

Gambaran ekses klaim provider PT Asuransi X polis yang diterbitkan tahun 2012 periode pelayanan Januari 2012-Oktober 2013 = The excess claim description at PT Insurance X provider for policy issued in 2012 at January 2012 - October 2013 service period

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Abstrak

Skripsi ini menggambarkan ekses klaim provider PT Asuransi X pada polis yang diterbitkan tahun 2012 periode pelayanan Januari 2012 ? Oktober 2013. Penelitian ini adalah penelitian cross sectional dengan desain deskriptif melalui pendekatan kuantitatif. Hasil penelitian dari data-data sekunder perusahaan dapat digambarkan bahwa biaya ekses klaim dipengaruhi oleh beberapa faktor, untuk faktor klasifikasi provider provider gold 50,20% dan 49.80 % dari total biaya ekses untuk provider silver. Faktor jenis kepesertaan ; karyawan 43.98%, pasangan 36.68% dan kepesertaan anak 19.35 % dari total biaya ekses klaim. Faktor berikutnya paket manfaat/pelayanan kesehatan yang terdiri dari rawat inap 51,43%, rawat jalan 29.05%, persalinan 13,19%, rawat gigi 6.24% dan paket manfaat kacamata 0.09% dari total biaya ekses klaim. Dari faktor kesesuaian isi polis terkait limitasi manfaat; rawat inap 52.96%, rawat jalan 23.75%, persalinan 15.02%, rawat gigi 8.16%, sedangkan limitasi manfaat kacamata 0.11% dari total biaya ekses klaim. Dari faktor pengecualian pada polis yang disebabkan karena: pengecualian diagnose 41.38%, pengecualian obat 31.27%, tindakan tidak indikasi 18.48%, pelayanan diluar tanggal efektif polis 7.13%, non medis 1.07% dan peserta yang tidak memiliki paket manfaat 0.66% dari biaya ekses klaim.

This study aims to describe the excess claim at PT Insurance X provider for policy issued in 2012 at January 2012 ? October 2013 Service Period. This study is cross sectional study with descriptive design through a quantitative approach. The result showed taken from Insurance Company secondary data describe that the excess claim cost influence by some factors, for classification of provider factor; gold provider reach 50.20% and 49.80% for silver provider from totally excess claim cost. Type of membership factor; employee 43.98%, couple 36.68% and children membership 19.35% from totally excess claim cost. The next factor of package benefit/health services that consist of inpatient 51.43%, outpatient 29.05%, maternity 13.19%, dental service 6.24% and package benefit of glasses 0.09% from totally excess claim cost. From the factor of compatibility policy content related to limitation of benefit inpatient 52.96%, outpatient 23.75%, maternity 15.05%, dental service 8.16% and package benefit of glasses 0.11% from totally excess claim cost. From the exclusion policy that caused by diagnose exclusion 41.38%, medicine exclusion 31. 27%, not indication treatment 18.48%, services out of effective date policy 7.13%, non medical 1.07% and member that have not benefit package 0.66% from totally excess claim cost.