

IMPLEMENTATION OF THE JKN PROGRAM RELATED TO PATIENT ADMISSION, MEDICAL DATA PROCESSING, REPORTING AND JKN FUNDING AT MURNI TEGUH MEDAN HOSPITAL

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ABSTRACT

The National Health Insurance (JKN) program is a government initiative aimed at supporting comprehensive health development to ensure that all Indonesians have the right to good health. According to data obtained from BPJS Kesehatan and RS Murni Teguh Medan, the average waiting time for polyclinic services exceeds the national quality indicators, which requires outpatient waiting times should not exceed 60 minutes. This study aims to analyze the challenges in implementing the JKN program, specifically related to patient admission, medical data processing, reporting, and funding at RS Murni Teguh Medan. This is a qualitative descriptive research involving three key informants (Persons-in-Charge or PICs) and six supporting staff members from the Registration, Medical Records, and JKN Billing units. The research identified several challenges: Man: The registration unit's human resources do not meet the required qualifications, as staff should ideally have a medical records background, resulting in reporting issues. Materials: Patient files are incomplete for administrative processes. Machine: The applications used, such as MTHIS (Hospital Management Information System), Mobile JKN, V-Claim, DIVA, and Online Pharmacy, face operational issues, leading to inefficient medical data processing and reporting. Methods: Although procedures are aligned with the SOPs, issues remain include patient overcrowding at registration, outpatient service waiting times exceeding 60 minutes, issues with registration in executive polyclinics, self-registration issues at APM, service penalties, and semi-manual medical data processing and reporting. Markets: Patients have limited knowledge of using Mobile JKN application, and pending claims are still prevalent. Money: Prolonged use of outdated electronic media reduces systems performance.

KEYWORDS

Constraints, JKN Program, Patient Admission, Medical Data Processing and Reporters, Funding



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How to cite:

E-ISSN:

Lina Njoto, et al. (2025). Implementation of The JKN Program Related to Patient Admission, Medical Data Processing, Reporting and JKN Funding at Murni Teguh Medan Hospital. Journal Eduvest. 5 (1): 513-530
2775-3727

INTRODUCTION

The health has become a basic need for the community, for this reason it is necessary to carry out comprehensive and sustainable health development, with the aim of building and increasing awareness, willingness and ability to live a healthy life for everyone so that the highest degree of public health is realized. The continuity and success of development is determined by the availability of guidelines for the implementation of health development. Health development providers in Indonesia are guided by the National Health System (SKN), which is an order that gathers various efforts of the Indonesian nation in an integrated and mutually supportive manner with the aim of achieving the highest degree of health as a manifestation of general welfare as mandated in the preamble to the 1945 Constitution (Delfi, Nurul, & Suyeno, 2021).

In Law NO. 17 of 2023 concerning Health, it is stated that everyone has the right to get safe, quality and affordable health services in order to realize the highest degree of health and get health care in accordance with health service standards. Efforts made to support the development of comprehensive and holistic health and have the goal of making Indonesian people get their right to health, the government runs the National Health Insurance program (Kintari et al., 2023).

In accordance with Government Regulation of the Republic of Indonesia No. 47 of 2021 concerning the implementation of the hospital sector, a hospital is a health service institution that provides individual health services in a complete manner that provides inpatient, outpatient and emergency services. In providing optimal health services, the hospital collaborates with the National Health Insurance (JKN) program. The health insurance in question is a guarantee in the form of health protection so that participants get maintenance benefits and protection in meeting basic health needs given to every person who has paid contributions or the contributions are paid by the government. All Indonesian residents are required to be participants in guarantees managed by the Social Security Administration Agency (BPJS), including foreigners who have worked in Indonesia for at least 6 months and of course have paid contributions, which by using the *Indonesia Case Base Group* system is usually abbreviated as INA-CBGs. The payment system in INA-CBGs uses a claim system which will later receive a reimbursement fee from BPJS and will be sent to health services such as hospitals.

