
BPJS Patients and INA-CBG Tariff Claimants in the Cost of Sectio Caesaria

Triswati Sasmito¹ dan Harlis Setiyowati²

Economics Doctoral Student of University of 17 August 1945 Surabaya^{1,2}

E-mail: 1272000001@surel.untag-sby.ac.id¹ & 1272000015@surel.untag-sby.ac.id²

Abstract

A clinical pathway is an integrated service concept that uses medical service standards to define the various phases of patient care from admission to discharge. Hospitals are required to provide top-notch care at an affordable price during the National Health Insurance (JKN) period. For private hospitals to survive and thrive, notably RSIA Trisna Medika, profitability must still be viewed as a crucial factor. This descriptive study, which employed a case study approach, made use of the Clinical Pathway. Primary data were gathered through interviews and in-person observations of various Sectio Caesaria activities that required payment. Reviewing patient profiles and medical records yields secondary data, particularly data from the finance division. The IEC Program (educational communication using generic medications and nutrition), picking affordable medical devices, and minimizing operator services are the outcomes of the discussion on cost-saving strategies. At RSIA Trisnamedika, the Clinical Route has been used with great success. The following requirement will be to routinely arrange staff training, gather suitable descriptions, and carry out evaluations based on the responsibilities provided.

Keywords: *Clinical Pathway, INA CBG's tariff, Sectio Caesaria.*

INTRODUCTION

Private hospitals face challenges, particularly in the National Health Insurance period (JKN). The purpose of a hospital, a public organization that provide health services, is to assist the community by offering specialized, higher-quality services at reasonably cheap costs. Private hospitals must consider the business component in addition to being a social organization that aims to offer the finest services to the community (seeking profit). This non-commercial aspect is crucial for hospital administration because profit is unquestionably the foundation for the survival and growth of private hospitals. There are three (private) maternal and child hospitals in Tulungagung Regency, one of which being the Trisnamedika Mother and Child Hospital (RSIA). A Type C Special Hospital, the Trisnamedika Mother and Child Hospital (RSIA) offers specialized

medical care to women and children. Numerous people who used health services (particularly general participants) changed their membership to become BPJS participants after the National Health Insurance program was implemented in 2014. Visits to RSIA Trisnamedika have significantly decreased as a result of this. In response, the management chose to work with BPJS in 2018. (Social Security Administering Body). After working with BPJS, there was an increase in patient visits to the Trisnamedika Mother and Child Hospital (RSIA), with BPJS patients making up the majority of those trips (more than 75 percent).

A multidisciplinary treatment plan called a "clinical flow" is based on best clinical practice and is created for a group of patients with a particular condition in order to reduce treatment delays, increase quality of care, and improve clinical outcomes. Despite the implementation of the clinical approach, the average length of stay in pediatric gastroenteritis episodes increased in 2017. Conclusion: A number of variables, most notably the patient's condition, can affect how long a patient stays in the hospital. Adherence to clinical pathways had no effect on shortening stay in this research. (Siswanto, M & Chalidyanto, Dj. 2020).

The Clinical Pathway is a one-time mapping for patients from admission through hospital discharge that is utilized to create the DRG and is closely tied to the resources used/spent. Currently, all hospitals are required by policy established by the Ministry of Health to have a clinical path for each and every case of sickness. According to the Ministry of Health, cases with high expenditures, frequent occurrences, the ability to anticipate the course of the disease, and the availability of standard services (SPM) and standard operating procedures are prioritized for clinical pathways (SOP). Sectio caesaria is one instance of a situation that calls for a clinical approach. This scenario is the most common surgery in obstetrics, requiring a high cost, a predictable path and outcome, and the MSS and SOP from the profession (POGI). Calculating a cost, also known as the cost of treatment, is important to estimate how much money must be spent in the service of this sectio caesaria. Technically, the computation of these expenses will impose the Simple Distribution Method for its indirect costs and Activity Based Costing for its direct costs. The overall goal of the Indonesian Diagnosis-Related Group (INA-DRG) was to improve the effectiveness and standard of medical care. With this tariff package, it is anticipated that high health expenditures will be reduced, with sectio caesaria being one of the high-cost health services in a hospital. The findings of the study lead to the conclusion that the INA-DRG Jamkesmas program tariff does not match the cost of treatment sectio caesaria. That is higher by 50,3% over the INA-DRG Jamkesmas program's tariff. (A. Kasni, et.al., 2011).

