

Strategy of Professional Care Provider in Package INA-CBG's Contribution Study Case RSU C Class Mekar Sari Bekasi

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Keyword: AHP, JKN, Package INA-CBG's, Professional Care Provider or Profesional Pemberi Asuhan (PPA) Strategy.

Abstract: The application of the INA-CBG package rates requires hospital management to be able to streamline costs and optimize hospital financial management, and carrying out quality control, cost control and access through service cost calculations based on the unit cost calculation owned by the hospital. The purpose of this study was to find out the PPA can strive for the optimal INA-CBG Package at Mekar Sari Hospital Bekasi. This study uses the AHP method to determine solutions to various proposed problems. The sample of this research is decision-makers Mekar Sari Bekasi Hospital. From the research results obtained the most dominant problem factor data is INA-CBG's Tariff (41.0%), then the health service behavior towards the Cost of Treatment (35.1%), and Quality of Health Services (23.9%). Meanwhile, the most dominant solution in the problem of the INA-CBG Package is the Improvement of INA-CBG's Tariff of 47.1%, then the strategy of implementing PPA in interprofessional collaboration by PPK and clinical pathway was 36.3%, and quality and cost management strategies 16.6%. The conclusion of this study is that PPA can strive for optimally on INA-CBG's Package at Mekar Sari Hospital Bekasi and provide quality health services that are standardized for JKN patients.

1 INTRODUCTION

Hospital as an advanced referral health facility is one of the important components for the providers of health services in the implementation of Jaminan Kesehatan Nasional (JKN) or know as the National Health Insurance program. JKN is a part of public policy as a result of the government's goodwill. The success of the government's program in JKN, among others, depends on the extent to which this policy is implemented in the hospital (Thabrany H. 2014).

In accordance with the Regulation of the Minister of Health, number 69 of 2016 concerning Standard Tariffs for Health Services at First Level Health Facilities and Advanced Level Health Facilities in the implementation of JKN, the method of payment to the first level health facilities is based on capitation of the total number of participants who are registered at the health facility. For the health services provided to the participants by advanced level referral health facilities, BPJS makes payments based on the

Indonesian Case-Based Groups (INA-CBG's) method (KemKes RI. 2016).

The tariff package of INA-CBG's is a payment system based on the diagnosis. In payments using this system, both the hospital and the payer do not longer specify the invoice based on the details of the given services, but only submitting a patient's diagnosis and DRG (Disease-Related Group) code. The amount of reimbursement of costs for the diagnosis has been mutually agreed by providers/insurance or previously determined by the government. The estimated length of stay to be undertaken by the patients has also been estimated beforehand. It is adjusted based on the type of diagnosis and case of the disease (BPJS. 2014). This claim payment system requires efficiency in the implementation of health services for patients of BPJS Kesehatan (BPJS. 2014).

One of the government's efforts to encourage hospitals in the health services, safety, and protection for the society is to require them to carry out accreditation. According to Peraturan Menteri

Kesehatan (Permenkes) or the Regulation of the Minister of Health number 12 of 2012, accreditation is an acknowledgment that is given to hospitals since they have sought to continuously improve their quality of services. This acknowledgment is given by an independent institution that is in charge of conducting accreditation and had received recognition from the Minister of Health. The independent institution which is in charge of accrediting hospitals in Indonesia is Komisi Akreditasi Rumah Sakit (KARS) or the Hospital Accreditation Commission (KemKes RI. 2012).

One of the government's efforts to encourage hospitals to prioritize services, safety, and protection to the public is by requiring hospitals to carry out accreditation (KemKes RI. 2012). Accreditation is very closely related to the quality of services provided by hospitals. This means that if accreditation is done well, there will be an increase in the quality of hospital services (Lumenta N. 2003).

