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EVALUATION OF INTERNAL CONTROL OF THE ACCOUNTING SYSTEM FOR HEALTH INSURANCE CLAIM PAYMENTS (STUDY AT PT ASURANSI JIWA MANULIFE INDONESIA)

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ABSTRACT

Internal control in the accounting system for paying health insurance claims at PT Asuransi Jiwa Manulife Indonesia. The internal control system is implemented in order to avoid various types of deviations and errors that may occur. The type of data used in this research is qualitative. The data sources used are primary and secondary data. All data was collected using interview, observation and documentation methods. The data analysis technique used in this research is comparative descriptive. This research was intended to find out directly about the evaluation of internal control of the health insurance claim payment accounting system. An accounting system consisting of an organizational structure, clear authorization/authority, sound practices. An accounting system consisting of related functions, forms, and accounting records used. From the research results, almost all of the forms used do not have printed serial numbers, and are not neatly archived, there are duplicate functions, and the infrastructure is inadequate. It would be best for PT Manulife Indonesia to review the duties and responsibilities of each staff, have the forms printed with sequential numbers, and provide passwords for confidential files so that not everyone can access the files.

Keywords: evaluation of internal control of the health insurance claim payment accounting system

INTRODUCTION

One of the reasons for the economic crisis that society is currently experiencing is the high cost of health services, even though health is a basic human need on earth. The risk of bearing the burden of health care costs not only burdens the poor but also burdens the middle and upper classes. An important thing to realize is that behind the risks there are sophisticated mechanisms, which, used properly, can greatly alleviate the financial difficulties they cause. One of the mechanisms in question is insurance, which is seen as a mechanism that plays a very important role in modern life.

The development of the times has made people aware of the importance of insurance, to protect themselves and anticipate unexpected events that happen to someone, so in Indonesia many insurance companies have emerged that offer health insurance to ensure human survival.

In the insurance industry, claim payments are often a problem. Problematic claim payments may not be from the insurance company but rather the policy holder's fault because they were not honest in providing correct information before becoming a policy holder. Cost problems in claims generally result from a lack of understanding by the insured in the process and procedures for handling claims, this is what actually always gives rise to the opinion that the insurance company seems to be slowing down and making it difficult to settle claims recommended by the insured.

Claim payments relate to cash outlays. Cash is a vital element for a company, because cash is the most liquid current asset and the easiest to misuse. To protect cash and ensure the reliability of cash accounting records, the claim payment submission process requires good and effective internal control.

Seeing the existing problems, the author is interested in discussing this problem more deeply, in the form of a TA (final assignment) with the title "Evaluation of internal control of the accounting system and payment of health insurance claims, case study at PT Asuransi Jiwa Manulife Indonesia."

THEORETICAL REVIEW

Accounting System

An accounting system is needed by companies to find out, analyze and also process it into financial information. This information can be used to make decisions by managers and also to assess the effectiveness and efficiency of company operations. An accounting system is an organization of forms, records and reports that are coordinated in such a way as to provide the financial reports required by management to facilitate company management. An accounting system is an organization of forms, records and reports that are coordinated in such a way as to provide the financial information needed by management to facilitate company management

(Mulyadi, 2016:3). An accounting system consists of established methods and records to identify, assemble, analyze, classify, record, and report company transactions and to maintain accountability for related assets and liabilities. The general objectives of developing an accounting system are as follows:

1. To provide information for managers of new business activities
2. To improve the information produced by existing systems
3. To improve accounting controls and internal checks
4. To reduce clerical costs in maintaining accounting records.

System development projects generally include three main stages, namely system analysis, system design, and system implementation. System analysis includes the formulation and evaluation of solutions to system problems, system design is the process of specifying the details of the solution selected by the system analysis process, while system implementation is the process of placing designs on new, or revised, procedures and methods. into operation.

System development is a type of structured problem solving with clear activities. These activities consist of system analysis, system design, programming, testing, conversion, and production and maintenance. The accounting system has several elements. Some of the main elements of an accounting system are

1. Journal
2. Ledger
3. Helper Books

Internal Control System

Internal control includes organizational structure, methods and measures that are coordinated to safeguard organizational assets, check the accuracy and reliability of accounting data, encourage efficiency and encourage compliance with management policies (Mulyadi, 2017: 129). The definition of internal control in the narrow sense is checking sums, both horizontal sums (crossfooting) and descending sums (footing). In a broad sense, internal control does not only include checking work but includes all the tools used by management to carry out supervision.

