

Original Research

ANALYSIS OF INA-CBG'S FARE AND GOVERNOR REGULATION FARE ON SURGERY AT INPATIENT ROOM OF UNDATA REGIONAL PUBLIC HOSPITAL IN PALU

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ABSTRACT

Aim: In order to determine the fares of surgery, there are two types of fares used by hospitals namely Indonesian Case Based Groups fare (INA-CBG s) and Governor Regulation fare. This study aimed to identify and analyze both types of fares in orthopedic surgery, general, eyes, midwifery, mouth, ENT, urology at inpatient room of Undata Regional Public Hospital in Palu during year 2014.

Method: This was a quantitative study with descriptive approach with 46 cases as the number of surgery. Data were collected through observation and analysis of secondary data were gotten from medical record, pharmaceutical installation of IBS/IDR, inpatient therapy room (Matahari, Aster, and Teratai pavilions) and cashier of inpatient room in form of cost details and patient data from January to December 2014. Data Presentation was formed on tables, where the existing fares are grouped based on the component of each cost then summed and calculated the deviation between the two types of fares.

Results: This study indicated that orthopedic surgery with deviation of Rp 11.311.365, general surgery with deviation of Rp 6.438.409, eyes surgery with deviation of Rp 45.173.741, midwifery surgery with deviation of Rp 6.645.765, oral surgery with deviation of Rp 6.105.659, and urological surgery with deviation of Rp. 3.809.959.

Conclusion: It can be concluded that INA-CBG's fares are higher than Governor Regulation fares except orthopedic surgery, where the Governor Regulation fares are higher than INA-CBG's fares.

Key Words :INA-CBG's Fares, Governor Regulation Fares,Surgery

INTRODUCTION

Health cost in Indonesia has been being a problem for years. NHA system adopted by government is not running appropriately. This may be due to less of funding for health and health service, while preventive effort in definition of early diagnosis to rehabilitation needs large cost.¹ In this case, then scheme of obligatory social insurance is the best solution because of risk of curative service

cost can be transferred to some other people by paying the regular premium, therefore, government has made a policy included into laws number 40, 2004 about SJSN. Regarding to SJSN, government, subsequently, ratified laws number 24 year 2011 and determined a social security agency (BPJS) which was transformed from Askes Inc. and Jamsostek Inc. as SJSN agency and was officially implemented on January 1st 2014.² Service

fare in hospital comes from 2 different sources which are out of pocket payment based on governor regulation fare which was determined by both hospital and insurance agency either private or social insurance that is BPJS. BPJS payment system is based on INA-CBG's (Indonesia-Case Base Group's) payment in which BPJS determines payment packet of each diagnose aimed as quality and fare controls. Meanwhile, governor regulation fare accounts claim based on the service details given.² The implementation of INA-CBG's system is not effective yet as there is tendency of fare rate of INA-CBG's that is bigger than governor regulation fare and is reinforced by a study which shows that there was fare difference between INA-CBG's fare and governor regulation fare for cesarean. Based on the study result, mean of difference between those governor regulation and INA-CBG's fares for cesarean at General Hospital Tugurejo Semarang for detriment was 1,273,595 rupiahs and profit was 274,437 rupiahs. Fare comparison of inpatient care service of INA-CBG's fare was 61% of governor regulation fare which exceeded INA-CBG's fare packet.²

In Palu city, almost all hospitals have incorporated with BPJS, including Regional Public Hospital (RSUD) Undata Palu. Problem encountered in RSUD Undata Palu was there are 2 basics of fare determination which are governor regulation and INA-CBG's fare. Based on the interview result to the hospital parties of RSUD Undata, there is no such study of comparison between governor regulation fare and INA-CBG's fare in hospital for some diagnoses of disease, hence, there has not been known whether or not the hospital experienced detriment in administering health service especially surgery action which requires more

budget.³ RSUD Undata has determined 2 kinds of fare which are BPJS fare based on INA-CBG's fare and general fare based on governor regulation. These 2 patterns, subsequently, contributed different impact toward hospital income.³ Thus, the aim of this study was to understand and to analyze both INA-CBG's and governor regulation fares toward orthopedic surgery, general surgery, eyes, midwifery, ENT, and urology.

