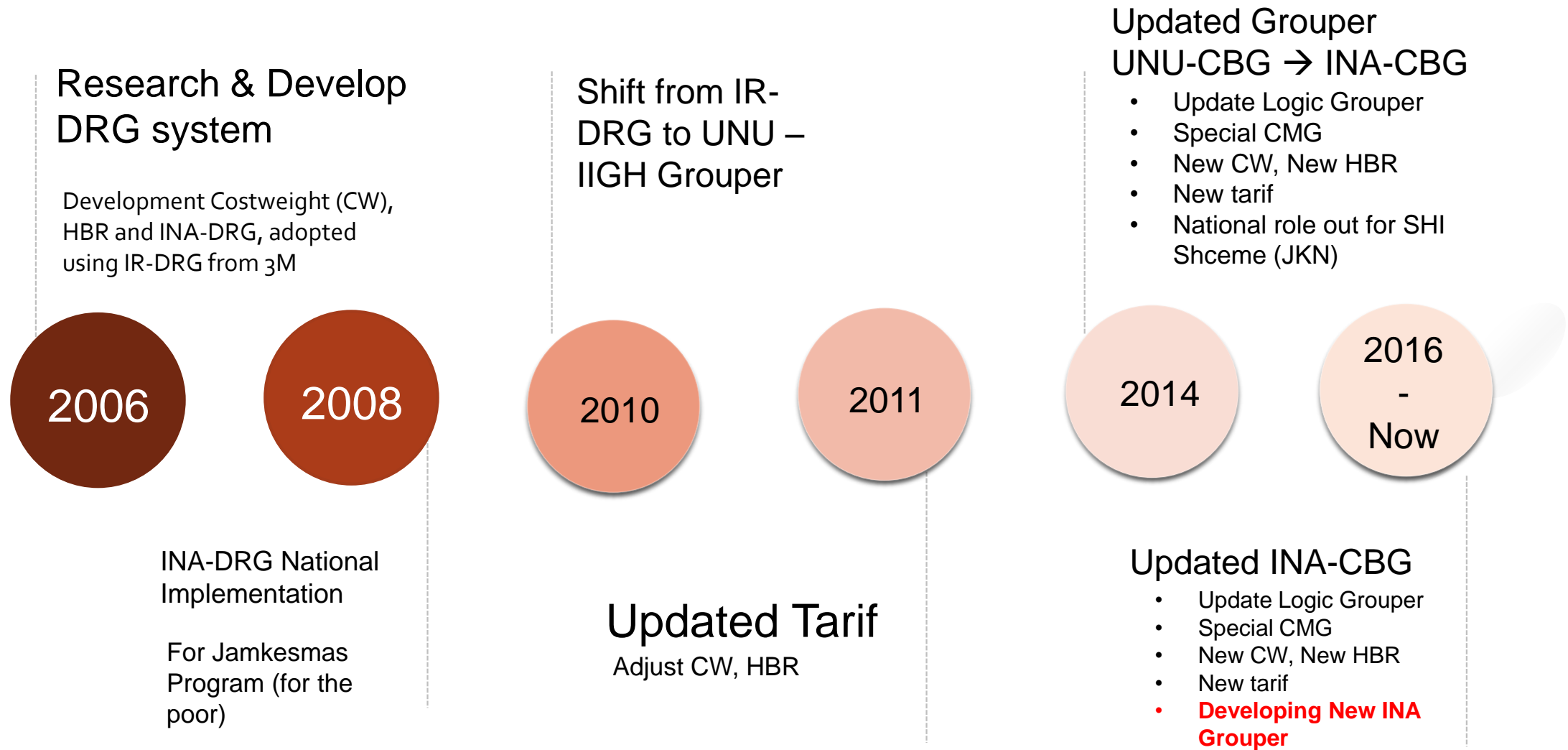# Developing Native Grouper