The implementation of Profesional Pemberi Asuhan (PPA) or Professional Care Provider with interprofessional collaboration by Panduan Praktek Klinis (PPK) or Clinical Practice Guidance and Clinical Pathway can be a means in realizing the objectives of the hospital accreditation, namely improving the quality of the hospital services, increasing the patients' safety in the hospital, and increasing the protection of the patients, community, and the hospital's resources (KARS. 2017). The implementation of INA-CBG's package tariffs requires the hospital management to be able to streamline costs and optimize the hospital financial management, as well as carry out quality control, and cost and access control through the calculation of service costs (cost of care) based on the calculation of unit cost owned by the hospital (KemKes. 2013).

Based on observational data conducted at Mekar Sari General Hospital Bekasi, there are several problems in the service of JKN patients in which its financing has not been found to be effective and efficient. Hence, the hospital has not known the profit or loss of the health service financing and the quality of health services at Mekar Sari General Hospital Bekasi namely the patients' satisfaction with the health services and readmissions of JKN patients which can cause additional treatment costs that cannot be claimed to BPJS Kesehatan.

Based on the background and some findings concerning the implementation of the INA-CBG's package at the C Class Mekar Sari General Hospital, it is very essential to formulate a study to arrange a policy strategy in implementing the INA-CBG's package for JKN patients at this hospital by using

Professional Care Provider through interprofessional collaboration by PPK and Clinical Pathway to seek optimal INA-CBG's package with good quality health services.

2 LITERATURE REVIEW

JKN is not health insurance that prioritizes profit, JKN is national health insurance that is socially provided by the government to all Indonesian citizen equally. The implementation of this social health insurance is considered vital to be implemented in Indonesia because it has several advantages. First, it provides comprehensive benefits at affordable rates. Second, it applies the principles of cost control and quality control, so that the participants can get quality services with controlled costs, not "up to the doctor" or "up to the hospital". Third, this social health insurance guarantees sustainable financing for health services. Fourth, social health insurance can be used throughout all areas of Indonesia. Therefore, to protect all citizens, the membership of JKN is mandatory (KemKes. 2012b).

Health facilities are required to provide the service of medicines, medical devices, and consumable medical materials. The service of medicines, medical devices, and consumable medical materials needed by the patients participating in JKN are provided in accordance with the medical indications. The service of medicines, medical devices, and consumable medical materials at advanced referral health facilities are some components paid in the INA-CBG's package. Medicine services that are included in the INA-CBG's package and refer to the National Formulary cannot be billed separately to BPJS and cannot be charged to the participants. If the medications needed in accordance with the medical indications at advanced level referral health facilities are not listed in the National Formulary, other medicines can be used based on the approval of the Medical Committee and the Head/Director of the Hospital (KemKes RI. 2016).

The determination of tariffs for JKN is regulated in the Regulation of the Minister of Health of the Republic of Indonesia number 64 of 2016 concerning Health Service Tariff Standards in Implementing Health Insurance Program. The regulation regulates standard tariffs for Fasilitas Kesehatan Tingkat Pertama (FKTP) or First Level Health Facilities and Fasilitas Kesehatan Rujukan Tingkat Lanjutan (FKRTL) or Advanced Level Referral Health Facilities. For FTP, the applicable standard tariffs are

the Capitation Tariff and Non-Capitation Tariff. Capitation tariffs are the amount of monthly payment paid in advance by BPJS Kesehatan to FKTP based on the number of registered participants regardless of the type and number of the health services provided. A non-capitation tariff is the amount of claim payment by BPJS to FKTP based on the type and number of health services provided. For FKRTL, the applicable tariff is the INA-CBG's rate, which is the amount of claim payments by BPJS for a service package based on a disease diagnosis and procedure grouping according to regional classifications and the class of the hospital (KemKes RI. 2016).

The quality of health services refers to the level of completeness of health services which on the one hand can lead to each patient's satisfaction in accordance with the citizen average level of satisfaction, as well as its implementation procedures that are in accordance with the established ethical codes and professional service standards (Azrul Azwar. 1996).

