

POLICY ANALYSIS FOR PREPARING SERVICE TARIFFS FOR BLUD RSU CUT MEUTIA ACEH UTARA

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ABSTRACT

This study analyzes the policy of preparing health service tariffs at the Cut Meutia General Hospital (RSU) of North Aceh Regency, which has the status of a Regional Public Service Agency (BLUD). Cut Meutia Hospital is the only advanced health facility in North Aceh and has a vital role in providing quality health services. This study focuses on how service tariffs are structured by considering the cost per unit of service, people's purchasing power, and the operational sustainability of sick homes. The results of the study show that Cut Meutia Hospital uses a tariff policy that includes cost recovery, cost plus, and cost minus. Although the rates set tend to be high for the lower middle economic community, this policy aims to ensure the sustainability of hospital operations and the quality of services provided. The process of preparing tariffs follows the regulations of the Regent of North Aceh, involving hospital management and other related parties. Periodic evaluations of tariffs need to be carried out in order to adjust to the needs of the community and service costs. This study provides an understanding of the importance of tariff policies in improving access and quality of health services and provides recommendations for hospital managers and local governments in setting fair and efficient rates.

Keywords: *Policy Analysis, Service Tariffs, BLUD, RSU Cut Meutia, Cost Recovery*

ABSTRAK

Penelitian ini menganalisis kebijakan penyusunan tarif pelayanan kesehatan di Rumah Sakit Umum (RSU) Cut Meutia Kabupaten Aceh Utara, yang berstatus sebagai Badan Layanan Umum Daerah (BLUD). RSU Cut Meutia merupakan satu-satunya fasilitas kesehatan tingkat lanjut di Aceh Utara dan memiliki peran vital dalam memberikan pelayanan kesehatan berkualitas. Penelitian ini fokus pada bagaimana tarif pelayanan disusun dengan mempertimbangkan biaya per unit layanan, daya beli masyarakat, dan keberlanjutan operasional rumah sakit. Hasil penelitian menunjukkan bahwa RSU Cut Meutia menggunakan kebijakan tarif yang mencakup cost recovery, cost plus, dan cost minus. Meskipun tarif yang ditetapkan cenderung tinggi untuk masyarakat ekonomi menengah ke bawah, kebijakan ini bertujuan untuk memastikan keberlanjutan operasional rumah sakit dan kualitas layanan yang diberikan. Proses penyusunan tarif mengikuti peraturan Bupati Aceh Utara, melibatkan manajemen rumah sakit serta pihak terkait lainnya. Evaluasi berkala terhadap tarif perlu dilakukan agar dapat menyesuaikan dengan kebutuhan masyarakat dan biaya pelayanan. Penelitian ini memberikan pemahaman mengenai pentingnya kebijakan tarif dalam meningkatkan akses dan kualitas pelayanan kesehatan serta memberikan rekomendasi untuk pengelola rumah sakit dan pemerintah daerah dalam menetapkan tarif yang adil dan efisien.

Kata Kunci: Analisis Kebijakan, Tarif Layanan, BLUD, RSU Cut Meutia, Pemulihan Biaya

Introduction

Along with the issuance of Qanun Number 1 of 2024 concerning Regional Taxes and Levies of North Aceh Regency where there are health service rates for health service providers owned by the local government of North Aceh regency, Cut Meutia General Hospital (RSU). Cut Meutia Hospital which also has the status of a Regional Public Service Agency (BLUD) in 2015 and is one of the generating assets for North Aceh Regency, especially to support the vision and mission of the district in providing health services and supporting the improvement of the level of Public Health in North Aceh.

The determination of tariffs in hospitals must always be guided by the costs incurred to create their services, because if the hospital sets rates below its costs, the hospital will suffer losses, so that the survival of the hospital will not be (Yandri, 2018). Tariff determination can be done by calculating the average variable cost budget plus a certain percentage and can also be done by estimating the full cost plus the desired profit acquisition value (H Kara, 2014).

