

Artificial Intelligence in Enhancing the Efficiency and Accuracy of Health Claims Management in the Era of Digital Transformation

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BPJS KESEHATAN



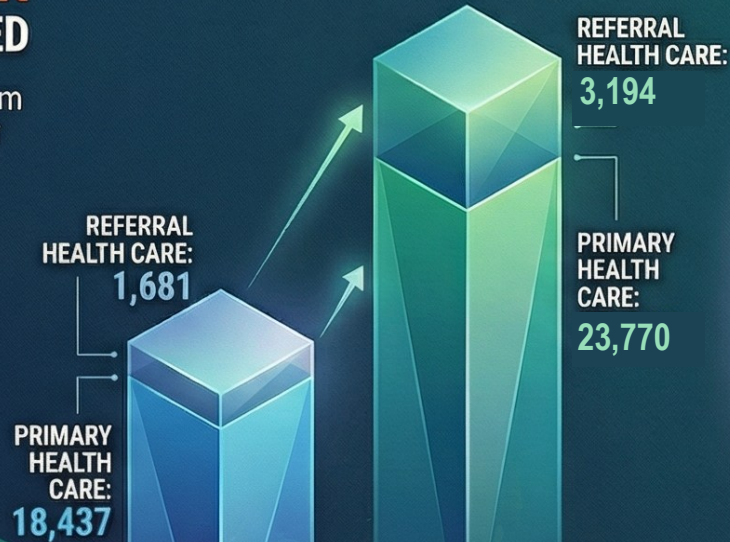
PROGRAM GROWTH & REACH



285 MILLION
MEMBERS COVERED

JKN membership grew from 133 million in 2014 to over 285 million by 2025

CONTRACTED HEALTHCARE PROVIDERS 2014 VS 2025



EXPANDING NETWORK OF HEALTHCARE PROVIDERS

The number of partner facilities has steadily increased to improve access to care nationwide.

HEALTHCARE EXPENDITURE

HOSPITAL INPATIENT CARE IS
THE LARGEST COST



KEY CHALLENGES



GAPS IN HEALTHCARE ACCESS: 15 DISTRICTS, PRIMARILY IN PAPUA, STILL LACK ACCESS TO REFERRAL HEALTH SERVICES.



DOCTOR-TO-MEMBER RATIO NEEDS IMPROVEMENT:
NATIONAL AVERAGE 1 DOCTOR PER 3,448 MEMBERS
(BELOW WHO STANDARD OF 1:1,000)

The JKN Pyramid of Care: Strengthening Healthcare from the Ground Up

Through Managed Care concept, **Primary Health Care Facilities** is the **gatekeeper** of health services:

- First contact
- Quality control and Continuous Care
- Care coordination
- Comprehensiveness of service

Tier 2: Secondary Care (Middle of the Pyramid)

Specialist treatment for more complex conditions, accessible via referral

Tier 3: Tertiary Care (Apex of the Pyramid)

Highly specialized sub-specialist treatment with the highest cost and lowest volume.

Patients with stable medical condition must be referred back to primary care for continuous treatment.

Tier 1: Primary Care (Base of the Pyramid)

The foundation of the system, providing affordable and accessible care for all health needs.

Why Primary Care is the Foundation



Primary Care Acts as the System's "Gatekeeper":
It is the first contact, coordinating continuous and comprehensive care for patients.



A Hub for Total Wellness:
Services include promotive, preventive, curative, and rehabilitative care.



Strengthening Primary Care is Essential:
This is the key to achieving quality control and cost containment across the entire system.

- Law of the Republic of Indonesia No. 40 of 2004
- Presidential Regulation of the Republic of Indonesia No. 59 of 2024 on Health Insurance

Challenges of Indonesia's National Health Insurance Program

Indonesia serves **282 million** participants with only **10,214** employees—one of the **most challenging** health insurance programs **in the world**.



