internal servers.	Information technology required is a computer set, a reliable internet network, and an application for submitting claims.
What is the role of technology and information in managing claims in the Casemix Team?	Six informants mentioned that the role of technology and information is vital	The role of technology and information is significant; if there are obstacles, work will be hampered.
Are there any obstacles related to the availability of technology and information in successfully verifying claims?	Four informants stated there were still obstacles to bridging sims not running smoothly and obstacles when grouping and sending online data to the BPJS server. Two informants mentioned barriers in the process of storing scan data on computers.	There are still obstacles. Usually, there are reports of sims bridging problems. Evaluation is needed regarding the sims currently in use.
How is the availability of medical records for inputting and coding processes in the Casemix Team?	Six informants stated there were still problems with the availability of medical records related to their completeness. Outpatient medical resumes were always less than the number of patients served, and inpatient medical records were not received in real-time by Casemix.	There are still obstacles related to the smooth flow of complete medical records to Casemix.

The Casemix team requires assistance with information technology to efficiently handle claims and expedite the submission procedure of JKN claims to BPJS Kesehatan. The extent to which medical records are comprehensive directly impacts the hospital's ability to secure claims. Medical record officers must obtain comprehensive and easily readable medical records to avoid ambiguity in determining diagnoses and action codes.

Independence

Tabel 5.
Conclusion of indepth interview about independence indicator

Question	IU Conclusion	IT Conclusion
Is the Casemix Team able to complete daily tasks that are their responsibility without the help of others?	Six informants mentioned that the Casemix team could complete the daily tasks for which they were responsible.	The Casemix team can complete the daily tasks for which they are responsible.
Is the Casemix Team aware of the responsibilities related to the assigned tasks?	Six informants mentioned that they were aware of their respective responsibilities.	The Casemix team is aware of the responsibilities assigned to them.
How is self-management to complete tasks in the Casemix Team?	Three informants mentioned that tasks in Casemix are routine and that they can adapt quickly to changes in claims-related regulations. Three informants also mentioned completing tasks assigned by superiors as optimally as possible.	The Casemix team needs to put in more effort and update its work targets, including managing the time it takes to send claims.
Is the Casemix team confident that they can complete their tasks independently?	Six informants mentioned that they believe they can complete their tasks independently if the service unit's requirements for submitting claims are received on time.	The Casemix team can complete tasks within its domain. However, since the claim submission system is continuous with the service department, cooperation from other units must be improved.
Can the Casemix Team independently complete supporting files for claims?	Six informants mentioned that coordination with other service units is needed to complete the supporting files for claims.	The Casemix team must collaborate with other service units to complete supporting claims files.
Does the Casemix Team confirm and negotiate pending claims independently?	Six informants mentioned that coordination with DPJP or other service units is needed to confirm and negotiate pending claims.	The Casemix team must collaborate with other service units to confirm and negotiate pending claims.
Does the Casemix Team independently confirm post-verification audit claims?	Six informants mentioned that it is necessary to coordinate with DPJPs or other service units to confirm and negotiate post-verification audit claims.	The Casemix team must collaborate with other service units to confirm and negotiate post-verification audit claims.

Extensive interviews revealed that the Casemix Team can perform everyday activities autonomously.

DISCUSSION

According to Robbins' (2007) theory, workability or competence refers to the capability or aptitude to do work-related tasks based on one's intellectual and physical abilities. Casemix is a classification approach that categorises patients into similar groups based on their clinical characteristics and resource requirements. The Casemix team is responsible for overseeing and submitting complex health service claims. The high and low claims allowed by BPJS impact the hospital's revenue. The casemix team has not yet deeply understood the clinical pathway. There are 2 informants who can explain the importance of clinical pathways in terms of service claim submissions, especially for cost control. In another study, it is mentioned that the presence of clinical pathways can shorten the length of patient hospitalization. AvLOS before and after CP implementation. (Sakit et al., 2023)