Public service agencies have the meaning of an agency within the Government that aims to provide services to the community both in the form of providing goods and selling services and in carrying out its activities not to make a profit (Indonesia, 2014; Maulana & Sos, 2009). BLUD is also guided by the principles of efficiency and productivity. In the central government and local government environment, there must be a Public Service Agency. Public service agencies, commonly abbreviated as BLUD, are regulated in Government Regulation Number 23 of 2005 which has been amended and replaced by Government Regulation Number 74 of 2012 which contains the Financial Management of Public Service Agencies.

In its implementation, BLUD was formed to provide services in the form of providing goods and services sold, so there is income obtained from BLUD for fees charged to people who need BLUD services in the form of tariffs. With the existence of service preparation rates, BLUD has the right to collect fees from the public in return for the services or goods that have been provided. The preparation of service rates is obtained from the calculation of service costs per unit. Because BLUD has the principle of not seeking profit, the determination of service tariffs can be prepared from several aspects of tariff preparation.

Regulation of the Regent of North Aceh No. 27 of 2020 Explains the changes to the regulation of the Regent of North Aceh No. 38 of 2018 concerning health service rates at the Cut Meutia General Hospital, North Aceh Regency. All health service activities at Cut Meutia General Hospital are subject to service rates in exchange for providing goods/services to the

community. The service tariff is prepared on the basis of the calculation of the cost per unit of service with the aim of covering all or part of the costs incurred to produce goods/services for the services provided.

BLUD service tariffs are prepared by regional heads by paying attention to aspects of continuity, service development, needs, people's purchasing power, the principles of fairness and propriety, and fair competition in determining the amount of service tariffs charged to the community and the deadline for determining tariffs. The proposed BLUD service tariff consists of a proposal for a new service tariff and a proposed change in the service tariff.

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In compiling BLUD service tariffs, regional heads form team members from SKPD in charge of regional financial management, SKPD in charge of BLUD activities, elements of universities, and professional institutions. The service tariff is regulated in the regulation of the regional head, then submitted to the leadership of the Regional House of Representatives. BLUD supervision is under the auspices of the local government.

In Law No. 44 of 2009, it is explained that a hospital is a service institution in the health sector that provides individual health services in a complete manner that provides inpatient, outpatient, and emergency services. The health services provided include promotive, preventive, curative, and rehabilitative. Regent Regulation No. 26 of 2022 Explains the financial management guidelines for the Regional Public Service Agency of the Cut Meutia General Hospital, North Aceh Regency. This Regent Regulation aims to ensure that financial management at the BLUD of the Cut Meutia General Hospital can be carried out in an orderly and efficient manner in order to improve the quality of services to the community.

Hospitals must provide services that have better quality, patient handling must be faster, and the price of hospital services is relatively cheaper. Management accountability is very important to provide good governance consequences. To accommodate accountability, especially in hospital service rates, cost calculations are something very important and urgent to be prepared so that decision-making has a solid basis.

The service fee is all or part of the cost of organizing service activities in the hospital, which is charged to the public in exchange for the services they receive. Under normal circumstances, the tariff must cover the full cost associated with the product and generate the desired profit. Setting hospital rates is a very essential aspect for hospitals. One of the hospital's important sources of revenue is inpatient services.