282,46 Million

Total Participants



10,214

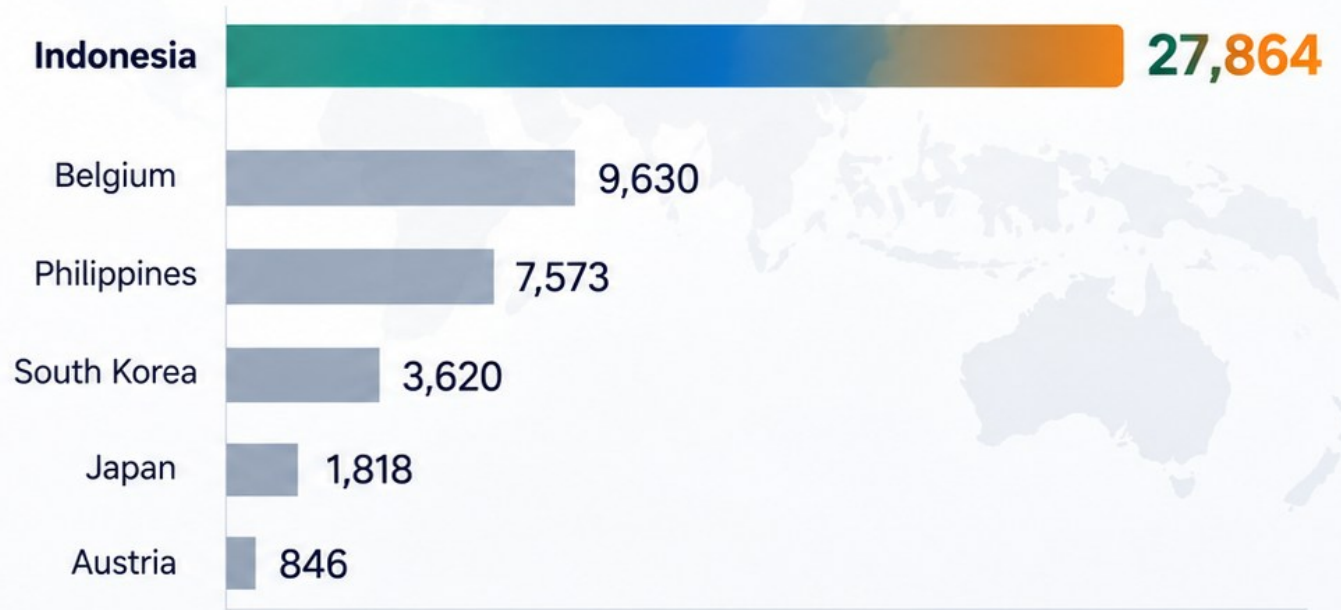
Number of Employees



1 : 27,864

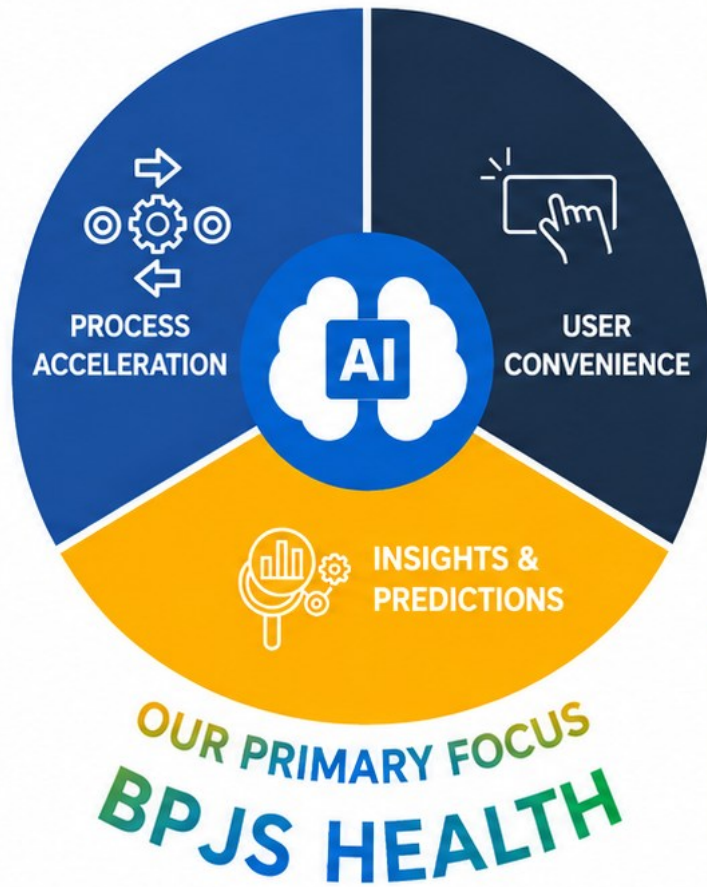
Service Load Ratio
(Participants per Employee)

STAFF-TO-POPULATION RATIO COMPARISON (GLOBAL)



i Note: Lower ratio indicates higher efficiency (fewer employees per participant).

