

Implementation of Hospital Unit Costs with INA-CBGs Rates

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ABSTRACT

The INA-CBGs system is a codification system of final diagnoses and actions/procedures that become service outputs, based on costing data and disease coding referring to the International Classification of Diseases (ICD) compiled by WHO concerning ICD-10 for diagnosis and ICD-9-Clinical Modifications for actions/procedures. This research was carried out at Sungai Dareh Hospital, Dharmasraya Regency regarding the Analysis of the Implementation of Health Service Payments with the Disease Diagnosis System (INA-CBGs) at the Sungai Dareh Hospital Inpatient in 2019. The time of the study started in August to October 2020. This type of research is descriptive qualitative. The results of this study are the sources of funding for the activities of the INA-CBGs system are BLUDs and the Regional Revenue and Expenditure Budget whose plans are made by the needs of the recording installation activity budget based on reports of income from hospitals, clinical of several diseases already exist but have not been implemented. The conclusion in this study is that the payment system planning process at INA-CBGs at Sungai Dareh Hospital still needs to create a clinical pathway as a guide for coders in entering patient data. In addition, it is necessary to hold a case-mix team as an implementation supervisor.

Keywords: unit cost, INA-CBGs

1. INTRODUCTION

Health issues are the shared responsibility of both the government and the community. Health problems that occur in the community will affect the development of a country and will cause economic losses. The government is required to be able to create a quality and quality health service system. Health has an important role in people's lives because health is an asset of body, soul and social welfare for every individual.[1][2]

One of the efforts to maintain health is to obtain health services from related agencies or organizations such as hospitals, health centres, health centres, doctors' clinics and so on. In getting the desired health services, patients are willing to pay for so many services. According to WHO (2010), the average person spends 5 to 10% of their income on financing health services. WHO (2010) also indicated that 100 million people could become poor as a result of financing their health services, and 150 million people faced difficulties in paying for health services.[3]

In the United States, known as the law of medical money that any amount of money available for health care will run out, either because of the needs of consumers (patients) as well as the desire

among health care providers (health providers) to provide optimum service as funds are available. In Indonesia, it is almost the same, health services are still consumptive without paying attention to cost-effectiveness and cost-efficiency. So that the cost of health services soar.[4]

In overcoming this, the Indonesian government provides a solution, namely by implementing the Health Insurance or National Health Insurance program. The National Health Insurance Program began with the enactment of Law Number 24 of 2011 concerning the Social Security Administering Body. Where in the law it is stated that the Social Security Administering Body aims to fulfil the basic needs of a decent life for every participant and/or family member. As of January 1, 2014, the government through the Health Social Security Administration has implemented the National Health Insurance policy. The National Health Insurance is a health service program from the government which is managed by the Social Security Administering Body which aims to provide comprehensive health insurance for every Indonesian so that they can live healthy, productive and prosperous lives. This program is part of the National Social Security System which is

mandatory for all people through the Health Insurance Administration Agency.

The hospital as an advanced level referral health facility is one of the important components for health service providers and providers in the implementation of the National Health Insurance program. The National Health Insurance Program is part of public policy as a result of the goodwill of the Government. The success of the Government's program in the National Health Insurance, among others, depends on the extent to which this policy is implemented in hospitals.[3]

By the Regulation of the Minister of Health Number 69 of 2013 concerning Standard Tariffs for Health Services at First Level Health Facilities and Advanced Level Health Facilities in the implementation of the Health Insurance Program, the payment method to first-level health facilities is pre-employed based on a capitation of the number of participants registered at the health facility. For health services provided to participants by advanced level referral health facilities, BPJS Kesehatan makes payments based on the Indonesian Case-Based Groups (INA CBGs) method. The purpose of the INA CBGs tariff is the amount of claim payment by BPJS Health to advanced health facilities for service packages based on the grouping of disease diagnoses. This grouping of disease diagnoses is important by the exposure of Cooper and Craig who show that there are variations in health financing even with the same diagnosis.[5]

The INA-CBGs system is a codification system of final diagnoses and actions/procedures that become service outputs, based on costing data and disease coding referring to the International Classification of Diseases (ICD) compiled by WHO concerning ICD-10 for diagnosis and ICD-9-Clinical Modifications for actions/procedures. Tariffs for INA-CBGs have 1,077 tariff groups consisting of 789 group codes/inpatient groups and 288 outpatient group codes. By using the INA-CBGs system, the calculation of service tariffs is more objective based on the actual cost. Through INA-CBG's, it is expected to improve the quality and efficiency of hospitals.[6]

The Sungai Dareh Regional General Hospital not only collaborates with the Health Social Security Administering Body but also cooperates with other insurances such as InHealth insurance, the Employment Social Security Administering Agency, Jampersal, Jasaraharja, and Baznas. However, the most dominant payment is made using the Health Social Security Administering Body. National Health, 2,662 general patients, and the remaining 16 Prothrombin Time patients, in 2017 increased to 8,979 patients

consisting of 6,414 National Health Insurance patients, 2,548 general patients, and the remaining 17 Prothrombin Time patients, in 2018 increased to 9,620 patients consisting of 6,865 National Health Insurance patients, 2,747 General patients, and the remaining 8 Prothrombin Time patients.

