

INTISARI

IMPLEMENTASI KEBIJAKAN SISTEM REMUNERASI JASA PELAYANAN TARIP PAKET INA-CBGs DI RUMAH SAKIT UMUM DAERAH ADE MUHAMMAD DJOEN SINTANG

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Latar belakang: Sejak ditetapkan sebagai Rumah Sakit dengan status PPK-BLUD (Pola Pengelolaan Keuangan Badan Layanan Umum), Rumah Sakit Umum Daerah Ade Muhammad Djoen Sintang meresponnya dengan membenahi berbagai unsur yang terkait dengan peraturan pemerintah yang termuat dalam Peraturan Pemerintah Nomor 23 Tahun 2005 Tentang Pengelolaan Keuangan Badan Layanan Umum, dimana salah satu unsur tata kelola yang dimuat tersebut yaitu Penetapan Remunerasi. Dengan perubahan “iklim dunia” perumhaskitan di Indonesia sejak ada kebijakan pemerintah mengenai *Universal Health Coverage (UHC)* / Cakupan Kesehatan Semesta, pengelolaan tarif paket yang dibuat dalam INA-CBGs (*Indonesia Case Base Groups*) turut mempengaruhi pola sistem remunerasi di Rumah Sakit Umum Daerah Ade Muhammad Djoen Sintang, sehingga banyak hal yang muncul dan berdampak pada sistem pembagian Jasa Pelayanan yang diformulasikan dalam bentuk sistem remunerasi terbaru.

Metode penelitian: Desain yang digunakan dalam penelitian ini adalah penelitian kualitatif dengan pendekatan deskriptif. Jenis data yang digunakan adalah data kualitatif. Pemilihan subyek dalam penelitian ini ditentukan

secara *purposive* dengan mengambil 3 (tiga) orang narasumber kunci. Analisis data menggunakan model siklus analisis interaktif.

Hasil dan Pembahasan: Berdasarkan analisis data didapatkan bahwa ada peningkatan kunjungan pasien berstatus pembiayaan menggunakan BPJS Kesehatan (Badan Penyelenggara Jaminan Sosial Kesehatan) yang menggunakan tarif paket INA-CBGs. Tarif paket INA-CBGs sulit digunakan untuk membagikan jasa pelayanan secara langsung sehingga perlu diolah terlebih dahulu. Seluruh proses pengimplementasian sistem remunerasi begitu kompleks, rumit dan panjang. Sehingga penelitian ini menemukan komunikasi belum berjalan baik, sumber daya masih belum memadai dan yang sudah ada belum sanggup mendukung proses sistem remunerasi, disposisi pelaksana belum memberikan dukungan yang optimal dan struktur birokrasi belum memiliki SOP (*Standard Operasional Prosedurs*) dan alur kerja serta fragmentasi yang ada belum mampu berkoordinasi baik secara vertikal maupun horisontal ditambah kondisi rumah sakit sekarang beroperasi dua tempat yang berbeda alamat.

Kesimpulan: Dari hasil penelitian dapat ditarik kesimpulan bahwa proses komunikasi, kemampuan sumber daya, dukungan implementator dan kemampuan struktur birokrasi masih banyak yang perlu dibenahi.

Kata Kunci: Implementasi Kebijakan, Sistem Remunerasi,
Tarif Paket INA-CBG

ABSTRACT

POLICY IMPLEMENTATION OF SERVICES REMUNERATION SYSTEM FOR PACKAGE RATES'S INA-CBGs IN THE REGIONAL GENERAL HOSPITAL OF ADE MUHAMMAD DJOEN SINTANG

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Background: Since established as a hospital with PPK-BLUD (Public Service Agency Financial Management Pattern), the Regional General Hospital of Ade Muhammad Djoen Sintang responded by fixing various elements related to government regulations contained in Indonesian Government Regulation Number 23 of 2005 concerning Financial Management of Public Service Agencies, in which one of the elements of governance contained is the calculation of remuneration. Along with changes in the "global climate" of hospitals in Indonesia, since there has been a government policy on Universal Health Coverage (UHC), the management of package rates made in the INA-CBGs (Indonesia Case Base Groups) has also influenced the pattern of remuneration systems in Regional General Hospitals Ade Muhammad Djoen Sintang, so that many things emerge and have an impact on the service distribution system that is formulated in the form of the latest remuneration system.

Methods: The design used in this study is qualitative research with a descriptive approach. The type of data used is qualitative data. The selection of subjects in this study was determined purposively by taking 3 (three) key informants. Data analysis uses an interactive model.

Results and Discussion: Based on the data analysis, it was found that there was an increase in patient visits with financing status using the *BPJS Kesehatan* (the Indonesian national health care insurance) using the INA-CBGs package rates. Tariffs for INA-CBG packages are difficult to use to share services directly, so they need to be processed in advance. The whole process of implementing a remuneration system is complex and time-consuming. The study also shows that communication has not gone well enough, resources are still inadequate and the existing resources are unable to support the remuneration system process, the disposition of implementers has not provided optimal support and the bureaucratic structure does not come up with SOP (Standard Operational Procedures) and workflows and existing fragmentation have not been able to coordinate both vertically and horizontally plus the condition of the hospital now operates two different addresses.

Conclusion: From the results of the study it can be concluded that the communication process, the resources, the support of implementers and the ability of the bureaucratic structure still needs to be addressed.

Keywords: Policy Implementation, Remuneration System, INA-CBGs Package Rates