The narrow definition of internal control is an internal check, namely testing the correctness of multiplication, addition and subtraction of the numbers listed on the form, as well as researching the method of journaling (recording). In a broad sense, internal control does not just test the correctness of numbers and records, but includes the mechanisms of all the tools used by management to carry out the supervisory function. Every organization definitely has goals to be achieved, as well as internal control which has the following goals:

According to Mulyadi (2016: 111), the objectives of the internal control system can be divided into two types: internal accounting control and internal administrative control.

1. Accounting internal control is part of the internal control system, including organizational structure, methods and measures that are coordinated primarily to maintain organizational assets and check the reliability of accounting data.
2. Administrative internal control includes organizational structures, methods and measures that are coordinated primarily to encourage efficiency and compliance with management policies.

The objectives of internal control carried out by each organization are as follows Mulyadi (2016:129):

a. Safeguarding organizational assets
b. Checking the accuracy and reliability of accounting
c. Drive efficiency
d. Encourage compliance with management policies.

Internal Control Components

According to Zamzami, Nusa, and Faiz, the appropriate COSO ERM components are:

1. Control Environment
   The control environment is the basis of all other internal control components that make an organization disciplined and structured. The control environment includes the organizational atmosphere and the attitudes of management and employees towards the importance of control within the organization.
2. Risk Assessment
   Risk assessment is the identification of risk analysis and management of an organization. A risk that has been identified can be analyzed so that actions can be estimated that can minimize it.
3. Control Procedures (Control Activities)
   Control procedures are policies or procedures created to ensure the achievement of company goals and prevent fraud.
4. Supervision (Monitoring)
   Supervision is a process for assessing the quality of an organization's internal control performance. Supervision is carried out to find

deficiencies and improve the effectiveness of internal control.

5. Information and Communication (Information and Communication)
   Information is required from parties outside the company. Management can use this information to assess external standards. Communication involves providing a clear understanding of individual roles and responsibilities related to internal control over financial reporting.

Insurance

Insurance in Dutch is called verzekering which means coverage or insurance and in English it is called Insurance 20. There are 2 (two) parties involved in insurance, namely the insurer as the party who is able to guarantee and cover the other party who will receive compensation for the loss. may suffer as a result of an event that may not necessarily occur and the insured party will receive compensation, for which the insured party is required to pay a certain amount of money to the insurer.

Definition of Insurance

According to Article 246 of the Criminal Code, it is stated that "insurance or coverage is an agreement by which an insurer binds himself to an insured, by receiving a premium, to compensate him for damage or loss of expected profits that he may suffer due to an uncertain event." .

From an economic perspective, insurance means a collection of funds that can be used to cover or provide compensation to people who experience losses.

Based on this definition, insurance contains 4 elements, namely:

a. The insured party promises to pay the premium money to the insurer, all at once or in installments.
b. The insurer (insurer) promises to pay a certain amount of money (compensation) to the insured party, all at once in installments if something happens that contains certain elements.
c. An event (accident) that is not certain (not known beforehand).
d. Interests that may suffer losses due to unspecified events.

Types of Insurance

The following are the types of insurance:

a. Life insurance
   Life insurance is insurance that aims to cover people against unexpected financial losses caused by dying too soon or living too long. Here it is illustrated that in life insurance, the risks faced are:
   1) Risk of death
   2) A person's life is too long
b. Insurance for harm that befalls the body:
   Insurance for harm that befalls the body is insurance with certain conditions in life insurance for personal damage to a person, such as eye insurance, ear insurance, hand insurance, or insurance for certain diseases. This insurance is often carried out by industrial workers who face various accidents in carrying out their duties
c. Insurance on property
   Insurance for property (property insurance), namely insurance aimed at perils that might destroy property or assets. In Indonesia, this insurance is classified as loss insurance.