Based on Law No. 24 of 2011, the Social Security Administration Agency (BPJS) is a legal entity that organizes health insurance programs, and has been operating since January 1, 2014. According to BPJS Kesehatan data, on December 31, 2023, the number of JKN (National Health Insurance) participants is 267.31 million or 95.77% of the total population of Indonesia. There are 7 provinces out of 38 provinces whose membership coverage is below 95%, including North Sumatra, Jambi, West Sumatra, Central Java, East Java, West Kalimantan and North Maluku. Of the seven provinces, three of them even have a membership coverage of only 90% of the total population, namely North Sumatra, Jambi and West Kalimantan. BPJS Kesehatan targets membership coverage to reach 98% of Indonesia's population of 276 million by 2024.

2023 is an important momentum in BPJS Kesehatan's journey by placing the main focus on Service Quality Transformation. Through the Service Quality

Transformation, BPJS Kesehatan intends to provide services that are easily accessible, fast and equal for every JKN participant. This transformation also includes efforts to simplify service administration, by using KTP / NIK to access health services without the need for photocopies of files. Then the availability of an efficient referral service flow and digitization of services and claims. In addition, the acceleration of the settlement of participant complaints through BPJS Satu is a proactive step in responding to the needs of JKN participants (Ramadhan, Arso, & Nandini, 2021).

Patient reception or registration services at hospitals play an important role and are a key element in coordinating activities between units. The registration service is the first service for patients and a place to interact directly between patients and officers, so that it can give an impression to patients on the quality of service in general, so that the quality of service in registration becomes a benchmark for patients in assessing service and patient satisfaction (Vicky & Elystia Via, 2023). The good service that patients expect when coming for treatment is a smile from the officer, a friendly, polite, empathetic nature, response time, providing good and humane treatment by not distinguishing ethnicity, nation, religion, social status and race. Registration or registration is a collection of patient identification data in the form of administrative data in medical records. Hospitals / health services can carry out the registration process in two ways, namely manual (*offline*) and electronic (*Online*).

According to the Regulation of the Minister of Health of the Republic of Indonesia number 2 of 2022 concerning Medical Records, Medical Records are documents that contain patient identity data, examinations, treatments, actions and other services that have been provided to patients. Every health service facility is required to organize Electronic Medical Records, The activities of implementing Electronic Medical Records at least consist of: patient registration, distribution of electronic medical record data, filling in clinical information, processing of electronic medical record information, data input for financing claims, storage of Electronic Medical Records, quality assurance of Electronic Medical Records and transfer of contents of Electronic Medical Records (Minister of Health, 2022).

Permenkes number 28 of 2014 and in the Practical Guide for Health Facility Claim Administration states that in order to get remuneration for health services to JKN participants, hospitals as advanced health facilities submit claims every month on a regular basis no later than the 10th of the following month. The claim submitted is first verified by a verifier. The technical claim administration and verification of the National Health Insurance program for the community, that the completeness of the documents for the submission of claims is a referral letter, examination, diagnostic support services and medical procedures that have been authorized by the responsible doctor. Based on the Minister of Health of the Republic of Indonesia Number 903/Menkes/Per/2011 concerning Guidelines for the Implementation of the National Public Health Insurance Program, if one of the requirements does not exist or the items are not filled in completely, it will result in the success of the claim process (Sari et al., 2020)

In accordance with the Minister of Health Regulation number 26 of 2021 concerning Guidelines for Indonesian Case Base Groups (INA-CBG) in the

implementation of the Health Insurance program, the Social Security Administration Agency (BPJS) makes payments to Advanced Level Referral Health Facilities (FKRTL) through Indonesian Case Base Groups (INA-CBG). When this Ministerial Regulation came into effect, the Regulation of the Minister of Health number 76 of 2016 concerning the Guidelines for Indonesian Case Base Groups (INA-CBG) was revoked and declared invalid. Meanwhile, the standard health service tariff in the implementation of the Health Insurance program is guided by the Regulation of the Minister of Health of the Republic of Indonesia number 3 of 2023.

