



BUPATI ENREKANG  
PROVINSI SULAWESI SELATAN

PERATURAN BUPATI ENREKANG  
NOMOR 1 TAHUN 2023

TENTANG  
PEDOMAN PEMANFAATAN RETRIBUSI PELAYANAN KESEHATAN  
DI UNIT PELAKSANA TEKNIS RUMAH SAKIT UMUM DAERAH MASSENREMPULU  
DENGAN RAHMAT TUHAN YANG MAHA ESA

BUPATI ENREKANG,

- Menimbang : a. bahwa untuk mengatur pengelolaan dan pemanfaatan penerimaan retribusi pelayanan kesehatan di Unit Pelaksana Teknis Rumah Sakit Umum Daerah Massenrempulu Kabupaten Enrekang, maka perlu diatur mengenai pembagian jasa sarana dan jasa pelayanan;
- b. bahwa berdasarkan pertimbangan sebagaimana dimaksud pada huruf a, perlu menetapkan Peraturan Bupati tentang Pedoman Pemanfaatan Retribusi Pelayanan Kesehatan di Unit Pelaksana Teknis Rumah Sakit Umum Daerah Massenrempulu;
- Mengingat : 1. Undang-Undang Republik Indonesia Nomor 29 Tahun 1959 tentang Pembentukan daerah-daerah tingkat II di Sulawesi (Lembaran Negara Republik Indonesia Tahun 1959 Nomor 74, Tambahan Lembaran Negara Republik Indonesia Nomor 1822);
2. Undang-Undang Nomor 40 Tahun 2004 tentang Sistem Jaminan Nasional (Lembaran Negara Republik Indonesia Tahun 2004 Nomor 150, Tambahan Lembaran Negara Republik Indonesia Nomor 4456);



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3. Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan (Lembaran Negara Republik Indonesia Tahun 2009 Nomor 144, Tambahan Lembaran Negara Republik Indonesia Nomor 5063);
4. Undang-Undang Republik Indonesia Nomor 44 Tahun 2009 tentang Rumah Sakit (Lembaran Negara Republik Indonesia Tahun 2009 Nomor 153, Tambahan Lembaran Negara Republik Indonesia Nomor 5072);
5. Undang-Undang Republik Indonesia Nomor 12 Tahun 2011 tentang Pembentukan Peraturan Perundang-undangan (Lembaran Negara Republik Indonesia Tahun 2011 Nomor 82, Tambahan Lembaran Negara Republik Indonesia Nomor 5234);
6. Undang-Undang Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial (Lembaran Negara Republik Indonesia Tahun 2011 Nomor 116, Tambahan Lembaran Negara Republik Indonesia Nomor 5256);
7. Undang-Undang Republik Indonesia Nomor 23 Tahun 2014 tentang Pemerintahan Daerah (Lembaran Negara Republik Indonesia Tahun 2014 Nomor 244, Tambahan Lembaran Negara Republik Indonesia Nomor 5587) sebagaimana telah diubah beberapa kali terakhir dengan Undang-Undang Nomor 11 Tahun 2020 tentang Cipta Kerja (Lembaran Negara Republik Indonesia Tahun 2020 Nomor 245 Tambahan Lembaran Negara Republik Indonesia Nomor 6573);
8. Peraturan Pemerintah Nomor 23 Tahun 2005 tentang Pengelola Keuangan Badan layanan Umum, (Lembaran Negara Republik Indonesia Tahun 2005 Nomor 4502), sebagaimana telah diubah dengan Peraturan Pemerintah Nomor 74 Tahun 2012 tentang Perubahan Atas Peraturan Pemerintah Nomor 23 Tahun 2005 tentang Pengelolaan Keuangan Badan Layanan Umum (lembaran Negara Republik Indonesia Tahun 2017 Nomor 171, Tambahan Lembaran Negara Republik Indonesia Nomor 5340);

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the various methods used to collect and analyze data. It describes the use of statistical techniques to identify trends and anomalies in the data, and the importance of using reliable sources of information.

3. The third part of the document discusses the role of the auditor in the process. It explains that the auditor's primary responsibility is to provide an independent and objective assessment of the financial statements, and to ensure that they are free from material misstatements.

