Cost And Utilization Analysis In Increasing Cost Recovery Rate (CRR) In Rsu Royal Prima Medan 2022

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Abstract
Cost Recovery Rateat the Royal Prima Medan Hospital, there was a surplus every year below 5% and even decreased in 2018 to less than 100%. The CRR surplus is still below 5% and the CRR decline is related to costs, tariffs and utilization. This study aims to analyze tariffs, costs and utilization in increasing the Cost Recovery Rate (CRR) at RSU Royal Prima Medan. This type of research is quantitative and qualitative research is descriptive analytic. The population and sample were the Director, Director of Medical Services, Head of Finance Subdivision, Head of Accounting and Marketing Subdivision at RSU Royal Prima Medan, totaling 5 informants. Data collection with primary and secondary data and data analyzed by data reduction, data display and data verification. The results of the study show that there is a change in the Cost Recovery Rate (CRR) every year, how to determine service product rates at RSU Royal Prima Medan and compare them to rates at competing hospitals in Medan, the number of sick people totaling 4222 people was only about 53 people who came out dead for various reasons, not because of the disease they suffered when they entered and the strategy carried out by RSU Royal Prima Medan in increasing CRR is to carry out promotions for several superior service products. It is recommended that because this research is limited to using only quantitative descriptive methods with a qualitative approach, the authors suggest that the leadership can re-examine the success of this research by opening other researchers using different methodologies and employees need to increase motivation and quality of service from year to year so as to make RSU Royal Prima Medan is indeed a hope for the wider community.

Keywords: *Cost, Utilization, and Cost Recovery Rate*

I. INTRODUCTION

Hospitals have big challenges that must be faced at this time. One of them is how to deal with competitiveness so that it can survive and develop. Hospitals must be able to provide maximum service to the community and be able to face challenges from the external environment. Hospitals are companies that produce various types of health service products that sell more than one output (Dor Valda A. Aritonang, 2019: 1) Increasing demand from the public for quality health services is a challenge for hospitals to provide excellent service at competitive prices. Problems in hospital financial management are challenges that must be faced by hospital managers to make new breakthroughs in finding sources of funds that can be used to meet the operational costs and development costs of the hospital. The breakthrough that can be made is optimizing revenue from medical service units and medical support by setting tariffs based on unit cost calculations as the applicable tariff in Indonesia (Rini Sari Bachtiar, 2015: 2).In setting service rates, it is important to accurately calculate what unit costs are needed for health services. In compiling a large budget for a service, cost calculations will be very helpful. Determination of unit costs in cost analysis is needed to find out the amount of costs that are really needed to produce a product, both goods and services, to assess efficiency in the budget (Wita, 2017).Cost analysis with per-unit cost calculations can be used by hospitals as a basis for measuring performance, budgeting and subsidies as a reference in proposing hospital service rates (Anna Aurelia, Eka Pujiyanti, 2015).

Hospitals as health service providers are required to provide quality and fair health services for the community. One effort that can be done is to increase efficiency in several aspects of management such as financial management, service performance management, human resource management, medical and non-medical logistics management, infrastructure and asset management. The ability of the Hospital to obtain profits or profits from a business process is the main goal for survival and development. One of the benchmarks of an institution, both government and private businesses, is being able to manage resources and allocate funds effectively and efficiently (Dor Valda A. Aritonang, 2019: 2).*Cost recovery rate*(CRR) is one of the financial performance indicators which is the percentage ratio between the total revenue and the total production costs incurred by the Hospital. CRR is also a measuring tool for determining efficiency with the aim of knowing how much the hospital's income can cover the costs that have been incurred by the hospital (Dor Valda A. Aritonang, 2019: 4).Cost (cost) is the value of input services, factors of production used to produce a service product. It can also be said that cost is the value of an expenditure to obtain a particular product. Costs are divided into direct costs and indirect costs. Based on grouping, costs can be distinguished based on the influence and changes in production scale, namely fixed costs, namely costs whose value relatively does not change.