ARTIFICIAL INTELLIGENCE IMPLEMENTATION



USER CONVENIENCE

Optimizing user experience through AI methods, Natural Language Processing (NLP), and specialized tools.



Smart Content Search (OCR)



Digital Human AI



News Personalization



Sentiment Analytics



INSIGHTS & PREDICTIONS

Identifying patterns, trends, and clusters using Deep Neural Networks and Predictive Analytics.

Clinical & Health Focus



Detection of Health Data Anomalies



Prediction of Diabetes & Hypertension



Prediction of Treatment (Medication)

Financial & Operational Focus



Prediction of JKN Payment Arrears



Prediction of Visits & Costs



Prediction of Claim Anomalies



PROCESS ACCELERATION

Automation and improvement of operational workflows through the implementation of various AI methods.

Process Flow



Document Verification (Data Portal)



Data Entry (Pandawa)



Validation (Face Recognition)



RPA (Robotic Process Auto.)



STRENGTHENING HEALTHCARE CLAIM ACCOUNTABILITY

PRE-VERIFICATION AREA



Biometric Validation

Fingerprint & facial recognition scan for FKRTL and FKTP (coming soon).

Digital Validation

Claim submission tool for FKRTL to check compliance from the beginning.

VERIFICATION AREA



AI & Automation

Development of artificial intelligence in document and claim review.

System Logic

Updating logic on the FKRTL Digital Claim Verification Application.

Collaboration & Data

Implementation of Joint Verification and Utilization of Metaphysics.

RETROSPECTIVE AREA



Audit & Review

Post-Claim Verification, Administrative Audit, & Performance Capitation Review.

Utilization Review

Comprehensive evaluation of service utilization.

Warning System

Routine feedback regarding potential claim anomalies via the Health Facility Information Portal.

ACCOUNTABILITY MECHANISM & CHECK AND BALANCE

Trust & Fairness – Not to reduce benefits, but to ensure guarantee compliance.

AI-Based Claim Management Transformation: From Manual Processes to Smart Solutions through Intelligent Claim Management (ICM)