Quality is a comprehensive and multi-facet phenomenon. According to Lori Di Prete Brown in his book "Quality Assurance of Health Care in Developing Countries" quoted by Djoko Wijono, several activities to maintain the quality may involve the following dimensions (Djoko Wijono. 1999):

- a. Technical Competence**, concerning the skills, abilities, and appearance of officers, managers and support staff. Technical competence relates to how the officers follow the established service standards in terms of accountability or dependability, accuracy, reliability, and consistency.
- b. Access to Services**, health services are not impeded by geographical, social, economic, cultural, organizational condition, or language barriers.
- c. Effectiveness**, the quality of health services depends on the effectiveness that is related to health service norms and clinical guidelines according to the existing standards.
- d. Good Human Relations** instill trust and credibility by appreciating, keeping confidentiality, respecting, responsive, and giving attention. Poor human relations will decrease the effectiveness of technical competence in health services.
- e. Efficiency**, efficient services will provide optimal attention by maximizing the best service with the owned resources. Poor service due to ineffective norms or incorrect services must be reduced or eliminated. In this way, the quality can be improved while the costs are reduced.
- f. The Continuity of Service**, clients will receive the complete services needed (including referral) without interruption, stopping, or repeating

unnecessary diagnostic and therapeutic procedures. The clients

must have access to routine and preventive services provided by the health workers who know the history of their disease. They also have access to referrals for specialized services and complete the needed follow-up services.

g. Safety, reducing the risk of injury, infection, side effects, or other hazards associated with the service.

h. Comfort and Enjoyment, in the dimension of comfort and enjoyment, it is related to the health services that are not directly related to the clinical effectiveness but can decrease the patients' satisfaction and the willingness to return to the health facilities to obtain the next services.

3 RESEARCH METHODOLOGY

This research is qualitative research based on the date of the decision-makers' ideas in reviewing the health regulation at the C Class Mekar Sari General Hospital Bekasi. The experts consist of the stakeholder group, namely the Managing Director, Medical Manager, and Financial Manager of the hospital who were respondents according to the basis of problem and solution in the AHP hierarchy that was formed. Research design with Analytic Hierarchy Process (AHP) model based on hierarchy was implemented according to the agreement of decision-makers and secondary data obtained from the literature. The research was carried out for ± 3 months (May - July 2019) at this hospital.

The data collection technique through interviews with experts were carried out in one place, namely: C Class Mekar Sari General Hospital Bekasi. Literature review (i.e., studies of relevant previous research results, books, journals, and mass media).

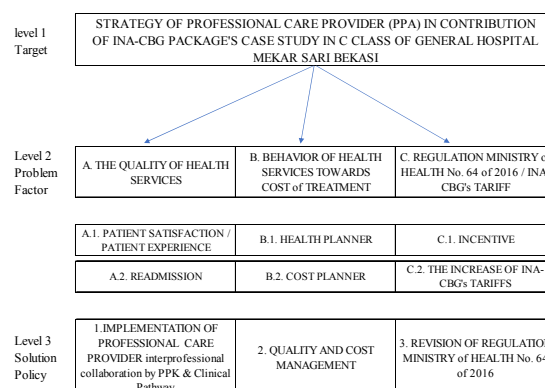


Figure 1: Analytic Hierarchy Process (AHP) Method.

4 RESEARCH RESULTS AND DISCUSSION

4.1 Research Results

Based on the research results, it is known that among the three problem factors, the most dominant are Permenkes number 64 of 2016 / INA-CBG's Tariffs (41.0%), the Health Service Behaviour towards the Cost of Treatment (35.1%), and the Quality of Health Services (23.9%). Further, based on the results of this research, it is known that from the solution or strategy, the most dominant is the revision of Permenkes number 64 of 2016 / INA -CBG's tariffs of 47.1%, the implementation strategy of Professional Care Provider through interprofessional collaboration by PPK and clinical pathway of 36.3%, and a quality and cost management strategy of 16.6%.