METHODS

This was a quantitative study with descriptive approach with 46 cases as the number of surgery. Data were collected through observation and analysis of secondary data were gotten from medical record, pharmaceutical installation of IBS/IDR, inpatient therapy room (Matahari, Aster, and Teratai pavilions) and cashier of inpatient room in form of cost details and patient data from January to December 2014. The data were analyzed through descriptive statistic and were described descriptively and displayed into table of Unit Cost and comparison of each surgery treatments as well as described and analyzed factors affecting these two kinds of fares. Data Presentation was formed on tables, where the existing fares are grouped based on the component of each cost then summed and calculated the deviation between INA-CBG's fare and governor regulation fare.

RESULTS

The number of surgery treatments gotten during data collecting was 46 cases, comprising orthopedic surgery, general, eye, midwifery, oral, ENT and urology surgery. Most of which was orthopedic surgery 11 cases and the least was 2 cases of urology surgery.

Tabel 1. Unit Cost of Service toward Orthopedic Surgery

Types of Orthopedic Surgery	LOS	Therapy cost	Medical treatment cost	Supporting treatment cost	Medicine cost	Total
Post Debridemen	4	460.000	10.206.250	40.000	925.789	11.632.039
P. upper body	4	346.250	12.806.250	457.595	1.286.322	14.896.417
Repair Tendon-Extensor	5	780.000	13.980.550	333.500	1.259.000	16.353.050
Fraktur Femur	6	517.250	4.260.000	915.002	1.205.000	6.897.252
Close Fr Femur	12	1.130.000	8.718.750	2.152.506	1.463.585	13.464.841
Skin Loss Cruris	19	1.127.000	11.462.500	426.878	986.000	14.002.378
Close Fr Distal	2	494.500	3.082.500	694.128	613.000	4.884.128
OD Fr Tibia-Tibula	16	1.610.000	28.986.250	1.240.006	6.143.000	37.979.256

Table 1 depicts description of Unit Cost of orthopedic surgery within the highest surgery was OD fracture Tibia-Fibula which was 37,979,256 rupiahs and the least was close fracture distal surgery

which was 4,884,128 rupiahs. Meanwhile, the highest LOS was on skin loss cruris which was 19 treatment days and the least was close fracture distal surgery which was 2 days of service.

Table 2. Comparison between Governor Regulation and INA-CBG's Fares on Orthopedic Surgery

Types of Orthopedic Surgery	Service Class	Governor Regulation Fare	INA-CBG's Fare	Differences
Post Debridemen	II	11.632.039	4.758.300	6.873.739
P. Upper Body	II	14.896.417	15.161.100	-264.683
Repair Tendon-Extensor	I	16.353.050	17.688.000	-1,334.950
Fr Femur	III	6.897.252	2.314.350	4.582.902
Close Fr Femur	II	13.464.841	13.298.400	166.441
Skin Loss Cruris	III	14.002.378	7.481.200	6.521.178
Close Fr Distal	I	4.884.128	3.168.600	1.715.528
OD Fr Tibia-Tibula	II	37.979.256	26.667.900	11.311.365
Total 114.883.36190.537.85024.345.511				

Table 2 reveals comparative analysis between both governor regulation and INA-CBG's fares on orthopedic surgery. INA-CBG's fare was higher than governor regulation fare within the highest difference was on repair tendon-extensor surgery which was 1,334,950 rupiahs and the least was on upper body which was

264,683 rupiahs. In contrast, the orthopedic surgery where governor regulation fare was higher than INA-CBG's fare with the highest difference was on OD Fr Tibia-Fibula which was 11,311,365 rupiahs and the least was on *close fracture femur* surgery which was 166,441 rupiahs.

Table 3. Unit Cost of Service on General Surgery

Types of General Surgery	LOS	Nursery Cost	Medical treatment Cost	Supporting Treatment Cost	Medicine Cost	Total
App & combustion GR	8	476.500	1.568.750	607.375	1.461.300	4.113.925
Struma Metronontoksik	5	315.000	1.412.500	87.500	2.856.000	4.671.000
HIL	4	385.000	1.978.750	40.000	114.000	2.517.750
App Akut	10	730.000	2.934.375	297.500	815.000	4.776.875

HerniATOMI & Hydrocele	10	605.765	1.661.680	571.348	1.466.000	4.304.793
Susp Fr Pedis	5	302.500	1.462.500	513.628	636.500	2.915.128

Table 3 depicts types of general surgery of patient with cash payment comprising into 7 types of surgeries. The surgery with the highest total cost was apendictomi surgery which was 4,776,875 rupiahs and the least was HIL

surgery which was 2,517,750 rupiahs. The highest LOS was on acute App surgery, herniATOMI and Hydrocele with 10 days of service and the least was HIL surgery which was 4 days of service.

