

# **Analisis Capaian Casemix Dan Casemix Index Rumah Sakit Di Empat Kabupaten/Kota Di Provinsi Jawa Timur Tahun 2022 = Analysis of Hospital Casemix and Casemix Index Achievements in Four Districts/Cities in East Java Province at 2022**

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## **Abstrak**

Perubahan pola pemberian dari fee for service menjadi pola INA- CBGs menjadi peluang sekaligus ancaman bagi rumah sakit. Peluang muncul jika rumah sakit dapat menjalankan program JKN-KIS (Jaminan Kesehatan Nasional-Kartu Indonesia Sehat) secara efektif sehingga klaim bernilai positif, sebaliknya JKN-KIS berubah menjadi ancaman jika pelayanan yang diberikan oleh rumah sakit tidak efektif dan efisien (Mardiah and Rivany, 2017). Oleh karena itu casemix dan casemix index menjadi parameter yang penting. Tujuan dari penelitian ini adalah untuk mengetahui capaian casemix dan casemix index RS serta hubungan karakteristik RS, karakteristik pasien dan kapasitas RS terhadap casemix dan casemix index RS. Penelitian ini menggunakan data klaim yang diajukan RS kepada BPJS Kesehatan, data terkait kapasitas RS didapatkan dari RS. Analisis dilakukan secara univariat, bivariat dan multivariat dengan menggunakan regresi linier berganda. Hasil penelitian terdapat hubungan signifikan pada variabel kelas RS D terhadap RS kelas RS B, variabel BOR RS, jumlah tempat tidur intensif, jumlah kasus dengan alat canggih di rawat inap, proporsi kelas rawat 3, proporsi severity level 3 dan proporsi BP dengan casemix rawat inap. Terdapat hubungan signifikan pada variabel kelas RS, jenis RS ,kepemilikan RS , BOR RS, jumlah tempat tidur intensif, proporsi kelas 3, proporsi severity level 3, proporsi BP dan proporsi perempuan dengan casemix index rawat inap. Terdapat hubungan signifikan pada variabel kelas RS D terhadap kelas RS B ,kepemilikan RS, variabel proporsi perempuan, jumlah kasus dengan alat canggih di rawat jalan,proporsi lansia dan proporsi BP terhadap casemix rawat jalan. Terdapat hubungan signifikan pada variabel kepemilikan RS, proporsi perempuan, proporsi BP, jumlah kasus dengan alat canggih di rawat jalan dan jumlah ruang operasi dengan casemix index rawat jalan.

.....The change in financing patterns from fee for service to the INA-CBGs pattern is both an opportunity and a threat for hospitals. Opportunities arise if hospitals can run the JKN-KIS (National Health Insurance- Healthy Indonesia Card) program effectively so that claims are positive, otherwise JKN-KIS turns into a threat if the services provided by the hospital are not effective and efficient (Mardiah and Rivany, 2017). Therefore casemix and casemix index are important parameters. The aim of this research is to determine the hospital casemix and casemix index achievements as well as the relationship between hospital characteristics, patient characteristics and hospital capacity on hospital casemix and casemix index. This research uses claim data submitted by hospitals to BPJS Health, data related to hospital capacity is obtained from the hospital. Analysis was carried out univariate, bivariate and multivariate using multiple linear regression. The results of the research showed a significant relationship between the hospital class D variable and the hospital class B variable, the hospital BOR variable, the number of intensive beds, the number of cases with advanced equipment in inpatient care, the proportion of treatment class 3, the proportion of severity level 3 and the proportion of BP with inpatient casemix. There is a significant relationship between the variables of hospital class, type of hospital, hospital ownership, hospital BOR,

number of intensive beds, proportion of class 3, proportion of severity level 3, proportion of BP and proportion of women with inpatient casemix index. There is a significant relationship between the variable hospital class D and hospital class B, hospital ownership, the variable proportion of women, the number of cases with advanced equipment in outpatient care, the proportion of elderly people and the proportion of BP to outpatient casemix. There is a significant relationship between the variables of hospital ownership, proportion of women, proportion of BP, number of cases with advanced equipment in the outpatient setting and number of operating rooms with the outpatient casemix index.