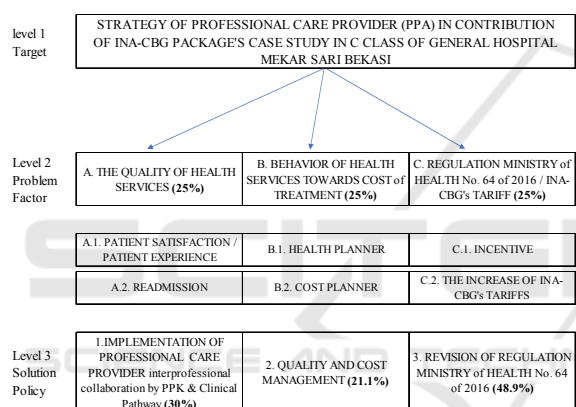


Figure 2: Result Analytic Hierarchy Process (AHP) Method.

Further, the factor of health service quality is 23.9% which includes the strategy to improve Permenkes number 64 of 2016 / INA-CBG's tariff by 0.471, the implementation strategy of Professional Care Provider through interprofessional collaboration by PPK and clinical pathway by 0.354, and the quality and cost management strategies by 0.175.

Next, the problem factor of health service behavior towards the cost of treatment is 35.1% which includes the implementation strategy of Professional Care Provider through interprofessional collaboration by PPK and clinical pathway at 0.417, the strategy to improve Permenkes number 64 of 2016 / INA-CBG's tariff of 0.408, and the quality and cost management strategies of 0.174.

Further, the problem factor of Permenkes number 64 of 2016/ INA-CBG's tariff is 41.0% which includes the improvement strategy of Permenkes number 64 of 2016 / INA-CBG's tariff of 0.536, the

implementation strategy of Professional Care Provider in interprofessional collaboration by PPK and clinical pathway of 0.313, and the strategy of quality and cost management of 0.151.

4.2 Discussion

4.2.1 Factors of Quality Problems in Health Services

Tariff control is essential for health service providers to maintain financial sustainability in economic competition (Cleverly WO. 2002). In addition to tariffs, improving the quality of health services is also a concern that must be considered by health service providers and policymakers (Anderson GF. 2000). If the claim is too low, it cannot fund the treatment costs that have been incurred. Hence, the health care provider will try to reduce expenses by reducing quality. If the claim is too high, the health service provider has no effort to achieve efficiency and this definitely will waste the available resources (Quentin W. 2012). It has been widely shown in various studies that tariffs and the quality of health services are two interrelated aspects (Younis M. 2005), although often policymakers consider that the tariffs and the quality of health services are two separate aspects (Jiang HJ. 2006). Hence, there are problems regarding the tariffs and the quality of health services since it is difficult to achieve both objectives simultaneously: affordable tariffs with optimal quality of health services (Chang L dan Lan YW. 2010).

4.2.2 Problem Factors of Healthcare

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4.2.3 Workers' Behaviours toward Cost of Treatment

Changes in financing from Fee for Service (FFS) to INA-CBG's make the hospital facing a condition that could be a threat or an opportunity. It is an opportunity if the hospital can utilize the JKN program well, so that the claim difference is positive since it is able to adjust to INA-CBG's tariffs. Meanwhile, it can be a threat to hospital financial management because it has not been able to provide effective and efficient services. Patients who pay directly (Out of Pocket) feel they get a high level of service compared to that from the insurance payments. It affects the attitudes and behaviors of the providers toward the patients' expectations in which it will decrease on the capitation system and will increase in the system of fee for service, and this at the end will affect the quality dimension of the provided services (Sulistyo. 2010). Problem Factors of Permenkes number 64 of 2016 (INA-CBG's Tariffs)