4. The fourth part of the document discusses the importance of communication in the auditing process. It emphasizes that the auditor must maintain open and effective communication with the client, and must be able to clearly and concisely communicate the results of the audit.

5. The fifth part of the document discusses the various risks associated with auditing. It explains that the auditor must be aware of the risks of litigation, reputational damage, and financial loss, and must take appropriate steps to mitigate these risks.

6. The sixth part of the document discusses the importance of ethics in the auditing profession. It explains that auditors must adhere to a strict code of ethics, and must be able to resist pressure from the client to engage in unethical behavior.

7. The seventh part of the document discusses the various challenges faced by auditors in the modern business environment. It explains that the increasing complexity of business transactions, the use of new technologies, and the growing emphasis on transparency and accountability have all created new challenges for the auditing profession.

8. The eighth part of the document discusses the various ways in which the auditing profession can improve its effectiveness and efficiency. It explains that the use of new technologies, the implementation of best practices, and the ongoing education and training of auditors are all key factors in improving the quality of the audit process.

9. The ninth part of the document discusses the various ways in which the auditing profession can better serve the public interest. It explains that the auditing profession has a responsibility to the public to ensure that the financial system is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

10. The tenth part of the document discusses the various ways in which the auditing profession can better serve the needs of its clients. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

11. The eleventh part of the document discusses the various ways in which the auditing profession can better serve the needs of the global economy. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

12. The twelfth part of the document discusses the various ways in which the auditing profession can better serve the needs of the public. It explains that the auditing profession has a responsibility to the public to ensure that the financial system is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

13. The thirteenth part of the document discusses the various ways in which the auditing profession can better serve the needs of the business community. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

14. The fourteenth part of the document discusses the various ways in which the auditing profession can better serve the needs of the financial system. It explains that the auditing profession has a responsibility to the financial system to ensure that it is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

15. The fifteenth part of the document discusses the various ways in which the auditing profession can better serve the needs of the legal system. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

16. The sixteenth part of the document discusses the various ways in which the auditing profession can better serve the needs of the academic community. It explains that the auditing profession has a responsibility to the academic community to ensure that it is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

17. The seventeenth part of the document discusses the various ways in which the auditing profession can better serve the needs of the media. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

18. The eighteenth part of the document discusses the various ways in which the auditing profession can better serve the needs of the general public. It explains that the auditing profession has a responsibility to the general public to ensure that the financial system is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

19. The nineteenth part of the document discusses the various ways in which the auditing profession can better serve the needs of the future. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

20. The twentieth part of the document discusses the various ways in which the auditing profession can better serve the needs of the world. It explains that the auditing profession has a responsibility to the world to ensure that the financial system is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

21. The twenty-first part of the document discusses the various ways in which the auditing profession can better serve the needs of the future. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

22. The twenty-second part of the document discusses the various ways in which the auditing profession can better serve the needs of the world. It explains that the auditing profession has a responsibility to the world to ensure that the financial system is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

23. The twenty-third part of the document discusses the various ways in which the auditing profession can better serve the needs of the future. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

24. The twenty-fourth part of the document discusses the various ways in which the auditing profession can better serve the needs of the world. It explains that the auditing profession has a responsibility to the world to ensure that the financial system is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

25. The twenty-fifth part of the document discusses the various ways in which the auditing profession can better serve the needs of the future. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

26. The twenty-sixth part of the document discusses the various ways in which the auditing profession can better serve the needs of the world. It explains that the auditing profession has a responsibility to the world to ensure that the financial system is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

27. The twenty-seventh part of the document discusses the various ways in which the auditing profession can better serve the needs of the future. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

28. The twenty-eighth part of the document discusses the various ways in which the auditing profession can better serve the needs of the world. It explains that the auditing profession has a responsibility to the world to ensure that the financial system is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

29. The twenty-ninth part of the document discusses the various ways in which the auditing profession can better serve the needs of the future. It explains that the auditing profession must be able to provide high-quality, cost-effective services, and must be able to adapt to the changing needs of its clients in a global and increasingly competitive market.

30. The thirtieth part of the document discusses the various ways in which the auditing profession can better serve the needs of the world. It explains that the auditing profession has a responsibility to the world to ensure that the financial system is fair and transparent, and that it is able to detect and prevent fraud and other forms of financial misconduct.

