



Analysis of Differences in Hospital Rates and Rates Ina-CBGS Poly Urology Outpatient Services at Mitra Medika Tanjung Mulia Hospital

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Abstract

In the implementation of the National Health Insurance there are still many problems that arise, one of which is of concern is the tariff for Indonesian Case Based Groups (INA-CBGs). The government is very likely to realize that there is a mismatch between INA-CBGs rates and hospital real costs. The purpose of this study was to determine the difference in hospital rates and INA-CBGs rates for outpatient services at the Urology Poly at Mitra Medika Tanjung Mulia Hospital in January 2019. This type of research is cross sectional with a quantitative approach. The population in this study were all medical record files of outpatient poly urology who underwent treatment at the Mitra Medika Tanjung Mulia Hospital in January 2019. The total sample technique was 310 people. The Wilcoxon test results obtained that the A-Symp Sig (2-tailed) value was 0,000, which means that there is a significant difference between the hospital rate and the INA-CBG outpatient service Urology Poly at Mitra Medika Tanjung Mulia Hospital in January 2019. The conclusion in this study is the difference between the hospital rates and the INA-CBG package rates on the payment of outpatient JKN participant claims at Mitra Medika Hospital lies in the standard rates applied. It is expected that the hospital staff can evaluate the calculation of unit costs for each service unit service. Outpatient care, especially in the poly urology service division, which experienced a negative rate difference so that the hospital suffered a loss.

Introduction

Health is a basic necessity that people must have, and is one of the recognized rights of the whole world. People need to make health efforts for the body in order to live activities well, optimally and enable productive life socially and economically. The concept of health and illness is actually not very absolute and universal because there are other factors beyond clinical reality that affect it especially socio-cultural factors. From year to year health care trends evolve according to demographic characteristics, lifestyle, and other population attributes that contribute to the growth of health communication. Health practitioners must also be able to understand the health care system and health care system in order to spread health information effectively (Erawati, 2019). INA-CBGs system is an application used as a claim application for Hospitals, Health Centers and all Health Service Providers for the poor in Indonesia. Case Base Groups (CBGs), which is a way of paying for patient care based on relatively similar diagnoses or cases. Hospitals will get paid based on the average cost spent by a diagnosis group (Wijayanti & Sugiarsi, 2013).

The basis of tariff determination is the calculation of NCC (National Casemix Cost) plus various factors that affect rates. Has been issued Tariff INA CBGs in accordance minister of health regulations 64 year 2016 as a formal legal ratification of the improvement of the tariff in CBGs previously minister of health regulations No.59 year 2014 on Standard Tariff Health Services in the Implementation of Health Insurance Program, in addition also published minister of health regulations no. 76 year 2016 Guidelines INA-CBGs on Guidelines INA-CBGs (Handayani et al., 2018).

Health financing is an important part in the implementation of National Health Insurance (JKN). The purpose of health financing is to encourage quality improvement, encourage patient-oriented services, encourage efficiency does not reward providers who over-treatment, undertreatment or adverse events and encourage team services. With the right financing system is expected the above objectives can be achieved (Suhartoyo, 2018).

In the implementation of National Health Insurance there are still many problems that arise, one of which is the concern is the tariff of Indonesian Case Based Groups (INA-CBGs). The government is very likely to realize that there is a discrepancy between INA-CBGs rates and hospital real cost. Based on Decree No. 52 of 2016 on Standard of Service in the Implementation of The National Health Insurance Program, which is a change from Minister of health regulations No. 59 of 2014, the Government has not raised the rate of INA-CBGs, but there is a change in the grouping between Government Hospitals (RS) and Private Hospitals. The amount of INA-CBGs rates that are considered very small from the real-cost of hospitals, often gives the impression that the hospital provides services not optimally accompanied by the friendlessness of officers. For hospitals in Indonesia, JKN is becoming a new era where most hospitals have been using fee for service (FFS)payment mechanisms began to switch to payment mechanisms based on INA-CBGs (Erawati, 2019).

Methods

This research is a mix method research, with the aim to find out the difference in real costs with INA-CBGs rates in outpatients at Mitra Medika Tanjung Mulia Hospital. Data collection was conducted retrospectively through the medical records of outpatients at Mitra Medika Tanjung Mulia Hospital in January 2019. Cost calculation is reviewed from the provider side, namely hospitals against direct medical costs (direct medical costs) of outpatient services. The population of this study is the entire medical record file of outpatient poly urology who underwent treatment at Mitra Medika Tanjung Mulia Hospital in January 2019 as many as 310 people. Quantitative approach sampling techniques in this study in total population, namely the entire population sampled in this study, include all medical records of out patients poly urology who underwent treatment at Mitra Medika Tanjung Mulia Hospital in January 2019 as many as 310 people.