Hospital fee is an aspect that is highly considered by both private hospital and government hospital. Government hospital fees are determined based on local regulations, while private hospital fees are determined based on the Minister of Health's Regulation (Laksono. 2004). Each hospital will set tariffs according to their respective missions. Hospital fee calculations are generally based on retrospective cost calculations, meaning that the costs are billed after the service has been carried out. Hence, it does not encourage the team of health service providers to achieve efficiency (Thabrany H. 1998). Meanwhile, as widely known, the INA- CBG's tariffs are arranged based on prospective methods, so that in the future, according to researchers, hospital fee calculations are no longer based on retrospective cost calculations. Hence, it is essential for hospitals to determine standard procedures for dealing with diseases with PPK and clinical pathways. As a result, in the era of national health insurance, hospital teams can provide optimal, efficient, and effective services.

Various problems that arise in the JKN implementation, especially several aspects related to the money that has been and will be paid by BPJS Kesehatan, financial sufficiency, and the amount of payment to health facilities. The amount of capitation and most of the case base group that are not in accordance with the average market cost cause many cases (Thabrany H. 2014).

4.2.4 Solutions for the Implementation of Professional Care Provider in Interprofessional Collaboration by PPK & Clinical Pathway

The quality of health services refers to the level of completeness of their implementation which on the one hand can lead to each patient's satisfaction in accordance with the citizen average level of satisfaction, as well as its implementation procedures that are in accordance with the established ethical profession and standard. For the patients, good quality is associated with recovery from disease or reduced pain, speed of service, hospitality, and low service tariff. On the other hand, the patients consider the service quality is poor if the disease is not cured, the queue is long, and the health workers are unfriendly despite being professional. Hence, the quality of health services is related to patient satisfaction. The patient satisfaction is an important key to improve quality care in the health services. Health care providers need to realize that the main advantage of the health care system is the patient. The satisfied patients will always feel comfortable in the hospital for a long time, always return to the hospital, and recommend the hospital to other people. These 3 things are a part of the indicators to measure patient satisfaction in assessing the health care providers. With the increasing growth of hospital which is directly proportional to the increase of the patients' knowledge about what should be obtained, then they need hospitals that provide everything they need (Azrul Azwar. 1996).

In Mekar Sari General Hospital, the patients' satisfaction is achieved by the implementation of Professional Care Provider that surveys their satisfaction by providing questionnaires which are input to the Mekar Sari General Hospital application, namely patient experience. The following are the results of the patient experience in the period of May-June 2019.



Figure 3: Results of the Patient Experience (ex. patient complaints).

In addition, Mekar Sari General Hospital conducts an assessment of patient readmissions in which these readmissions relate to verification of claim administration in BPJS Kesehatan with the diagnosis of the same disease. If the patient enters with the same diagnosis, a cross-check with the history of hospital care in the previous episode is done to know whether the patient comes home healed or in a state of forced return, or referred in the previous nursing episode. If the patient is discharged in a state of forced discharge, then the episode of care in the readmission will be the continuation of financing the same disease (BPJS. 2014).

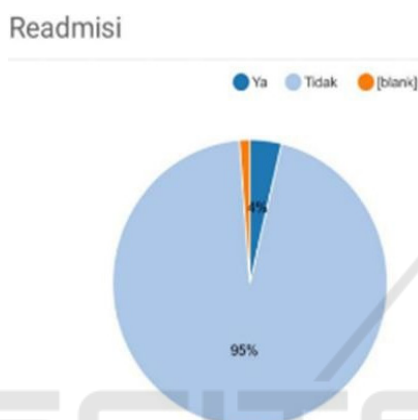


Figure 4: Results of the Patient Experience (ex. disease recurrence).