Many hospitals have previously implemented the INA-CBGs system, but the use of the INA-CBGs system is considered ineffective, this is obtained from the results of research which shows a tendency for the cost of INA-CBGs to be greater than the Fee For Service, especially for non-surgical cases. On the other hand, for Surgical cases, the trend of INA CBGs fees is much lower than Fee For Service. Research conducted by Indriani shows that the inefficiency of the use of laboratory resources has an impact on the tariff gap at the Dr Central General Hospital. Sardjito. This indicates the inefficiency of the implementation of the INA-CBGs system.[7]

2. RESEARCH METHODS

This research was carried out at Sungai Dareh Hospital, Dharmasraya Regency regarding the Analysis of the Implementation of Health Service Payments with the Disease Diagnosis System (INA-CBGs) at the Sungai Dareh Hospital Inpatient in 2019. The time of the study started in August to October 2020. This type of research is descriptive qualitative.

The informant determination technique used in this study is a purposeful sampling technique, namely the informants selected in this study are people who have a role in the INA-CBGs system at Sungai Dareh Hospital. Informants can be trusted and competent as sources of data and are known about the problem objectively and in-depth. The informants in this study were 5 people, namely: Key informants in this study were the Head of Administration at Sungai Dareh Hospital, Head of Finance at Sungai Dareh Hospital, Staff for Finance related to the INA CBGs system, Head of Medical Record Installation, and Claim Management Staff of the Guarantee Agency. Social (Coder). Data collection techniques were carried out using in-depth interviews using interview guidelines that had been prepared, and observation. Processing and analyzing data in four stages, namely transcription, organizing, introduction, and analyzing research results with a content analysis approach. While the triangulation used in this research is source triangulation and technique triangulation.

3. RESULTS

3.1 Planning on the INA-CBGs Payment System

Planning is the most important thing before carrying out an activity, including the implementation of the INA-CBGs payment system at the Sungai Dareh Hospital Inpatient, the planning process is used to achieve the desired goals, one of which is budget planning. Based on the results of interviews that have been conducted with several informants, it is known that the budget planning for the INA-CBG's system is made based on the needs of the medical record installation, according to the results of the interviews as follows:

Inf-1	<i>There doesn't seem to be a special budget for INA CBGs, but for its completeness, it is budgeted from medical records</i>
Inf-2	<i>The budget is usually, this is based on our income, we try as much as possible for this, according to the needs of the hospital the expenses</i>
Inf-3	<i>if it's a budget problem, we propose a budget that is by any medical record installation so that the management will budget for our needs earlier</i>
Inf-4	<i>Maybe there is a budget with the plan</i>

The provision of the budget used for the implementation of INA-CBGs activities is sourced from the Regional Revenue and Expenditure Budget funds and the Regional Public Service Agency according to the results of the interview as follows:

Table 1. Result of Observation of Incoming Funds Report

Observed aspects	exist	None	Information
2015-2017 hospital income/income report	√		
Clinical pathway	√		Not running yet

Based on the results of interviews and observations made on the budget aspect for the

Table 2. Mean IGF-1 and Newborn Weight

Interview result	Observation Results	Documentation Results	Conclusion
The budget for the implementation of INA-CBGs activities is made based on the needs of the overall recording installation. The funding source for the implementation is from the Regional Public Service Agency and the	Availability of hospital income/income reports for 2015-2017	There is an annual report on hospital income and expenses	Sources of funding for the activities of the INA-CBGs system are BLUD and APBD whose plans are made by the budget requirements for recording installation activities based on income reports from hospitals, clinical of several diseases already exist but have not been

Inf-1	<i>Regional Revenue and Expenditure Budgets and Regional Public Service Agencies, yes, but for completeness of facilities</i>
Inf-2	<i>One Regional Revenue and Expenditure Budget Fund, then one Regional Public Service Agency fund</i>
Inf-3	<i>For now, the hospital is budgeting with the Regional Public Service Agency and the Regional Revenue and Expenditure Budget</i>
Inf-4	<i>the source may be the Special Allocation Fund or other funds</i>

From the results of interviews regarding clinical pathways, it can be seen from the results of the interviews below:

