

Analisis implementasi administrasi klaim Jamkesmas di Rumah Sakit Vertikal tahun 2012 = Implementation analysis of Jamkesmas claims administration at Hospital owned by Ministry of Health in 2012

Farida Trihartini, author

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Abstrak

Tesis ini bertujuan untuk melakukan analisis implementasi administrasi klaim Jamkesmas di rumah sakit vertikal tahun 2012. Latar belakang permasalahan dalam penelitian ini adalah banyaknya permasalahan di rumah sakit daerah akibat keterlambatan klaim seperti cash flow rumah sakit, pembayaran insentif yang terlambat, dan pembelian obat terhambat. Di rumah sakit vertikal, efek dari keterlambatan pengajuan klaim Jamkesmas belum diketahui, karena belum pernah ada laporan tertulis mengenai implementasi administrasi klaim Jamkesmas sementara data dari Rekapnas menunjukkan adanya keterlambatan klaim di rumah sakit vertikal. Penelitian ini menggunakan pendekatan kualitatif dengan melakukan wawancara mendalam dari informan terpilih.

Hasil penelitian menunjukkan dari berdasarkan kepada teori implementasi kebijakan Edward III faktor komunikasi, sumber daya, disposisi dan birokrasi, serta kendala yang menyebabkan keterlambatan klaim. Kesimpulannya, implementasi administrasi klaim Jamkesmas di rumah sakit vertikal telah berjalan baik meskipun ada kendala, yaitu hambatan faktor komunikasi, sumber daya, dan komitmen. Kedua, belum ada pengawasan langsung terhadap jalannya proses administrasi klaim Jamkesmas di RS vertikal baik oleh Kemenkes ataupun rumah sakit. Saran peneliti bagi Kemenkes adalah membentuk tim casemix di setiap rumah sakit, dan menyusun format pengawasan sistem klaim.

.....This thesis aims to undertake an analysis of the implementation of the administrative claims Jamkesmas at hospital owned by Ministry of Health (MoH) in 2012. Background problem in this research is the large number of problems in the hospital area due to the delay in the claim such as cash flow, the incentive payment is late, and the purchase of drugs inhibited. At the hospital, the vertical effects of the delay in filing claim Jamkesmas unknown, because there has never been a written report regarding the implementation of the administrative claims data from temporary Jamkesmas national data claims showed a delay in hospital owned by MoH claims. This study used a qualitative approach by doing in-depth interviews of the selected informant.

The results showed of policy implementation based on the theory of Edward III communication factors, resources, disposition and bureaucracy, as well as the obstacles that cause delays in claims.

In conclusion, the implementation of administration claims Jamkesmas vertical hospital was going well despite the constraints, obstacles to communication factors, resources, and commitment. Second, there has been no direct supervision over the course of the administrative proceedings at hospital owned by MoH Jamkesmas claims either by Ministry of Health or the hospital itself. Advice for Ministry of Health are forming teams of casemix at every hospital, and composing format of supervision claims.