Costs that must still be incurred even though there is no service, such as the cost of the building used, the cost of the land used, the cost of vehicles, the cost of medical equipment, and the cost of non-medical equipment (Arifah Ridhatul Aini, Thini Nurul Rochmah, 2016: 3).Variable costs are costs that are affected by the number of products produced, such as drug costs, maintenance costs, stationery costs, clothing costs and business trips. Then operational costs are the costs required to carry out activities in a production process and have consumable properties in a relatively short period of time. Examples are the cost of drugs and medical materials, employee costs, food and linen costs, electricity, water, telephone costs, office material costs, and maintenance costs for investment goods (Arifah Ridhatul Aini, Thini Nurul Rochmah, 2016: 3).The following is data on income, costs and Cost Recovery Rate (CRR) based on the results of the initial document review survey, so data for 2018-2021 is obtained at the RSU. Royal Prima Medan shown in the following table:

Table 1. Revenue, costs and Cost Recovery Rate (CRR) of RSU Royal Prima Medan

Year	Total Income (IDR)	Total Cost (Rp)	CRR
2018	42,008,348,207	41,944,947,638	100.15%
2019	41,052,206,261	41,305,773,920	99.38%
2020	54,855,783,900	52,323,917,878	104.83%
2021	51,022,780,513	50,203,385,126	101.63%

Based on the description above, it can be seen that the CRR surplus obtained annually is still below 5% and even decreased in 2019 where the Cost Recovery Rate (CRR) was less than 100%. Meanwhile in 2020 the CRR achieved a fairly high achievement of 104.83%, where the total revenue was Rp. 54,855,783,900 and the total cost is 52,323,917,878. Then there was a decrease from 2021, which only reached 101.63%.

II. METHODS

The type of research used in this research is qualitative analytical research using in-depth interview techniques and using primary data and secondary data. Primary data was taken through the results of interviews with several informants. As for the secondary data, it was taken through documentation data related to costs, rates and utilization at RSU.Royal Prima Medan.The subjects in this study were the Main Director, Director of Medical Services, Head of Finance, Head of Accounting and Marketing. These five informants are informants in interviews that will be conducted by researchers to obtain data on costs, tariffs, and utilization and their effect on increasing the Cost Recovery Rate at RSU.Royal Prima Medan.The samples in this study are the 5 most common types of diseases that are hospitalized at RSU.Royal Prima Medan in 2019-2021.

Data analysis in research is partwhich is important in the research process, because it is with this data analysis that the existing data will show its benefits, especially in solving research problems and achieving the final research objectives. According to Nasution in Sugiyono (2015: 245) states that analysis has started since formulating and explaining the problem, before plunging into the field, and continues until the writing of the research results.This study uses descriptive qualitative data analysis. The process of analyzing the data in a descriptive qualitative manner begins with examining the data obtained from various sources or information either through observation or interviews. The data is first read, studied, reviewed and then analyzed. After that, analyze the contents of both expressions, numbers, verbal and non-verbal so that the themes, keywords and communication lines can be found that explain what is happening behind an assessment as well as suggestions and comments given.

III. RESULT AND DISCUSSION

Tariff is the value of a service which is determined by the size of an amount of money based on the consideration that with this value of money a hospital is willing to provide services to patients. Hospital rates are an aspect that is highly considered by private hospitals as well as government-owned hospitals. For some government hospitals, rates are indeed set based on a Decree of the Minister of Health or the Regional Government. This shows that there is strict government control as the owner of the hospital as a firm or business actor. However, it is realized that government tariffs generally have low cost-recovery. If the tariff has a low cost recovery rate applied to the lower service class (eg class III) then this is something that is feasible, resulting in government subsidies for the poor to use hospital services. However, if the cost recovery rate is also low for the VIP class, for example, subsidies for the upper class may occur. The existence of a self-funding policy has given hospital directors the authority to set rates, especially for VIP and class I wards which do not affect the poor much. Therefore, an understanding of the concept of rates needs to be known by hospital managers. In microeconomics, an equilibrium point is known, namely prices are in equilibrium based on demand and supply. then there can be subsidies for the upper class. The existence of a self-funding policy has given hospital directors the authority to set rates, especially for VIP and class I wards which do not affect the poor much.