Various research designs, from descriptive to experimental, were used to execute the study's findings at various institutions. In addition to frequent clinical instances, a clinical pathway was employed as a tool in a variety of clinical settings, including emergency, elective, and pre-post surgical patients. It was administered by medical personnel as they were giving care, covering the entire process from clinical audit through diagnosis. The adoption of a clinical care route should involve active collaboration between healthcare providers. Health care practitioners should stress the process and outcome of care and cut out pointless

or ineffective therapies while implementing the standard of input, process, and outcome of care to clients. A clinical care pathway could reduce the average length of stay for patients, increase cost effectiveness, and, consequently, improve the quality of service. To optimize the care process, the pathway should be implemented of multidisciplinary health care team. (Asmirajanti, M., et.al., 2020).

The findings revealed that Kaliwates General Hospital's human resources had a high level of dedication, motivation, and understanding when it came to implementing therapeutic pathways. All tools and papers were deemed sufficient. Although there was strong communication among the implementers, compliance and staff training were viewed as less important. Despite the pharmacy unit's perception that the task distribution was somewhat unfair, each staff member had a fairly balanced distribution of tasks. Kaliwates General Hospital is doing a good job of implementing the clinical route for treating typhoid fever. The hospital is required to routinely evaluate staff training needs, organize staff training accordingly, create job descriptions that are suitable, and conduct performance reviews based on those job descriptions. (Dewi, P.S.K., et.al., 2019).

METHOD

This study, which uses the Clinical Pathway technique to do a cost analysis, is a descriptive study using a case study approach design. RSIA Trisnamedika locates cost centers, particularly those that have deficits, and decides on a strategic course of action to resolve them. The Trisna Medika Special Hospital for Mothers and Children's profile, financial data from January to December 2020, and secondary data from an examination of medical record records were all gathered (RSIA).

The following figure depicts the research steps:



Figure 1: Flow of Analysis

The following are the specific stages of the research's activities:

1. The research's data was gathered through interviews with relevant respondents, primarily the administration of the Mother and Child Special Hospital, and a library study in the form of data collection in the form of books, papers, or other documents connected to the research's conduct (RSIA). Trisnamedika.
2. Problem Analysis: Examining the issues raised in the study, particularly how much a Sectio Caesaria at RSIA will cost. Trisnamedika.
3. Use of the clinical pathway.

RESULTS AND DISCUSSION

Paragraph 1 What is intended by the following in this Ministerial Regulation: 1. Capitation Rate is the amount of money BPJS Health pays First Level Health Facilities each month based only on the number of participants registered, regardless of the kind and volume of medical services rendered. 2. Based on the kind and volume of medical services rendered, BPJS Health claims a certain amount as payment to First Level Health Facilities. 3. The amount of payment claimed by BPJS Health to Advanced Level Facilities for service packages based on diagnosis grouping is known as the Indonesian Tariff - Case Based Groups, or INA-Tariff. CBG's (Permenkes, 2013). The bulk of the treatment group's patients fall under BPJS class III. The following is a list of Trisna Medika RSIA's prices:

Table 1
Summarizes the price of a Sectio Caesaria in 2020 without difficulties.

No	Various Costs	Regular Tariff	INA-CBG's
		1 st Class	
1	Cost directly	10.575.000	5.115.200
2	Operating directly	1.420.000	950.000
3	4 days accommodation	700.000	700.000
4	Operating indirectly	250.000	200.000
Total		12.945.000	6.965.200

Source : author's analysis

The price of a Sectio Caesaria in 2020 without difficulties, regular fees for patients in 1st class are twelve million nine hundred forty five thousand Rupiah. In contrast, INA-tariff, CBG's which is six million nine hundred sixty five thousand two hundred rupiah, is fifty percent less expensive.

Table 2
Summarizes the price of a Sectio Caesaria in 2020 without difficulties.

No	Various Costs	Regular Tariff	INA-CBG's
		2 nd Class	
1	Cost directly	10.205.000	4.300.200
2	Operating directly	1.320.000	885.000
3	4 days accommodation	600.000	600.000
4	Operating indirectly	225.000	185.000

Total	12.350.000	5.970.200
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Source : author's analysis

The price of a Sectio Caesaria in 2020 without difficulties, regular fees for patients in 2nd class are twelve million three hundred fifty thousand Rupiah. In contrast, INA-tariff, CBG's which is five million nine hundred seventy thousand two hundred rupiah, is fifty percent less expensive.