Inf-1	<i>Clinical pathway huh? If I'm not mistaken, there is</i>
Inf-2	<i>There is if I'm not mistaken</i>
Inf-3	<i>There are, but not all of them, just a few and haven't been used</i>
Inf-4	<i>None</i>
Inf-5	<i>None</i>
Inf-6	<i>There is not any yet</i>

After field observations, it is known that the hospital income and income report during the implementation of the INA-CBGs system (2015-mid 2017) already exists, according to the table below:

implementation of INA-CBGs activities, it can be seen from the technical triangulation matrix below

Regional Revenue and Expenditure Budget			implemented.
	There are already available clinical pathways for several diseases	There is written evidence of clinical pathways from 2 surgical diseases	

3.2 Organizing the Payment System INA-CBGs

In carrying out an activity there must be organizing management or in other words, it is called setting the number of people in carrying out an activity.

Inf-1	<i>For human resources, the hospital provides medical personnel, both doctors, dentists, and specialists, there are also nursing, pharmacy, midwifery, other health workers and non-health workers. The number of employees provided by the hospital in the medical record installation room is 28, now of those 28, the INA-CBGs section is 5 people.</i>
Inf-3	<i>Well, until now the number of employees provided by the hospital at the medical record installation is 28 people, of which 8 are civil servants, 17 are voluntary, 3 are contracted. In the INA-CBGs system, of the 33 5 people who manage the INA-CBGs</i>
Inf-4	<i>The number of employees provided by the hospital in the medical record installation room is 28 people, including the installation head and his treasure. The code is 5 people.</i>
Inf-5	<i>We in the coder room are 5 people, 1 scanner 4 coders</i>
Inf-6	<i>There are 34 people, for which the coder is 5 people</i>

Not only the distribution of the number of employees, but the Sungai Dareh Hospital also divides these employees with different tasks, according to the results of the interview below:

Inf-1	<i>For INA-CBGs, it's the coder's job, it's provided specifically for clamping, now they will divide their respective tasks.</i>
Inf-3	<i>We are divided later into several people, regarding outpatient and inpatient claims to carry out internal verification</i>
Inf-4	<i>The division of duties includes outpatient and inpatient</i>
Inf-5	<i>2 inpatients, 2 outpatients, then they will be put together</i>
Inf-6	<i>2 people for outpatient treatment, 2 more people for inpatient care, 1 person for scanner</i>

The coordination system used by employees at work can be seen from the results of the interviews below:

Inf-1	<i>Coordinate them in one room, if there are new problems, they will be communicated to their superiors</i>
Inf-2	<i>Coordination between them, and the Social Security Administering Body</i>
Inf-3	<i>We coordinate every quarter, it's always an evaluation</i>
Inf-4	<i>Coordination of internal and in-person meetings</i>
Inf-5	<i>Coordination meeting, or in person, from WhatsApp too</i>
Inf-6	<i>Come to coordination meetings and usually if you want to hurry because we are in the same room, just ask or just call</i>

In addition to the division of the number of employees, and the division of tasks, employees who are assigned to manage INA-CBGs are always given training every year, as the results of the interview below:

Inf-1	<i>The training is there, every year there is so that the officers' knowledge can increase, every year the regulations change</i>
Inf-3	<i>Well, every year we have conducted training or human resource improvement for officers at INA-CBGs</i>
Inf-4	<i>Training is available</i>
Inf-5	<i>Available</i>
Inf-6	<i>Available</i>

However, there are no special officers from BPJS employees who have settled at the Sungai Dareh General Hospital, according to the results of the interview below:

Inf-1	<i>No, at least if there is a problem, we will communicate it with the Social Security Administering Body</i>
Inf-3	<i>The Social Security Administration does not because we also do not have our internal officers</i>
Inf-4	<i>None for now</i>
Inf-5	<i>None for now</i>
Inf-6	<i>None for now</i>

Based on the results of observations that have been made, it is known that there are no Social

Security Administering Body officers who have settled in Sungai Dareh Hospital and for the special organizational structure of the INA-CBGs

management, there is no medical record installation as a whole.

Table 3. Results of Organizational Observations

Observed Aspect Structure	Exist	None	Keterangan
Employees of the Social Security Administering Body on duty		√	
Organizational structure	√		Tidak khusus INA-CBGs tetapi Rekam Medis

Based on the results of interviews and observations that have been made, it can be

concluded in the technique triangulation matrix as follows:

Table 4. Triangulation of Organizing Techniques

Interview result	Observation Results	Documentation Results	Conclusion
The number of medical record employees is 28 people and 5 coders (managers of INA-CBGs)	From the number of medical record officers, the quantity is considered sufficient	There are medical record officers and coders with their respective divisions of tasks	The division of the number of implementing staff for INA-CBGs already exists, which consists of 5 coders with a division of tasks for 2 inpatients, 2 outpatients, and 1 scanner.
Coders have received training every year	The organizational structure of the medical record installation already exists	The existence of a medical record organizational structure	
The 5 coder officers are divided into 2 inpatients, and 2 outpatients, while 1 scanner	Coder officers consist of 5 people, with their respective division of tasks	There is a coder officer who is working in the room that has been provided	
There are no employees of the Social Security Administering Body who have settled at the Sungai Dareh Hospital	There are no employees of the Social Security Administering Agency	There are no Social Security Administering Body officers	

3.3 Implementation (Actuating) on the INA-CBGs Payment System

The implementation of the INA-CBGs payment system at Sungai Dareh Hospital can be seen from the results of the interview below:

Inf-1	<i>January 2014, since the Social Security Administration Agency, was implemented at Sungai Dareh Hospital</i>
Inf-2	<i>Since 2014 may have been in effect</i>
Inf-3	<i>Enacted in January 2014 already in effect at Sungai Dareh Hospital</i>
Inf-4	<i>2014 if I'm not mistaken</i>
Inf-5	<i>2014</i>
Inf-6	<i>January 2014</i>

The obstacles faced in the implementation of inpatient payments with the INA-CBGs payment system are as follows:

Inf-1	<i>The problem is the delay in payment from the Social Security Administering Body, besides that sometimes there is a pending due to the wrong code or patient entry date, but it will be returned later and can be repaired</i>
Inf-2	<i>Maybe it's the Social Security Administrator if the clamping is clear, the INA-CBGs tariff, the only problem is that the Social Security Administering Body is often late in paying bills to the hospital or our coder</i>

	<i>team is late in submitting claims to the Social Security Administering Agency, hopefully, this year It went smoothly, but usually, the Social Security Administering Body pays hospital debts 1 month late, until October, the next month is usually paid in the following year</i>
Inf-3	<i>These obstacles must exist, where the obstacles we are in are due to changes in regulations, Regulations of the Minister of Health, the need to increase the knowledge of our officers in hospitals.</i>
Inf-4	<i>The problem is that the code is wrong and the date is mostly usually</i>
Inf-5	<i>If the problem is entering patient data, and the doctor's writing is difficult to read, usually that's all</i>
Inf-6	<i>The problem is that if you enter patient data, it's hard to read, usually, the writing is too pretty</i>

The flow of inpatient registration using the Social Security Administration at Sungai Dareh Hospital is known based on the results of interviews as follows:

Inf-1	<i>As for the flow, there is a service area and you can see it there</i>
Inf-2	<i>Oh the plot already exists</i>
Inf-3	<i>If the flow of inpatients is usually the one who takes care of the patient's family, then there will be a room nurse who will give the introduction, after that it will be taken care of by the Social Security Administering Body in the registration section.</i>
Inf-4	<i>Starting from the room, you will be given an introduction to treatment, later the Social Security Administering Body will make a Participant Eligibility Letter and after the Participant Eligibility Letter is issued, it will be given back to the nurse.</i>
Inf-5	<i>Yes, the registration process will be told to get the Social Security Administering Body up front, then the Participant Eligibility Letter will be issued, the period is 3 days, if 3 days pass, the patient cannot be clamped, right?</i>
Inf-6	<i>To the Social Security Administering Body upfront, there will be a Participant Eligibility Letter</i>

The process of determining patient care rates for the Social Security Administering Body using the INA CBGs system can be seen as the results of the following interview:

Inf-1	<i>The rate is determined from the application only</i>
Inf-2	<i>If we are in a hospital, for this year we already have the latest, the latest hospital rates, if the INA-CBGs already have the tariff, then it will be adjusted to the hospital rate, the calculation of the new hospital rate has been calculated using the unit cost the consultant has issued the Regent's regulation</i>
Inf-3	<i>Already running according to the application used</i>
Inf-4	<i>The rates are already there, I guess</i>
Inf-5	<i>Right, if the patient of the Social Security Administering Body uses the INA CBGS system, then the rate determination can be seen after inputting the patient's resume. The input is after the patient goes home. The input is after the patient returns home, the patient's medical records are all there, the type of service the patient received, how long he was treated, what type of illness, which doctor and nurse took care of. So it's just a matter of counting. Then it is coded, and after being encoded, the codes will be entered into the INA CBGs system application, if it has been inputted, the tariff will appear.</i>
Inf-6	<i>If the Social Security Agency right time inputting data in accordance resume it later in direct charge out thud from the inputting process resumes, emerging diagnostic coding rates.</i>

Meanwhile, for patients with the number of treatments exceeding the existing packages, it can be seen from the interview results below:

Inf-1	<i>The patient's problem is still being treated because it is the responsibility of the hospital.</i>
Inf-2	<i>Usually, we should be in an orderly fashion, with this INA-CBGs tariff, it means that there are already patients being treated according to the provisions, but indeed there are some cases that exceed that, so maybe if it's more than this, the amount of pain will suffer losses.</i>
Inf-3	<i>If there is a patient with such an incident, the hospital will continue to treat the patient until the patient is cured and there are no additional costs, additional hospital costs bear the risk, but there is a cross-subsidy that aims to cover the cost of excess patient care with costs taken from the patient. whose treatment is less than the specified length of time, but this</i>

	<i>does not apply if the patient advances to the treatment class. Patients who advance to the class of care must pay the difference from the increase in the class of care.</i>
Inf-4	<i>Hmm, if the treatment period is longer, it is usually still treated and the payment is cross, I think.</i>
Inf-5	<i>If for the period of treatment the patient is treated until he recovers, how long must the patient be treated until he recovers, there will be hospital cross-subsidies later, to cover the hospital's losses.</i>
Inf-6	<i>Taken with cross-subsidies</i>

The facilities provided by Sungai Dareh Hospital to support the implementation of the INA-CBGs system can be identified as follows:

Inf-1 *It has been provided so that it can run smoothly, but maybe what is lacking is*

maintenance, so sometimes it is often damaged.

Inf-2 *Yes, for now, it's not there, but maybe we'll hold the procurement this year.*

Inf-3 *In principle, if it is said that it is sufficient, it still needs improvement, then in the system, we need computers, printers and other scanning tools to support the system so that it can run well.*

Inf-4 *Provided and enough.*

Inf-5 *enough*

Inf-6 *enough*

Meanwhile, for the results of observations, it is known that there are already available guidebooks for coders and patient service flows, but the existing flow is only for outpatients.

Table 5. Observations Execution System INA-CBGs

Observed Aspect Structure	Exist	None	Information
Coder's Manual	√		For outpatients / polyclinics
Patient Service Flow	√		
Special room for medical record storage	√		
Office tools	√		

The results of technical triangulation on the INA-CBGs system process at the inpatient

installation of the Sungai Dareh Regional General Hospital are as follows:

Table 6. Triangulation of INA-CBGs Payment System Implementation Techniques

Interview result	Observation Results	Documentation Results	Conclusion
1. The INA-CBGs payment system started in January 2014	There is a code manual	The existence of a Cooperation Agreement with the Social Security Administering Body	The INA-CBGS payment system has been started in January 2014 until now by determining the tariff directly from the application that is already available by the entered diagnostic code, the problem that is often faced is coding errors so that it must be re-verified in addition to the inpatient registration flow using Social Security Administering Body not yet available
2. Constraints that are often encountered are diagnostic coding errors, patient status readings and delays in returning status	There is a flow of outpatients, there is no inpatient	Tersedianya alur pasien	
3. The flow of patient registration for the Social Security Administering Body starts with the introduction of treatment by the nurse and then it is taken to the Social Security Administering Body for the Regional General Hospital to print the Participant Eligibility Letter within 3 days	Availability of computer and wifi	Documentation of evidence of the existence of a computer and wifi	
4. Pricing already exists based on the application	When disease diagnoses and actions are entered based on		

	the patient's status, the rates will automatically appear on the application		
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3.4 Controlling the INA-CBGs Payment System

Based on interviews that have been conducted relating to supervision of the implementation of the INA-CBGs system, it is known as follows:

Inf-1	<i>The supervision is the report from the coder</i>
Inf-2	<i>For our claims, we already have a special one to supervise, so that there are no irregularities in clamping.</i>
Inf-3	<i>Supervision of medical records is carried out every time the monitoring evaluation is carried out on the clamping system.</i>
Inf-4	<i>There is a report, if there is a problem it's usually that.</i>
Inf-5	<i>Every month there is control, it is seen from the completeness and accuracy of medical record collection</i>
Inf-6	<i>There is a control to see the completeness of the medical record</i>

The errors that are often found in the INA-CBGs system based on the results of interviews are as follows:

Inf-1	<i>Frequent errors, wrong code, wrong date, or sometimes the patient is late in printing the Participant Eligibility Letter so that it cannot be clamped.</i>
Inf-2	<i>Most likely, the coder entered this</i>

Table 7. Results of Observations on the Implementation of the INA-CBGs System

Observed aspects	Exist	None	Information
INA-CBGs Application	√		

The results of the technical triangulation regarding the supervision of INA-CBGs in Sungai Dareh Hospital are as follows:

	<i>incorrectly, but usually, when the Social Security Administering Body has verified the complaint, the complaint will be corrected.</i>
Inf-3	<i>The error was an error in the disease diagnosis code and the doctor did not read it</i>
Inf-4	<i>Usually, the code, date, and there are also cases where the patient's family is late in printing the Participant Eligibility Letter so that it cannot be paid and must be public.</i>
Inf-5	<i>wrong input disease code, sometimes the room also gives the wrong diagnosis, yes, that's the most often, isn't it?</i>
Inf-6	<i>The disease code is usually</i>