In accordance with the research journal Nuryati et al, about the obstacles to the implementation of the JKN program related to patient admission, medical data processing, reporting and JKN funding at the Gondokusuman II Health Center in Yogyakarta (Budi, 2016), which is caused by the 6 M elements, namely *man, materials, machines, methods, markets* and *money*. As for the Research Journal from Estraida Simanjuntak on the Analysis of the Implementation of the BPJS Program at Imelda General Hospital for Indonesian Workers Medan (Esraida Simanjuntak, 2017), with a quantitative descriptive method, where the results of the study stated that the obstacles to the implementation of the BPJS program at the Indonesian Workers' General Hospital (RSU-IPI) Medan were networks, finger prints, incomplete medical requirements, incomplete doctor's signatures, incomplete medical support examinations, patients fined for arrears in BPJS contributions, inaccuracies in coding by coders with INA CBGs rates, inaccuracies in coding with medical support examinations.

Murni Teguh public hospital is a private Type B Education Hospital which is one of the referral center hospitals in the city of Medan in particular, North Sumatra in general, in addition to H. Adam Malik Hospital which is a Type A Education Hospital. The composition of patients with BPJS Kesehatan guarantees is around 85% of all patients who receive treatment at Murni Teguh Hospital. The number of patient visits to Murni Teguh Hospital is one of the highest for the Medan branch area.

This study aims to analyze the obstacles to the implementation of the JKN program related to patient admission, medical data processing, reporting, and funding at RSU Murni Teguh Medan. The formulation of the identified problems includes obstacles in the admission of BPJS Kesehatan patients, both outpatient and inpatient, medical data processing, reporting, and funding of BPJS patients. The purpose of the research specifically includes the analysis of the BPJS patient admission process and the obstacles faced, medical data processing, internal and external reporting, as well as the BPJS patient funding process, including the evaluation of obstacles based on the 6M elements (man, materials, machines, methods, markets, money). This research is expected to provide benefits, both for researchers as scientific experience, for hospitals to establish efficient service development strategies to improve service quality and patient satisfaction, and for BPJS Kesehatan to improve service quality, adjust policies to the development of science, and optimize service digitalization.

RESEARCH METHOD

Implementation of The JKN Program Related to Patient Admission, Medical Data Processing, Reporting and JKN Funding at Murni Teguh Medan Hospital

The type of research used is qualitative descriptive. Qualitative research methods are research that seeks to describe and summarize various conditions, situations and phenomena of social reality in the society that is the subject of research, as well as explain that reality in terms of characteristics, dispositions, traits, and others. It is a method to be presented to the public in the form of a model, symbol, or description of a certain condition, situation or phenomenon (PD Sugiyono, 2019).

Qualitative research aims to provide a good understanding More Depth About a Organization or event Specific, compared to simply describing the surface of the sample or large population. Qualitative research does not introduce Treatment manipulate variable or impose Definition Operational variable by Researcher on Participants research. On the other hand, in research Qualitative The meaning arises from Participants itself. Descriptive research design is research conducted with the main purpose of providing an overview or description Objective to one condition. Descriptive research methods are used to solve or answer problems Latest in situation now. This research was conducted by Follow the ordinance data collection, classification, data processing/analysis, Withdrawal conclusions, and Reporting (Sucipto, 2020).

Qualitative descriptive research methods aim to understand in depth social or human phenomena. The focus is not on quantitative numbers or data, but on the meaning, understanding, and interpretation of an event, behavior, or experience (Suggestion, 2020)

To achieve the desired research objectives, the first stage is carried out, namely analyzing data in each unit of Patient Admission, Medical Data Processing and Reporting and JKN Funding. Meanwhile, to find out the obstacles that occur in the field by conducting interviews with relevant officers to find out more about the obstacles that arise in the implementation of the JKN program.

RESULTS AND DISCUSSION

Murni Teguh Memorial Hospital is one of the leading private hospitals in Indonesia, with branches spread across several major cities. The history of the establishment of this hospital began with a vision to provide high-quality health services to the community.