Gibson's theory posits that individual, organisational, and psychological aspects influence employee performance. The variable that affects the performance of the Casemix Team in terms of quantity is their ability. Through interviews with informants, it was discovered that the delay in receiving Casemix files was due to the DPJP and PPA's lack of capacity and comprehension regarding the significance of obtaining complete and timely medical data from the Casemix Team. Resources, leadership, structure, rewards, and workload influence performance-related organisational variables. Medical record officers handling inpatient and outpatient claims are responsible for gathering documents. The DPJP must complete medical record files and relevant PPAs as evidence to substantiate claim submission. The leadership's current involvement in ensuring the completeness of the claim file is suboptimal due to the absence of established standard operating procedures (SOPs) and constant monitoring and review. Psychological variables encompass perception, attitude, personality, learning, and motivation. Service area employees had a favourable opinion regarding the significance of the seamless and comprehensive nature of the claim-supporting files. Employees know that submitting a claim results in hospital income used to pay employee salaries. If the Casemix Team verifies that the claim file lacks the necessary information, staff in the service area are prepared to finalise it. (Rusdiana, 2014)

Internal supervision is a process influenced by the entity's board of directors and management to achieve the effectiveness and efficiency of the company's operations and employee compliance with applicable rules. According to Amirullah and Budiyo (2004), the dimensions and indicators of leadership are: 1) Leadership Effectiveness, with indicators: decision-making, leadership functions, friendliness, and accessibility. 2) Leadership Behavior, with indicators: supportive, directive, participative, and achievement-oriented. 3) Leadership Motivation with dimensions, with indicators: ability to motivate subordinates, reward and punishment (Dr. Muslichah Erma Widiyana, Dra.Ec., 2020). In terms of JKN claim management, internal supervision and leadership roles have not been well executed. In terms of the effectiveness dimension of leadership, the decision-making on claim submission dates is determined by the Casemix team itself. In terms of the behavior dimension of leadership, the support and guidance provided to the Casemix team are perceived as insufficient. In terms of the leadership motivation dimension, the Casemix team has not received work motivation and rewards. According to a study by Rita (2018), internal supervision and leadership influence employee performance, and the relationship between internal supervision and leadership with employee performance is very strong. (Wahyuni, 2018)

According to O'Brien (2010), management information system is a structured combination of human resources, hardware, software, communication networks, and data sources that collect, transform, and disseminate information within an organization. The quality of information technology systems focuses on the performance of the system, referring to how well the hardware, software, policies, and procedures of the information system are implemented. (Rusdiana, 2014) The casemix team requires raw materials in the form of patients' medical records as the basis for data input and diagnosis as well as procedure coding. BPJS Kesehatan makes payments to advanced-level referral health facilities based on the Indonesian Case Based Groups (INA-CBG's) method. In INA-CBG's, diagnoses and procedures are grouped. This grouping is done using specific codes, namely diagnosis codes (ICD – 10) and procedure/action codes (ICD-9-CM). Combining these diagnosis and procedure codes manually is not feasible. Therefore, software called a grouper is needed. After grouping is done, tariffs for each group will be generated. (Perpres 82, 2018)

The timeliness of receiving medical records by the casemix team determines the effectiveness of the work being done. Work effectiveness is the ability to choose the right goals or tools to achieve the set objectives. Factors affecting work effectiveness include work discipline, work culture, and facility completeness. The punctuality of medical records reaching the Casemix Team and the completeness of the medical record entries will facilitate the Casemix Team in achieving its targets. The completeness of medical records is the responsibility of the personnel in service. Work discipline regarding the completeness of medical records needs to be improved so that the Casemix Team's work can be more effective. (Aryadi, n.d.)

CONCLUSION

The Casemix team's expertise in posting is inadequate due to their incomplete understanding of the significance of posting for optimising JKN claim submission. Moreover, the team's comprehension of clinical pathways is insufficient, as they lack a profound understanding of the significance of clinical pathways in ensuring the quality and cost management of JKN claims. A challenge faced by the Casemix Team is that the files they get are incomplete regarding the number of patients serviced on the previous day. Consequently, as the claim submission deadline approaches, there will be an accumulation of tasks towards the end of the month. The hospital has failed to meet its policy for the deadline for claim submissions. The Casemix Team does not get any reward for meeting the target of submitting claims swiftly. Implementing internal supervision and leadership in JKN claims handling has been inadequate. The Casemix team determines the claim submission date based on the leadership effectiveness dimension of decision-making. The Casemix team needs assistance with information technology to enhance the efficiency of claims administration and expedite the submission of JKN claims to BPJS Health. The accessibility of these information technology facilities is currently not entirely seamless. The Casemix team receives medical records as primary input material, but not promptly. Efficient acquisition of claim support files necessitates the harmonious coordination and joint effort of the Casemix Team and service personnel.