Currently, almost 95% of the people of Aceh get health insurance as a guarantor for health service costs, both promotive and preventive services as well as curative and rehabilitative. Both from the National Health Insurance (JKN) program from the Health Social Security Management Agency (BPJS) and from the Aceh government in the form of JKRA. So that leaves 5% of the population who do not have a guarantor in health services. The remaining 5% is usually a group of newborn babies, children who are no longer supported by their parents who hold the status of ASN and groups who have more than one card so that they are activated by BPJS until the person concerned reports. The group, which is 95% of health insurance card holders from BPJS Kesehatan, also has the potential to pay or not be covered by the financing if the person concerned is just ready to be treated at one hospital but re-enters a different hospital before a period of 7 days. Likewise, patients who choose not to continue treatment due to disapproval or refuse to continue the treatment action recommended by the treating doctor so that it is decided by the hospital with the status of Going Home At Their Own Request (PAPS), then the card is not valid for some time so that within that period if the person concerned is sick, he

must bear all the costs of treatment independently. The Guidelines for the Implementation of the National Shatan Guarantee Program (JKN) are regulated in the Regulation of the Minister of Health of the Republic of Indonesia (PERMENKES) number 28 of 2014.

Meanwhile, in point (5) it is stated that within 45 (forty-five) days from the return of active membership status as referred to in paragraph (3), participants as referred to in paragraph (1) are obliged to pay a fine to BPJS Kesehatan for one advanced level hospitalization obtained. This point explains that if the owner of the health insurance card alone has the possibility of not being able to get free health services.

JKN card holders are also not covered by BPJS as a guarantor if they have a traffic accident, because at first this traffic accident procedure was the domain of PT. Jasa Raharja, up to a certain ceiling (amount of cost dependents). BPJS Kesehatan also does not cover the cost of regular examinations such as medical *check-ups* for work purposes, continuing education, as well as criminal cases such as rape, beating, visum et repertum to Visum Psychiatry, so the community must bear the financing for these services and examinations themselves.

Based on this experience, the determination of inpatient service rates is a very important decision because it can affect the financial independence of hospitals. The ability of the community to buy health services must be a priority in determining the formulation of hospital rates in addition to spending on health costs per service unit. Without ruling out health care coverage, considering that there is still a gap in the community for those who do not have health insurance, especially those who do not have any health insurance.

As one example, Kanjuruhan Kepanjen Hospital which has the status of a Regional Public Service Agency, the hospital has the right to set non-subsidized service rates (Class II, First Class, VIP Class) through the Director's Decree after receiving evaluation from the Governor of East Java, while Class III (subsidized) service rates must be determined and included in the Governor's Regulation. With this status, the determination of non-subsidized tariffs is expected to provide cross-subsidies to people who cannot afford it in order to achieve adequate *cost recovery* and can improve the quality of hospital services.

Cut Meutia General Hospital of North Aceh Regency as a public service organization, a regionally owned facility as an advanced level health facility that has human resources that are of good quality and quantity and qualified medical equipment, and in the process of providing health services are inseparable from the assessment of the entire community of North Aceh Regency.

METHOD

This research was conducted at Cut Meutia General Hospital, North Aceh Regency. The brief history of the establishment of Cut Meutia Hospital will be explained in the general findings of the research. The selection of Cut Meutia Hospital is due to the fact that Cut Meutia Hospital in North Aceh Regency is the only regional hospital in the North Aceh regency area and intersects with the municipality of Lhokseumawe and its own status as a Type B Teaching Hospital that is capable of several advantages both in terms of human resources and health and in terms of services compared to other Regional Hospitals. Cut Meutia Hospital itself is a Referral Hospital from Other districts as evidenced by a Circular Letter from the Director General of P2P of the Ministry of Health in 2020 regarding Covid 19 Referral Hospitals, Only Cut Meutia Hospital is appointed directly by the Minister of Health together with Type A Hospitals, Zainoel Abidin Hospital in the province. In connection with this type of qualitative research, this research is not clearly determined until the researcher obtains a truly in-depth understanding of the object being studied, but due to various considerations and limitations of time, cost and energy, this research can be terminated and a report made, if it is considered to have achieved data and data analysis according to the design. Then the data obtained will be used as the basis for comparison and answers to the problems that have been determined.