Table 4. Comparison between Governor regulation and INA-CBG's Fares on General Surgery

Types of Orthopedic Surgery	Service Class	Governor Regulation Fare	INA-CBG's Fare	Differences
App & combustion GR	III	4.036.500	3.773.400	263.100
Struma Metronontoksik	III	4.671.000	5.912.500	-1.241.500
HIL	II	2.517.750	5.922.500	-3.404.750
App Akut	III	4.776.875	7.007.500	-2.230.625
HerniATOMI	III	3.565.019	4.935.900	-1.370.881
Susp Fr Pedis	III	2.915.128	1.971.600	943.528
Total		31.713.191	38.151.600	-6.438.409

Table 4 lists cost difference between governor regulation and INA-CBG's fares on general surgeries. The INA-CBG's fare was higher than governor regulation fare on Struma Metronontoksik, HIL, acute App and HerniATOMI surgeries with difference of each surgery was 1,241,500 rupiahs, 3,404,750 rupiahs, 2,230,625

rupiahs and 1,370,881 rupiahs respectively. Meanwhile, on App & Combustio GR II and Susp Fracture Pedis surgeries, governor regulation fare was higher than INA-CBG's fare with difference was 263,100 rupiahs and 94,528 rupiahs respectively.

Table 5. Unit Cost of Service on Eye Surgeries

Types of eye Surgeries	LOS	Nursery Cost	Medical treatment Cost	Supporting Treatment Cost	Medicine Cost	Total
Pterigium OD	2	180.000	979.500	125.000	190.000	1.474.500
OS Cataract Post Uveistis	3	270.000	4.095.009	240.000	1.122.600	5.727.609
OS Trauma Couli	3	390.000	2.453.438	704.250	258.000	3.805.688
P. Lensa & Intra Okuler	3	174.000	1.416.667	180.000	886.267	2.656.934
OS Cataract Senilis	3	468.000	2.845.000	105.000	564.000	3.982.000
OD Trauma Oculi Laserasi	6	368.000	805.000	916.628	564.000	2.653.628

Table 5 depicts types of eye surgeries from patient with cash payment comprising 6 surgeries. The surgery type with the highest governor regulation fare was OS cataract Post Uveistis surgery which was 5,727,609 rupiahs and the least was

Pterigium OD surgery which was 1,474,500 rupiahs. The highest LOS was on Lens Procedure Surgery and intra okuler and OD Trauma Oculi Laserasi which was 5 days of service and the least

one was Pterigium OD surgery which was 2 days of service.

Table 6. Comparison between Governor regulation and INA-CBG's Fares on Eye Surgeries

Types of eye Surgeries	LOS	Nursery Cost	Medical treatment Cost	Supporting Treatment Cost
Pterigium OD	II	1.474.500	11.767.700	-10.293.200
OS Cataract Post Uveistis	II	5.727.609	8.615.100	-2.887.491
OS Trauma Couli	II	3.805.688	3.692.300	113.388
P. Lensa & Intra Okuler	III	2.656.934	7.179.900	-4.522.966
OS Cataract Senilis	I	3.982.000	10.051.900	-6.069.900
OD Trauma Oculi Laserasi	III	2.653.628	9.807.400	-7.153.772
Total		20.300.35965.474.100	45.173.741	

Table 6 lists difference between INA-CBG's and governor regulation fares. Pterigium OD surgery was the highest fare difference in which INA-CBG's fare was higher than governor regulation fare which was 10,293,200 rupiahs. On OS Cataract Post Uveistis, Lens Procedure & Intra Okuler surgeries, OS Cataract Senilis dan OD Trauma Oculi Laserasi urgeries

showed that INA-CBG's fare was higher than governor fare within difference of each surgery was 2,887,491 rupiahs, 4,522,966 rupiahs, 6,069,900 rupiahs and 7,153,772 rupiahs respectively. Meanwhile, on OS Trauma Oculi surgery, governor regulation fare was higher than INA-CBG's within difference was 113,388 rupiahs.