In addition, based on the results of the interview below, it is known that there is no supervision of the INA-CBGs application or software:

Inf-5	<i>Not yet, at least if there's a problem, we'll just report it</i>
Inf-6	<i>Nothing</i>

Based on the results of supervision observations on the implementation of INA-CBGs, it is known as follows:

Table 8. Triangulation of Techniques for Supervision of the Implementation of the INA-CBGs Payment System

Interview result	Observation Results	Documentation Results	Conclusion
Supervision of the coder is only carried out when there is a problem report from the coder.	The INA-CBGs application is available.	There is no field supervisor provided to oversee the implementation of INA-CBGs coding.	There is no regular supervision carried out by the management of Sungai Dareh Hospital, both to officers and software
Errors that often occur are the wrong diagnosis code and difficulty reading the patient's status			
No periodic app checks			

3.5 Evaluation on the INA-CBGs Payment System

Based on the results of the interviews, it is known that the evaluations carried out are as follows:

Inf-1	<i>The evaluation of the officer's report is usually normal if there is no special one.</i>
Inf-2	<i>In their service section later, when there is an error, it is usually confirmed to the Doctor in Charge of the Service</i>
Inf-3	<i>If from the medical record, the evaluation method is on the doctor in collecting his medical record, then from the results of the recaps that we have</i>
Inf-4	<i>Evaluation of the problems that occur, what are the causes? And then looking for a solution to the problem</i>
Inf-5	<i>It should be evaluated every 3 months, but sometimes it's also not appropriate</i>
Inf-6	<i>End of the year and every 3 months</i>

The results of interviews regarding the involvement of parties in the INA-CBGs system are known from the results of the following interviews:

Inf-1	<i>The involvement is quite good, yes, that's why it's still running until now</i>
Inf-2	<i>Usually, we can see there will be a section reporting and evaluation that may</i>

Table 9. Results of Observation and Evaluation of the Implementation of the INA-CBGs System

Observed aspects	Exist	None	Information
Evaluation report		√	

The results of technical triangulation on the evaluation of the implementation of the INA-CBGs system in the inpatient installation of the

	<i>be able to evaluate the report semester so, what's wrong just so</i>
Inf-3	<i>From the medical record, we can see that the medical record employee is in charge of inputting data, but if the big evaluation is attended by the management who makes the policy.</i>
Inf-4	<i>The involvement of cadres is very helpful, if there isn't one, it can't be clamped</i>
Inf-5	<i>Yes, it's pretty good, bro, but sometimes the name is a problem that can't be avoided, yes, such as the delay in status and the writing that was difficult to read earlier, we had to contact the doctor in charge of the service, we should have a case-mix team, now that team will help the coder if anything unclear.</i>
Inf-6	<i>The coder usually inputs data, for the others it's about the completeness</i>

The results of the evaluation of the implementation of the INA-CBGs payment system are known that there is no written report on the results of the evaluation that has been carried out as shown in the table below:

Sungai Dareh Regional General Hospital are as follows:

Table 10. Triangulation of Techniques for Evaluation of the Implementation of the INA-CBGs Payment System

Interview result	Observation Results	Documentation Results	Conclusion
Implementation evaluation is carried out if there is a	No evaluation report is available	There is no written evaluation report	Evaluation of the implementation is carried

problem report from the coder officer			out if there is a complaint or problem from the coder officer, but it has not been recorded in writing
The participation of the parties involved, such as directors, administrative heads, and other fields is considered quite good	Parties involved in decision making	the related parties have only received a written report if there is a problem, but for the recorder of the number of patients and the number of claims it has been carried out	

4. DISCUSSION

4.1 Planning on the INA-CBGs Payment System

Based on the results of interviews and observations that have been made related to the planning process for the INA-CBGs payment system, it is known that the budget planning for the implementation of the INA-CBGs system is made by the budget requirements for medical record installation activities which are made based on the request of each installation. The source of funding for activities comes from funds from the Regional Public Service Agency and the Regional Revenue and Expenditure Budget. In addition, clinical pathways for several diseases are already available but have not been used as a reference for the implementation of the INA-CBGs payment system.

