

ABSTRAK

Latar belakang: Salah satu perhatian utama dalam penyelenggaraan JKN adalah tarif INA-CBG untuk pembiayaan layanan kesehatan. BPJS Kesehatan membiayai layanan kesehatan ini dan membayarkan kepada rumah sakit sebagai fasilitas rujukan.

Tujuan: Penelitian ini bertujuan untuk mengetahui ada atau tidaknya perbedaan antara biaya riil rawat inap dengan tarif INA CBG's pada pasien BPJS di RS PKU Muhammadiyah Gamping.

Metode: Penelitian ini menggunakan pendekatan campuran, yaitu kuantitatif retrospektif dan kualitatif deskriptif melalui wawancara. Penelitian ini dilakukan di RS PKU Muhammadiyah Gamping. Instrumen penelitian ini adalah rekam medis pasien, data klaim BPJS Kesehatan, laporan Keuangan Rumah Sakit dan wawancara. Analisis data meliputi analisis data kuantitatif dan analisis data pareto.

Hasil: Hasil analisis terhadap perbedaan biaya riil rawat inap dengan tarif INA CBG's di RS PKU Muhammadiyah Gamping menunjukkan adanya selisih yang signifikan. Total biaya pelayanan rawat inap mencapai Rp 19.521.133.603, sementara tarif klaim yang diterima rumah sakit hanya sebesar Rp 18.288.539.600, mengakibatkan kekurangan pembayaran sebesar Rp 1.232.594.003 atau 6,31% dari total biaya riil. Perbedaan ini terjadi pada 2.272 kasus rawat inap. analisis terhadap komponen biaya Pareto INA CBG's mengidentifikasi lima komponen utama yang berkontribusi sebesar 75,68% dari total biaya pelayanan. Kamar akomodasi menduduki peringkat tertinggi dengan kontribusi sebesar Rp 3.744.250.900 (19,18%), diikuti oleh prosedur bedah sebesar Rp 3.691.098.000 (18,91%), bahan medis habis pakai (BMHP) sebesar Rp 3.394.195.241 (17,39%), laboratorium sebesar Rp 2.423.939.597 (12,42%), dan obat sebesar Rp 1.523.236.611 (7,80%). Komponen lainnya seperti sewa alat, radiologi, dan konsultasi berkontribusi di bawah 6% masing-masing, menunjukkan bahwa meskipun penting, biaya yang dihasilkan relatif lebih kecil dibandingkan komponen utama.

Kesimpulan: Terdapat selisih signifikan antara biaya riil dan tarif INA-CBG's di RS PKU Muhammadiyah Gamping yang berdampak pada kerugian finansial, sehingga diperlukan evaluasi tarif, efisiensi biaya, dan sistem informasi manajemen yang kuat guna menjaga keberlangsungan operasional dan mutu layanan JKN.

Kata Kunci: Analisis Pareto, Biaya Riil, BPJS Kesehatan, INA-CBG's, Rawat Inap

ABSTRACT

Background: One of the main concerns in the implementation of JKN is the INA-CBG tariff for financing health services. BPJS finances these health services and pays to hospitals as referral facilities.

Objectives: This study uses a mixed approach, namely quantitative retrospective and qualitative descriptive through interviews. This study was conducted at PKU Muhammadiyah Gamping Hospital. The research instruments were patient medical records, BPJS Kesehatan claim data, Hospital Financial Reports and interviews. Data analysis includes quantitative data analysis and Pareto data analysis.

Methods: This study uses a mixed approach, namely quantitative retrospective and descriptive qualitative through interviews. This study was conducted at PKU Muhammadiyah Gamping Hospital. The research instruments were patient medical records, BPJS Kesehatan claim data, Hospital Financial Reports and interviews. Data analysis includes quantitative data analysis and Pareto data analysis.

Results: The research instruments were patient medical records, BPJS claim data, and Hospital Financial Reports. Data analysis includes quantitative data analysis and Pareto data analysis. The results of the analysis of the difference in real inpatient costs with INA CBG's rates at PKU Muhammadiyah Gamping Hospital showed a significant difference. The total cost of inpatient services reached IDR 19,521,133,603, while the claim rate received by the hospital was only IDR 18,288,539,600, resulting in a shortfall of IDR 1,232,594,003 or 6.31% of the total real costs. This difference occurred in 2,272 inpatient cases. Analysis of the INA CBG's Pareto cost components identified five main components that contributed 75.68% of the total service costs. Accommodation rooms ranked highest with a contribution of Rp 3,744,250,900 (19.18%), followed by surgical procedures of Rp 3,691,098,000 (18.91%), disposable medical materials (BMHP) of Rp 3,394,195,241 (17.39%), laboratory of Rp 2,423,939,597 (12.42%), and medicine of Rp 1,523,236,611 (7.80%). Other components such as equipment rental, radiology, and consultation contributed below 6% each, indicating that although important, the costs generated are relatively smaller compared to the main components.

Conclusions: There is a significant difference between the real costs and INA-CBG's rates at PKU Muhammadiyah Gamping Hospital which has an impact on financial losses, so that evaluation of rates, cost efficiency, and a strong management information system are needed to maintain the operational sustainability and quality of JKN services.

Keywords: *Pareto Analysis, Real Cost, BPJS Kesehatan, INA-CBG's, Inpatient*