REFERENCES

- Aeni, R. N., Karmila, M., & Pauzy, D. M. (2023). The Effect Of Compensation And Leadership Style On Employee Performance At CV. Giri Putra In The City Of Tasikmalaya. *Journal of Management, Economic, and Accounting*, 2(2), 89–102.
- Aryadi, T. (n.d.). Analisis efektifitas kerja pegawai.
- Dewan Jaminan Sosial Nasional. (2014). Seri Buku Saku - 4: Paham JKN Jaminan Kesehatan Nasional. <https://library.fes.de/pdf-files/bueros/indonesien/11205.pdf>
- Djatiwibowo, K., Januari, P., & 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), 122–134. <https://doi.org/10.7454/arsi.v4i2.2564>
- Dr. Muslichah Erma Widiana, Dra.Ec., M. (2020). Pengantar Manajemen.
- Hendra, E. R., Aris, W., & Susilowati. (2021). Analysis Pending Claim Payments the Indonesian National Health Insurance System in Vedika System Nur Hidayah Hospital Yogyakarta. *Jurnal Wiyata*, 8, 72–83.
- Opitasari, C., & Nurhayati, N. (2019). Evaluation of claim submission and returning for BPJS inpatient services: a case study of hospital X in 2017. *Health Science Journal of*

- Indonesia, 10(1), 27–31. <https://doi.org/10.22435/hsji.v10i1.1845>
- Perpres 82. (2018). Perpres Nomor 82 Tahun 2018 tentang Jaminan Kesehatan Nasional. Peraturan Presiden Republik Indonesia. <https://peraturan.bpk.go.id/Home/Details/94711/perpres-no-82-tahun-2018>
- Robbins, S. P. (2015). *Organizational Organizational Behavior* (S. Wall (ed.); 16th ed.). Pearson Education.
- Robbins, S. P., & Judge, T. A. (2003). Stephen p. robbins timothy a. judge.
- Robbins, S. P., & Judge, T. A. (2017). Full-Circle Learning MyLab. Fortune, 290.
- Rusdiana, M. (2014). Sistem Informasi Manajemen. Sistem Informasi Manajemen, 1–387.
- Sakit, R., Nahdlatul, I., Demak, U., No, J. D., & Wonosalam, K. (2023). Efektivitas Dan Efisiensi Penggunaan Clinical Pathway Terhadap Average Length Of Stay (Avlos) Pasien Sectio Caesarea (Sc) Di Rsi Nu Demak Akhmad Safi ' i * , Abdul Aziz , Anik Martani , Tri Wahyuni Widi Astuti , Zahrotul Wafiroh. 9(3), 102–107.
- Sampeliling, A. (2015). Faktor-Faktor Yang Berpengaruh Terhadap Kedisiplinan Kerja Pegawai Bagian Umum Dan Protokol Sekretariat Daerah Kabupaten Kutai Timur. *Jurnal Ekonomi Dan Manajemen Kinerja*, 12(1), 1–17.
- Tewal, B. (2017). *Perilaku organisasi* (2017th ed.). cv. Patra Media Grafindo Bandung. https://repo.unsrat.ac.id/2299/1/full_buku.pdf
- TKMKB. (2020). Kumpulan Penyelesaian Kasus Dispute Klaim dengan Pendekatan Audit Medis Kendali Mutu dan Kendali Biaya Edisi Tahun 2020 Disusun oleh.
- Wahyuni, R. (2018). Pengaruh Pengawasan Internal Dan Kepemimpinan Terhadap Kinerja Karyawan. *Majalah Ilmiah Bijak*, 15(1), 77–90.