Insurance Objectives

The insurance agreement aims to compensate the insured for losses, so the insured must be able to show that he suffered a loss and actually suffered a loss. In general, insurance has the following objectives:

a. Risk Transfer
   According to the risk transfer theory, the insured is aware that there is a threat of danger to his property or his life. If such danger befalls his property or life, he will suffer loss or loss of life or physical disability. The insured carries out insurance with the aim of transferring risks that threaten his assets or life.
b. Payment of Compensation
   If at any time an event actually occurs that results in a loss (the risk turns into a loss), then the insured person concerned will be paid compensation in proportion to the amount of the insurance. When compared with the amount of premium received from several insured persons, the amount of compensation paid to the insured who suffers a loss is not that large.

Insurance Benefits

a. Insurance can provide a sense of security or security in running a business. This is because someone will be free from worry about suffering losses due to an unexpected event.
b. Insurance tends towards reasonable cost estimates. By estimating a risk whose amount can be estimated in advance, a company will

take into account compensation from insurance.

c. Insurance encourages loss prevention efforts. Many insurance companies carry out efforts that encourage insured companies to protect themselves from dangers that can cause losses.

Basic Principles of Insurance

a. *Insurable interest*(interest insured)
People who have a direct interest if a risk occurs to them which results in losses that have economic value.

b. *Utmost Good Faith*(Principle of Good Faith)
In the insurance agreement, the insured is obliged to tell everything he knows about the object or item being insured correctly.

c. *Indemnity*(Compensation principle)
This insurance agreement aims to provide compensation for losses suffered by the insured caused by hazards as specified in the policy.

d. *Subrogation*
This principle is actually a logical consequence of the principle of indemnity, which only provides compensation to the insured in the amount of the loss suffered.

Insurance Function

There are two functions of insurance, namely:

a. Risk Transfer
By paying a relatively small premium, a person or company can transfer uncertainty about their life and property (risk) to the insurance company.

b. Pool of funds
The premiums received are then collected by the insurance company as funds to pay for the risks that occur.

Understanding Claims

In general, the definition of a claim can be interpreted as a demand that must be fulfilled by the insurer against the insured in accordance with previously agreed regulations or agreements. The term claim is most commonly used in the world of insurance where the insurance issuer acts as the underwriter, and the insurance customer as the insured.

This insurance claim letter can be in the form of a complaint about health insurance, life insurance, insurance related to someone who has died, and other types of insurance.

1. Understanding Claims Administration
In general, the definition of a claim can be interpreted as a demand that must be fulfilled by the insurer against the insured in accordance with previously agreed regulations or agreements. This insurance claim letter can be in the form of a complaint about health insurance, life insurance, insurance related to someone who has died, and other types of insurance.
2. Purpose of Claims Administration
The first goal of claims administration is to pay all valid and appropriate claims promptly, expediently, and in accordance with the policy. The second objective is to collect data and create data from existing claims for financial calculations, statistics, analysis and research purposes. Data like this is very important for determining premium rates, financial control, and long-term planning. To determine these goals, insurance companies use claims processing systems such as accounting, data analysis and reporting systems.

The claim procedure is as follows:

a. Claim notification
Immediately after an event that is likely to cause the insured to suffer a loss, the insured or the party representing him or her immediately reports it to the insurer. Oral reports must be confirmed with written reports. At this initial stage, the insured will receive further instructions regarding what the insurer must do and what documents the insured must complete.

b. Proof of claim loss
Participants who experience an accident are asked to provide complete facts and evidence of loss. This goal is important for participants who experience a disaster to submit a written claim by completing the documents submitted as required by insurance company standards.

c. Investigation
After the report accompanied by supporting reports is received by the insurer, an administrative analysis is carried out. Once this stage has been completed, the insurer will decide to immediately conduct a survey in the field or appoint an independent ajuste, if necessary, and assess the extent of the losses incurred. The survey report will be used as the basis for whether the claim is covered by the policy or not.

d. Claim settlement
After an agreement has been reached regarding the amount of reimbursement in accordance with applicable laws and regulations, it is

implied that payment of the claim will be no more than 30 days after the agreement is made.

