

## Abstrak

**Latar Belakang:** Sejak tahun 2008, pemerintah memberlakukan pembiayaan sistem jaminan kesehatan nasional. Ketepatan diagnosis dan kode dapat mengubah hasil grouper yang nantinya akan berpengaruh pada tarif. Sehingga aturan reseleksi berdasarkan ICD-10 dibutuhkan agar diagnosis dan kode utama tepat. Menurut studi pendahuluan, terdapat 3 (30%) dari 10 kasus pasien rawat inap BPJS yang tidak tepat dalam reseleksi diagnosis dan kode utama.

**Tujuan:** Menganalisis perbedaan pembiayaan jaminan kesehatan nasional tahun 2019 di RSUD Rizki Amalia Medika.

**Metode:** Penelitian ini berjenis analitik dengan pendekatan kuantitatif dengan rancangan *Cross Sectional*. Populasi berjumlah 2.510 kasus pasien rawat inap BPJS tahun 2019. Sampel berjumlah 75 kasus ditarik menggunakan *simple random sampling*. Teknik pengambilan data studi dokumentasi. Analisis data menggunakan teknik analisis univariat dan bivariat.

**Hasil:** Ketepatan reseleksi diagnosis utama pasien rawat inap BPJS di RSUD Rizki Amalia Medika dari 75 kasus yaitu sebesar 77%. Ketepatan reseleksi kode utama dari 75 kasus yaitu sebesar 63%. Hasil uji T berpasangan menunjukkan hasil statistik p-value sebesar 0,01004, sehingga p-value <  $\alpha = 0,05$ . Dengan demikian,  $H_0$  ditolak, yang artinya ada beda pembiayaan jaminan kesehatan nasional sebelum dievaluasi dengan setelah dievaluasi. Perbedaan pembiayaan sebesar Rp6.221.800,00.

**Kesimpulan:** Ketidaktepatan dalam reseleksi diagnosis dan kode utama masih ditemukan sehingga dapat menimbulkan perbedaan pembiayaan jaminan kesehatan. Untuk itu, evaluasi terhadap hasil reseleksi berdasarkan aturan morbiditas sesuai ICD-10 perlu dioptimalkan.

**Kata Kunci:** Reseleksi Diagnosis Utama, Perbedaan Pembiayaan, JKN.

## **Abstract**

**Background:** Since 2008, the government has implemented the national health guarantee financing system. The accuracy of diagnosis and codes can change the grouper result which will affect the tariff. Reselection rules based on ICD-10 are needed for reselection so the diagnosis and main code are correct. According to the preliminary study, there were 3 (30%) out of 10 cases of BPJS inpatients who were incorrect in reselection the diagnosis and the main code.

**Objective:** Analyzing the differences of national health guarantee financing year 2019 at RSUD Rizki Amalia Medika.

**Methods:** This research uses quantitative analytic with Cross Sectional plan. The population is 2,510 of BPJS inpatient cases in 2019. The sample is 75 cases with random simple sampling technique. The technique of data collection is documentation study. Data analysis use univariate and bivariate analysis techniques.

**Results:** The accuracy of main diagnosis for BPJS inpatients at RSUD Rizki Amalia Medika shows that from 75 cases, 77% occurrences are correct and 23% occurrences are incorrect. While main codes show that from 75 cases, 63% correct and 37% incorrect. The difference in INACBGs financing guarantee based on Paired T Test, the results of statistic tester p-value is 0.01004, so the  $p\text{-value} < \alpha = 0.05$ . The result of  $H_0$  is rejected, which means there is a difference of national health guarantee financing before and after it has been evaluated. The difference in financing is IDR 6,221,800.00.

**Conclusion:** Inaccuracies in the main diagnosis and code reselection are still found so it can cause difference in health coverage reimbursement. For this reason, the evaluation of reselection results based on morbidity according to ICD-10 needs to be optimized.

**Keywords:** Reselection Main Diagnosis, Difference of Financing, JKN.