4.2.5 The Solution of Quality and Cost Management

From the results of the research at Mekar Sari General Hospital, in accordance with the statement of Dr. Evi Andriwinarsih as the respondent "*Professional Care Provider as the health planner refers to Pedoman Nasional Pelayanan Kedokteran (PNPK) or the National Guidelines for Medical Services, Panduan Praktek Klinis (PPK) or Clinical Practice Guidelines, clinical pathways in accordance with the patients' conditions, and the INA-CBG's package.*" Health planner and cost planner in Professional Care Provider at Mekar Sari General Hospital, namely integrated service planning performed by doctors, nurses, and all hospital components make a procedure and diagnosis by minimizing the length of treatment, the use of equipment and therapy while still maximizing the quality of service based on the patients' condition and INA-CBG's tariffs (Mekar Sari General Hospital Team) and Dr. Evi Andriwinarsih stated that "*Mindset of doctors' habit/behavior for fee for service from medical and pharmaceutical support is no longer a revenue center*

and this must be changed according to INA-CBG's tariffs (package base)."

For the successful implementation of Professional Care Provider, the doctors' commitment is very important because Professional Care Provider will be a reference for the information of unit cost calculation in order to achieve cost control and quality control. This is in accordance with the health planner and cost planner, which is to make examination plans and care of patients who have a certain pattern, as an input for the calculation of INA-CBG's funding, so that both quality control and cost control can be achieved. All service activities such as visits, actions, medicines, medical devices and others that have been carried out are informed to Dokter Penanggung Jawab Pelayanan (DPJP) or the Doctor in Charge of Services to complete the Professional Care Provider application in accordance with the tariffs applied in hospitals, to compare the total costs with the INA-CBG's tariffs.

The system for calculating costs based on activity is better known as the Activity Based Costing (ABC) method (Semiarty dkk. 2011). In calculating the costs incurred, ABC method will produce accurate cost information because it uses more than one cost driver. In this method, the activity is the focal point of the action, so that each hospital has to develop an Integrated Clinical Pathway as outlined in the form of Standard Operating Procedures (SPO), so that the flow of patient services is clearer (KemKes. 2013).

Information about the health planner contained in the Professional Care Provider through interprofessional collaboration by PPK and clinical pathways will be the basic data. The ABC method does not only pay attention to the calculation of the unit cost of services or products but has a broader scope including the reduction of costs obtained from the management of activities that will be in line with the cost control. Cost reduction in this method can be implemented for all costs incurred, including at the beginning of the activity, the production process, and at the final stage of a series of activities. Hence, the use of this method is able to accurately measure the costs incurred from each activity to produce appropriate tariffs.

4.2.6 The Solution of the Revision of Permenkes Number 64 of 2016/ INA- CBG's Tariffs

In accordance with the statement of the interviewee, Ms. Tany Hilda "*Based on the analysis, doctors use INA-CBG's funds for one diagnosis of a maximum of 65% for hospitalization, for example in the case of DHF. Moreover, currently, Mekar Sari General*

Hospital is trying to save 35% of INA-CBG's budget that will be used for indirect costs, namely salary costs, other operational costs, maintenance (infrastructure & facilities), electricity, and profits that must be saved". Further, the statement from Dr. Eko S. Nugroho, MPH "Mekar Sari General Hospital is unable to develop the service capacity by conducting research, but only able to pay for routine operations and facility maintenance (not new investment). Therefore, Mekar Sari General Hospital hopes that there is an improvement in Permenkes number 64 of 2016 that takes into account the external costs, such as inflation and others. Currently, BPJS patients in Mekar Sari General Hospital reach 85%. The possible maintenance costs are subsidized from 15% of private patients".

Unit cost is the cost that needs to be incurred to produce a product (goods or services) or cost that is calculated for each product (services or goods) and is also called as average cost (Horngren, 2006 & Wonderling, D. R. 2005). Hence, the amount (scope) or type of service produced needs to be known to do the calculation of the unit cost of services in the hospital.

Tariff is the value of a service that is determined by a measure of the amount of money based on the consideration that with the value of that money, a hospital is willing to provide services to patients (Laksono, 2009). Determining the hospital tariffs, it must always be guided by the costs incurred to create its services, because if the hospital sets the tariffs below the costs, the hospital will suffer losses. Hence, the survival of the hospital is not guaranteed. The development of services at this time does not have to always be at the determination of the cost of the services provided and not merely on the competition (Primadinta, 2009).