Research methods

Company profile

Founded in 1985, PT Asuransi Jiwa Manulife Indonesia (Manulife Indonesia) is part of Manulife Financial Corporation, a Canadian group of financial services providers operating in Asia, Canada and the United States. Manulife Indonesia operates with a business license based on Decree of the Minister of Finance of the Republic of Indonesia No. Kep-020/KM.13/1989 dated 6 March 1989 and letter from the Ministry of Finance of the Republic of Indonesia No. S.254/MK.17/99 dated 30 June 1999.

Vision and Mission of PT Asuransi Jiwa Manulife Indonesia

a. Vision
   Helping the insured realize their dreams and aspirations.
b. Mission
   Helping Indonesian families achieve their dreams and aspirations and live life with confidence.

Organizational structure

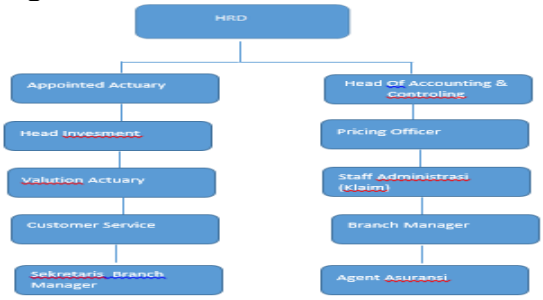


Figure 3.1 Organizational Structure

Business fields

PT Asuransi Jiwa Manulife Indonesia is a company operating in the insurance sector that offers a variety of financial services including life insurance, accident and health insurance, investment services and pension funds to individual customers and business actors in Indonesia. Manulife Indonesia

DISCUSSION

Products offered by PT Asuransi Jiwa Manulife Indonesia

PT Asuransi Jiwa Manulife Indonesia is a leading insurance company that helps people make financial decisions easier and live better. Manulife Indonesia provides financial advice, insurance solutions and asset management services and individual wealth management. There are business activities that provide protection (guarantee) to the insured and protect their property from all undesirable and unexpected disasters. The following describes the types of products offered along with an explanation of each product.

a. Manulife Essential Assurance (MEA)
   Manulife Essential Assurance is a lifetime life protection program from PT Asuransi Jiwa Manulife Indonesia with a limited premium payment period and has a cash value.
b. *Ultimate HealthCare*(Miuhc)
   *Ultimate Healthcare*is a health insurance program that provides basic benefits, namely hospital care benefits and additional optional benefits, namely Additional Outpatient Benefits, Additional Dental Care Benefits, and Additional Maternity Benefits.
c. *Preparation Legacy for Our Assurance*(MiPrecious)
   Precious is a dual-purpose (endowment) life insurance product with a coverage period of 30 (thirty) years or 50 (fifty) years, a limited premium payment period of 2 (two) years, 5 (five) years or all at once, and provides insurance benefits including Definite Cash Benefits and Additional Cash Benefits (if any) starting from the 11th (eleventh) Policy Anniversary.
d. *Future Income Protector*
   Endowment life insurance product without dividend distribution rights (non-participating) which provides cash payment benefits starting from the selected Established Age (25, 35, 45, 55 or 60 years), with a limited premium payment period.
e. *Golden Retirement*
   The pension program organized by DPLK Manulife Indonesia based on Law Number 11 of 1992 concerning Pension Funds is specifically designed for Individual Participants in preparing financial planning towards retirement age.
f. *Smart Insurance Solution*Sharia (MiSSION Sharia)
   Additional Sharia Life Insurance Program which provides Hospital Treatment Cost Reimbursement Benefits for the Participant and/or Additional Participants being treated in Hospital due to Illness or Accident and Outpatient Cost Reimbursement Benefits. Inpatient Benefits cover hospital care throughout the world (except the United States) in accordance with the terms of the selected Plan.

g. *MiSmart Insurance Solution*(Mission)
Additional Coverage Program which provides Hospital Treatment Cost Reimbursement Benefits for the Insured and/or Additional Insured being treated in Hospital due to Illness or Accident and Outpatient Cost Reimbursement Benefits. Inpatient Benefits cover hospital care throughout the world (except the United States) in accordance with the terms of the selected Plan.
h. Blessing SaveLink (BSL)

Documents Used for the Claim Submission Process at PT Asuransi Jiwa Manulife Indonesia

