

Strategi RSUD Tenriawaru Kabupaten Bone menuju implementasi sistem pembayaran prospektif pada pasien persalinan program Jamkesda tahun 2013 = Strategies of General Hospital of Tenriawaru Bone Regency in Implementation of prospective payment system for delivery care patients in Jamkesda program year 2013

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Abstrak

Sumber penerimaan terbesar rumah sakit adalah pasien rawat inap persalinan Jamkesda. Integrasi Jamkesda dengan BPJS Kesehatan, akan merubah sistem pembayaran dari retrospektif menjadi prospektif. Penelitian ini bertujuan menggambarkan potensi selisih penerimaan rumah sakit berdasarkan tarif Perda dan INA-CBGs serta strategi menghadapi potensi selisih tersebut. Penelitian ini merupakan gabungan kuantitatif dan kualitatif, menggunakan 660 tagihan dan rekam medis pasien persalinan Jamkesda Tahun 2013. Komponen biaya terbanyak adalah jasa medis, BHP, jasa sarana, obat dan jasa pelayanan. Selisih terbesar pada persalinan dengan sectio secaria dengan rata-rata Rp.3.373.669/pasien. Diperlukan strategi melalui pengelolaan dokter, perawat dan tenaga farmasi, pengawasan, SIM-RS, rekam medis dan billing, perhitungan biaya serta identifikasi pelayanan dan pasar.

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The main source of hospital income derives from inpatients delivery care of Jamkesda. Jamkesda integration into BPJS health, will change it's payment system to providers from retrospective into prospective. This study aims to describe the potential difference of hospital tariff based on Perda and INA-CBGs. In addition hospital strategies to coping with potential difference of hospital income is also observed. This study combines quantitative and qualitative, using 660 claims and medical records of inpatients delivery care of Jamkesda year 2013. The largest costs component of delivery care are medical fee, consumables, accommodation, medications and nursing fee. The results showed that the largest difference found insecarian delivery patients with average Rp.3.373.669/patient. It takes strategy through medical staff, nursing and pharmacy staff management, supervision, hospital management information system, medical records and billing, costing, services and market identification.