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PELAYANAN KEBIDANAN DAN NEONATAL DENGAN SISTEM PEMBAYARAN NON KAPITASI DI KABUPATEN BANYUWANGI
EKA SUCI DANIYANTI, Dr. Mubasysyir Hasanbasri, MA.; Prof. dr. Mohammad Hakimi, Phd.
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INTI SARI

Latar Belakang: Penurunan Angka kematian ibu dan bayi belum bisa tercapai hingga tahun 2015, meskipun berbagai upaya telah dilakukan. Salah satu upaya yang dilakukan adalah menghilangkan hambatan finansial bagi ibu hamil untuk mendapatkan jaminan persalinan, namun didalam pelaksanaan program tersebut masih terdapat permasalahan yang berdampak penurunan kualitas pelayanan yang diberikan, pembayaran yang tidak tepat waktu, proses pencairan klaim yang sangat lama dan terlalu rendah tarif yang ditetapkan menjadi alasan utama penurunan kualitas pelayanan kebidanan dan neonatal.
Tujuan: Untuk mendeskripsikan pelayanan kebidanan dan neonatal dengan sistem pembayaran non kapitasi di Kabupaten Banyuwangi
Metode Penelitian: Jenis penelitian yang digunakan rancangan penelitian kualitatif dengan pendekatan fenomenologi. Penelitian dilakukan di Kabupaten Banyuwangi. Subyek penelitian adalah Bidan praktek mandiri yang terdaftar sebagai jejaring di fasilitas kesehatan. Besar sampel adalah 20 responden. Pengumpulan data dilakukan dengan wawancara mendalam (*indepth interview*). Analisis data dengan menggunakan analisis isi yaitu informasi yang dikumpulkan akan diajukan secara narasi, hasil wawancara yang kemudian ditarik sebuah kesimpulan.
Hasil: Pelaksanaan pelayanan kebidanan dan neonatal di Kabupaten Banyuwangi belum sepenuhnya dilaksanakan dengan optimal. Besaran tarif yang dinilai kurang atau belum sesuai dan proses lamanya pencairan dana klaim membuat tidak semua bidan praktek mandiri bersedia memberikan pelayanan secara berkelanjutan. Masih terdapat penarikan biaya pada pelayanan pemeriksaan kehamilan/ANC. Tidak terdapat perbedaan tingkat pendidikan, lama bekerja dan status delima bidan praktek mandiri dalam memberikan pelayanan kepada pasien. Pemberian pelayanan cenderung diberikan pada pelayanan dengan tarif yang besar dan tidak terdapat kesulitan dalam prosedur penagihan klaim.
Kesimpulan: Implementasi pelayanan kebidanan dan neonatal belum sepenuhnya dilaksanakan oleh bidan praktek mandiri, sistem pembayaran yang dinilai kurang dan proses yang ribet menjadi keluhan utama para bidan praktek mandiri, pengetahuan terkait peraturan dalam pelaksanaan pelayanan kebidanan dan neonatal yang setengah – setengah menjadi penyebab persepsi buruk terhadap program yang sedang dilaksanakan.

Kata kunci: Insentif, klaim, pelayanan kebidanan

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THE MIDWIFERY AND NEONATAL SERVICE BY NON-CAPITATION PAYMENT SYSTEM IN BANYUWANGI REGENCY

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ABSTRACT

Background: The target in reducing maternal and child death rate couldn't be fulfilled until 2015. One of efforts that had already implemented in fulfilling the target was to eliminate financial constraint for pregnant mother by providing birth insurance. However, in the implementation, there were still problems existed that affected on reducing service quality given, late payment, long claim disbursement process, and too low tariff determination. These problems became main reasons in lowering the quality of midwifery and neonatal service.
Objective: To describe the midwifery and neonatal service by non-capitation payment system in Banyuwangi Regency.
Method: This research was a qualitative research with phenomenology approach. Research was held in Banyuwangi Regency. Research subject was private midwife that were registered as networking midwife in health facilities. There were 20 respondents determined as samples. Data collection was implemented by in-depth interview. Data analysis used content analysis that was defines as the collected information that was presented as interview result narration and then concluded.
Result: The implementation of midwifery and neonatal service in Banyuwangi Regency wasn't optimally implemented. The low and inappropriate tariff amount and the long claim disbursement process made some of private midwifes didn't want to give advance services. There was still fee charge in pregnancy examination service/antenatal care. There were no differences of educational level, working period, and "delima" status for private midwife in delivering service to patient. The service delivery tended to be given in service with large tariff and there weren't any difficulties in claim billing procedure.
Conclusion: The implementation of midwifery and neonatal service wasn't fully implemented by private midwifes. The low payment system and complex process became main complaints of private midwifes. The lack of knowledge about regulation in implementing midwifery and neonatal service became the cause of bad perception towards programs which were implemented.
Keyword(s): Incentive, Reimbursement, Midwifery Service.

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