Obstacles to the Implementation of the JKN Program in the Patient Reception Unit

Patient admission or patient registration is the first door for patients to start treatment at a health care facility. Patient registration is an activity where officers will identify the patient's initial data when visiting the hospital. Patients who make treatment visits at the hospital vary greatly depending on the patient's case, the type of patient and even the payment method that will be used by the patient, therefore the authorized officer at the patient reception or registration unit must be someone competent. On the other hand, adequate infrastructure facilities must be available in this part of the unit. However, in its implementation, there are still shortcomings

and obstacles that occur in the field. From the results of the researcher's interview with the informant of the Murni Teguh Memorial Hospital registration unit, the following are some of the obstacles that often occur, including:

The following is a summary of the interview results in the form of a table to provide a more structured overview:

Table 1. Results of interviews with Informants

Aspects	Interview Results	Constraints	Proposals/Improvements
Patient Admission Process	- According to the SOP, the patient is asked for identity and a face scan or fingerprint is carried out. - Registration using Mobile JKN is faster than manual.	- Elderly patients cannot use Mobile JKN. - There is no confirmation from the referring hospital for inpatients, so the inpatient room is not prepared.	- Educate patients regarding the use of Mobile JKN. - Standardize communication procedures with referring hospitals for inpatients.
Registration Constraints	- Patients often do not carry identities. - Face scans/fingerprints sometimes fail to be detected. - Manual internal referrals still dominate.	- Constraints on the availability of inpatient rooms due to the absence of confirmation from the referring hospital. - Referrals for patients who have expired.	- Integrated internal referral verification system. - Increasing patient education related to the completeness of documents and the referral process.
Number of Human Resources and Qualifications	- Total human resources: 35 people (1 unit head, 2 supervisors, 32 staff). - Human resource qualifications are as needed, but the number of human resources is still lacking in polyclinics with many patients.	- Lack of staff at the executive and poly and human resources in areas with high workloads, such as registration, executive and outpatient polyclinics.	- Addition of specialized and human resources in areas with high workloads, such as executive and outpatient polyclinics.
Registration Requirements	- Patient identity is required (KTP, KK for children, or Mobile JKN). - Inpatient BPJS patients require an	- Patients often do not carry physical identification, although a no-ID	- Optimizing the use of electronic data for identity verification, such as Mobile JKN and digital identity photos.

Aspects	Interview Results	Constraints	Proposals/Improvements
	active referral or form policy is control letter.	available.	
Technologies Used	- MTHIS and V-Claim are used, but the process is less effective because they open the app at the same time. - Data loading in V-Claim is slow when the BPJS system has problems.	- Slow internet connection affects app performance. - Manual process is used when the system is down, extending the registration time.	- Optimization of internet network infrastructure. - Development of a more integrated system between V-Claim and MTHIS.
Effectiveness of the Registration Procedure	- Outpatient registration is not yet effective because patients accumulate when registration opens (30 minutes before the doctor's appointment).	- Registration procedures that allow all patients to come together create long queues.	- Encourage the use of Mobile JKN to reduce manual queues. - Manage patient registration schedules in a more distributed manner.
Patient Understanding	- Most patients understand the registration procedure, especially patients who regularly receive treatment. - Obstacles for new patients who do not understand Mobile JKN, especially elderly patients.	- Lack of education from early health facilities regarding the use of Mobile JKN.	- Increasing education through early referral health facilities related to the importance of Mobile JKN.
Facilities and Infrastructure	- Facilities such as computers, scanners, and printers are readily available. - Face scan/fingerprint only supports laptop devices, making it difficult for officers to move.	- Equipment that is less flexible for use in the emergency room or near the patient's bed.	- Procurement of mobile devices such as tablets to support the mobility of officers in the emergency room and inpatient care.
Patient Registration Procedure	- Mobile JKN makes registration easier by scanning barcodes and bridging directly to the system. - Manual	- Manual systems take longer than Mobile JKN.	- Encourage wider adoption of Mobile JKN to speed up the registration process.

Aspects	Interview Results	Constraints	Proposals/Improvements
	registration takes longer because it has to input patient data.		