Tabel 7. Unit Cost of Service on Midwifery Surgery

Types of Midwifery Surgeries	LOS	Nursery Cost	Medical treatment Cost	Supporting Treatment Cost	Medicine Cost	Total
Ruptur Fimbria Kiri	4	299.000	1.915.860	352.006	1.092.000	3.658.886
Seksio Cesarean	4	405.583	1.972.357	284.659	734.915	3.397.514
Seksio Cesarean	4	194.000	1.715.235	85.500	1.159.800	3.154.535

Table 7 depicts unit cost of nursery on midwifery surgeries over 2 types of surgeries which were cesarean in class III that was 3,397,514 and the lowest fare was

on cesarean in class II that was 3,154,535 rupiahs and similar LOS that was 4 days of service.

Table 8. Comparison between Governor Regulation and INA-CBG's Fares on Midwifery Surgeries

Types of Midwifery Surgeries	Service Class	Governor Fares	INA-CBG's Fares	Difference
RuptureLeft Fimbria	III	3.658.886	7.007.500	-3.348.614
Seksio Cesarean	III	3.397.514	4.476.700	-1.079.186
Seksio Cesarean	II	3.154.535	5.372.500	-2.217.965
Total		10.210.93516.856.700	6.645.765	

Table 8 is an analysis of fare difference between governor regulation and INA-CBG's fares on midwifery surgeries and the analysis showed that

INA-CBG's fares was higher than governor regulation fares, the highest difference was true on Rupture Left Fimbria surgery which was 3,348,614 rupiahs.

Table 9. Unit Cost of Service on Mouth surgery

Types of Mouth Surgeries	LOS	Nursery Cost	Medical Treatment Cost	Supporting Treatment Cost	Medicine Cost	Total
Fr Mandibula	6	937.500	2.963.750	436.250	3.237.000	7.574.500
Fr Dental Alveolar	7	501.000	2.395.000	835.500	2.093.000	5.824.500
V. Laceratum vestibulum	3	256.500	1.686.250	519.441	834.000	3.296.191
Saliva Gland	3	250.000	1.966.250	25.000	1.180.300	3.421.550

Table 9 shows than on mouth surgeries, there were 4 types of surgeries within the highest unit cost was on Fracture Mandibula surgery which was 7,574,500 rupiahs and the least was on V.

Laceratum Vestibulum surgery which was 3,421,550 rupiahs as well as the lowest LOS that was 3 days of service and Fracture Dental Alveolar was the highest one which was 7 days of service.

Table 10. Comparison between Governor Regulation and INA-CBG's Fares on Mouth Surgery

Types of Mouth Surgery	Service Class	Governor Regulation Fares	INA-CBG's Fares	Difference
Fr Mandibula	I	7.574.500	10.473.600	-2.899.100
Fr Dental Alveolar	III	5.824.500	7.481.200	-1.656.700
V. Laceratum vestibulum	III	3.296.191	1.973.900	1.322.291
Saliva Glands	II	3.421.550	6.293.700	-2.872.150
Total		20.116.741	26.222.400	-6.105.659

Table 10 depicts comparison between governor regulation and INA-CBG's fares, on Fracture Mandibula there was a difference for 2,899,100 rupiahs in which INA-CBG's fare was higher than governor regulation fare and so was on Fracture Dental Alveolar surgery and

saliva gland procedure, 1,656,700 rupiahs and 2,872,150 rupiahs respectively. However, on V Laceratum Vestibulum surgery, governor regulation fare was higher with fare difference was 1,322,291 rupiahs.

Table 11. Unit Cost of Service on ENT Surgery

Types of ENT Surgery	LOS	Nursery Cost	Medical Treatment Cost	Supporting Treatment Cost	Medicine Cost	Total
Susp Fraktur	9	604.500	2.470.000	595.750	1.753.264	3.670.250
Polip Nasi	7	406.000	2.455.000	82.500	1.500.000	4.443.500
Septum Deviation	3	505.500	2.888.750	30.000	875.291	4.299.541
Chronic Tonsillitis	3	295.000	1.978.750	30.000	1.203.000	3.506.750

Table 11 indicates unit cost of service on ENT surgery and there were 4 surgeries which had the highest surgery fares which was 4,443,500 and the least one was chronic tonsillitis surgery that was

3,506,750 rupiahs. The highest LOS was on fracture suspect which was 9 days of service and the least one was on septum deviation and tonsillitis surgeries.