Result and Discussion

After conducting research on Analysis of Differences in Hospital Rates and Tariffs in A-CBGs Poly Urology Outpatient Services at Mitra Medika Tanjung Mulia Hospital in January 2019, the following results were obtained:

Table 1. Analysis of Differences in Hospital Rates With Ina-CBGs Rates of Poly Urological Outpatient Services at Mitra Medika Tanjung Mulia Hospital in January 2019

No	Code	Description	Case	Rate RS	INA-CBGs	Difference
1.	Q-5-18-0	Consultation or other examination	6	558.000	838.800	280.800
2.	Q-5-25-0	Acute gastrointestinal	2	667.000	288.200	-378.800

3.	Q-5-44-0	Other minor chronic diseases	226	85.869.500	43.550.200	-42.319.300
4.	Q-5-32-0	Acute urinary tract	1	297.500	266.400	-31.100
5.	N-3-10-0	Procedures on the kidneys and ureter	2	4.337.000	648.200	-3.688.800
6.	N-3-14-0	Small endoscopic procedure on the urinary tract	2	6.816.500	714.400	-6.102.100
7.	Z-3-23-0	Other ultrasound procedures	67	50.246.200	39.114.600	-11.131.600
8.	Z-3-19-0	CT scans miscellaneous	4	10.711.200	4.588.400	-6.122.800
Total			310	159.502.900	90.009.200	-69.493.700

The total cost of the hospital is the total number of cost components (drug costs, medical device costs, supporting examination costs and action costs) received by patients in obtaining outpatient services. Based on the results of the study it is known that the comparison between the total cost of hospital in outpatients in poly urology with the code Q-5-25-0, Q-5-44-0, Q-5-32-0, N-3-10-0, N-3-14-0, Z-3-23-0 and Z-3-19-0 are lower than the total fare based on INA-CBGs. The biggest difference in the Q-5-44-0 code was another minor chronic disease with 226 cases and a difference of 42,319,300. While for the positive difference is only found in the code Q-5-18-0 that is consultation or other examination with the number of cases 6 and the difference as much as 280,800.

Table 2. Analysis of Differences in General Tariff, Real Cost and INA CBGs on the diagnosis of control or Follow-up exam after other treatment for other conditions at Poli Urologi Mitra Medika Tanjung Mulia Hospital in January 2019

No	Description	General Rates	Real Cost	Tariff INA CBGs
1.	Consultation and supporting costs	93.000	50.000	-
2.	Drug Tariffs	277.200	72.100	-
Amount		370.200	122.100	192.700

Based on table 12, it can be known that hospitals benefit by using INA CBGs rates compared to the real cost rates of hospitals. In the diagnosis of control or Follow-up exam after other treatment for other conditions with the number of visits 226 in poly urology Mitra Medika hospital costs INA CBGs amounting to Rp.43.550.200 compared to the real cost of Rp.27.594.600. It can be seen that in the most cases conducted in poly urology Mitra Medika hospital received a positive difference of Rp.15,955,600.

Table 3. Distribution of Normality Results Differences in Hospital Rates with Ina CBG's Poly Urology Outpatient Services at Mitra Medika Tanjung Mulia Hospital in January 2019

Rate RS			Tariff INA-CBGs		
Statistic	Df	Sig	Statistic	Df	Sig
.246	310	.000	.452	310	.000

Normality test conducted using Kolmogorov-Smirnov test because the test is more precisely used to test normality in this study sample of 310 people. Based on the above normality test results obtained tariff data and ina-CBGs tariff distributed not normal because p or sig value $0.00 < 0.05$. Until this study can not use a paired test t test but instead use a wilcoxon test used if the conditions of paired t test is not met.

Table 4. Descriptive Statistics Differences in Hospital Rates with Ina CBG's Poly Urology Outpatient Services at Mitra Medika Tanjung Mulia Hospital in January 2019

N		Minimum	Maximum	Median	Std. Deviation	p-value
Rate RS	310	93.000	4.782.000	370.200	456.889,03	0,000
Tarif INA CBG's	310	139.800	1.147.100	192.700	189.115,07	

Analysis obtained median results of the hospital is 370,200, the lowest rate is 93000, the highest rate is 4,782,000 and the standard deviation is 456,889,03. Furthermore, for the tariff of INA-CBGs median tariff INA-CBGs is 192,700, the lowest tariff is 139,800, the highest tariff is 1,147,100 and the standard deviation is 189,115.07. The results explain that there is a difference between hospital rates and INA-CBGs rates.

The results showed that the standard deviation of hospital rates has a far higher value of 456,889,03, this can be due to procedures performed outpatient on the billing total tariff of 2,084,500, while submissions to BPJS hospitals input hospital costs of 4,782,000.

The alpha value used in this study was 0.05. In the table above shows that the result of p-value value $0.000 < \alpha 0.05$ then it can be known that there is a difference between hospital rates and INA-CBGs rates.

Based on the results obtained in this study there are differences tariff RS and tariff INA-CBGs outpatient services Poil Urology at Mitra Medika Tanjung Mulia Hospital in January 2019. The maximum hospital rate is 4,782,000, the minimum rate is 93,000 with an average rate of 514,525.48. As for the maximum ina-CBGs tariff is 1,147,100, the minimum tariff is 139,800 with an average tariff of 290,352.26. Total hospital rate of Rp.159,502,920 (100%) and total ina-CBG tariff of Rp 90,009,200 (100%). The results showed that the average hospital rate is greater than the in a-CBGs rate and the total hospital rate is greater than the total rate of INA-CBGs.