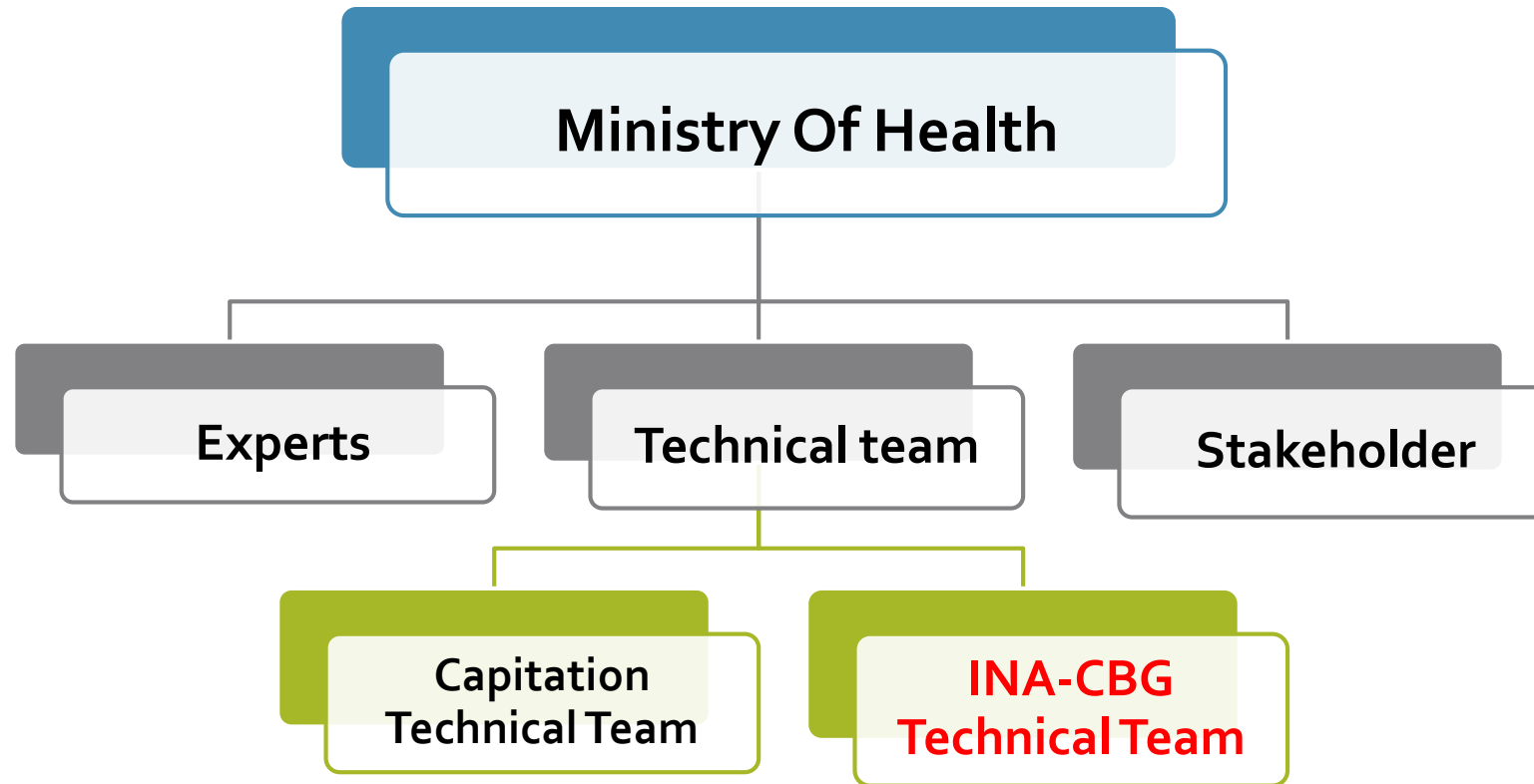
Indonesian Health Economics Association, November 1st 2018