Therefore, an understanding of the concept of rates needs to be known by hospital managers. In microeconomics, an equilibrium point is known, namely prices are in equilibrium based on demand and supply. then there can be subsidies for the upper class. The existence of a self-funding policy has given hospital directors the authority to set rates, especially for VIP and class I wards which do not affect the poor much. Therefore, an understanding of the concept of rates needs to be known by hospital managers. In microeconomics, an equilibrium point is known, namely prices are in equilibrium based on demand and supply.In an economic system based on market balance, it is clear that government subsidies are not made or are limited to the poor. As a result, rates are left in accordance with market demand. However, this can lead to injustice, namely that it is difficult for the poor to get hospital services, so subsidies need to be given because this situation is very important in the process of setting government hospital rates.In terms of social mission, tariff setting can show its mission. Therefore, it is interesting to note that the rates for religious hospitals are higher than those for government hospitals. This is because religious hospitals do not receive subsidies from the government or from the community either through churches or other humanitarian funds. In view of the aspect of society as a user, then the hospital.Religion is not currently a place for treatment for the poor. With this ownership background, tariffs can be set for various purposes as follows:

First, Tariff Setting for Cost Recovery. Rates can be set to improve hospital recovery. This situation is especially found in government hospitals where subsidies are decreasing over time. In the past, the central government's hospital self-financing policy was determined based on cost-recovery. Therefore, there was an opinion that self-financing policy was related to rising hospital rates.

Second, Determination of Tariffs for Cross Subsidies In hospital management it is hoped that there will be policies so that people with a strong economy can participate in reducing the cost of hospital services for people with a weak economy. With this cross-subsidy concept, the rate for VIP or class I wards must be above the unit cost so that the surplus can be used to cover losses in class III wards. In addition to cross-subsidies based on the economy, hospitals are also expected to carry out a policy of setting different rates on their parts. For example, IRD has the potential to be a part that brings losses. Therefore, it needs to be subsidized by other divisions that have the potential to generate profits, for example pharmaceutical installations. This cross-subsidy policy is practically difficult to implement because it happens that the rates for hospitals that carry out cross subsidies are far above the rates of their competitors. If the hospital insists on cross-subsidizing the existing rates, it is feared that there will be a decrease in the quality of service in the long term compared to hospitals that do not have the aim of cross-subsidy.There is a situation where the hospital has a mission to serve the poor. Therefore, the government or the owner of this hospital has a policy of setting the lowest possible rate. It is hoped that with low tariffs the access of the poor will be better. However, it should be noted that high access does not guarantee good service quality.

Various studies have shown that the quality of government hospital services is low due to limited government subsidies and low hospital rates with a bureaucratic management system. The government's failure to provide sufficient subsidies for the operational and maintenance costs of hospitals that have low rates has resulted in the quality of hospital services getting lower on an ongoing basis.In various local government hospitals, the policy of setting rates on VIP wards is based on considerations for improving the quality of service and increasing the job satisfaction of specialist doctors. For example, VIP wards were built to reduce specialist time in private hospitals. Too much time spent by government specialists working in private hospitals can reduce the quality of service.Hospitals as health service providers are required to provide quality and fair health services for the community. Increasing demand from the community for quality health services is a challenge for hospitals to provide excellent service at competitive prices. In determining service rates, it is important to accurately calculate what the unit costs are needed to produce the service.

