Analisis Faktor-Faktor yang Berhubungan dengan Posisi Finansial Klaim Obat Kronis Non INA-CBGs Pada Pasien Program Rujuk Balik BPJS Kesehatan di RSU Menteng Mitra Afia

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Abstrak

Latar Belakang. Pelayanan obat kronis pada pasien Program Rujuk Balik (PRB) dalam Program Jaminan Kesehatan Nasional (JKN) dibiayai melalui mekanisme klaim Non INA-CBGs untuk pemenuhan terapi selama 23 hari. Posisi finansial adalah selisih biaya dengan pendapatan dalam hal ini yaitu besaran biaya pokok perolehan obat yang dikeluarkan rumah sakit dengan nilai klaim obat kronis yang diterima. Kondisi tersebut berpotensi menimbulkan defisit ataupun surplus yang berdampak pada keberlanjutan pembiayaan pelayanan, namun bukti empiris mengenai besarnya posisi finansial serta faktor-faktor yang berhubungan masih terbatas. Tujuan. Penelitian ini bertujuan menganalisis posisi finansial klaim obat kronis Non INA-CBGs serta faktor-faktor yang berhubungan pada pasien Program Rujuk Balik di RSU Menteng Mitra Afia. Metode. Penelitian menggunakan desain kuantitatif dengan pendekatan potong lintang (cross-sectional) menggunakan data sekunder periode November 2024 hingga Mei 2026. Unit analisis terdiri atas 170 episode pelayanan obat kronis pada pasien PRB. Posisi finansial dihitung berdasarkan selisih antara biaya pokok perolehan obat dan nilai klaim obat kronis. Analisis dilakukan menggunakan uji bivariat, regresi linear multivariat, serta analisis deskriptif terhadap distribusi defisit berdasarkan kelompok diagnosis dan obat dengan selisih biaya terbesar. Hasil. Sebanyak 70,6% episode pelayanan berada pada kondisi defisit. Kelompok hipertensi memberikan kontribusi defisit kumulatif terbesar, sedangkan penyakit paru dan kelompok diagnosis lainnya memiliki rata-rata defisit per episode yang lebih tinggi. Analisis bivariat dan multivariat menunjukkan bahwa diagnosis PRB (p=0,005; p=0,002) dan jenis obat (p=0,006; p=0,013) berhubungan dengan posisi finansial. Telaah lebih lanjut menunjukkan bahwa insulin analog dan inhaler kombinasi merupakan kelompok obat dengan kontribusi defisit terbesar akibat tingginya selisih antara harga pokok perolehan dan nilai klaim yang diterima rumah sakit. Kesimpulan. Pelayanan obat kronis Non INA-CBGs pada pasien PRB di RSU Menteng Mitra Afia masih didominasi oleh kondisi defisit. Posisi finansial dipengaruhi oleh karakteristik diagnosis dan jenis obat, sementara besarnya defisit juga dipengaruhi oleh kesenjangan antara harga pokok perolehan obat dan tarif penggantian yang berlaku. Hasil penelitian menunjukkan perlunya penguatan strategi pengelolaan farmasi, pengadaan obat berbasis data, serta evaluasi kebijakan pembiayaan obat kronis untuk mendukung keberlanjutan pelayanan dalam sistem JKN. <hr /> Background. Chronic medication services for patients enrolled in the BPJS Kesehatan Back-Referral Program (Program Rujuk Balik/PRB) are reimbursed through the Non INA-CBG claims scheme, which covers a 23-day medication supply. The financial position reflects the difference between total revenue and total cost, represented in this study by the difference between the hospital's drug acquisition cost and the reimbursement received for chronic medication claims. This financing mechanism may result in either a financial surplus or deficit, potentially affecting the sustainability of hospital pharmaceutical services. However, empirical evidence regarding the financial position of chronic medication claims and the factors associated with it remains limited. Objective. To analyze the financial position of Non INA-CBG chronic

medication claims and identify factors associated with the financial position among patients enrolled in the BPJS Kesehatan Back-Referral Program at Menteng Mitra Afia General Hospital. Methods. A quantitative cross-sectional study was conducted using secondary data collected from November 2024 to May 2026. The unit of analysis consisted of 170 chronic medication service episodes among PRB patients. Financial position was calculated as the difference between drug acquisition cost and reimbursement received for chronic medication claims. Data were analyzed using bivariate analysis, multiple linear regression, and descriptive analysis to evaluate the distribution of financial deficits across PRB diagnostic groups and medications with the largest cost-reimbursement gaps. Results. Of the 170 service episodes analyzed, 70.6% resulted in a financial deficit. Hypertension contributed the largest cumulative deficit because of its high service volume, whereas pulmonary diseases and other diagnostic groups showed higher average deficits per service episode. Both bivariate and multivariable analyses demonstrated that PRB diagnosis (p=0.005; p=0.002) and medication type (p=0.006; p=0.013) were significantly associated with financial position. Further analysis revealed that insulin analogs and combination inhalers accounted for the largest financial deficits due to substantial gaps between drug acquisition costs and reimbursement rates.Conclusion. Non INA-CBG chronic medication services for PRB patients at Menteng Mitra Afia General Hospital were predominantly characterized by financial deficits. Financial position was associated with diagnostic category and medication type, while the magnitude of the deficit was also influenced by the discrepancy between drug acquisition costs and reimbursement rates. These findings highlight the need to strengthen pharmaceutical management strategies, implement data-driven procurement practices, and periodically evaluate chronic medication reimbursement policies to support the sustainability of healthcare financing within Indonesia's National Health Insurance system. Keywords: Back-Referral Program (PRB), chronic medication services, Non INA-CBG claims, financial position, drug acquisition cost, National Health Insurance