9. Peraturan Pemerintah Nomor 38 Tahun 2007 tentang Pembagian Urusan Pemerintahan antara Pemerintah, Pemerintahan Daerah Provinsi dan Pemerintahan Daerah Kabupaten/Kota (Lembaran Negara Republik Indonesia Tahun 2007 Nomor 82, Tambahan Lembaran Negara Republik Indonesia Nomor 4737);
10. Peraturan Presiden Nomor 12 Tahun 2013 tentang Jaminan Kesehatan (Lembaran Negara Republik Indonesia Tahun 2013 Nomor 29) sebagaimana telah diubah dengan Peraturan Presiden Nomor 111 Tahun 2013 tentang Perubahan atas Peratutran Presiden Nomor 12 Tahun 2013 (Lembaran Negara Republik Indonesia Tahun 2013 Nomor 225);
11. Peraturan Menteri Kesehatan Nomor 28 Tahun 2014 tentang Pedoman Pelaksanaan Program Jaminan Kesehatan Nasional;
12. Peraturan Daerah Kabupaten Enrekang Nomr 2 Tahun 2020 tentang Perubahan Kedua Atas Peraturan Daerah Nomor 12 Tahun 2011 Tentang Retribusi Pelayanan Kesehatan;
13. Keputusan Bupati Nomor 322/KEP/IV/2022 tentang Penetapan Penerapan Badan Layanan Umum Daerah Unit Pelaksana Teknis Rumah Sakit Umum Daerah Massenrempulu Kabupaten Enrekang;

MEMUTUSKAN :

Menetapkan : PERATURAN BUPATI TENTANG PEDOMAN PEMANFAATAN RETRIBUSI PELAYANAN KESEHATAN UNIT PELAKSANA TEKNIS RUMAH SAKIT UMUM DAERAH MASSENREMPULU KABUPATEN ENREKANG.

BAB I

KETENTUAN UMUM

Pasal 1

Dalam Peraturan Bupati ini yang dimaksud dengan :

1. Daerah adalah Kabupaten Enrekang.

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2. Bupati adalah Bupati Enrekang.
3. Pemerintah Daerah adalah kepala daerah sebagai unsur penyelenggara Pemerintahan Daerah yang memimpin pelaksanaan urusan pemerintahan yang menjadi kewenangan daerah otonom.
4. Sekretaris Daerah adalah Sekretaris Daerah Kabupaten Enrekang.
5. Rumah Sakit Umum Daerah Massenrempulu yang selanjutnya disebut rumah sakit adalah Rumah Sakit Umum Daerah Massenrempulu Kabupaten Enrekang.
6. Direktur adalah Direktur Unit Pelaksana Teknis Rumah Sakit Umum Daerah Massenrempulu Kabupaten Enrekang.
7. Badan Penyelenggara Jaminan Sosial, yang selanjutnya disingkat BPJS adalah Badan hukum yang dibentuk untuk menyelenggarakan program jaminan sosial.
8. Dana Jaminan Sosial adalah Dana amanat milik seluruh peserta yang merupakan himpunan iuran beserta hasil pengembangannya yang dikelola oleh BPJS untuk pembayaran manfaat kepada peserta dan pembiayaan operasional penyelenggaraan program jaminan sosial.
9. Peserta adalah setiap orang, termasuk orang asing yang bekerja paling singkat 6 (enam) bulan di Indonesia yang telah membayar iuran.
10. Keluarga adalah istri atau suami dari peserta dan anak yang sah atau anak angkat dari peserta yang berhak menerima tunjangan sesuai peraturan perundang-undangan.
11. Kartu peserta adalah identitas yang diberikan kepada setiap peserta dan anggota keluarganya atas hak dan memperoleh pelayanan kesehatan sesuai ketentuan yang berlaku.
12. Rawat Jalan Tingkat Lanjut, yang selanjutnya disingkat RTJL adalah pelayanan kesehatan perorangan yang bersifat spesialisik atau sub spesialisik dan dilaksanakan pada pemberi pelayanan kesehatan

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tingkast pertama untuk dan/atau pelayanan medis lainnya termasuk konsultasi psikologi tanpa menginap di ruang perawatan.