This is by research conducted by Syam, regarding the description of the implementation of a health service payment system with a disease diagnosis system (INA-CBGs) at the Tenriawaru Hospital, Bone Regency in 2017, namely in anticipating the losses that will be experienced in the application of the INA-CBGs system. , the hospital makes a budget plan. In planning the budget, the hospital calculates and provides the necessary funds. The source of funds used for the implementation of the INA-CBGs system comes from the hospital's income.[8]

According to the theory from Azwar, the benefits of budget planning include helping regulate the use of resources, assisting in decision making, assisting in monitoring and supervision, assisting in planning improvements, and clarifying the delegation of authority.[9]

Based on the researcher's assumptions for planning the budget for the INA-CBGs payment implementation system, it is known that the budget planning is by the needs proposed by the medical record installation by the needs of the installation, because the INA-CBGs manager or coder is part of the medical record installation, in addition to the needs of the INA-CBGs management. Others such

as computers, printers, paper and other stationery are readily available so that they can assist in the coding of the clamping process. A clinical pathway is one way to make it easier for coders to code patient diagnoses because in the clinical pathway there are steps to treat disease so that it will be a reference in coding and minimal actions taken for disease. However, Sungai Dareh Hospital has not implemented this, because the clinical pathway is not yet available.

Based on this, it is hoped that the Sungai Dareh Hospital in planning the next INA-CBGs payment system to be able to create and implement clinical pathways because the INA-CBGs rates are prepared based on the prospective method, so it is important to establish standard procedures for handling the disease.

4.2 Organizing the Payment System INA-CBGs

Based on the results of interviews and observations regarding the organization of the INA-CBGs payment system for inpatient installations at Sungai Dareh Hospital, it is known that the number of human resources or health workers who manage INA-CBGs is 5 people with the division of tasks 2 inpatient installations, 2 outpatients and 1 scanner. Meanwhile, the employees of the Social Security Administering Body have not yet settled in the Sungai Dareh Regional Hospital and coordination is carried out via cellphone or directly visiting the Social Security Administering Agency office which is not too far from the Sungai Dareh Regional Hospital.

Other research supports the results of this study, namely research conducted by Kharisma regarding Production Management Strategies for the Malay Detak News Program in Riau Television. The results of Mellisa's research explained that in the organizing stage, Detak Melayu divided personnel and division of personnel duties, namely according to the abilities possessed by each individual. The Detak Melayu party placed reporters and cameramen at certain posts. Each

team consists of one reporter and one cameraman. And each team is placed in a strategic place that has been determined which then covers news related to their respective positions.[10]

According to Terry, Organizing is the process of how the strategies and tactics that have been formulated in planning are designed so that they can be applied in the organization, system and organizational environment, and can also ensure that all parties in the organization can work effectively and efficiently to achieve organizational goals. In addition, according to Azwar, one of the main principles of the organization is to have the division and delegation of authority because the role that each person has is not the same, so it needs to be regulated.[9], [11]

Based on the researcher's assumption, the division of tasks in the coder is correct by dividing 2 people in charge of inpatient care, 2 outpatients and 1 scanner. So that there is a focus of employees in carrying out their duties and responsibilities. However, based on the observations that have been made, it would be better if the division of tasks should be further divided which one is senior and junior, because for now, the seniors are inpatient care, while the juniors are outpatients. This will cause delays in data entry due to incorrect coding of outpatient diagnoses. It is hoped that in the future there will be a good division of tasks to reduce errors in the INA-CBGs system.

4.3 Implementation of the INA-CBGs Payment System

Based on the results of interviews and observations that have been made regarding the implementation of the INA-CBGs payment system, it is known that Sungai Dareh Hospital has implemented this system from January 2014 to the present where the tariff determination is based on data derived from the medical resume of patients who use the Social Security Administering Body card. Health. Constraints that often occur are incorrect coding, illegible writing, the status returns more than 48 hours and some patients are late in printing Participant Eligibility Letters, and the absence of the formation of a case-mix team at Sungai Dareh Hospital.

This is in line with Ode's research which states that the implementation of the INA-CBGs payment system cannot be separated from the impact on hospital finances. with the income that comes from the implementation of the INA-CBGs system, including starting from the purchase of drugs that have begun to be resolved, food for inpatients, maintenance has indeed entered.[12]

Based on the Regulation of the Minister of Health Number 27 of 2014 concerning technical

guidelines for the INA-CBGs system where several efforts should be made by hospitals, one of which is forming hospital management and professional team that can work together to understand the concept of package tariffs and there must be a case-mix team.

According to the researcher's assumption that the implementation of the INA-CBGs system at Sungai Dareh Hospital has not been going well, this can be seen from the absence of a case-mix team, which helps solve problems related to the INA-CBGs system in Sungai Dareh Hospital. The case-mix team usually consists of doctors who will then help if there are problems with coding the disease so that problems such as sentences or diagnoses that are difficult to read can be helped by the team which can then facilitate the coder's work. In addition to this, the absence of an inpatient service flow has also caused some patient cases to be unable to be clamped because the patient's Participant Eligibility Letter does not exist. This happens because the Participant Eligibility Letter can only be printed a maximum of 3 days after the patient enters. If it exceeds 3 days, the Participant Eligibility Letter cannot be printed and the patient becomes a general patient.

