

Description Of Characteristics, Diagnosis And Financing Of BPJS Patients In ENT Poly Health Service Facility Level 2

by Akas Yektih Pulih Asih

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Research Article

Description Of Characteristics, Diagnosis And Financing Of BPJS Patients In ENT Poly Health Service Facility Level 2

Andi Roesbianto^{1,2} | Budhi Setianto^{3,4*} | Agus Aan Adriansyah^{4,5} | Akas Yekti Pulih Asih⁴ | Eppy Setiyowati⁶ | Difrnan Nobel Bistara⁶ | Nikmatius Sa'adah⁷

¹Specialist Otorhinolaryngological of Surabaya Islamic Hospital 60243, East Java

²Faculty of Medicine, Universitas Nahdlatul Ulama Surabaya 60237, East Java, Indonesia

³Head of Marketing, Surabaya Islamic Hospital 60243, East Java, Indonesia

⁴Department of Public Health, Faculty of Health, Universitas Nahdlatul Ulama Surabaya, 60237, East Java, Indonesia

⁵Doctoral Study Program of Public Health, Faculty of Public Health, Airlangga University, Surabaya, East Java, Indonesia

⁶Department of Nursing, Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya. 60237, East Java, Indonesia

⁷Department of Dentistry, Bhakti Wiyata Institute of Health Sciences, Kediri, Indonesia

***Corresponding Author:**

Budhi Setianto, Department of Public Health, Faculty of Health, Universitas Nahdlatul Ulama Surabaya, Indonesia.
Email: budhisetianto@yahoo.com

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ABSTRACT

The application of tariff applied in handling BPJS patients references the INA- CBGs and the payment model used by BPJS Kesehatan to replace the total bill by the hospital. Hospitals receive payments based on the INA- CBGs rate, which is the average cost spent by a group of diagnoses. It is expected to improve the quality and efficiency of hospitals. The benefit of implementing INA - CBGs in JKN is the tariffs in the form of packages cover all components of hospital costs. Cost efficiency efforts must be made. That is no deficit from the applicable INA- CBGS tariff. Quality and cost control efforts are very important in the implementation of ENT specialist poly services. This study aims to analyze the demographic characteristics of the patient, the patient's diagnosis, the difference in rates between INA CBGS payments and RSIS rates, the composition of financing and the Unit Cost of ENT Polyclinics. The research type is quantitative observational with cross-sectional design. The research location is at the Surabaya Islamic Hospital with BPJS TXT data, processing in January-December 2019. The results showed, the demographic characteristics of most patients were > 50 years old, and most of them were diagnosed with minor chronic diseases. The difference between Ina-CBGS payments and RSIS rates is Rp. 60,174 which means that each patient contributes a profit of Rp. 60,174. The composition of the financing for implementation of the ENT Polyclinic is the cost of consulting services. The unit cost of ENT Polyclinic patients is Rp. 132,774 per patient.

Keywords: Financing, BPJS, Health Level Facilities, Otorhinolaryngological, Polyclinic

INTRODUCTION

Everyone has the right to social security to be able to fulfil the basic needs of a decent life and increase dignity in realizing an Indonesian society that has prosperity, justice and prosperity. To provide comprehensive social security for all Indonesian people, the state implements a system of health insurance or the so-called national social security system for all Indonesian people



(Kementerian Kesehatan Republik Indonesia, 2004). The implementation of this task is entrusted to a Health Social Security Administering Body (BPJS), which is a non-profit legal entity established to administer the Health Insurance program (Kementerian Kesehatan Republik Indonesia, 2013). Where Participants included in BPJS are everyone, including foreign nationals who are actively working for at least 6 (six) months in Indonesia, and who have paid regular contributions every month (Perpres No. 12 tahun 2013, 2013).

In implementing the national health system, the principle of managed care includes 4 (four) basic principles, namely Promotive Efforts, Preventive Efforts, Curative Efforts and Rehabilitation Efforts (Romliyadi & Oxyandi, 2018). The principle that is carried out is one of the efforts to maximize health services at the first level of health facilities (FKTP)/primary health facilities such as health centres, clinics or individual practice doctors which are the main doors for BPJS Health participation in the implementation of health services. In this case, the primary health care facility 1 must have maximum improvement efforts, efforts to improve the quality of the implementation of the national health insurance in the future must be better, good and satisfactory service will result in satisfaction in the implementation of this will result in an increase in public demand in obtaining health services because the certainty of service guarantees has been obtained with good service (BPJS Kesehatan, 2015, BPJS Kesehatan, 2014b).

