



The Relationship between Insurance Participants' Knowledge of Pending Claims: A Study on Insurance Managed by PT. Multiniaga Intermedia Proteksi

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ABSTRACT

The impact of pending claims can affect insurance service activities, becoming hampered and officers' workloads increasing because they have to revise pending claims that are sent. This study aimed to assess the relationship between insurance participants' knowledge of the occurrence of pending claims: a study on insurance managed by PT. Multiniaga Intermedia Proteksi. This study was an observational study of cross-sectional design. A total of 107 research subjects participated in this study. The results of this study show that the claim submission process at PT. Multiniaga Intermedia Proteksi had 107 claims submitted to insurance, and it was known that the results of paid claims submissions were 87 submissions (81.3%), and pending submissions were 20 submissions (18.7%). The results of participants' level of knowledge regarding submitting claims were obtained from 107 respondents. The average value of participants' knowledge was 89.15, with a median of 86.67. The highest value was 86.67. The lowest score obtained by respondents was 60, and the highest score was 100 as the results of knowledge testing on the results of claim status using the t-test, obtained with a probability value (Sig.) $0.196 > 0.1$, indicating that knowledge has no significant effect on submitting claims.

1. Introduction

Health insurance is a type of insurance product specifically created to cover the health or care costs of insurance participants if they fall ill or have an accident. Broadly speaking, there are two types of treatment offered by insurance companies, namely inpatient (inpatient treatment) and outpatient (outpatient treatment). Insurance companies require participants to pay premiums according to the amount of benefits taken by the participant. Participants who already have health insurance coverage have two ways to use it, namely: cashless or reimbursement. Cashless participants can only use it at partner hospitals, while participants who receive

reimbursement can use it in any hospital. With a note, when you want to submit reimbursement, participants must attach claim documents as a requirement set by the insurance. With this claim document, the costs incurred by the participant can be replaced by insurance. pending claim documents are caused by incomplete medical record documents and inaccuracies in writing diagnosis codes and action codes that have been carried out.¹⁻⁵

Based on the results of initial observations at PT. Multiniaga Intermedia Proteksi, from data obtained in June 2022, there were 248 claim documents submitted by participants, of which 53 claim documents were pending. This is what the researchers



got based on feedback from insurance, of which 53 documents were pending due to requirements that were not completed by participants who submitted claims reimbursement. The reason the claim was pending was that the participant did not attach the original receipt, details of costs, diagnosis filled in by DPJP to the form reimbursement, and the results of supporting examinations referred by the doctor. The impact of pending claims can affect insurance service activities, becoming hampered and officers' workloads increasing because they have to revise pending claims that are sent.⁶⁻¹⁰ This study aimed to assess the relationship between insurance participants' knowledge of the occurrence of pending claims: a study on insurance managed by PT. Multiniaga Intermedia Proteksi.

2. Methods

This study was an observational study of cross-sectional design and was conducted at PT. Multiniaga Intermedia Proteksi, which is located at Golden Plaza Blok G 10, Jl. RS. Fatmawati Raya No. 15 RT.8/RW.6, South Gandaria, Cilandak, South Jakarta, Special Capital Region of Jakarta. This research was carried out in October-June 2023. A total of 107 research subjects took part in this study, and the research

subjects met the inclusion criteria. The inclusion criteria for this study are participants who submit claims for the period November 2022 – January 2023 and are willing to take part in this study. Researchers prepare a number of written questions about topics that are relevant to the research, which are facts or that are known and need to be answered by respondents. The researcher's activity when conducting a document study is to record data according to what happens at the location. Data analysis in this collection uses inferential analysis using statistical tests, namely the t-test independent, to determine the influence of 2 variables. The first variable is the dependent variable, namely pending claims with data collected using observation. The second variable is the independent variable, namely knowledge with data collected using a questionnaire.

3. Results and Discussion

Based on Table 1 for the results of PT. Multiniaga Intermedia Proteksi found that the majority of claim submissions went well with paid status, namely 81.3%, while 18.7% had pending status. This happened because there were several claim requirements that were not completed by the participants.

Table 1. Frequency of answers to the results of claim submission PT. Multiniaga Intermedia Proteksi.

Type	Frequency	Percentage (%)
Paid	87	81.3
Pending	20	18.7
Total	107	100

Table 2. Frequency of answers to the results of participant knowledge on submitting claims of PT. Multiniaga Intermedia Proteksi.

Measurement	N	Mean	Median	Mode	Min	Max
Knowledge of claim submission	107	89.15	86.67	86.67	60	100

Table 2 is a recapitulation of the results of numerical data processing (scoring) from the knowledge variable. The researchers obtained the

above results by scoring each participant after answering 15 questions. Based on the table above, it can be seen that the average score obtained by



participants was 89.15, with the score that appeared most frequently being 86.67. The lowest score of the 107 respondents to this question was 60, and the highest was 100.

This assessment was obtained from 15 questions given to respondents. The respondents who answered incorrectly were questions about whether carbon receipts can be claimed and paid. There were 44 respondents who answered this question incorrectly. The most frequently answered question correctly was insurance is a coverage transaction that involves two parties, namely the insured and the insurer. There were 107 participants who answered the question correctly. The results of this assessment are quite good, and it can be said that the majority of respondents already understand about submitting claims. This is because the respondents are private insurance participants. Before active participants become members, participants are given socialization first by the insurance company concerned with terms and conditions as well as participant benefits when choosing a plan that suits their needs. Participants also have an obligation to pay a monthly premium to insurance as a cost of transferring the participant's risk to the insurance provider.¹¹⁻¹⁵

Based on the results of knowledge testing on the results of submitting claims using the t-test, a probability result (Sig.) of $0.196 > 0.1$ was obtained, indicating that participant knowledge had no significant effect on submitting claims. This shows that the knowledge variables and claim status do not have a simultaneous effect. The results of the questionnaire showed that the majority of respondents in this study already understood about submitting claims. The respondents in the sample in this study were participants from companies. In general, the premiums offered by private insurance products are more expensive than non-private premiums. This makes it important for participants to know and study the products they will take before becoming company insurance participants. Participants gain knowledge

from insurance related to information on product types, product benefits, and product uses. It is proven by the research results that the participants' knowledge is quite good. It is also strengthened by the statistical results that there is no influence, so knowledge is not the cause of the pending claim status results. There are respondents who get a score high, but the results of the claims are pending, and there are respondents who get a score low but the results of the claim. 20 submissions with claim results pending after the breakdown, the researchers returned to find that 13 claims had been submitted pending in Insurance Pending due to other factors from external parties, namely insurance. As explained in previous research, external factors that can influence knowledge include the environment, socio-economics, culture, and information. The environment is a factor that influences the development of individual traits and behavior. Socioeconomic, where income is often looked at to assess a relationship between income level and health service utilization. Culture is normal behavior, habits, values, and the use of resources in a society that will produce a pattern of life. Information is information, information, and notifications that can raise awareness and influence behavior.¹⁶⁻²⁰

4. Conclusion

There is no relationship between the knowledge of insurance participants and the occurrence of pending claims: a study on insurance managed by PT. Multiniaga Intermedia Proteksi.

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