In a qualitative approach, there are several terms used to designate the subject of the research. Some people term informants because informants provide information about a certain group or entity, and informants are not expected to be representatives of that group or entity. Other terms are participant (Moleong, 2019, 2021; Sugiono, 2014). Participants are used, especially when the subject represents a particular group, and the relationship between the researcher and the research subject is considered important to the subject. The terms informant and participant are substantially seen as the main instrument in qualitative research.

According to Patton (2014) there are two methods of participant selection (*sampling participants*) in qualitative research. First, random probability sampling is the random sampling of the population by paying attention to the number of samples, with the aim that the sample can be generalized to the population. Second, purposeful sampling, samples are selected depending on the purpose of the research without paying attention to their generalization ability. Statements or acknowledgments of the absence of information and are influenced by consideration of funds and time that have been budgeted since the start of the research. This is because almost all research implementations have a very limited research schedule, although in

qualitative research, time constraints are less relevant to the goals to be achieved by the intended research, time is always closely related to the costs available for research, so it is very unlikely to use a lot of time at inadequate costs.

Research, as the main instrument in qualitative research, takes real steps to engage directly into research (Margret et al., 2014). In connection with this study, it focuses on the preparation of health service rates for BLUD Cut Meutia Hospital in detail, the subjects used in the study are the Director of the Cut Meutia General Hospital, the deputy director for administrative and general affairs, the Head of the Finance Sub-Division, Academics / Supervisory Board and Community Leaders.

Results and Discussion

Policy for Preparing Health Service Tariffs for BLUD Cut Meutia Hospital

The results of the study show that the service tariff in the hospital is a service that is determined by the size of a certain amount of money based on the consideration that with the value of the money the hospital is willing to provide services to patients. Cut Meutia General Hospital has a policy of setting rates that are quite expensive for the public. Thus, the quality of service of Cut Meutia General Hospital provides quality services for the community. All health service activities at cut meutia public hospitals are subject to service rates in exchange for the provision of goods/services to the community. Service tariffs are compiled on the basis of cost calculation per unit of service (Handayani et al., 2024; Walluyo, 2014; Lunan et al., 2017).

In this case, the decision to set tariffs and control costs is an important management policy to maintain a balance between efforts to obtain optimal profits and the social demands of the health services provided. In order to set service rates, hospitals must be able to measure costs to find out the cost per unit of service which will then be charged into each type of health service (Fahrudin, 2020; Rizkiya et al., 2023). The variety of activities carried out in order to produce health service products, unique products, in small batches and incur different costs for hospitals cause some difficulties in determining the cost per unit of service which will later be used in determining health service rates. The tariff policy is as follows:

1. The *cost minus policy* is a policy of setting a tariff that is lower than the calculation of cost per unit of service/yield per fund investment, because there are certain regulations/policies and/or subsidies are given.

2. The *cost plus policy* is a policy of setting a tariff that is higher than the calculation cost per unit of service/yield per fund investment, because there is a certain policy.
3. The *cost recovery policy* is a policy of setting the same tariff as the calculation of cost per unit of service/revenue per fund investment.

The results of the interview with Mrs. Sumaryani, SKM., MSM, deputy director of general administration and finance of Cut Meutia North Aceh Hospital are as follows.

"Alhamdulillah, the preparation of service rates at Cut Meutia Hospital is carried out in accordance with the regulations of the Regent of North Aceh". (interview on May 20, 2024)

The preparation of the tariff was carried out after going through the hearing process from the management of the Cut Meutia Hospital who participated in analyzing the previous service tariff and was directly involved in the daily implementation of service activities, both health services and education services. Furthermore, Mrs. Cut Yurlita Suri, SE Head of Finance of Cut Meutia North Aceh Hospital said during the interview as follows.

"The service tariff at Cut Meutia Hospital is applied in accordance with the regulations of the North Aceh regent, but the tariff is quite expensive for the lower middle economic community who need treatment but there is no health insurance". (interview on May 22, 2024)

Hospital rates are an aspect that private hospitals and government hospitals pay close attention to. For government hospitals, the tariff is indeed set based on the decree of the Minister of Health and local governments (Sikumbang & Damayanti, 2022). This shows that there is strict control by the government as the owner of the hospital as a firm or business actor. However, government tariffs generally have low *cost-recovery*. The results of the interview with Mr. Faisal Hidayat, ST., MSM (Finance sub-Division) said.