The result of wilcoxon test obtained A-Symp Sig value (2-tailed) is 0.000, this value is smaller than the alpha value (α) of 0.05. Thus it can be concluded that there is a significant difference between tariff RS and tarif INA-CBGsoutpatient services PoliUrology at Mitra Medika Tanjung Mulia Hospital in January 2019.

The results showed that there is a difference in hospital rates with INA-CBG rates. Of the 176 cases of disease, positive differences were found on the part of hospitals, both in internal medicine specialists, neurosurgeons, obgyn specialists and pediatricians, while in surgeons, hospitals suffered losses (negative differences) in the factors causing differences in hospital rill rates with ina-CBG package rates in third-class inpatient services at Panti Bakti ningsih Hospital is the standard real tariff of hospitals within a-CBG package tariff and diagnosis coding accuracy (Indrayani, 2018).

The calculation of INA-CBGs rates is in the form of a package based on the grouping of diagnosis codes (ICD-10) that are combined into a diagnostic code (ICD-9) i.e. procedure or action code into a CBGs codeso as to generate Grouping, using a prospective payment method. Prospective payment methods are payment methods made for health services whose magnitude was already known before health services were provided to patients (DeJong et al., 2002; Ginsburg & Grossman, 2005). When The Price Isn't Right: How Inadvertent Payment Incentives Drive Medical Care: If payment rates are not made more accurate, another powerful driver of health cost trends could be created. Health Affairs, 24(Suppl1), W5-376.. The standard tariff has been set by the Regulation of the Minister of Health of the Republic of Indonesia and is divided according to the regional region and type of hospital. Mitra Medika Tanjung Mulia Hospital is included in regional one with class C hospital type.

The rates of Mitra Medika Hospital in all branches are not the same, because the determination of tariffs by looking at the demographics of society, socioeconomic, employment status and rates in the surrounding hospitals. The way Mitra Medika hospitals maintain the quality of hospital services to stay under control if BPJS rates are lower than hospital rates, namely synergy of each quality committee by seeking maximum examination, not conducting unnecessary checks. The service given in accordance with the clinical pathway seen from all sides of the drug, consumables, supporting and long treatment.

Conclusion

Tarif Hospital is calculated per detail of the type of service after performing the action. For standard fee Hospital Poli Urology Outpatient Services at Mitra Medika Tanjung Mulia Hospital is determined through the results of unit cost calculation and fix cost and based on input from the foundation / directors / stakeholders. Tarif INA-CBGs based on the package that is the incorporation of diagnosis codes and procedure codes on actions into a CBG codes whose tariff standards have been set by the Minister of Health of the Republic of Indonesia. Tariff INA-CBGs based on the package that is the incorporation of diagnosis codes and procedure codes on actions into a CBG codes whose tariff standards have been set by the Minister of Health of the Republic of Indonesia. There is a difference between the average hospital rate and the NA-CBG tariff for the average hospital rate of Rp.514,525.48, while the average tariff of INA-CBGs is Rp.290,352.26.

References

- DeJong, G., Palsbo, S. E., & Beatty, P. W. (2002). The organization and financing of health services for persons with disabilities. *The Milbank Quarterly*, 80(2), 261-301.
- Erawati, T. H. E. (2019). Analisis Perbedaan Tarif Rumah Sakit Dan Tarif Ina-Cbg's Pelayanan Rawat Inap Di Rsup Dr Sardjito. *Naskah Publikasi Program Studi Akuntansi*.
- Handayani, L., Suharmiati, S., & Pratiwi, N. L. (2018). Unit Cost Rumah Sakit Dan Tarif Ina-Cbgs: *Buletin Penelitian Sistem Kesehatan*, 21(4), 219–227.
- Ginsburg, P. B., & Grossman, J. M. (2005). When The Price Isn't Right: How Inadvertent Payment Incentives Drive Medical Care: If payment rates are not made more accurate, another powerful driver of health cost trends could be created. *Health Affairs*, 24(Suppl1), W5-376.
- Indrayani, N. (2018). Pengaruh Pemberian Pendidikan Pemeriksaan Payudara Sendiri Terhadap Pengetahuan Dan Perilaku Masyarakat Di Dusun Wuluhadeg Yogyakarta [JOUR]. *Jurnal Ilmiah Kesehatan Ar-Rum Salatiga*, 2(2), 14–19.
- Preker, A. S., & Langenbrunner, J. C. (2005). *Spending wisely: buying health services for the poor*. The World Bank.
- Suhartoyo. (2018). Klaim Rumah Sakit Kepada BPJS Kesehatan Berkaitan Dengan Rawat Inap Dengan Sistem INA–CBGs. *Administrative Law & Governance Journal*, 1(2007), 79–92.
- Wijayanti, A. I., & Sugiarsi, S. (2013). Analisis Perbedaan Tarif Riil Dengan Tarif Paket Inacbg Pada Pembayaran Klaim Jamkesmas Pasien Rawat Inap Di Rsud Kabupaten Sukoharjo. *Jurnal Manajemen Informasi Kesehatan Indonesia*, 1(1), 1–10.