dr. Kalsum Komaryani , MPPM
Head of Center of Health Financing and Security
Chief of Ministry of Health Tariif Team

Casemix Implementation in Indonesia

Research & Develop DRG system

Development Costweight (CW), HBR and INA-DRG, adopted using IR-DRG from 3M

2006

2008

INA-DRG National Implementation

For Jamkesmas Program (for the poor)

Shift from IR-DRG to UNU – IIGH Grouper

2010

2011

Updated Tarif

Adjust CW, HBR

Updated Grouper
UNU-CBG → INA-CBG
- Update Logic Grouper
- Special CMG
- New CW, New HBR
- New tarif
- National role out for SHI Shceme (JKN)

2014

2016 - Now

Updated INA-CBG
- Update Logic Grouper
- Special CMG
- New CW, New HBR
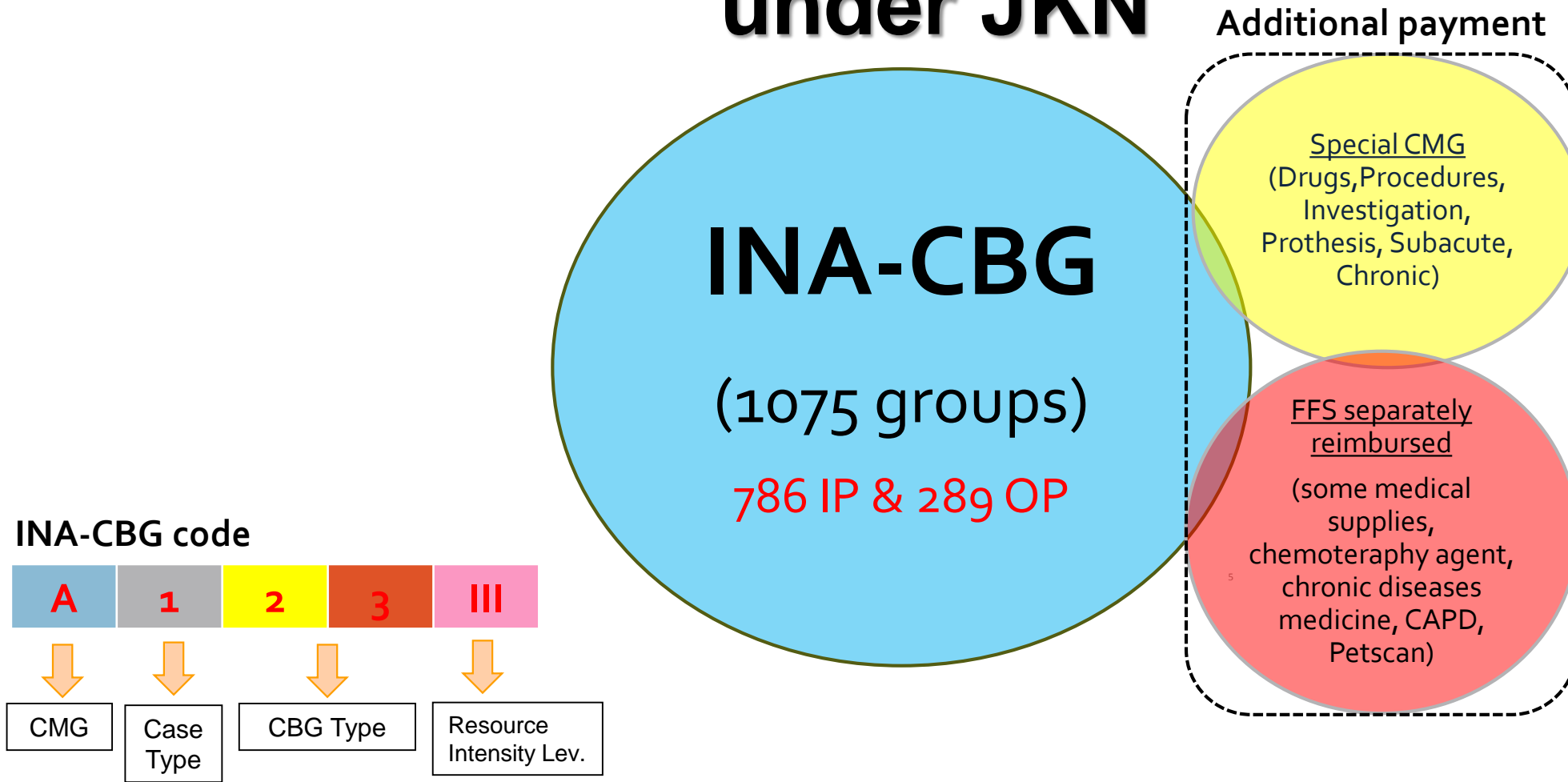- New tarif
- **Developing New INA Grouper**

INA-CBG
(Indonesia Case Based Groups)

- Is a **Casemix system** which implemented in Indonesia as a payment method for secondary and tertiary healthcare providers in JKN programme.

- Case grouping is based on **ICD 10 (2010 version)** for Diagnosis and **ICD-9-CM (2010 version)** for Procedures, currently run by *generic grouper modified by* **UNU-IIGH** *(United Nation University Internasional Institute for Global Health)*

- *Tariff INA-CBG clusterred :*
  - ✓ *By Hospital Type*
  - ✓ *By Region*
  - ✓ *By Publik and Private*
  - ✓ *By Hospital Ward*

INA-CBG Payment Structure at Hospital under JKN

Additional payment

INA-CBG

(1075 groups)

786 IP & 289 OP

Special CMG
(Drugs,Procedures, Investigation, Prothesis, Subacute, Chronic)

FFS separately reimbursed
(some medical supplies, chemoteraphy agent, chronic diseases medicine, CAPD, Petscan)

INA-CBG code

A	1	2	3	III

CMG	Case Type	CBG Type	Resource Intensity Lev.