Service cost recovery rates can also be calculated to find out whether the service is detrimental or profitable for the hospital. The issue of service fees is very important so that it encourages all interested elements to calculate in real terms how much the required service costs are. In preparing the amount of the budget for a service, Calculation of unit costs will be very helpful. Determination of unit costs in cost analysis is needed to determine the amount of costs that are really needed to produce a product either in the form of goods or services or to assess efficiency in the budget.In fact, cost analysis through calculating the cost per unit can be used by hospitals as a basis for measuring performance, preparing budgets and subsidies as well as a basis for reference in proposing hospital service rates. Apart from that, you can also find out the cost centers in the hospital, so that the hospital leadership will more easily identify which cost centers are experiencing a deficit so that the necessary preventive actions or interventions can be easily carried out.The total cost (total cost) of products at RSU Royal Prima Medan has been inputted through the data provided to the author where every year there are ups and downs of costs which are influenced by hospital services. To be able to see the results of the Cost Recovery Rate (CRR) each year, you can see the diagram below, namely:

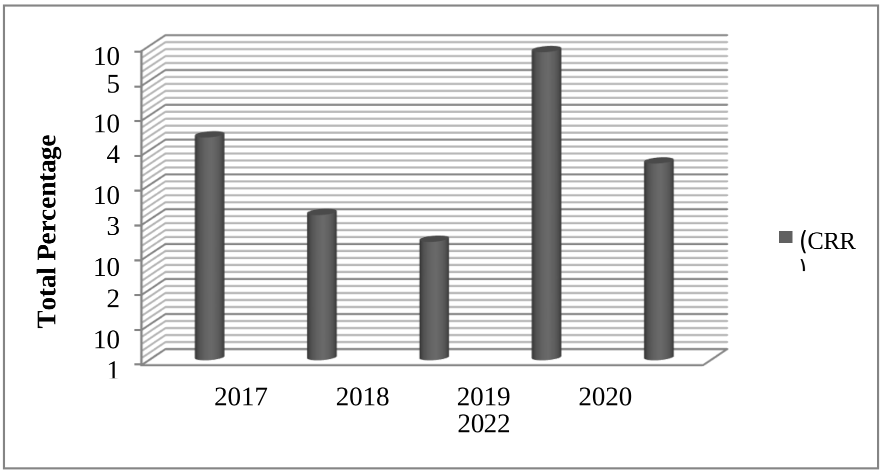

Fig 1. Bar chart of the 2017-2022 CRR analysis of Royal Prima Medan General Hospital.

IV. CONCLUSION

Based on the results of the research analysis, the authors can make the following conclusions:

1. There is a change in the Cost Recovery Rate (CRR) every year, Royal Prima Medan General Hospital has decreased in 2021 when compared to 20219 and is even still relatively low when compared to 2017, even though in 2018-2019 it is still relatively low compared to 2017. but in 2022 it will again experience a significant increase, namely 1.07 or with an increase in CRR of 107.29%.
2. How to determine service product rates at the Royal Prima Medan General Hospital and compare them with competing hospital rates in Medan City, there are actually other considerations that can be used in determining service prices, namely First, it is determined based on market prices (market base pricing).

Second, based on competitors' hospital prices (competitor base pricing) and Third, based on estimates of the value of the services we provide (value base pricing).

3. The number of people with the disease, which amounted to 4222 people, was only about 53 people who came out dead for various reasons, not because of the disease they were suffering when they entered. Meanwhile, patients who came out in good health can be said to be 90% of the total number, so it can be concluded that service utilization at the Royal Prima Medan General Hospital has fulfilled the maximum supply.

4. The strategy carried out by the Royal Prima Medan General Hospital in increasing CRR includes carrying out promotions for several superior products for specialist doctor services, promoting is carried out not only in print media but also through social media (android applications) which are viral today such as Instagram, WhatsApp, Telegram, Facebook, WEB, Youtube and so on.

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VI. ETHICAL CONSIDERATIONS

This research has been declared ethically compliant according to the WHO 7 Standards 2011 by the Health Research Ethics Commission (KEPK) University of Prima Indonesia.

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