

## Risiko dan faktor yang berhubungan dengan kasus terduga fraud klaim tindakan operasi PT.Jamsostek (Persero) Kantor Cabang Bekasi Oktober 2006-Maret 2007

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### Abstrak

Kecurangan yang menurut istilah asuransi disebut fraud telah terbukti berperan menimbulkan inefisiensi pelayanan kesehatan di USA sebesar 10% dari total belanja kesehatan. Di Indonesia sulit mendapatkan angka pastinya karena terbatasnya penelitian tentang Baud. Untuk mendapatkan gambaran risiko fraud, dilakukan penelitian pada klaim pembedahan PT .Jamsostek (Persero) kantor cabang Bekasi periode Oktober 2006-Maret 2007. Kriteria fraud ditetapan berdasarkan kesesuaian informasi di dokumen tagihan dan dokumen pendukung lain serta keterangan pasien. Sampel yang digunakan adalah total sampel dan terdapat 177 kasus dengan berbagai jenis pembedahan. Diteliti berbagai faktor yang mempengaruhi terjadinya fraud. Diperoleh hasil risiko fraud klaim pembedahan di PT .Jamsostek (Persero) kacab Bekasi sangat tinggi, terbanyak ketidaksesuaian tagihan biaya dan tarif tindakan, selanjutnya ketidaksesuaian diagnosis. Faktor-faktor yang mempengaruhi fraud diantaranya dokter bedah, rumah sakit, jenis spesialisasi, sifat dan klasifikasi pembedahan Serta kualitas verifikasi klaim PT. Jamsostek (persero). Diperlukan kesadaran bersama untuk mengatasinya yaitu oleh organisasi profesi dokter untuk membina moral dan etika dokter, rumah sakit dengan pembenahan sistem dan manajemen serta asuransi dengan peningkatan kompetensi verifikasi klaim.

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Fraud claim is one cause of inefficiency in health expenditure. In USA is reported 10% of health expenditure contain suspected fraudulent cost. Data for Indonesia is rare because study for health cost Baud in Indonesia is very limited. To get figure and risk on fraud in health cost or expenditure in Indonesia, a study has been run with sample of hospital surgery claim at PT. Jamsostek (persero) Bekasi branch office. Criteria for fraud suspected is inappropriate information that given by hospital and seen at claim document or patient information. There are 177 cases that got surgery at 3 hospital in Bekasi on October 2006- March 2007. All of cases are non maternity surgery. Result of this study are; risk for fraud claim in PT Jamsostek (persero) Bekasi Branch office is 73,4% of total claim. Factors that related to fraud are type of surgeon specialist, classification of surgery in term of tariff classification, urgency of surgery, and quality of verification person in Jamsostek. This study give information that fraud is potentially could make expenditure for health always increase constantly, because one of the cause is fraud. Fraud is related with moral and ethic of people, and doctors have obligation to avoid cheat patient or other party that responsible for claim payment. Doctors, hospital management and insurance company should work together to reduce risk of fraud and collaborate to make early warning system to minimize impact of fraud claim to health expenditure and quality of service. Awareness of people should be built to make every party in health service could avoid fraud claim.