Table 3
Summarizes the price of a Sectio Caesaria in 2020 without difficulties.

No	Various Costs	Regular Tariff	INA-CBG's
		3 rd Class	
1	Cost directly	10.080.000	3.515.200
2	Operating directly	1.170.000	795.000
3	4 days accommodation	500.000	500.000
4	Operating indirectly	200.000	165.000
Total		11.950.000	4.975.200

Source : author's analysis

The price of a Sectio Caesaria in 2020 without difficulties, regular fees for patients in 3rd class are eleven million nine hundred fifty thousand Rupiah. In contrast, INA-tariff, CBG's which is four million nine hundred seventy five thousand two hundred rupiah, is fifty percent less expensive.

Table 4
Summarizes the costs for a sectio césar with complications in 2020.

No	Various Costs	Regular Tariff	INA-CBG's
		1 st Class	
1	Cost directly	11.650.000	6.615.200
2	Operating directly	1.420.000	950.000
3	4 days accommodation	700.000	700.000
4	Operating indirectly	250.000	200.000
Total		14.020.000	8.465.200

Source : author's analysis

The costs for a sectio césar with complications in 2020, regular fees for patients in 1st class are fourteen million twenty thousand Rupiah. In contrast,

INA-tariff, CBG's which is eight million four hundred sixty five thousand two hundred rupiah, is fifty percent less expensive.

Table 5
Summarizes the costs for a sectio césar with complications in 2020.

No	Various Costs	Regular Tariff	INA-CBG's
		2 nd Class	
1	Cost directly	11.350.000	5.550.200
2	Operating directly	1.320.000	885.000
3	Akomodasi 4 hari	600.000	600.000
4	Operating indirectly	225.000	185.000
Total		13.495.000	7.220.200

Source : author's analysis

The costs for a sectio césar with complications in 2020, regular fees for patients in 2nd class are thirteen million four hundred ninety five thousand Rupiah. In contrast, INA-tariff, CBG's which is seven million two hundred twenty thousand two hundred rupiah, is fifty percent less expensive.

Table 6
Summarizes the costs for a sectio césar with complications in 2020.

No	Various Costs	Regular Tariff	INA-CBG's
		3 rd Class	
1	Cost directly	10.950.000	4.515.200
2	Operating directly	1.170.000	795.000
3	Akomodasi 4 hari	500.000	500.000
4	Operating indirectly	200.000	165.000
Total		12.820.000	5.975.200

Source : author's analysis

The costs for a sectio césar with complications in 2020, regular fees for patients in 3rd class are twelve million eight hundred twenty thousand Rupiah. In contrast, INA-tariff, CBG's which is five million nine hundred seventy five thousand two hundred rupiah, is fifty percent less expensive.

The outcomes of the Sectio Caesaria procedure with complications in class I and class II at Bunda Liwa Hospital as well as the Sectio Caesaria procedure without difficulties in all treatment classes are still below the INA-tariff. CBG's A low CRR of 92.82 percent was only achieved during the Sectio Caesaria surgery

with class III complications. This is brought on by an increase in costlier direct activities. Class III of the Sectio Caesaria operation with difficulties has a funding issue because the hospital has been unable to pay the associated expenses. One method for improving CRR, especially for those with low values, is cost containment (below 100 percent). In an effort to keep costs under control and ensure cost effectiveness, cost control on CRR that is greater than 100% is also required. (Mahabudi, 2019)

Hospitals must effectively manage service costs during this National Health Insurance era to ensure that they do not go beyond the INACBGs rates with a record that service quality must be adequately maintained. Sectio caesarea costs for BPJS members are determined by RSUD dr. Doris Sylvanus Regional General Hospital hospital rates and INA CBGs rates from January to August 2016. According to the study's findings, there are Rp 1,708,663,354 42 worth of unpaid hospital expenses. Operating costs make up the majority of costs. Reviewing hospital prices for cesarean delivery services is therefore necessary. (Tania, G. 2019)

CONCLUSION

The following findings can be taken from the research and discussion: 1) Using cost-cutting measures such choosing affordable medical equipment, the IEC program (communication education, through mobilizing generic medications and nutrition), and reducing operator services. 2) At RSIA Trisnamedika, the adoption of clinical pathways is proceeding quite well. Next, it is hoped that RSIA Trisnamedika will be able to schedule routine staff training, write suitable job descriptions, and conduct performance reviews based on those job descriptions.

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