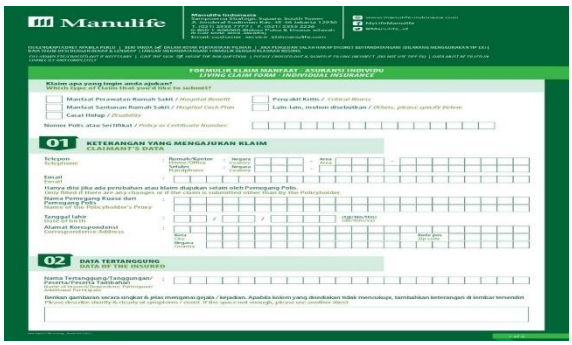
After knowing and analyzing the organizational structure at PT Asuransi Jiwa Manulife Indonesia regarding the section tasked with processing customers who submit claims. The insurance claim submission system run by PT Asuransi Jiwa Manulife Indonesia will explain the document requirements for submitting a claim and the process for handling claims. Because documents like this are very important in processing and speeding up claim payments. Rejection and approval of claim payments can occur when the customer's documents or forms are incomplete or the data written by the customer is incorrect.

The requirements provided by PT Manulife Indonesia life insurance are in accordance with the type of claim submitted:

a. Died due to illness
   1) Claim submission form that has been filled out and signed by the designated heir
   2) The applicant's KTP/Passport/SIM is still valid by showing the original and submitting a photocopy
   3) Photocopy of participant's identity card that has been legalized
   4) Death certificate from the local government, at least at sub-district level.
   5) A doctor's certificate stating the cause of the customer's death
   6) Original policy
   7) Power of attorney form for providing information/medical records that has been filled in and signed by the designated heir.
b. Died due to an accident
   1) Claim submission form that has been filled out and signed by the designated heir
   2) The applicant's KTP/Passport/SIM is still valid by showing the original and submitting a photocopy
   3) Photocopy of participant's identity card that has been legalized
   4) Death certificate from the local government, at least at sub-district level.
   5) A doctor's certificate stating the cause of the customer's death
   6) Original policy
   7) Power of attorney form for providing information/medical records that has been filled in and signed by the designated heir.
c. Full cash value and maturity at the end of the contract
   1) Claim submission form that has been filled in and signed by the participant
   2) The applicant's KTP/Passport/SIM is still valid by showing the original and submitting a photocopy
   3) Original policy
d. Hospitalization/treatment
   1) Claim submission form that has been filled in and signed by the policy holder/participant (provided by the company)
   2) The applicant's KTP/Passport/SIM is still valid by showing the original and submitting a photocopy
   3) Inpatient and surgical claim form that has been filled in by the treating doctor (provided by the company)
   4) Original receipts, medical records, and details of medical expenses including copies of prescriptions.
e. *Critical illness/dread disease*
   1) Claim submission form that has been filled in and signed by the policy holder/participant (provided by the company)
   2) Valid KTP/Passport/SIM of the policy holder by showing the original and submitting a photocopy
   3) Inpatient and surgical claim form that has been filled in by the treating doctor (provided by the company)
   4) Original receipt or copy that has been legalized by the hospital, along with attachments
   5) Doctor/Hospital certificate regarding the disease diagnosed in the participant.

In the requirements for submitting a claim, the company asks customers to fulfill the requirements, namely a photocopy of personal identity, receipt of the last premium payment. If the claim dies, a document stating that the insured has actually died,

issued by an authorized official (explained in number one.)


Manulife

FORMULIR KLAIM MANFAAT - ASURANSI INDIVIDU
LIVING CLAIM FORM - INDIVIDUAL INSURANCE

01 KETERANGAN YANG MENGAJUKAN KLAIM
CLAIMANT'S DATA

02 DATA TERTANGGUNG
DATA OF THE INSURED

Figure 3.2 Health claim submission form

When the claimant submits a claim request, PT Asuransi Jiwa manulfe Indonesia has provided a claim request form which must be filled in by the claimant, which contains policy data, claimant data and complete documents. This form is numbered sequentially to make it easier and more organized for the company and customers.