It is hoped that the Sungai Dareh Regional Hospital to immediately form a case-mix team to reduce errors or problems that occur in the INA-CBGs process or system. In addition, hospitals must pay more attention to what needs to be pasted on the walls of the treatment room so that patients or their families can understand what they have to do, and hospitals can also provide understanding to room nurses to always remind patients/patients' families regarding the grace period for printing. Participant Eligibility Letter of the patient.

4.4 Supervision of the INA-CBGs Payment System.

Based on the results of the research that has been carried out, it is known that the process of monitoring the INA-CBGs payment system has not gone well, it is known that supervision will only be carried out when there are reports and problems, as well as the software there is no regular check.

According to Azwar supervision is an activity to ensure that the program runs according to the existing planning and Standard Operating Procedures so that the desired goals can be achieved. In addition, based on the Regulation of the Minister of Health Number 27 of 2014 it is stated that hospital hospitals need to review post-claims, periodic post-claim reviews are very important in determining policies related to cost and quality control in the services to be provided. Ideally, this review activity involves all units in the

hospital, both management, professional staff, as well as supporting and supporting units and is carried out with data that has been analyzed by the hospital Casemix team.[9]

According to the researcher's assumption, because there is no post-clinical review activity in the implementation of the INA-CBGs system, the same error will be repeated every time, so it needs to be done to avoid deviations or errors in inputting patient medical records. If an error occurs, the person responsible for this supervision will immediately take action to resolve the error. However, the Sungai Dareh Hospital has not carried out regular monitoring so that this is what still causes many errors that occur when entering the diagnostic code. If the supervision has been carried out, a solution will be obtained from the problems faced in the INA-CBGs system.

4.5 Evaluation on the INA-CBGs Payment System

Based on the results of the research conducted, it is known that the evaluation process on the INA-CBGs payment system at Sungai Dareh Hospital is carried out from the coder's report if there are problems and those involved in the evaluation include the director, Head of Administration, and the Technical Implementing Officer of the related activities.

Based on Ode's research Based on the results of interviews, information was obtained that, (1) The evaluation method used by the medical record unit was to use inpatient and outpatient medical record agendas by looking at delays, incompleteness, including unreadable writing. (2) Evaluation of hospital finances, usually carried out monthly, quarterly, per semester or 1 year. (3) Evaluation of the implementation of the INA-CBGs system is an external evaluation with BPJS and an internal evaluation with all staff in the hospital hall.[12]

According to Azwar, assessment or evaluation can be found at every stage of program implementation, namely: assessment at the initial stage of the program to ensure that the plans to be prepared are truly by the problems that exist in the program, assessments at the program implementation stage to measure whether the program being implemented is by the plan and the desired goals can be achieved, an assessment at the final stage of the program to see whether the desired goals have been achieved by existing expectations.[9]

According to the researcher's assumption, the evaluation method used by the hospital to assess the implementation of the INA-CBGs system, namely in the medical record unit, the evaluation

system is carried out every 3 months or at least every 6 months and carried out by certain parties who have been given responsibility responsible for carrying out the evaluation activities. The results of the evaluation carried out will later show that how the implementation of the hospital's INA-CBGs system has improved or vice versa. So that the implementation of the INA-CBGs system at Sungai Dareh Hospital has a good impact on the hospital itself, namely by increasing hospital services and income.

5. CONCLUSIONS

1. The payment system planning process at INA-CBGs at Sungai Dareh Hospital still needs to create a clinical pathway as a guide for coders in entering patient data. In addition, it is necessary to hold a case-mix team as an implementation supervisor.
2. The process of organizing the INA-CBGs manager at Sungai Dareh Hospital is by dividing the coder officers into several parts where the coder officer consists of 5 people who are divided into 2 people in charge of inpatient installations, 2 outpatient installations and 1 scanner.
3. The process of implementing the INA-CBGs payment system begins with determining the INA-CBGs tariff at Sungai Dareh Hospital which is carried out according to the code in the application entered by the coder officer as the implementation of the INA-CBGs payment system, so errors that occur in coding the disease are entered into the application. will result in the return of the clamps from the hospital to the Health Social Security Administration. In addition, obstacles that often occur in the INA-CBGs implementation system at Sungai Dareh Hospital include entering a diagnosis code, incomplete patient status contents, difficulty reading status, and delays in returning status.
4. At Sungai Dareh Hospital, there is no regular monitoring of the INA-CBGs payment system.
5. The evaluation process on the INA-CBGs payment system at Sungai Dareh Hospital has not been carried out in a structured or periodic manner, the evaluation is only carried out if there are complaints from officers.

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