Example :
INA-CBG Tariff
for Diabetes Mellitus

(Minister of Health Decree no. 64, 2016)
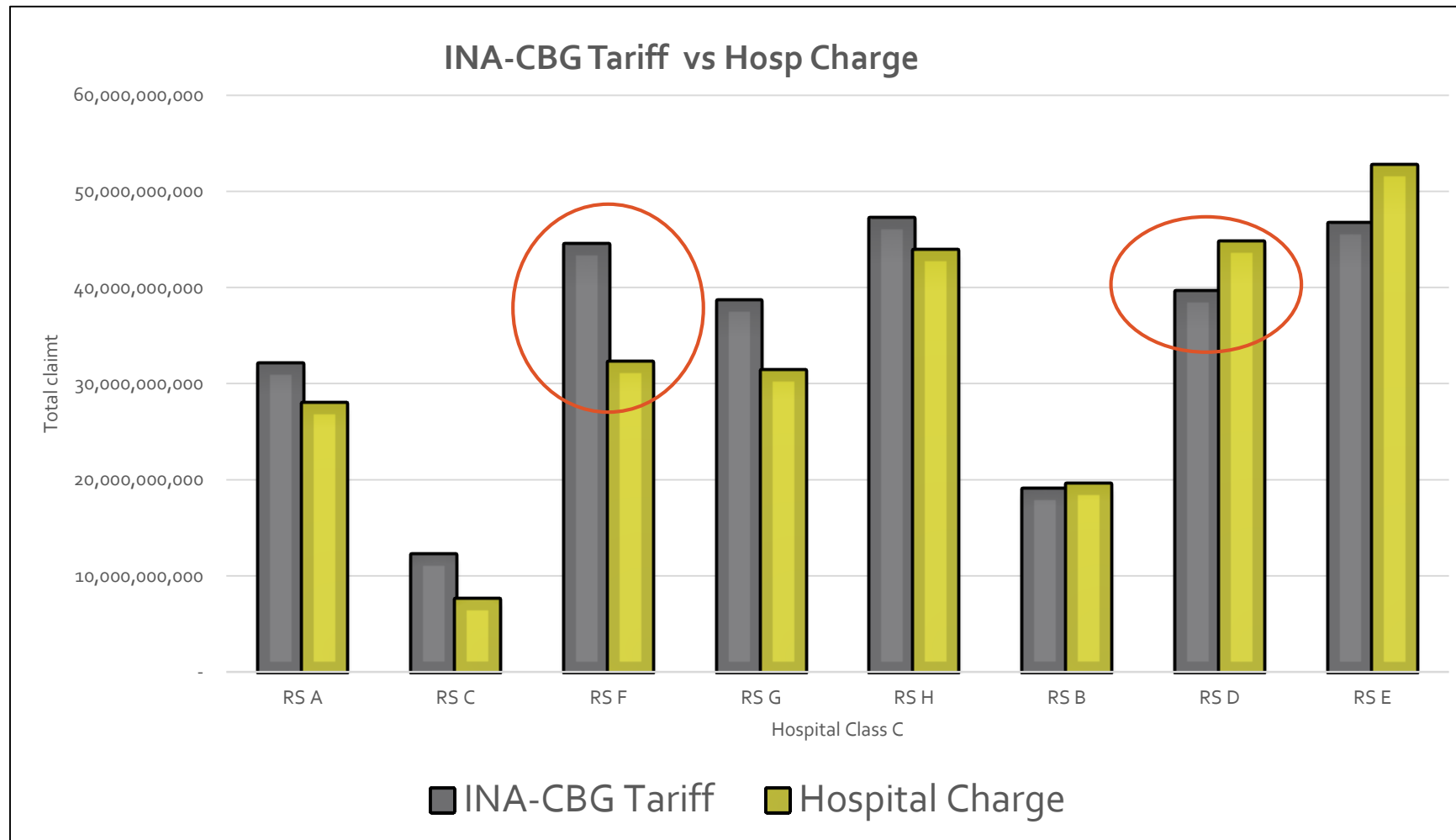
INA-CBG Code	Description of INA-CBG Code	Hospital Tariff Type A	Hospital Tariff Type B	Hospital Tariff Type C	Hospital Tariff Type D
E-4-10-i	Diabetes & Nutritional/Metabolik Disorders (Mild)	3,690,400	3,400,700	3,330,600	3,164,100
E-4-10-ii	Diabetes & Nutritional/Metabolik Disorders (Moderate)	7,147,700	4,751,900	4,653,900	4,421,200
E-4-10-iii	Diabetes & Nutritional/Metabolik Disorders (Severe)	11,976,800	6,080,400	5,776,400	5,487,600
Q-5-44-0	Other small chronic diseases	377,100	183,300	181,400	176,200