The tariffs are reviewed at least every two years. The effort to review the tariffs is intended to encourage the tariffs to reflect the actual cost of services provided by the hospital. In addition, the tariff review serves to improve the sustainability of the prevailing tariff system, capable to support medical needs needed and can provide rewards to hospitals that provide services with good outcomes. Another important thing is for hospitals to be able to provide services that are in accordance with justice and effectivity and to control the costs of health services well (Peraturan Presiden RI, 2016).

5 CONCLUSIONS AND SUGGESTIONS

5.1 Conclusions

The most dominant problem factors in Mekar Sari General Hospital Bekasi are Permenkes number 64 of 2016 / INA-CBG's Tariffs (41.0%), the Health Care Behaviour towards the Cost of Treatment (35.1%) and the Quality of Health Services (23.9%). The most dominant solutions or strategies are the improvement of Permenkes number 64 of 2016 / INA-CBG's tariff of 47.1%, the implementation strategy of Professional Care Provider collaborating interprofessionally by PPK and clinical pathway by 36.3%, and the strategy of quality and cost management of 16.6%.

Professional Care Provider can work optimally on the INA-CBG's package at the hospital to JKN patients in accordance with the Regulation of the Minister of Health number 64 of 2016 concerning Health Service Tariff Standards in Providing Health Insurance Program. Professional Care Providers can provide quality health services that are standardized to JKN patients in C Class Mekar Sari General Hospital Bekasi, namely the presence of Patient Experience indicators and patient readmissions. Professional Care Providers can provide solutions in the workload to obtain unit costs by diagnosis with a considerably long process. Based on the interviews with the Financial Manager of Mekar Sari General Hospital (respondent), patients who are referred back to FKTP can influence hospital revenue.

Professional Care Provider provides step by step of the changes of the health service behaviors toward the cost of treatment by means of the health planner and cost planner contained in the application of Value Base Care (VBC) 19 version 1.5. 8. Professional Care Provider can provide information of positive difference towards the INA-CBG's package for JKN patients in the C Class. Mekar Sari General Hospital Bekasi cannot develop health service capacity (new investment), but can survive with the existence of JKN.

5.2 Suggestions

5.2.1 Hospital

1. It is suggested that Mekar Sari General Hospital Bekasi commits to implement Professional Care providers to improve the quality of its health services, namely the Patient Experience.
2. It is suggested that the hospital change the habits or behaviors of the health workers from volume-based

to value-based on health services, so that the decrease in the number of patient readmissions that can cause hospital loss can be avoided. It is because when patients return to the hospital in less than 30 days with the same coding, BPJS Kesehatan cannot accept the claim.

3. Mekar Sari General Hospital can also review the regulation of INA-CBG's package budget saving of 35% which is used as indirect cost.

5.2.2 Government (The Ministry of Health)

1. It is suggested that there is an improvement of Permenkes number 64 of 2016 / INA-CBG's tariffs in accordance with the Presidential Regulation number 28 of 2016 which mandates that the tariffs be reviewed at least every two years so that the business of private hospitals can be sustainable by simultaneously increasing the quality and the capacity of the health services.

2. It is suggested that there is an improvement in INA-CBG's tariffs, which is a minimum of 25% difference between the INA-CBG's tariffs for government hospitals and that for private hospitals. This study shows that there is 35% for indirect costs where the government hospitals are not burdened, for example for employee salary costs.

3. The government can give rewards or incentives for the hospitals that provide services with good outcomes in accordance with the targeted indicators, namely the national readmission rates, and increasing referral patients (PRB).

5.2.3 The Next Researchers

It is suggested that the next researchers conduct further quantitative research on INA-CBG's tariffs and the quality of health services at Mekar Sari General Hospital, Bekasi.

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