Table 12. Comparison between governor regulation and INA-CBG's fares on ENT Surgery

Types of ENT Surgery	Service Class	Governor Regulation Fare	INA-CBG's Fare	Difference
Susp Fraktur	III	3.670.250	6.022.200	-2.351.950

Polip Nasi	III	4.443.500	6.022.200	-1.578.700
Septum Deviation	III	4.299.541	4.891.200	-591.659
Chronic Tonsillitis	II	3.506.750	2.794.400	712.350
Total		15.920.041	22.138.900	-3.809.959

Table 12 indicates difference between INA-CBG's and governor regulation fares on ENT surgery, on chronic tonsillitis, governor regulation fare was higher than INA-CBG's within difference of 712,350 rupiahs, in contrast

on fracture suspect surgery, polip nasal and septum deviation surgeries, INA-CBG's fare was higher within difference of 2,351,950 rupiahs, 3,987,600 rupiahs, and 591,659 rupiahs respectively.

Table 13. Unit Cost of Service on Urology Surgery

Types of Urology Surgeries	LOS	Nursery Cost	Medical treatment Cost	Supporting Treatment Cost	Medicine Cost	Total
Batu Ureter	4	385.000	6.316.812	40.000	1.112.000	7.853.812
Carcinoma Buli Dinding Post	18	1.108.000	4.139.375	968.500	3.250.000	9.465.875

Table 13 shows unit cost on urology surgery within 2 types of surgeries which were Batu ureter and Carcinoma Buli dinding post surgeries and the highest unit

cost was 9,465,875 rupiahs as well as the highest LOS between two of which, 18 days of service.

Table 14. Comparison of Governor Regulation and INA-CBG's Fares on Urology Surgeries

Types of Urology Surgeries	Service Class	Governor fare	INA-CBG's Fare	Difference
Batu Ureter	II	7.853.812	13.614.500	-5.760.688
Carcinoma Buli Dinding Post	III	9.465.875	7.806.700	1.659.175
Total		17.319.687	21.421.200	-4.101.513

Table 14 depicts comparison between INA-CBG's and governor regulation fares, on 2 these types of surgeries, batu ureter surgery, INA-CBG's fare was higher which was 5,760,688 rupiahs and likewise, on Carcinoma Buli Dinding Post surgery, governor regulation fare was higher with difference was 1,659,175 rupiahs.

DISCUSSION

Among all surgeries in 2014 which was 1,791 cases, general orthopedic surgery, general, midwifery, eye, ENT and urology surgeries, patients who made cash payment (*out of pocket*) were 46 patients. This small number was influenced by implementation of social insurance (BPJS) per January 1st 2014. Based on the

interview on officer at RSUD Undata for inpatient care cashier unit, there were many patients registered with cash payment status, however in the several days later, they registered as BPJS patients thus their status turned into insured patients.⁴ This case is along with Permenkes Number 2008 about BPJS participation, that is patients who is willing to participate in BPJS insurance is given 3x24 working hours since she/he been treated or before leaving for home. Should not he/she show his participant identity of JKN, hence he will be determined as general patient.

A hospital should control length of service day as LOS may affect payment system of hospital.¹ Like several orthopedic and urology surgeries

(carcinoma buli wall posterior), among all available surgeries, length of service day on orthopedic and urology surgeries was higher than the others with the highest LOS was 19 and 18 days of service respectively. This case was not along with the teory of Barber Johnson about efficiency of ALOS which s 3 – 12 days and is suggested to be as lower as possible without affects quality of service. Length of service may imply to other treatments, for instance medicine cost.² The longer the length of service (LOS) the higher the cost required to patient. Nevertheless, BPJS does not account the LOS.