Class 1, 2, 3 inpatient case

5 region

Notes :
in Rupiah
Tariff in Regional 1 for Public (Govt.) Hospital
Inpatient Tariff for ward class 3

INA-CBG Tariff vs Hospital Charge

INA-CBG Tariff vs Hosp Charge

Total claimt

Hospital Class C

■ INA-CBG Tariff   ■ Hospital Charge

Claim data periode
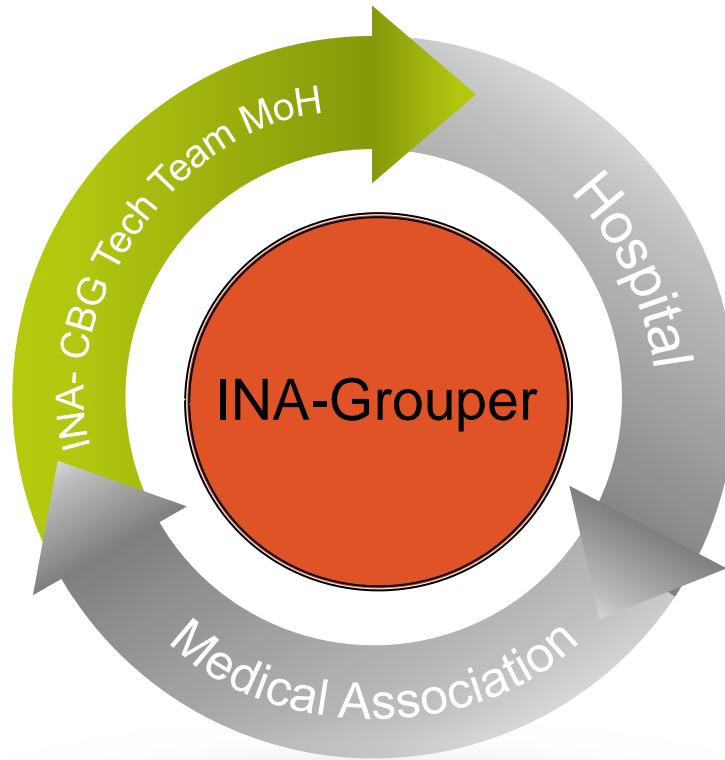*January – December 2017*

Developing New Grouper

In this context, reclassification on INA-CBG is the process to reclassify cases, include diagnosis and procedure (which refers to ICD), to be adjusted with the Indonesian local norm

INA-CBG Tariff Team
INA-CBG Tariff Team in Ministry Of Health will be the main technical team in writing classification algorithms, statistical analysis, also creating the Indonesian native grouper.