Obstacles to the Implementation of the JKN Program in the Medical Data Processing and Reporting Unit

The implementation of the National Health Insurance Program (JKN) in Indonesia aims to provide fair and equitable access to health services for all people. As an integral part of the national health system, the Medical Data Processing and Reporting Unit has an important role in ensuring the smooth administration, monitoring, and evaluation of the implementation of this program (Rizzky Awards, 2023). However, in its implementation, there are a number of obstacles that occur in medical data processing and reporting, which have the potential to hinder the effectiveness and efficiency of the JKN program as a whole. The following are the results of the researcher's interview with the Informant regarding the obstacles in the Medical Data Processing and Reporting unit:

Table 1. Interview and Documentation Results

Aspects	Interview Results	Constraints	Proposals/Improvements
Medical Data Processing Process	include assembling, processing, and reporting data.	- The 1x24 hour target has not been achieved according to (only 70%) due to the slow completeness of the file from the room. - Files are returned frequently for repairs.	- Improve coordination with other units to ensure the completeness of files.
Obstacles to the Data Processing Process	- Dominant external factors, such as slow file completion. Errors in filling out forms (return summary, dates, etc.).	- Non-compliance of HR in completing demographic data (employment, education, etc.).	- Education and training for human resources regarding the importance of complete and accurate data.
Number of Human Resources and Qualifications	- There are 10 human resources in the medical resources	- Lack of dedicated human resources for	- Addition of 1 HR to focus on outpatient reporting.

Aspects	Interview Results	Constraints	Proposals/Improvements
Provision of Materials/Files	<p>record unit; 70% outpatient with the reporting. qualification of D3 Medical Records. - HR qualifications are considered sufficient, but additional needs for outpatient reporting.</p> <p>- Files consist of manual and electronic, provided by the special reporting team.</p> <p>Data is taken from MTHIS/SIMRS, but the process is still manual (daily pull).</p>	<p>- There is no application for automatic processing.</p>	<p>- Implementation of dashboards for automation of medical data processing data and reporting.</p>
Technology/Programs Used	<p>- SIMRS is used, but it is still semi-manual. - Data often processing is done in Excel.- There is no dashboard for adequate reporting.</p>	<p>- The internet connection is problematic, affecting the smooth running of SIMRS and MTHIS.</p>	<p>- Accelerate the development of dashboards by hospital IT.</p>
Effectiveness of the procedure	<p>- The procedure is in accordance with the SOP, but it is still semi-manual. Constraints on incomplete data from registration (e.g., blank employment or education data).</p>	<p>- Manual procedures take longer.- The data order of the registration unit is still lacking.</p>	<p>- Ensure that the minimum demographic data is filled in completely at the registration stage.</p>
Target Achievement	<p>- Internal and external reporting targets achieved</p>	<p>- External factors (e.g., doctor</p>	<p>- Increase efforts to achieve targets with better coordination between units.</p>

Aspects	Interview Results	Constraints	Proposals/Improvements
	100%. - Medical leave or delay in data processing signing the file). only reaches 70% of the 1x24-hour target.		
Facilities and Infrastructure	- Computers, printers, and scanners are available from the hospital. - Device crashes are reported directly to Jira/AMS for repair.	- Internet connection and system capacity issues affecting unit performance.	- Improving internet network infrastructure and procuring new devices if needed.
Internal Reports	- Daily reports (outpatient and inpatient). - Monthly reports: BOR, LOS, BTO, GDR, NDR, operating room services, patient visits. - Annual report: Hospital performance indicators (Barber Johnson).	- Daily data must be manually combined for monthly/yearly reports. - Annual reports.	- Dashboard that allows automatic data merging for monthly and annual reports.
External Reports	- Updating basic RS data (RL1, RL1.1). - Monthly reports (RL3.1–RL3.15, RL4, RL5.1–RL5.4). - recaps per month, which reports (AIDS surveillance, dengue surveillance, etc.).	- RL data requires manual per month, which (AIDS takes longer.	- Automate RL drafting through dashboards for external reporting efficiency.

Obstacles to the Implementation of the JKN Program at the JKN Funding Unit

The JKN Funding Unit has a great responsibility in ensuring the smooth running of adequate funding to support various health services for JKN participants and help maintain *cash flow* from hospitals. However, in its implementation, the

JKN Funding Unit faces various obstacles that can affect the effectiveness of the program as a whole. The following are the results of the researcher's interview with the JKN Funding Unit at Murni Teguh Hospital Medan:

