

INTISARI

Latar belakang: Peran FKTP seperti puskesmas, klinik swasta dan dokter praktek mandiri sangat penting dalam mewujudkan *universal health coverage*. Keberlangsungan penyelenggaraan pelayanan kesehatan membutuhkan dukungan pembiayaan yang cukup. Bagi klinik swasta yang tidak mendapatkan subsidi dari pemerintah, penetapan tarif rasional (efektif dan efisien) perlu memperhitungkan analisis satuan biaya agar mencukupi kebutuhan operasional, pemeliharaan, maupun pengembangan. Penetapan tarif juga perlu mempertimbangkan kemauan membayar masyarakat serta kebijakan dari *stakeholder*.

Tujuan: Memperoleh besaran usulan tarif rasional rawat jalan berdasarkan analisis *unit cost* dan *persepsi stakeholder* serta mengetahui kemauan membayar masyarakat.

Metode: Jenis penelitian yang digunakan adalah *mix method* dengan desain *explanatory sequential*, yaitu menggunakan pendekatan kuantitatif dan kualitatif secara berurutan. Data sekunder diperoleh secara retrospektif dan diolah secara kuantitatif untuk menghitung *unit cost*. Data primer melalui kuesioner untuk melihat kemauan membayar masyarakat (WTP). Analisis kualitatif melalui wawancara mendalam untuk melihat persepsi *stakeholder*.

Hasil: Perhitungan *unit cost* dengan metode *step down* diperoleh UC poli umum Rp 79.337,- poli gigi Rp 151.635,- konsultasi psikolog Rp115.283,-, dan pusat kebugaran Rp236.555,-. Nilai ATP masyarakat adalah Rp 138.808,- dengan rerata biaya periksa Rp 56.093,-. Sebanyak 58,1 % responden setuju terhadap kenaikan tarif 10% jika disertai dengan peningkatan mutu pelayanan dan fasilitas. Dengan peningkatan tarif 20%, kemauan membayar masyarakat turun menjadi 40,6%. Para *stakeholder* setuju untuk melakukan evaluasi besaran tarif layanan.

Kesimpulan: Tarif pelayanan yang berlaku lebih rendah dari perhitungan *unit cost*. Dengan melihat kemampuan dan kemauan membayar masyarakat serta persepsi *stakeholder*, sangat dimungkinkan adanya revisi tarif.

Kata kunci: *unit cost*, biaya satuan, tarif, *willingness to pay*, persepsi *stakeholder*

ABSTRACT

Background: The role of primary care, such as primary health community, private clinics, and private general practitioner, is very important in achieving universal health coverage. The continuity of health service delivery requires sufficient financial support. For a private clinic that does not receive subsidies from the government, the determination of a reasonable rate (effective and efficient) needs to calculate the unit cost analysis to meet operational, maintenance, and development needs. Determination of rate also needs to consider the willingness to pay and stakeholder's policies.

Objective: This study analyzes reasonable outpatient tariffs based on unit cost analysis, willingness to pay, and stakeholder perceptions.

Method: The research is a mixed-method with a sequential explanatory design. This research uses quantitative and qualitative approaches in order. Secondary data are obtained retrospectively and processed quantitatively to calculate unit costs. Primary data through questionnaires to see the willingness to pay (WTP). Qualitative analysis through in-depth interviews to see stakeholder perceptions.

Result: Based on calculation with step down method obtained unit cost of general practice IDR 79.337, dental care IDR 151.635, consultation of psychologists IDR 115.283, and fitness center IDR 236.555. The value of ATP is IDR 138.808 with an average service fee of IDR 56.093. A total of 58.1% of respondents agreed to the 10% rate increase when accompanied by the quality improvement of services and facilities. With a 20% rate increase, the willingness to pay decrease to 40.6%. Stakeholders agreed to evaluate the number of service rates.

Conclusion: The service rate is lower than the unit cost calculation. By looking at the ability and willingness to pay the community and stakeholders' perceptions, it is possible to evaluate the tariff.

Keywords: unit cost, tariff, willingness to pay, stakeholder perception