BPJS services at PPK 1 (Puskesmas and Pratama Clinics) have their regulations for handling patients so that the administrative service process, both in terms of the care needed, can be carried out by provisions (BPJS Kesehatan, 2014a, Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan, 2015). Understanding and compliance with the existing service flow are one of the keys to the success of the service. Level 1 health facilities are healthcare facilities (Faskes) the first level is the first gate in providing health services for health insurance participants who have BPJS health. Patients get basic service facilities such as general practitioner services, dental services, and pharmacy. Basic facility services at health facilities (BPJS Kesehatan, 2015 and Fitriani, 2017) in carrying out health services and handling patients all costs incurred are paid by BPJS using capitation funds. To utilize the JKN capitation funds in FKTP, it must be used entirely to provide health services and finance operational costs in health services. The amount of capitation funds in health care services (medical services) at Health Facilities 1 is set at less than sixty per cent of the total BPJS capitation funds receipts, the rest will be used to support other operational costs in providing other services such as promotive efforts carried out by Health Facilities (Perpres No. 12 tahun 2013, 2013 and Racmayanti, 2017).

If first healthcare is not successful in carrying out treatment, further treatment can be continued to Fasyankes 2 by being able to provide a referral letter to continue treatment at Fasyankes 2 or the nearest hospital or at the nearest advanced level (FKRTL) that has collaborated with BPJS Kesehatan (Kementerian Kesehatan Republik Indonesia, 2013 and Indrianingrum & Handayani, 2017). A hospital is a referral health facility that already has more complete facilities and infrastructure so that it can resolve what patients complain about. The referral letter provided by Fasyankes 1 can be used but has a limited validity period. As long as the illness the patient complains about is by the referral letter, the referral letter can generally be used for up to three months from the date the letter was issued (BPJS Kesehatan, 2015 and Setiawati & Nurrizka, 2019).

In carrying out the management of hospital funds, it must take into account costs with the pattern of tariffs provided by BPJS using efficient INA-CBGs rates. Hospitals must be able to use financial management with the existing tariff pattern, because the tariff imposed by BPJS may be small because several actions do not provide efficiency or there are still unnecessary actions taken

to the patient but are still being carried out so that it will impact a large portion of the cost of the package that has been determined. The use of the system needs to be further evaluated from the calculation of service rates that are more objective on services based on actual unit cost financing. In implementing the INA-CBGs, hospitals must be able to increase efforts to improve both the quality and efficiency of hospitals (BPJS Kesehatan, 2014a and Suharmiati et al., 2019). This tariff grouping has the aim of financing health in the implementation of health insurance as a payment pattern that has effective and efficient financing characteristics. The tariff is in the form of a package that includes all components of hospital costs. The calculation of cost data and disease coding refers to the International Classification financing system of Diseases (ICD) that has been determined by the WHO. The use of ICD 10 can provide 14,500 diagnostic codes, compared to using ICD 9 Clinical Modifications which only include 7,500 codes.

The management of Health Facilities 2 in the hospital or commonly known as the Polyclinic provides services for several observations of patients, diagnosis of patient diseases, treatment and therapy to patients, as well as carrying out medical rehabilitation measures, as well as other health services such as providing letters needed by patients. These include a health certificate and a drug-free certificate. The outpatient service provided is this service including one of the important indicators that are very much considered by the Hospital (BPJS Kesehatan, 2015 and Basuki, 2016). One of the specialist polyclinic services is the Ear Nose Throat (ENT) Polyclinic or in medical terms known as Tolaryngology/ Otorinolaringology which provides treatment with a focus on handling problems related to the Ear, Nose, throat and head and neck.

An ENT specialist is a doctor who knows the prevention, diagnosis, and treatment of various diseases related to several cases related to the ear, nose, and throat (Indonesia, 2012). ENT specialists can provide treatment for patients from various age ranges, from infants to the elderly. Diseases handled by ENT specialists include (1) patients with ear disorders which includes patients who have complaints of reduced hearing function, with impaired balance function resulting in ringing in the ears, ear infections, tumors in the ears or cancer in the ears, (2) Nasal disorders is a complaint felt by patients who have symptoms of allergies, inflammation of the sinuses, reduced sense of smell, nasal injuries, nasal congestion/runny nose, and tumors or cancer in the nose, (3) Throat disorders the condition of the patient has complaints of patients with symptoms difficulty swallowing, impaired vocal cords, disorders located in the adenoids, laryngitis, or tonsillitis, (4) Sleep disturbances in this condition the patient experiences obstructive sleep apnea, snoring, and other sleep disorders caused by narrowing of the respiratory tract, (5) Disorders of the neck and head are conditions felt by the patient around the oral cavity, skull bones, thyroid gland, salivary glands, and parathyroid, or some disorders of the facial skin (Indonesia, 2012).

