Analisis selisih tarif INA-CBGs untuk tindakan bedah sectio caesarea pada pasien JKN kelas III di Rumah Sakit Wisma Prashanti tahun 2017 = Analysis of INA-CBGs tariff for sectio caesarea surgery on JKN patients class III at Wisma Prashanti hospital 2017

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Abstrak

Dilaksanakannya program Jaminan Kesehatan Nasional, diharapkan memberikepastian jaminan kesehatan menyeluruh bagi semua lapisan masyarakat. Sistemklaim pelayanan kesehatan di Rumah Sakit era JKN, dilakukan dengan tarif INACBGs.Namun terdapat keluhan adanya ketimpangan biaya tindakan dengan tarifINA-CBGs terutama pada tindakan bedah kelas III. Penelitian ini bertujuanmenganalisis selisih biaya aktual pelayanan dengan tarif INA-CBGS pada tindakanSectio Caesarea pasien JKN kelas III di Rumah Sakit Wisma Prashanti. Diambilsampel dari periode bulan Januari - Oktober 2017 sebanyak 27 pasien dengan kriteriainklusi pasien JKN kelas III dengan diagnosa utama maternal care due to uterinescar from previous surgery, untuk mengetahui perbandingan pemanfaatan layananaktual dengan Clinical Pathway Sectio Caesarea. Perhitungan biaya aktual dilakukandengan menggunakan metode double distribution berdasarkan data dari bagiankeuangan dan laporan rumah sakit.
Hasil penelitian mendapatkan bahwa biaya aktualpelayanan tindakan SC pada pasien kelas III yakni Rp. 5.658.016,75 dengan tarifINA CBGs yang dibayarkan adalah Rp.5.019.900,00, sehingga terdapat selisihnegatif sebesar Rp. 638.116,75. Komponen biaya yang dinilai dapat dikontrol adalahkomponen biaya operasional seperti biaya listrik, air, telepon, serta bahan medishabis pakai. Meskipun demikian, belum patuhnya staf terhadap Clinical Pathway CP juga berpotensi menyebabkan variasi komponen pelayanan, yang berdampakterhadap kenaikan biaya pelayanan. Pembentukan Tim Kendali Mutu dan KendaliBiaya dan Tim Anti Fraud diperlukan agar dapat secara rutin berkoordinasi denganmanajemen sehingga diketahui lebih dini penyimpangan yang ada untuk mencegahkemungkinan kerugian rumah sakit lebih banyak. Koordinasi antara manajemendengan dokter spesialis terkait Clinical Pathway juga perlu diintensifkan agarClinical Pathway menjadi kesepakatan bersama, serta adanya sosialisasi danpengawasan pelaksanaannya. Selain itu upaya efisiensi juga dapat dilakukan melaluibriedging Sistem Informasi Manajemen RS SIMRS dengan sistem INA-CBGS, danpelaksanaan analisis unit cost setiap tahunnya untuk mengetahui tingkat efisiensi danpencapaian kinerja unit.
<hr /><i>The implementation of the National Health Insurance JKN program, is expectedto provide health coverage for all levels of society. The claim system of health services at the Hospital, conducted by INA CBGs tariff. However, there arecomplaints of cost difference between actual cost with INA CBGs tariff especiallyfor surgical treatment on the patients of class III. This study aims to analyze thecost differences between the actual cost of Sectio Caesarea services and INACBGStariffs on patients JKN class III at Wisma Prashanti Hospital. 27 sampleswere taken from the period time of January October 2017 with the inclusioncriteria are patients of JKN class III with a primary diagnosis of maternal caredue to uterine scar from previous surgery, to determine the actual serviceutilization compare with Clinical Pathway of Sectio Caesarea. Actual costcalculation is done by using double distribution method based on data fromfinancial section and hospital report.

The results of the study found that the actualcost of SC services in patients class III is Rp. 5,658,016.75 with INA CBGs tariffpaid is Rp.5.019.900,00, so there is a negative difference of Rp. 638.116,75. Costcomponents that are assessed to be controlled are the components of operationalcosts such as electricity, water, telephone, and medical consumables. However,the lack of compliance of staff to CP also has the potential to cause variations inservice components, which have an impact on the increase in service costs. It isrecommended to establish a Quality and Cost Control Team and an Anti FraudTeam that can routinely coordinate with the management so that we have knownthe irregularities earlier to prevent hospital losses. There should be acoordination between management and specialist doctors related to ClinicalPathway as a mutual agreement, as well as the socialization and supervision of itsimplementation. In addition, efficiency efforts can also be done through briedgingthe hospital management information system with INA CBGS system, andimplementation of unit cost analysis every year to know the level of efficiency andachievement of unit performance.