Urgency & Challenges of Current Conditions



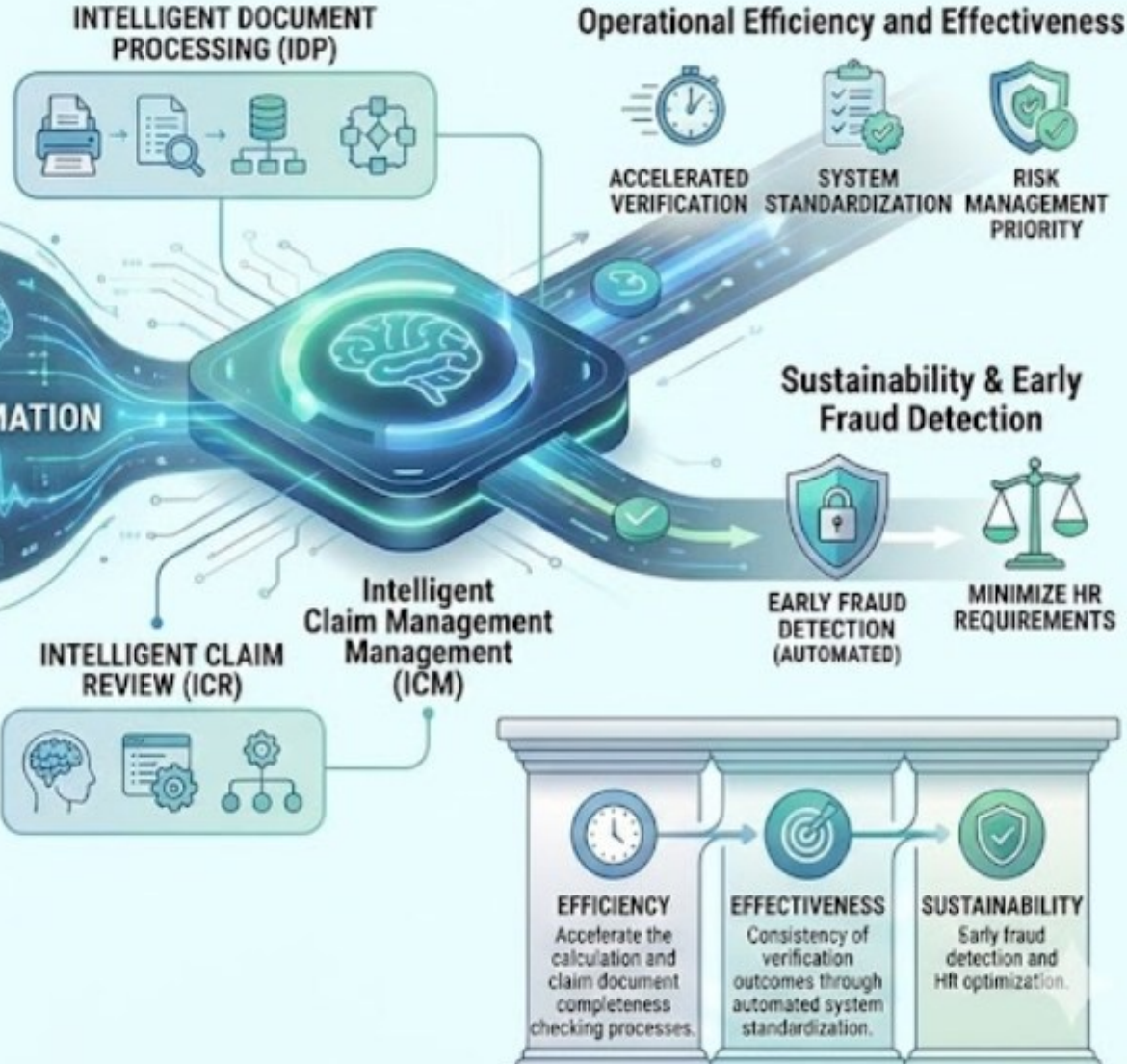
Risks of Manual Processes (Clerical Checks)