1. **Analysis of Claim Payment Procedures**
   a. Analysis of claims payment procedures
      Manulife Indonesia has a standard operational procedure (SOP) for submitting customer claim payments so that they can run effectively. From the file validation stage, we help customers to complete the documents that must be filled in according to the initial contract agreement.
      The procedures applied in paying inpatient claims are as follows:
      1) Service with a guarantee system
         The health service system is through hospitals which have a cooperative relationship with Manulife. The hospital can bill directly to the Family Takaful Insurance the amount of the participant's medical costs in accordance with the provisions:
      2) Participants or customers come to hospitals that have collaborated with the Manulife Indonesia company. Then participants show their participant cards at the hospital registration section. And customers will receive treatment in hospital until the participant is allowed to go home. Before going home, participants will report to hospital staff regarding the cost of treatment. And will make payment for the difference in fees paid by the Manulife company.
      3) The hospital will provide information to the company if there are insurance participants being treated by the hospital. The hospital doctor will provide treatment services to the participant until the treatment process is complete and they are declared cured. The doctor will allow the participant to go home and the hospital will coordinate with the family takaful company regarding the amount of medical costs during treatment.
      4) The company will receive information from the hospital that a Manulife participant is receiving treatment at the hospital. Later, Manulife will monitor its customers with hospitals. Then the company will calculate medical costs according to the participant's policy conditions before the participant is allowed to go home. The company will pay medical expenses in accordance with the provisions applied by the takaful company, in this case the head office finance department. The difference in costs still to be paid will be borne by the participant.

In the guarantee system, the claim payment procedure will be carried out by Manulife with the collaborating hospitals or partners. Manulife and hospitals communicate with each other regarding participants who are receiving treatment at the hospital or monitoring participants. Then Manulife will pay the participant's medical costs in accordance with the company's provisions. And the difference in costs that have been paid by Manulife is the responsibility of the participant.

a. Services with a reimbursement system
   A service system where Manulife will reimburse participants for costs incurred after the end of treatment in accordance with the provisions.

1) Participants or customers come to the nearest hospital, even if the hospital is not a partner of the Manulife company. Participants will receive treatment from hospital doctors until they are allowed to go home. Participants will pay all medical costs during treatment and request receipts for treatment payments. After returning from the hospital, participants will report to the insurance company within a maximum of 14 working days, calculated from the time the participant leaves the hospital.
2) Participants complete the documents required to submit an inpatient claim. Participants must fill out a claim submission form (example attached), hospitalization form (example attached), original receipt, details of medical costs including a copy of the prescription and others. Then participants send files to the Manulife office for processing. Claim payments will be transferred by the head office finance department.

2. Procedure for Submitting a Health Insurance Claim

The claims handling procedure is the sequence or procedure carried out by the Manulife insurance company in deciding whether to pay a claim, whether it will be paid or rejected. The procedures for handling health insurance claims carried out by Manulife insurance are:

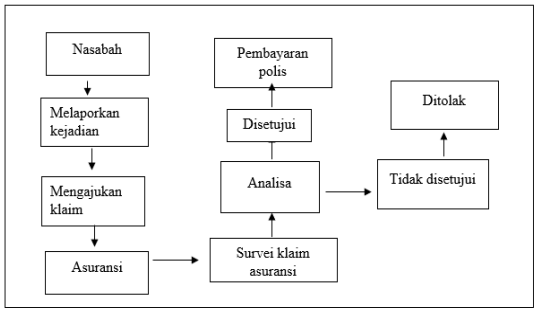


Figure 3.3 Procedure for Submitting a Health Insurance Claim

The following is an explanation of the health insurance claim procedure flow at PT. Manulife Indonesia life insurance

a. Customer reports incident
   Reporting incidents experienced by customers, submitting written claims to the insurance company by completing the claim requirements documents in accordance with the provisions of each insurance policy.
b. Insurance conducts surveys
   The insurance company as the guarantor has the authority that must be exercised before approving whether the claim submitted by the customer is approved or not. There are 4 stages that must be carried out by the insurer:
c. Insurance claims survey
   The insurance company must conduct a survey of insurance claims submitted by customers, in order to find out whether the claims submitted are in accordance with the agreement written in the insurance policy.
d. Analysis
   Then after conducting a survey, the insurance company must analyze it based on the incident and the claim documents submitted.
e. *Liabilities*
   The insurance company will convey to the insured (approval or rejection) based on the stages that have been passed in accordance with existing procedures.
f. Payment of claims
   If the insurance claim submission is approved, the final stage is payment of the insurance claim submitted by the insured to the insurer.