Hospital
Hospitals will be involved to provide data (billing or costing) for statistical analysis in describing the homogeneity of reclassification result
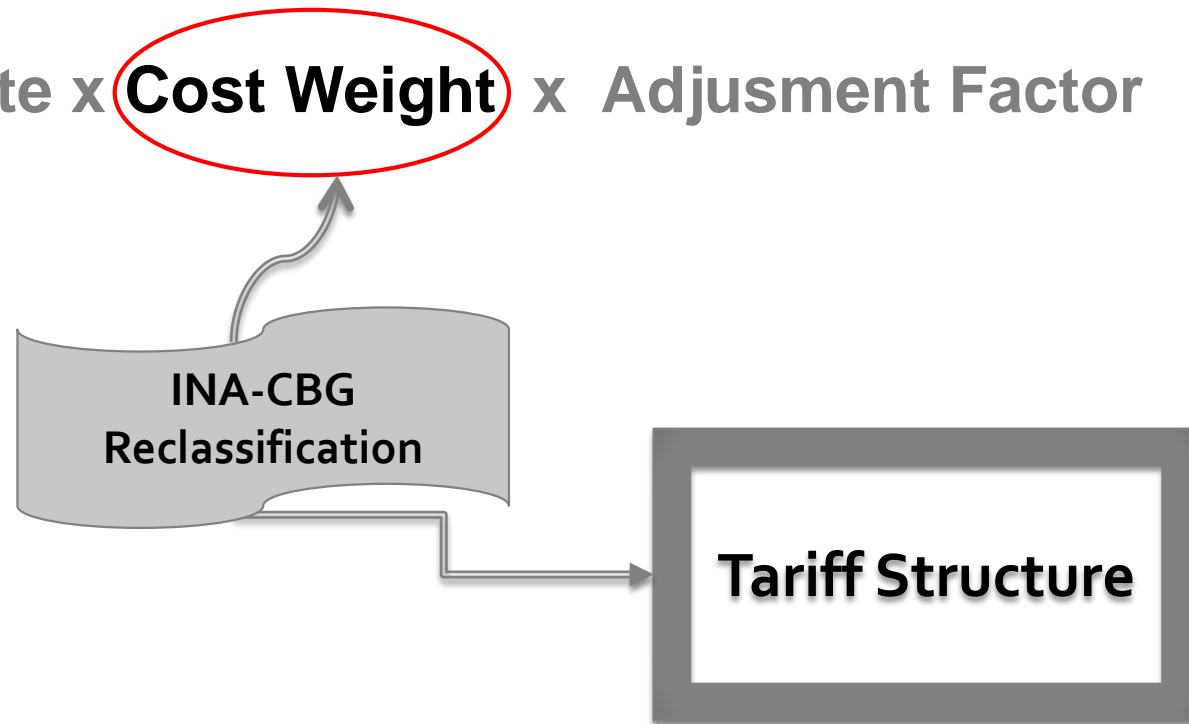
Medical Association