Table 2. Interview Results of JKN Funding Unit at Murni Teguh Hospital Medan

Aspects	Interview Results	Constraints	Proposals/Improvements
JKN Funding Process	- Claims according to INA-CBG procedures and outside of INA-CBG (CAPD, immunohistochemistry, EGFR, chemotherapy drugs, medical aids).	- Pending claims/disputes due to incomplete files (SEP, medical resume, etc.). - The reference price of the drug has not been updated in the Online Pharmacy.	- Improvement of the drug claim system and validation of price references in Online Pharmacies.- Improvement of accuracy and completeness of files before submitting claims.
Funding Constraints	- Pending claims/dispute constraints affect the cash flow of the hospital. - Drugs in national formularies, but cannot be billed separately.	- Delay in supporting results (radiology, PA, etc.). - Immunohistochemistry can only be billed once.- The difference in cost for blood bags (limited to certain conditions).	- Accelerate the process of examining supporting PAs and results. - Review of immunohistochemical policies and medical device claims by BPJS.
Human Resources and Qualifications	- The number of human resources is quite adequate: coders (D3 Medical Records), internal verifiers (general practitioners), drug billing (pharmacists/S1 Pharmacy).	- The need for additional human resources with doctor qualifications for drug claims related to patient diagnosis.	- Addition of 1 human resource with doctor qualifications for chronic drugs/chemotherapy claims.
Provision of Materials/Files	- The documentation is quite good, but the medical resume is often not signed. - Radiological results/PA take a	- Medical resumes are not digitally certified.- Supporting files are often completed late.	- Implementation of certified digital signatures.- Acceleration of the completion of radiology results/PA.

Aspects	Interview Results	Constraints	Proposals/Improvements
	long time.- Coordination with Jasa Raharja is slow.		
Technology/Programs Used	- The hospital program is quite good (INA-CBG, SIMRS, DIVA, Online Pharmacy). - DIVA helps with claim validation.- Online Pharmacy is better than Desktop Pharmacy.	- The system is constrained when maintenance or the delivery load is high (DIVA, Online Pharmacy).	- Bridging Online Pharmacies with SIMRS for drug claim efficiency.- Restriction of claim data transmission to reduce system burden.
Effectiveness of the procedure	- The procedure is quite effective.- Medical resumes and examination results are faster than before.	- Semi-manual processes are still time-consuming (scanning, data input per item).- Scanners are often broken and there is no backup.	- Automate the claim process through bridging the RS and BPJS systems.- Provision of backup scanners to avoid delays.
Target Achievement	- Most claims are completed on time (target 10th).- Pending claims are mainly due to incomplete files and drugs that have not yet aired in Online Pharmacies.	- Claim dispute due to administrative/coding/diagnostic disagreement.- Drug claims are still N-2, not yet N-1.	- Strive for drug claims to reach N-1.- Faster settlement of pending claims through better coordination between units.
Infrastructure	- Some computers need to be upgraded. - Scanners are often problematic due to high usage.	- Limited file storage space.	- Procurement of new scanners and adequate storage space.- Upgrade computers to support work efficiency.

Discussion

The following are the obstacles to the implementation of the JKN program related to patient admission, medical data processing, reporting and JKN funding at

Murni Teguh Medan Hospital in accordance with the 6 M elements, namely *Man, Materials, Machines, Methods, Markets* and *Money*.

Obstacles to the Implementation of the JKN Program from the *Man Element*

The results of the study show that the implementation of the JKN Program at Murni Teguh Hospital Medan still faces obstacles in patient admission, medical data processing, reporting, and funding which are analyzed through six elements of management. Obstacles include the need to improve the quality of human resources (Man), the completeness of patient documents (Materials), the use of manual and semi-manual systems that are less efficient (Machine), the accumulation of patients and coordination between units that are less optimal (Method), the lack of patient education related to Mobile JKN (Markets), as well as the need to rejuvenate electronic media and add supporting facilities (Money). Improvements in every aspect are needed to increase the effectiveness of the implementation of the JKN Program.

