INTISARI

Latar Belakang: Di era Jaminan Kesehatan Nasional, Rumah Sakit dituntut untuk memberikan pelayanan kesehatan yang profesional dan berkualitas dengan harga yang relatif murah. Penentuan tarif berdasarkan unit cost (UC) dinilai sangat berguna untuk menentukan jumlah biaya yang dibutuhkan untuk menghasilkan pelayanan kesehatan yang efisien jika dibandingkan dengan tarif INA-CBGs (Indonesia Case-based groups). Pada tahun 2019 terjadi selisih negatif sebesar Rp. 60. 955. 278 untuk klaim SC BPJS kelas 3 tanpa penyulit.

Tujuan: Penelitian ini bertujuan untuk mengidentifikasi biaya unit SC elektif, SC emergensi, Re-SC elektif, dan Re-SC emergensi.

Metode: Penelitian deskriptif kuantitatif dan cross-sectional ini dilakukan di RS Kajen pada 1839 tindakan SC yang terdiri dari 802 SC elektif, 642 SC emergensi, 244 Re-SC elektif, dan 151 Re-SC emergensi. Data unit cost diproses menggunakan metode Double Distribution.

Hasil: Disimpulkan bahwa untuk kelas 3, biaya unit cost SC elektif di RSUD Kajen sebesar Rp 4.433.766,0; SC emergensi Rp. 4.996.077,97; Re-SC elektif Rp. 4.626.895,07; Re-SC emergensi Rp. 5.189.206,97. Untuk kelas 2, biaya unit cost SC elektif adalah Rp. 4.481.584,66; SC emergensi Rp. 5.043.896,56; Re-SC elektif Rp. 4.674.713,66; Re-SC emergensi Rp. 5.237.025,56. Untuk kelas 1, biaya unit cost SC elektif adalah Rp.4.494.275,26; SC emergensi Rp. 5.056.587,16; Re-SC elektif Rp. 4.687.404,26; Re-SC emergensi Rp. 5.249.716,16.

Kesimpulan: SC emergensi memiliki unit cost 15,7% lebih besar dari SC elektif, dan Re-SC memiliki unit cost 10,15% lebih besar dari SC. Tarif SC memiliki unit cost di atas tarif InaCbgs dan tarif Perbup/peraturan bupati 2017 sehingga manajemen perlu melakukan efisiensi dan melakukan review terhadap regulasi. Hal ini dapat dilakukan dengan mengontrol pengeluaran obat dan obat-obatan, selektif dan efektif dalam merekrut karyawan kontrak, lebih selektif dalam proses transfusi darah, lebih efisien dalam penggunaan listrik, air, telepon, dan internet.

Kata kunci: Operasi Caesar, *Double Distributon*, Unit cost

ABSTRACT

Background: In the era of National Health Insurance, people are required to provide professional and quality health services at relatively cheap prices. Determining tariffs by unit costs (UC) is considered very useful to determine the number of costs needed to produce health services to assess budget efficiency when compared to the rates of INA-C BGS (Indonesia Case-based groups). In 2019 there was a negative difference in 60. 955. 278 IDR for BPJS class 3 mild severity level Cesarean Section (CS) claims.

Objective: This study aims to identify unit costs of elective CS, emergency CS, elective Re-CS, and emergency Re-CS.

Methods: This is descriptive quantitative and cross-sectional research at Kajen Hospital in the case of 1839 CS consisting of 802 elective CS, 642 emergency CS, 244 elective Re-CS, and 151 emergency Re-CS. Unit costs data are processed using the Double Distribution method.

Results: it was concluded that for class 3, elective CS unit costs at Kajen Hospital amounted to 4,433,766.0 IDR; emergencies CS 4,996,077.97 IDR; elective Re-CS 4,626,895.07 IDR; emergency Re-CS 5,189,206.97 IDR. For class 2, elective CS unit cost is 4,481,584.66 IDR; emergency CS 5,043,896.56 IDR; elective Re-CS 4,674,713.66 IDR; emergency Re-SC 5,237,025.56 IDR. For class 1, elective CS unit cost is 4,494,275.26 IDR; emergencies CS 5,056,587.16 IDR; elective Re-CS 4,687,404.26 IDR; emergency Re-CS 5,249,716.16 IDR.

Conclusion: Emergency CS has a unit cost rate of 15.7% greater than the elective CS rate, and Re-CS has a unit cost rate of 10.15% greater than the CS rate. Unit costs CS rate are above the InaCbgs tariff and Perbup/ regent regulation 2017 tariff, management needs to make efficiency and conduct a review of regulation. It can be done by controlling drug and medical spending, being selective and effective in recruiting contract employees, being more selective in the blood transfusion process, more efficient in the use of electricity, water, telephone, and internet.

Keywords: Cesarean Section, Double Distributon, Unit cost