In the implementation of treatment at the outpatient ENT polyclinic at Health Facility 2, no fees are charged, and all financing obtained in the implementation of (Ministry of Health Republic Indonesia, 2016), financing carried out by BPJS is treated as an outpatient using INA CBGS fees. It is hoped that the inspection will not exceed the INA CBGS rate that has been set. So quality control efforts and cost control are steps to create effective and efficient services (Suharmiati et al., 2019 and Fitriani, 2017). To create a service that is by the INA CBGS tariff, it is necessary to know the basic price or basic price of each examination at ENT Poly. Determination of the base price requires the calculation of the unit cost of each service provided during 2019 so that it will be known how much profit or loss from the rates paid by INA CBGS and hospital rates

Surabaya Islamic Hospital is one of the Type B Private Hospitals in Surabaya and has been serving BPJS since 2007 which was formerly known as Askes and Jamsostek. RSIS has 15

Specialist Polyclinics with 125 specialist doctors serving BPJS patients. So far, this commitment has been carried out since the beginning of the BPJS implementation using the principle of service for JKN/KIS participants with no fees. In carrying out the management of the Outpatient Polyclinic, RSIS carries out quality and cost control efforts, so that the implementation can provide maximum benefits while being balanced by efficient and effective costs (Suharmiati et al., 2019). The Quality Control and Cost Control Team (TKMKB) is the spearhead in efforts to control the quality and costs of the JKN program. Currently, RSIS already has a TKMKB. One of the routine activities carried out by TKMKB is UR and medical audits. This activity resulted in recommendations that must be carried out as an effort to control quality and costs for RSIS.

The aims of this study were to analyze (1) the demographic characteristics of the patient, (2) the patient's diagnosis, (3) the difference in rates between the INA CBGS payment and the RSIS rate, (4) the composition of the financing for the implementation of the ENT POLI (5) Unit Cost of the ENT Poly patient.

MATERIAL AND METHODS

The method used in this study is an observational quantitative method. Observational data collection is used to record and collect supporting data and then compare the real hospital costs with the rates paid by BPJS. The independent variable in this study is the real hospital tariff: The amount of cash (monetary) obtained from the average rate given by the hospital based on the services provided. INA-CBGs Tariff: The amount of cash obtained from the average tariff provided by BPJS based on claim groups. The difference in rates is the amount that is obtained from the reduction between hospital rates and INA-CBG rates. The data used comes from BPJS TXT data for January-December 2019. TXT data is data issued by BPJS as a result of the purification of billing file data recognized by BPJS.

RESULTS AND DISCUSSION

The following is a presentation of the results of the research that has been carried out.

Table 1. Characteristics of Patients by Gender

No	Gender	Amount	Percentage
1	Man	788	21.9%
2	Woman	2802	78.1%
Total		3590	100.0%

Based on Table 1, the highest number of patients were women. The following are the characteristics of patients by age.

Table 2. Patient Characteristics by Age

No	Age Range	Amount	Percentage
1	<25 Years	419	19.1%
2	25 - 30 Years	96	4.4%
3	31 - 35 Years	86	3.9%
4	35 - 40 Years	102	4.7%
5	41 - 45 Years	132	6.0%

6	46 - 50 Years	120	5.5%
7	>50 years	1234	56.4%
Total		2189	100.0%

Based on Table 2, the highest age range is in patients over 50 years old.

Table 3. INA CBGS Diagnostic Coding

No	Diagnosis	Amount	Percentage
1	Z09.8; J32.0	355	22.9%
2	Z09.8; H93.1	339	21.9%
3	Z09.8; H66.1	223	14.4%
4	Z09.8; H66.0	184	11.9%
5	Z09.8; H60.9	117	7.6%
6	Z09.8; H61.2	102	6.6%
7	Z09.8; J31.2	75	4.8%
8	Z09.8; H60.8	67	4.3%
9	Z09.8; J00	46	3.0%
10	Z09.8; H90.3	39	2.5%
Total		1547	100.0%

Based on Table 3, the mean diagnosis is a diagnostic coding starting with Z09. The code indicates a repeat or control code, where the patient's diagnosis is an outpatient follow-up with the same diagnosis at the previous visit, and the secondary diagnosis is coded according to the disease, while the J32 code indicates the code for Chronic Sinusitis Including abscess, empyema, infection, or suppuration chronic sinus (accessory) (nasal) (Ministry of Health Republic Indonesia, 2016 and Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan, 2016).