Obstacles to the Implementation of the JKN Program from the *Material Element*

Materials are an important element that supports activities in the implementation of the JKN Program at Murni Teguh Medan Hospital, which requires wise selection and management so that no material is left or not needed (PPM SoM, 2022). Material-related obstacles include patients who do not bring complete documents such as ID cards, Family Cards for pediatric patients, and valid referrals, which often result in patients having to return to the FKTP to renew their referrals (Esraida Simanjuntak, 2017; Lailatul et al., 2023; Fitria Ripriyanti & Hidayati, 2021). In the processing of medical data, obstacles occur in incomplete manual files, such as medical resumes without DPJP signatures, or lack of supporting results, as well as electronic data that has not been partially filled in, while the discourse to make mandatory items is still constrained by the busyness of the inpatient room (Andi Ritonga & Rusanti, 2018; Ariani et al., 2021). Data reporting also faces constraints with daily data retrieval limits through MTHIS (SIMRS), which only allows up to 3,000 entries per day, necessitating data consolidation for monthly reporting. Funding is constrained by the absence of certified electronic signatures for electronic medical records and supporting files such as chemotherapy protocols and radiology results that are slow to complete, while drug claims are often hampered by illegible test results or long response times from relevant parties (Ary Santiasih, Simanjorang, & Satria, 2021). These main obstacles are mostly related to incomplete management of medical record files, optimal SIMRS support needs, and lack of education for JKN patients regarding the required documents, which requires cooperation between hospitals and BPJS Kesehatan to provide better education at FKTP when providing referrals.

Obstacles to the Implementation of the JKN Program from the Elements of *Machines*

Machines is an important factor in supporting the implementation of the program, in the form of equipment or technology systems that create work efficiency and support profits (PPM SoM, 2022). In the JKN program, applications such as MTHIS (SIMRS), Mobile JKN, V-claim, DIVA, and Online Pharmacy are the main components. Registration through Mobile JKN is more effective than manual, but this application cannot accommodate internal referrals or polyclinics for purposes different from the initial referral, although the majority of users are satisfied with this application (Herlinawati, Lilis Banowati, 2021; Efendy et al., 2022).

Medical data processing and reporting are still carried out semi-manually, with data from MTHIS converted to Excel to be filtered according to the needs of the report. Currently, the hospital is developing a Dashboard Program to automate medical data processing and reporting, which is expected to improve data efficiency and security (Noordias, Dafi Farhan Rehmat, Fawzan Mehr Dhika Abdus Salam, Falah Sari, 2020).

In funding, applications such as DIVA and Apotek Online have helped minimize claim errors, although sometimes constrained by system maintenance or the burden of sending data before the billing deadline. The restriction on sending txt data for validation at DIVA since October 2024 has helped overcome this obstacle. The Online Pharmacy application is also more effective than Desktop Pharmacy, but it is constrained by drug references that have not been updated, especially at the beginning of the year. Bridging between Online Pharmacies and SIMRS is still a hope to increase the efficiency of drug claims (Vicky & Elystia Via, 2023).

According to the researcher's assumptions, the effectiveness and efficiency of registration, medical data processing, and claims can be improved by optimizing Mobile JKN, completing the Dashboard Program, and integrating the Online Pharmacy system with SIMRS. The restriction of data transmission at DIVA is also expected to reduce the load on the system at critical times.

Obstacles to the Implementation of the JKN Program from the Element of Methods

Method is a work procedure that ensures the smooth running of activities, with Standard Operating Procedures (SOP) as a mandatory guide. At Murni Teguh Hospital, the implementation of the JKN program related to patient admission, medical data processing, reporting, and funding is in accordance with the SOP, despite obstacles. Patient registration using the FRISTA (Face Recognition) application supports patient identification, but its integration with the HIS and DUKCAPIL systems is not optimal, according to the findings (Puspita Sari & Wahab, 2024). The accumulation of patients at BPJS polyclinics due to changes in registration rules and internal referral systems hindered the achievement of the waiting time target of <60 minutes (Decree of the Minister of Health No. 129/Menkes/SK/II/2008). Mobile JKN registration is more effective, but patient education is still lacking (Windy Sondakh, Posangi, & Fatimawali, 2023).

The Oncology Polyclinic faces the constraints of HFIS patient quota and high referrals outside the region, while inpatients are constrained by limited beds and unaccompanied patients (Fitria Ripriyanti & Hidayati, 2021). Medical data processing is still semi-manual, with the development of the Dashboard Program expected to increase efficiency. In JKN funding, the lack of coordination between units often leads to the return of claim files (Listiyawati, 2020). The obstacle to fines for inpatient services has been overcome through Government Regulation No. 59 of 2024. Solutions such as patient education, system integration, and increased cooperation with BPJS Kesehatan are expected to increase the efficiency of the JKN program.