Within the process, medical professionals association will be involved in the formation of classification algorithms to their respective competencies
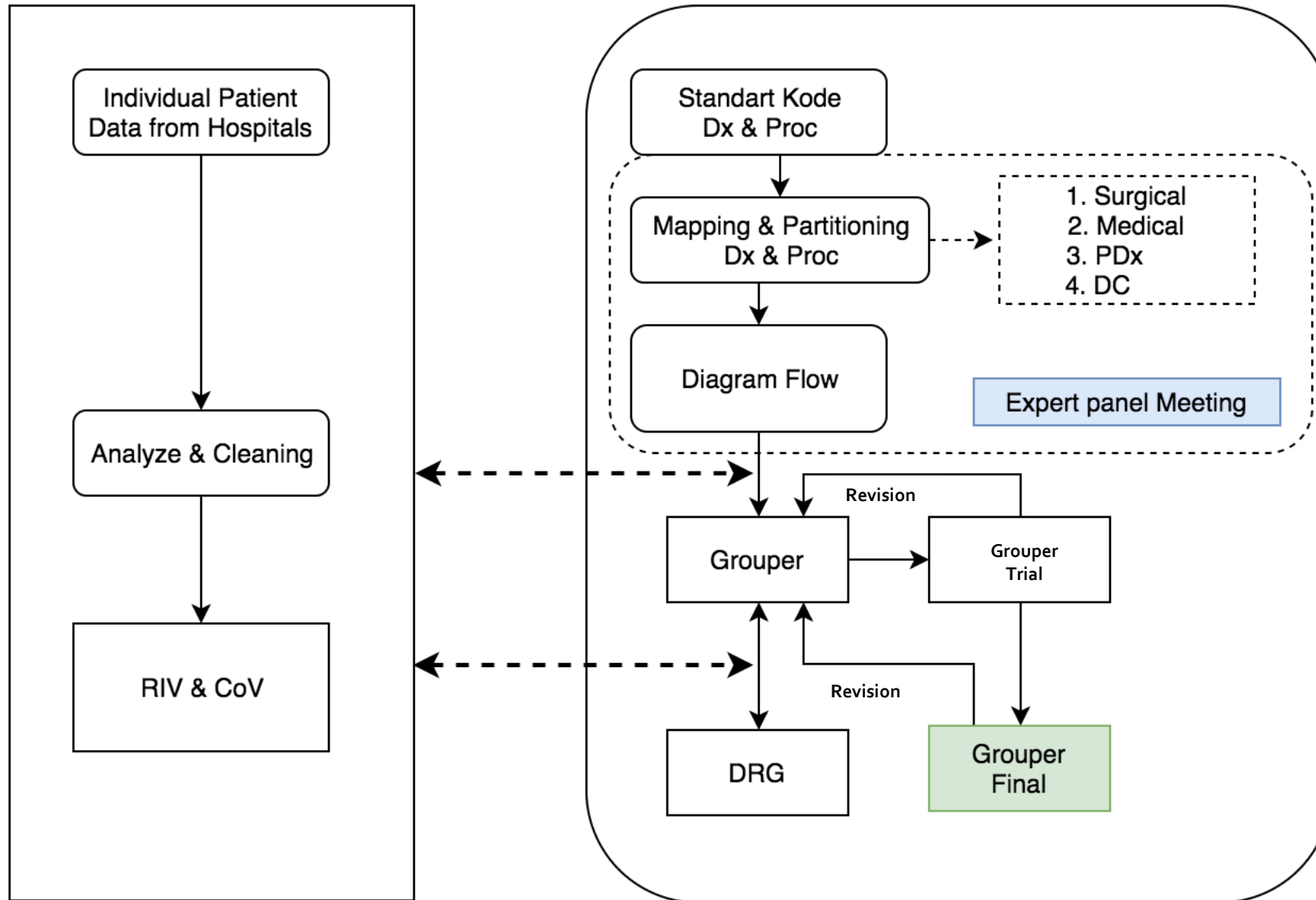
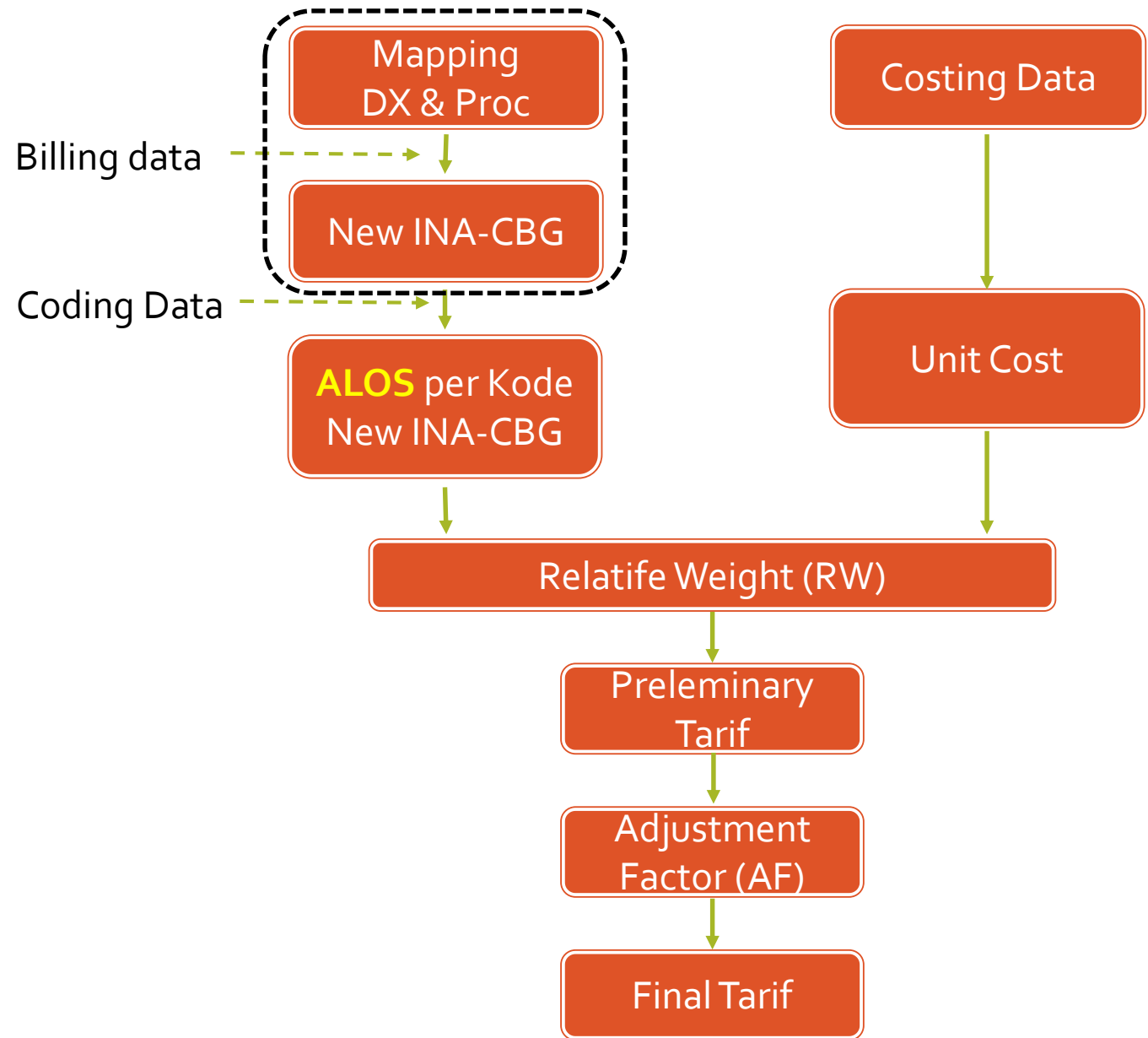# The Impact of Reclassification on INA-CBG Tariff