Figure 3.4 Examples of Customer Names in the System

An example of the following image is where the customer names are all put together in the system but they are not numbered sequentially, for example you cannot directly type the name in the search, you have to search one by one manually and that takes a very long time because Manulife has a lot of customers.

The accounting system for submitting claim payments has good documents, but they do not have printed serial numbers so their use cannot be accounted for.

The weakness in the accounting system for submitting claim payments is that the administration section examines completeness and validity as well as inputting data. It is best that the examination of completeness and validity be carried out by two departments or by administrative staff, not by administrative staff alone.

Starting in 2014, claim payments were centralized by the head office in Jakarta, after the claim payment application was manually approved by the regional office, the claims service staff recalculated the claim calculation concept and entered the claim value via the claims service login. The branch head logs in to approve the value of the claim paid, and it is immediately processed by the head office. The head office will notify the administration via email if the claim has been paid to the policy holder via bank account. Administrative staff records payment of claims that have been paid to policyholders.

Secretary approves vouchers so that policies paid are updated on policy status. A centralized system can minimize the occurrence of deductions that should not be applied to claim payments. Apart from that, supervision is carried out by the branch head over his subordinates.

The administrative staff section has a job desk for binding, submitting and checking data completeness. In this section, the administrative staff should be divided into two, production administration staff and claims administration staff, so that they each have a role to minimize errors that occur. The implementation of the organizational structure is sufficient to fulfill the elements of internal control, there is a clear separation of functions and responsibilities and all departments participate. Authorization is quite good in the policy binding system, submitting and paying claims, but it has weaknesses in submitting claims. It is better to have claims administration staff to handle claims submissions and claims research.

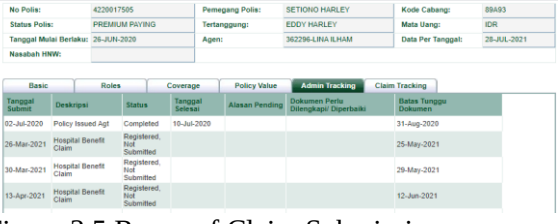


Figure 3.5 Recap of Claim Submission

The following is a picture that the author took as an example of when a customer submits a claim. When submitting a claim, there is no further status information whether the claim is pending or not. Administrative staff have to check via email and wait for a response for more than three days, and this makes things difficult and sometimes causes customers to complain because there is no clarity regarding the status of their claims.

Healthy practices at PT Asuransi Jiwa Manulife Indonesia still do not meet the requirements for good internal control. The form does not have a printed serial number, archiving the documents is still not in order according to date, so it is difficult to find when you need the form. It is best for internal parties to carry out routine checks to test the accuracy of the documents used for all activities

CONCLUSIONS AND SUGGESTIONS

Conclusion

Based on data analysis, it can be concluded that the implementation of internal control over the health insurance claim payment accounting system is quite good, but there are several weaknesses as follows:

1. There are dual job functions, namely 1 (one) staff person who handles policy binding and claims submission.
2. For documents:
   a. The form does not have a printed sequence number
   b. Data archiving does not match the date, making it difficult to find when you need a form.
3. The use of computer facilities is still inadequate, thereby allowing for sabotage of company data and irresponsible actions regarding the use of company computers. An image that is not good at the moment will have bad consequences for the company in the future. More attention must be paid to the procedure for submitting claims which has always been considered detrimental by the public, because a bad image will reduce the number of policies and have an impact on the company's assets.

SUGGESTION

Paying attention to the existing problems, here are some suggestions that the author can recommend to the PT Asuransi Manulife Indonesia branch

1. It is recommended that authority and responsibility relating to the implementation of the claims payment system be included in the job description of each related function.

2. For documents:
    a. The design of documents and forms should be improved by including printed serial numbers
    b. Archives placed in archival storage cabinets should be arranged based on type, so that the same archives are not mixed up with others.
3. Regarding office facilities, important company data should not be stored on computers that can be accessed freely by employees. Even if circumstances require that some company data be stored on a computer that is easily accessible to employees, it is best to protect its use using a password.

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