Obstacles to the Implementation of the JKN Program from Elements of Markets

Market is one of the 6 M principles that includes target markets in the implementation of programs, such as patients in the JKN program. Old patients generally understand the registration procedure, while new patients are often unfamiliar with Mobile JKN, requiring additional education, especially for the elderly who do not understand technology. Mobile JKN registration is more effective, but it is constrained by the lack of socialization and the limitations of patient devices (Cyan Ningrum, Citra Dewiyani, & Ardhiasti, 2023). The target of processing medical data reaches 70% in 1 x 24 hours, hampered by the completeness of doctors' files and signatures, even though electronic signatures are being considered (Ariani et al., 2021). INA-CBG service claims have reached the target, but drug claims are still constrained by administration, coding, and medical (Nasution, Hutabarat, & Ginting, 2023). Policies related to the National Formulary also hinder, such as the use of Trastuzumab and Lenalidomid which depend on complex rules. Educating new patients, updating policies, and improving facilities remain priorities to support the smooth running of the JKN program.

Obstacles to the Implementation of the JKN Program from the Money Element

Money or money is one of the elements that cannot be ignored because it functions as a medium of exchange and a measure of value, as well as the foundation of every activity carried out (PPM SoM, 2022). In this context, there are several obstacles related to the element of money at Murni Teguh Hospital. In the Registration Unit, facilities and infrastructure are considered quite adequate, but some computers work very slowly, and the number of outpatient registration counters needs to be increased to reduce the accumulation of patients. Hospitals have committed to adding two counters for manual registration and one counter for priority patients, in line with research (Salsiani & Sulistiawan, 2022) that the element of money can hinder the admission of outpatients. In the Reporting and Processing Unit, infrastructure facilities such as ATK and electronic inventory are enough to support the activity, with a damage reporting system through JIRA and AMS that is quite effective, but the internet connection is often interrupted when using SIMRS. Another obstacle arises in the Medical Records Unit related to the

limitation of file storage space due to the simultaneous use of electronic and manual medical records, as supported by research (Rusli, 2022; Ariani et al., 2021). In the JKN Billing Unit, some computers and scanners need to be repaired or replaced because they are used for a long time, so as not to hinder activities in the unit. In line with research (Nuryati, Budi, & Rokhman, 2016), money is an important element in an organization to finance facilities and infrastructure in each unit. Based on the researcher's assumptions, the infrastructure in general is good enough, but some improvements are needed, such as the addition of counters to reduce the accumulation of patients that has been realized by the hospital. However, the addition of the polyclinic area is not possible due to space limitations. In addition, the rejuvenation of computers and scanners is needed to support the smooth implementation of the JKN program and the unit's operations as a whole.

CONCLUSION

Based on the results of the research, it can be concluded that there are still various obstacles in the implementation of the JKN Program at Murni Teguh Medan Hospital related to patient admission, medical data processing, reporting, and funding, which can be analyzed through six elements of management. In the Man aspect, human resources are considered adequate but still need to improve quality through training and socialization, as well as adjustments to qualifications in the registration unit. In terms of Materials, obstacles include the completeness of patient documents, such as identity cards, references, and medical record files which are often incomplete or invalid. In the Machine aspect, manual and semi-manual systems such as the use of Excel, MTHIS, and DIVA programs that are often problematic, also hinder the efficiency of the registration, data processing, and reporting processes. The Method aspect shows that the procedure is quite good but is constrained by the accumulation of patients due to limited registration time and coordination between units in the provision of claim files. From the Markets side, the lack of patient education related to Mobile JKN and the completeness of claim documents caused claims to be delayed, while medical data processing only reached 70% of the target. In the aspect of Money, although the facilities and infrastructure are quite good, obsolete electronic media and limited file storage space require rejuvenation and additional facilities to improve services. This study recommends improvements in each of these elements to support the effectiveness of the implementation of the JKN Program as a whole.

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