INA-CBGs is an acronym for Indonesia *Case Base Groups*, which is an application used by hospitals to file claims with the government. INA-CBGs is an instrument for calculating payments to hospitals with a "package" system, based on the disease suffered by patients (BPJS Kesehatan, 2014b). The following is the coding description of the INA CBGS for ENT Poly patients. Hospital rates are a set of rates that are examined at the ENT polyclinic, including examinations, actions and other medical support.

Table 4. Coding Description of INA CBGS

No	Description of Ina CBGS	CBGS Ina Tariff	Hospital Rates	CBGS Ina Difference – Tariff
1	Acute Lung Disorder	260,800	184,155	76,645
2	Other Major Acute Diseases	614,200	210,935	403,265
3	Other Minor Acute Diseases	11,434,200	8,008,755	3,425,445
4	Other Minor Chronic Diseases	407,118,400	280,494,970	126,623,430
5	Other Procedures on the Ear, Nose, Mouth and Throat	2,130,400	1,070,000	1,060,400

No	Description of Ina CBGS	CBGS Ina Tariff	Hospital Rates	CBGS Ina Difference – Tariff
6	Rehabilitation Procedure	161,400	130,000	31,400
7	Ear, Nose, Mouth, and Throat Function Test Procedures	294,400	140,000	154,400
Total		422,365,700	290,643,815	131,721,885

Other minor chronic diseases. In terms of financing, the INA CBGS rate was higher than the hospital rate with a positive difference of 131,721,885. The following is the average difference in INA CBGS rates for each patient. While the unit cost of the inspection is $= \frac{290,643,815}{2,189} = \text{Rp.}132,774$.

Table 5. The Average Difference in INA CBGS Rates for Each Patient in the ENT Polyclinic

No	Description of Ina CBGS	Amount	CBGS Ina Difference - Tariff	Average Difference Per Patient
1	Acute Lung Disorder	1	76,645	76,645
2	Other Major Acute Diseases	2	403,265	201,633
3	Other Minor Acute Diseases	59	3,425,445	58,058
4	Other Minor Chronic Diseases	2116	126,623,430	59,841
5	Other Procedures on the Ear, Nose, Mouth and Throat	8	1,060,400	132,550
6	Rehabilitation Procedure	1	31,400	31,400
7	Ear, Nose, Mouth, and Throat Function Test Procedures	1	154,400	154,400
Total		2189	131.721.885	60.174

The Ina CBGs rate is the rate paid by BPJS while the difference between the Ina CBGs rate and the Hospital Rate is the difference between the reduction in hospital rates and the Ina CBGs rate. Based on Table 5, the average difference between INA CBGS rates and hospital rates is Rp. 60,174 per patient. This shows that each patient contributes a profit of Rp. 60,174. The following is the composition of costs in each ENT Patient bill from January-December 2019.

Table 6. Composition of cost components for ENT Polyclinic Patient Bills January-December 2019

No	Items	Amount	Percentage
1	Non-Surgical Procedure	1,450,000	0.5%
2	Consulting Services	133,300,998	45.8%
3	radiology	4,525,000	1.6%
4	Laboratory	65,000	0.0%
5	Medical Rehabilitation	136,410	0.0%
6	Ticket	65,402,994	22.5%

7	Drug	85,853,400	29.5%
		290,733,802	100.00%

Based on Table 6 informed that the biggest cost in the bill for ENT polyclinic patients in 2019 is doctor's consultation services.

CONCLUSION AND SUGGESTION

The conclusions of this study indicate that the demographic characteristics of patients are aged > 50 years, most of whom are diagnosed with minor chronic diseases. Then, the difference in tariffs between Ina-CBGS payments and RSIS rates is Rp. 60,174 which means that each patient contributes a profit of Rp. 60,174. The composition of the financing for the implementation of the ENT Polyclinic is the cost of consulting services. The unit cost of ENT Polyclinic patients is Rp. 132,774 per patient. For further researchers, it is necessary to pay attention to cost efficiency so that there is a balance between hospital rates and Ina-CBGS rates.

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