Unit cost of medicine on several surgeries is high enough, medicine was true as the biggest portion of health payment, approximately 30-40% of health cost used for medicine procurement.¹ On several cases, medicine cost was almost equal or even higher than other medical and supporting treatments. This might be due to practitioner's behavior affected by pharmaceutical industry.⁵ There should, therefore, some medicine standardization implemented in hospital through subsuming the medicine based on therapist effect, and subsequently arranging medicine list which is cost-effective, understanding profit-margin with pharmaceutical parties. Service cost comprises inpatient care service and consultation fares.⁶ The service cost also might be influenced by doctor's decision.⁵ This may trigger cost of service on each surgery is different. Medical consultation is mostly done at orthopedic surgery, however, several surgery details may not be included hence it may affect the cost of health service. The highest service cost also may be affected by LOS, the longer the LOS, the higher the cost of service nevertheless, it is not assessed in determining INA-CBG's fares.²

Surgeries thoroughly depicted that INA-CBG's fare was higher than governor

regulation fare. Based on the interview on person in charge of JKN RSUD Undata, things influenced the low of governor regulation fare was because of it has been 4 years, the fare is not reviewed, in contrast, INA-CBG's fare is reviewed every 2 years (President Regulation number 12 year 2013 chapter 39 line 4) with template costing arrangement based on LOS, BOR and the amount of Service day Length, officers, operational cost excluding wage, staff's increment, other service cost, medical equipments for the next 5 years, building investment cost for the next 40 years and width it of building.³ Those factors have affected INA-CBG's fare which was higher than governor regulation fare on several types of surgeries. For instance on eye surgery in which the difference between these 2 types of fare was significantly difference and so were other surgeries in which INA-CBG's fare was higher.

The high INA-CBG's fare gives impact on service administered on health offices and indirectly affects their performance. In contrast, if the governor regulation fare is higher than INA-CBG's, it will make deficit toward hospital with similar surgery case but on BPJS patient. Reviewing available fare by increasing fare should need analysis from economic scholar. The things need to be considered in determining fare is ability to pay and willingness to pay as these two things will affect social demand in utilizing health service.⁵Contingent valuation is the most commonly used stated preference technique to assess patients' preferences through eliciting their WTP.⁷ Contingent valuation methods to determine public willingness to pay (WTP) are well-established tools to estimate the benefits of safety and environmental policies.⁸Ability of society was an important variable to be considered in determining regional fare of

RSUD Undata since it was a government hospital which oriented on social function.

CONCLUSION

From study result on RSUD Undata, it can be concluded that analysis result of governor regulation and INA-CBG's fares on orthopedic surgeries showed any fare difference for 11,311,365 rupiahs in which governor regulation fare was higher than INA-CBG's. Analysis result of governor regulation and INA-CBG's fares on general surgeries showed any fare difference for 6,438,409 rupiahs in which INA-CBG's fare was higher than governor regulation. Analysis result of governor regulation and INA-CBG's fares on eye surgeries showed any fare difference for 45,173,741 rupiahs in which INA-CBG's fare was higher than governor regulation. Analysis result of governor regulation and INA-CBG's fares on midwifery surgeries showed any fare difference for 6,645,765 rupiahs in which INA-CBG's fare was higher than governor regulation. Analysis result of governor regulation and INA-CBG's fares on mouth surgeries showed any fare difference for 6,105,659 rupiahs in which INA-CBG's fare was higher than governor regulation. Analysis result of governor regulation and INA-CBG's fares on ENT surgeries showed any fare difference for 3,809,959 rupiahs in which INA-CBG's fare was higher than governor regulation.

Analysis result of governor regulation and INA-CBG's fares on urology surgeries showed any fare difference for 4,101,513 rupiahs in which governor regulation fare was higher than INA-CBG's. If INA-CBG's fare is higher, hence it will be impacting to health service received by health officers, however if governor regulation fare is higher, thus hospital parties will pay a deficit.

It is suggested that for regional Public Hospital Undata Palu, it is

suggested to do review of governor regulation fare in order to make it possibly alike with INA-CBG's fare since it may affect production cost and current fare might be under unit cost, except on orthopedic surgery because in several cases, the fares exceeded INA-CBG's fares. This review of governor regulation fare must be confirmed on ability to pay and willingness to pay of society. It is also suggested to the following researcher to do a study about inpatient therapy fares on non surgery cases and reckon unit cost of RSUD Undata as well do a survey about ability to pay and willingness to pay of society, hence it can be a suggestion for health payment in hospital.

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