

**EVALUASI SISTEM PEMBAYARAN TAGIHAN PASIEN RAWAT INAP
DI UNIT PELAYANAN TERPADU RSCM KENCANA
RSUP NASIONAL Dr. CIPTO MANGUNKUSUMO**

**EVALUATION OF INPATIENT BILL PAYMENT SYSTEM AT RSCM KENCANA
INTEGRATED SERVICE UNIT
RSUP NASIONAL DR CIPTO MANGUNKUSUMO**

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ABSTRAK

Latar belakang: Sistem pembayaran di rumah sakit baik dari pola penjaminan pasien maupun instrumen pembayarannya merupakan aspek yang harus dikelola dengan baik agar dapat meminimalisir resiko, serta efisien. Diharapkan dapat meningkatkan jumlah penjaminan pasien yang dapat bekerja sama dengan UPT RSCM Kencana serta mengembangkan instrument pembayaran pada pola pembayaran yang aman, mudah, realtime dan online. Perlu data mengenai distribusi sistem pembayaran baik dari pola penjaminan pasien maupun instrumen pembayarannya yang dapat digunakan sebagai bahan melakukan evaluasi terhadap sistem pembayaran tagihan pasien.

Tujuan: Mendapatkan gambaran distribusi sistem pembayaran dari aspek penjaminan pasien serta instrumen pembayaran pasien rawat inap di UPT RSCM Kencana.

Metode: Jenis penelitian adalah penelitian deskriptif analitik melalui pengumpulan data sekunder yang dilanjutkan dengan wawancara terbuka terhadap 25 orang responden.

Hasil dan pembahasan: Berdasarkan penjaminan pasien didapatkan data bahwa pasien pribadi merupakan komposisi terbanyak yaitu 66% dari nilai transaksinya dan 90% dari jumlah transaksinya. Berdasarkan instrumen pembayaran dari nilai transaksinya didapat data bahwa pembayaran dengan transfer merupakan komposisi terbanyak yaitu 38%, tapi dilihat dari jumlah transaksinya 44% menggunakan pembayaran dengan kartu debit. Untuk ketepatan waktu pelunasan pasien, 64% tidak sesuai jadwal.

Simpulan dan saran: Memperluas market pelayanan pada pasien-pasien jaminan asuransi perlu untuk meningkatkan volume pelayanan, serta untuk mempercepat pengembangan system pembayaran khususnya pembayaran non tunai, sangat penting untuk dilakukan sosialisasi serta pengembangan system pembayaran yang realtime dan online.

Kata kunci: Sistem pembayaran, penjaminan pasien, instrumen pembayaran

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ABSTRACT

Background: Payment system distributions of patient insurer aspect and payment instrument are important for hospital management in determining future strategy plan. In addition, bill payment response time arose from inpatient care should to be monitored and evaluated. Importance of payment system distribution and patient bill payment response time were underlying reason of this study.

Objective: this study was aimed to evaluate and develop patient payment system at RSCM Kencana integrated service unit and to recommend about patient insurer and payment system to the policymakers.

Method: this study was an analitic study used cross sectional design, this design was used due to dependent and independent variables were taken at the same time from October 2015 to October 2016. Information about mostly used insurer type and payment instrument were obtained from open interview with the respondent. This study was conducted at RSCM Kencana integrated service unit, RSUP Nasional Dr. Cipto Mangunkusumo. Quantitative data were taken from entire inpatient payment transactions at Integrated Services Unit RSCM Kencana and 25 respondent were involved for qualitative data.

Results and Discussion: payment system distribution from patient insurer are personal, guaranted insurance and company insurance. Payment system distribution from payment instrument aspect are cash, credit card, debit card, and transfer. 64% out of 321 transactions were not correspond to bill acquittance due date schedule, mostly were patient with company insurance. Bivariate analysis toward patient insurer and payment instrument to inpatient bill payment punctuality showed that company payment punctuality proportion was higher than insurance but statistically insignificant, with p 0.062. 68% out of 25 respondents have national health insurance (JKN) and understand that there is difference between service charge at RSCM Kencana Integrated Service Unit and tariff guaranted by insurance, that lead to cost sharing which needed to be charged by patient. But from the interviews can be concluded that the respondents expect the value of cost sharing is not high, which means that the guaranteed value of the insurance is expected to cover most of the services cost in RSCM Kencana Integrated service Unit.

Conclusions and Recommendations: Market services to patients with insurer coverageis needed to be expanded. Evaluation about bill payment punctuality, factors which cause time inaccuracies of bill payment and will those affect overall financial performance of RSCM Kencana integrated saervice unit are necessary to be performed and credit which arose from patient with personal insurance transaction should be monitored. It was found that monitoring towards patient with personal insurance credit is extremely weak During study period. Given that there is no relationship between insurer type and payment instrument with payment punctuality, as has been mentioned at the second recommendation that other factors which cause bill payment time inaccuracy are necessary to be identify.

Consideration should be given to expand the market of patients with insurer coverage, and consider to implement online and realtime payment systems in order not to be bound to place and time. Socialization of internet banking-based payments using a virtual account number is necessary.

Key word: patient payment system, patient insurer, payment instrument.