Growth of Health Facilities vs. HR

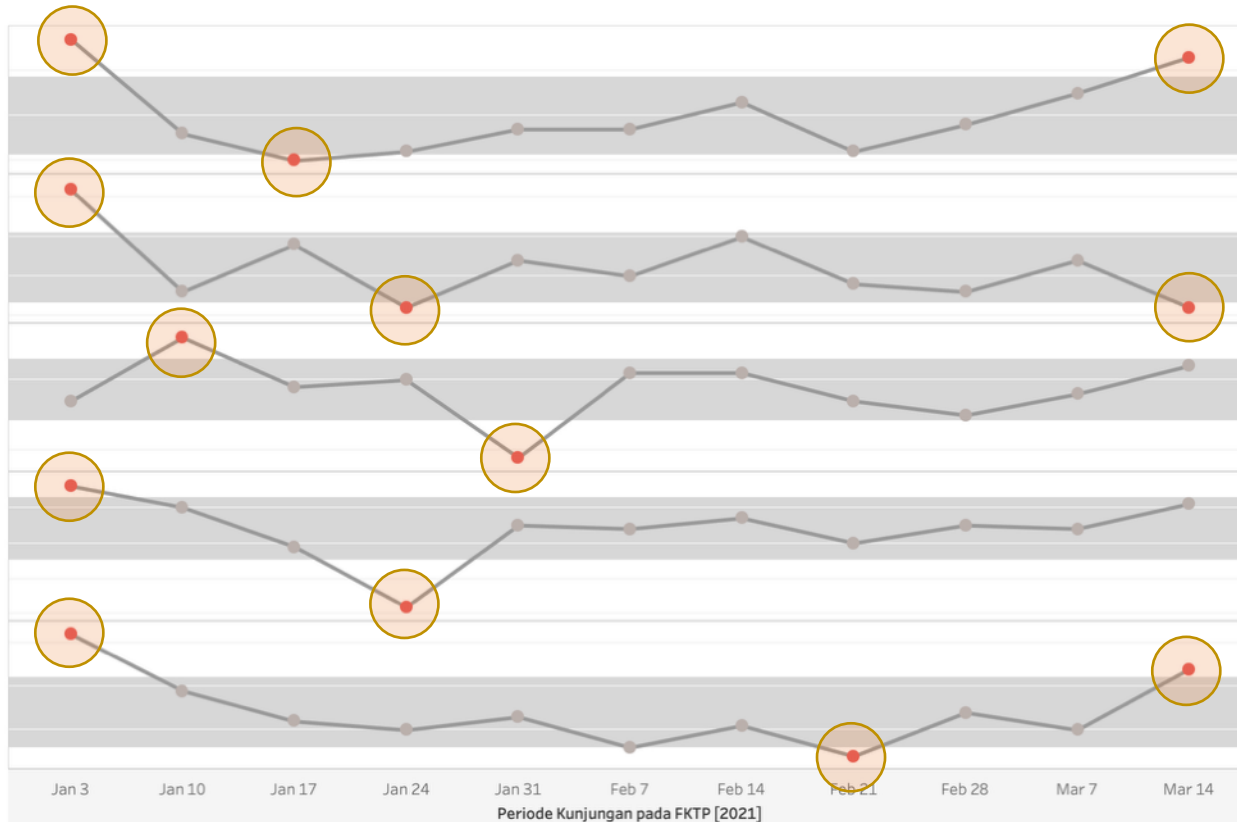


Strategic ICM Solutions & Benefits



Improving the integrity and efficiency of the JKN claims process through AI technology:

OUTLIER DETECTION ALERTS



01

OUTLIER DETECTION ALERTS

AI studies claim patterns over 3 months to years to detect anomalous data.

02

ANOMALY DETECTION

The system sends an alert to the verification officer when a suspicious claim is detected.

03

DEEP INVESTIGATION

Officers conduct claim investigations based on AI recommendations for validation accuracy.

04

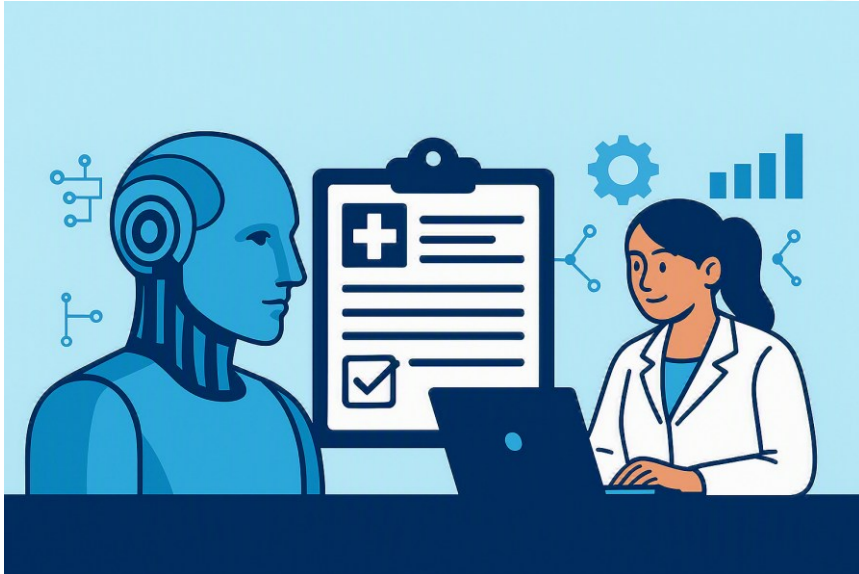
BUSINESS PROCESS AUTOMATION

RPA improves operational efficiency in claims verification and payment processes.

05

CONTINUOUS LEARNING

AI will improve the accuracy of claims detection by learning new patterns from historical data and verification officer feedback.



Data-driven governance strengthens accountability

Digital claims management and utilization review are essential to control costs while ensuring provider trust.



Technology is used to enhance the efficiency

AI adoption into the process hopefully can boost the efficiency of the business process, especially to tackle the fraudulence behaviours



Human-AI collaboration empowers the verification workforce

The role of verifiers shifts from manual repetitive processors to high-level analytical supervisors, enhancing final decision accuracy



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