"In order to determine service rates, hospitals must be able to measure costs to find out the cost per unit of services which will then be charged to each type of health service. Management policies are very important to maintain a balance of profits and services, social demands, and services". (interview on May 22, 2024).

If the tariff has a low cost recovery rate applied to the lower service class (e.g. class III), then it is something feasible, so that there is a government subsidy for the poor to use hospital services. The existence of a self-help policy has given the authority to set rates to hospital directors, especially for VIP and class I wards which do not affect the poor much. Therefore, the understanding of the concept of tariffs needs to be known by hospital management. The

results of the interview with Sri Agustina, SKM., M. Kes head of the General and Household Subdivision said.

"In my opinion, by applying standard rates, it is easily accessible to the wider community, so that income increases and can cover hospital operations". (interview on May 22, 2024)

Based on the results of the study, it can be seen that the process of formulating tariff policies at Cut Meutia hospitals is going well. The next policy process is policy formulation, at this stage policy analysis needs to collect and analyze information related to the problem concerned, then try to develop policy alternatives.

Despite these differences in understanding, the role of tariffs in health services is indeed very important. In order to ensure the continuity of services, each health facility must be able to set a rate that can guarantee a total income greater than total expenses. As a result of the decrease in the number of people willing to contribute funds to health services, the main source of finance is mostly from income only. It is clear that the meticulousness of determining the amount of tariffs plays a very important role. If the rate is too low, it can cause a low total income. On the other hand, a rate lower than the total expenses will definitely cause financial difficulties (Siregar, 2021).

Furthermore, from the results of the interview, it is known that the informants consist of people who work in the informal sector and are directly involved in services and bureaucracy, even some of the people who enjoy health services at Cut Meutia Hospital. This information will explain more deeply the service tariff policy at the North Aceh Cut Meutia hospital. There needs to be an analysis of the service tariff policy in accordance with the regulations of the Regent of North Aceh.

The results of the study show that health service tariffs are very influential in increasing access to effective and efficient health services. Work facilities are work equipment needed by Cut Meutia Hospital, North Aceh in supporting the implementation of health services in the hospital. Good service is service that provides a sense of comfort and customer satisfaction.

Based on the results of research on the policy of preparing service rates and the concept of service tariffs at the North Aceh Cut Meutia hospital, it can be seen that tariffs affect the community, evaluation of tariff policies and existing technology to make it easier for service users to provide health services.

Conclusion

Based on the results of research and discussions conducted at the Meutia Cut Hospital in North Aceh, it can be concluded 1). The policy of preparing health service rates at Cut Meutia Hospital is carried out in accordance with the regulation of the Regent of North Aceh Number 27 of 2020 concerning Health Service Rates at the Cut Meutia General Hospital, North Aceh Regency, where in the regulation the tariff is listed as BLUD Hospital. 2). Tariff determination is made by considering the complaints of customers who seek medical treatment or buy health services without being supported by government health insurance and are required to provide quality services at efficient prices.

3). Management accountability is very important to provide good governance consequences. To accommodate accountability, especially in hospital service rates, cost calculations are something very important and urgent to be prepared so that decision-making has a solid basis. The concepts considered in the preparation of health service tariffs are the unit price of the facility service unit and its Human Resources, the cost of using advanced medical equipment and the quality of health service providers in the institution. 4). Hospital information systems help in more efficient management. For public hospitals that prioritize social, it is not easy for public hospitals to determine service rates, one of the things that needs to be determined is the inpatient room rental rate. Especially with the community's need for quality health services, sometimes it is not supported by adequate financial capabilities.

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