INA-CBG Tariff =
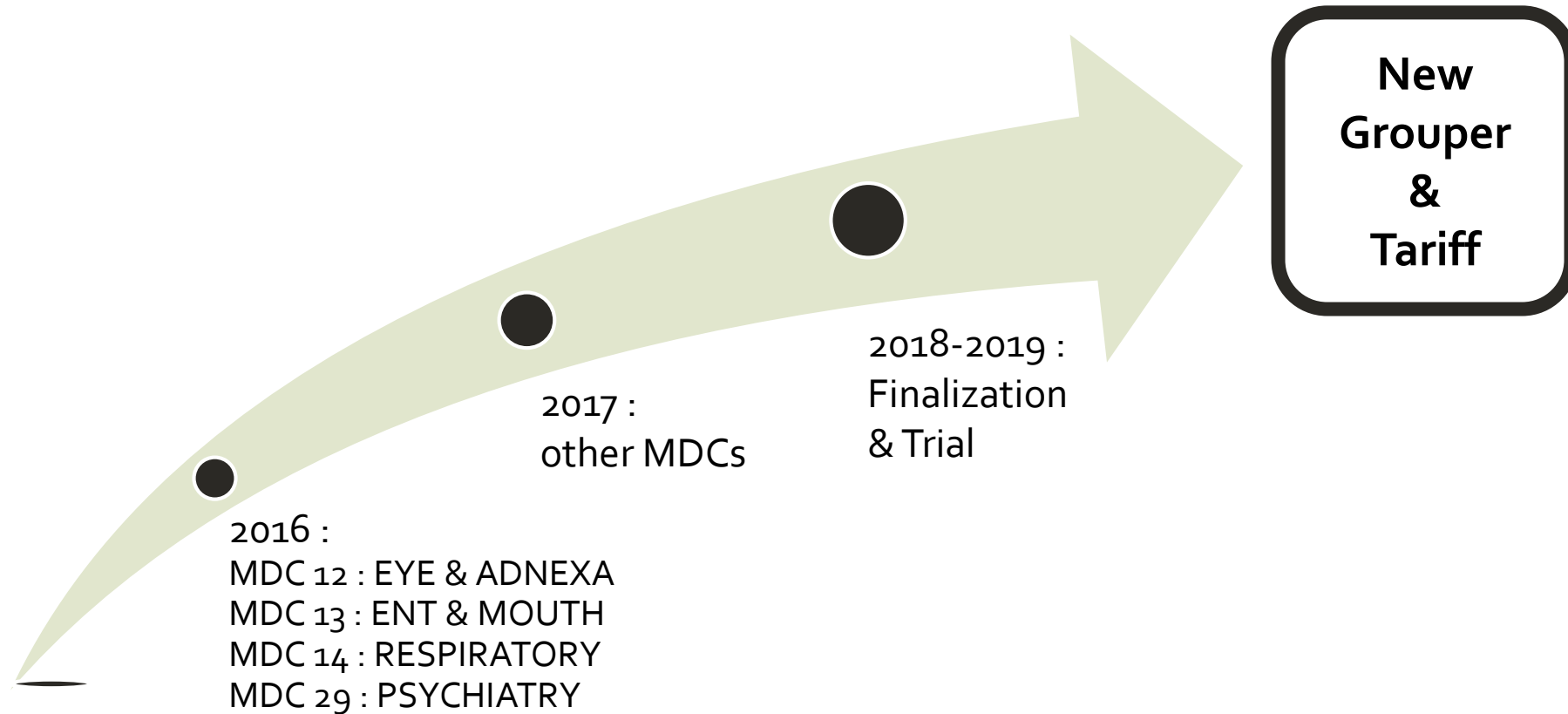
Hospital Base rate x Cost Weight x Adjusment Factor

INA-CBG Reclassification

Tariff Structure

Flow Of INA-CBG Reclassification Process

INA-CBG tariff
Calculating Steps with
New grouper

Mapping DX & Proc

Billing data

New INA-CBG

Coding Data

ALOS per Kode New INA-CBG

Costing Data

Unit Cost

Relatife Weight (RW)

Preleminary Tarif

Adjustment Factor (AF)

Final Tarif

Work Plan
of INA-CBG Reclassification

New Grouper & Tariff

2018-2019 : Finalization & Trial

2017 : other MDCs

2016 :
MDC 12 : EYE & ADNEXA
MDC 13 : ENT & MOUTH
MDC 14 : RESPIRATORY
MDC 29 : PSYCHIATRY

Challenges

1. Less understanding on DRG's Concepts from professional doctor representative for mapping and partitioning process (FFS mainset)
2. Limited capacity of team member
3. Limited IT on Data (Quantity and Quality)
4. Costing data billing
5. The Quality of coded data

THANK YOU

For healthier Indonesia