INTISARI

Latar Belakang: Sejak 1 Januari 2014 Program JKN mulai dilaksanakan di Indonesia. Program JKN ini dilaksanakan oleh FKTP dan FKRTL yang bekerjasama dengan BPJS Kesehatan, termasuk Puskesmas Gondokusuman II. Dalam pelaksanaan program JKN, Puskesmas merupakan *gate keeper* yang difungsikan dalam penjaringan pasien agar pelayanan kesehatan perorangan dapat diberikan dengan benar dan tepat sesuai dengan kebutuhannya. Program JKN ini masih terbilang baru, sehingga pelaksanaan di lapangan masih belum maksimal. Hal ini ditunjukkan dengan masih adanya pasien JKN yang berobat di Puskesmas Gondokusuman II tidak sesuai dengan FKTP dimana pasien terdaftar, *double entry* data pasien ke dalam SIMPUS dan *Primary Care*, aplikasi *Primary Care* yang sering *error*, sehingga pengecekkan kepesertaan dan *entry* data pasien JKN menjadi terhambat. Hal lain yang menjadi perhatian adalah belum berjalannya sistem pendanaan secara non kapitasi.

Tujuan Penelitian: Untuk mengetahui gambaran umum dan kendala pelaksanaan program JKN terkait penerimaan pasien, pengolahan data medis, pelaporan dan pendanaan JKN di Puskesmas Gondokusuman II.

Metodologi Penelitian: penelitian ini merupakan penelitian deskriptif kualitatif dengan rancangan penelitian *cross-sectional.*

Hasil Penelitian: Penerimaan pasien JKN dimulai dari pengambilan nomor antrian, kemudian pengecekkan data kepesertaan, indentifikasi identitas sosial lainnya, *entry* data sosial ke dalam *P-Care* dan SIMPUS serta mengantarkan rekam medis ke balai pengobatan. Dengan harus *entry* data sosial ke dalam *P-Care* dan SIMPUS maka waktu pelayanannya juga semakin lama. Pengolahan data medis Pasien JKN dilakukan dengan *entry* data medis pasien ke dalam *P-Care* dan SIMPUS. Namun, belum semua data medis pasien dapat di-*entry* ke dalam *P-Care.* Pelaporan program JKN terdiri dari laporan kunjungan dan laporan 10 besar penyakit berdasarkan jenis kepesertaan pasien JKN, yakni Askes, Jamkesmas dan BPJS Mandiri. Laporan tersebut dikirim ke Dinkes Kota Yogyakarta setiap bulan. Pendanaan program JKN ada dua macam, yakni berdasarkan kapitasi dan non kapitasi. Untuk kapitasi, Puskesmas menerima pembayarannnya setiap bulan. Sedangkan untuk pendanaan non kapitasi, belum berjalan. Kendala pelaksanaan program JKN terkait penerimaan pasien, pengolahan data medis, pelaporan dan pendanaan terdiri dari unsure *man, materials, machines, methods, markets* dan *money*.

Kata Kunci: Program JKN, Penerimaan Pasien, Pengolahan Data Medis, Pelaporan, Pendanaan.

ABSTRACT

***Background of Study**: Since January 1st 2014, National Health Assurance Program was starting to be implemented in Indonesia. This National Health Assurance Program is implemented by The First Level Health Facilities and The Continuation Level Reference Health Facilities who cooperated with BPJS, it is also included Puskesmas Gondokusuman II. In the implementation of National Health Assurance Program, Puskesmas is a gate keeper which is functioned in the patients networking, so the personal health service can be given well and properly suit the needs. This National Health Assurance Program is relatively a new program, so the implementation in the field isn't maximal yet. This problem is shown with some patients of National Health Assurance were still coming to Puskesmas Gondokusuman II and it is not matching with FKTP where the patients registered, double entry of patients data into SIMPUS and Primary Care, Primary Care application which is frequently error, thus the members checking and National Health Assurance Program patients data entry become hampered. Other problem that become the spotlight is funding system hasn't proceed yet with non capitation.*

***Purpose of Study**: To know the general description and obstacle of the implementation of National Health Assurance Program related to patients acceptance, medic data processing, report, funding.*

***Methodology of Study**: this study is a descriptive qualitative study with cross-sectional study outline.*

***Result of Study**: Acceptance of National Health Assurance Program patients starts from queue number taking, then members data checking, other social identities identification, social data entry into P-Care and SIMPUS also deliver the medic recording to the medical association. The must of social data entry into P-Care and SIMPUS, so the timing of service is becoming longer. Medic data processing of National Health Assurance Program patients is done with medic data entry of patients into P-Care and SIMPUS. However, it is not yet all of medic data of patients can be entered into P-Care. National Health Assurance Program report consists of visit report and report of the top ten diseases based on the patients member type which are Askes, Jamkesmas and BPJS Mandiri. This report sent to the Dinkes Kota Yogyakarta every month. There are two kinds of National Health Assurance Program funding, which are based on capitation and non capitation. For capitation, Puskesmas recieves the payment every month. Meanwhile for non capitation funding, it hasn't proceed yet. The obstacle of the implementation of National Health Assurance Program related to patients acceptance, medic data processing, report and funding consist of unsure man, materials, machines, methods, markets and money.*

***Keywords**: National Health Assurance Program, Patients Acceptance, Medic Data Processing, Report, Funding.*