13. Rawat Inap Tingkat Lanjut, yang selanjutnya disingkat RITL adalah pelayanan kesehatan perorangan yang bersifat spesialistik atau sub spesialistik untuk keperluan observasi, perawatan, diagnostic, pengobatan, rehabilitasi medis dan/atau pelayan medis lainnya termasuk konsultasi psikologi yang dilaksanakan pada pemberi pelayanan kesehatan di rawat inap di ruang perawatan paling singkat 1 (satu) hari.
14. Formularium Nasional, yang selanjutnya disebut Fornas adalah daftar obat yang disusun oleh Komite Nasional yang ditetapkan oleh Menteri Kesehatan didasarkan pada bukti ilmiah mutakhir berkhasiat, aman, dan dengan harga yang terjangkau yang disediakan serta digunakan sebagai acuan penggunaan obat dalam jaminan kesehatan nasional.
15. Tindakan Medis adalah tindakan yang bersifat invasife atau non invasife yang dilaksanakan baik untuk tujuan diagnostic maupun pengobatan.
16. Rehabilitasi Medis adalah pelayanan yang diberikan untuk pemeliharaan kesehatan peserta dan keluarganya dalam bentuk fisioterapi, terapi okupasional, terapi wicara, bimbingan social medic dan jasa psikologi.
17. Persalinan adalah proses lahirnya bayi cukup bulan atau hampir cukup bulan baik secara spontan maupun disertai penyulit yang memerlukan tindakan medis.
18. Pelayanan Gawat Darurat (Emergency) adalah pelayanan kesehatan tingkat lanjut yang harus diberikan secepatnya untuk mengurangi resiko kematian atau cacat tanpa memperhitungkan jumlah kunjungan dan pelayann yang diberikan kepada peserta/anggota keluarganya.
19. Jasa Sarana adalah imbalan yang diterima oleh fasilitas pelayanan kesehatan atas pemakaian sarana, fasilitas obat-obatan sesuai Fornas dan alat kesehatan habis

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pakai yang digunakan dalam rangka observasi, diagnostik, pengobatan, konsultasi, visite, rehabilitasi medik dan/atau pelayanan lain.

20. Jasa Pelayanan adalah imbalan yang diterima oleh fasilitas pelayanan kesehatan atas jasa yang diberikan kepada pasien dalam rangka observasi, diagnostik, pengobatan, konsultasi, visite, rehabilitasi medic dan/atau pelayanan lain.

21. Kasa Gabungan adalah imbalan yang diterima oleh tenaga lain yang bekerja di Rumah Sakit Umum Daerah Massenrempulu dan tidak melaksanakan langsung pelayan ke pasien, seperti tenaga struktural, petugas rekam medis, teknisi elektromedis, petugas system informasi rumah sakit, kesehatan masyarakat, dan tenaga penunjang lainnya, seperti staf administrasi, security, teknisi, laundry, instalasi gizi dan coustumer service.

## BAB II

### RUANG LINGKUP

#### DAN PROSEDUR PELAYANAN KESEHATAN

##### Pasal 2

Ruang lingkup pelayanan peserta BPJS kesehatan, terdiri dari :

- a. RJTL;
- b. RITL;
- c. Pelayanan persalinan;
- d. Pelayanan gawat darurat;
- e. Pelayanan obat;
- f. Pelayanan alat kesehatan;
- g. Pelayanan rujukan parsial; dan
- h. Pelayanan ambulance.

##### Pasal 3

- (1) Tarif pelayanan RJTL sebagaimana dimaksud dalam pasal 2 huruf a, ditetapkan berdasarakan system *INA CBG's*.
- (2) Untuk memenuhi sistem *INA CBG's*, dokter wajib melakukan penegakan diagnosis yang tepat dan jelas sesuai *Internasional Code Diseases Ten (ICD-10)* dan *Internasional Diseases Nine (ICD-9) Clinical Medification (CM)*.

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2. The second part of the document outlines the procedures for the monthly financial review. This involves a thorough examination of the accounts and a comparison of the actual results with the budgeted figures. Any variances should be identified and explained, and appropriate corrective actions should be taken. The review should be conducted by a qualified person and the results should be reported to the management.

3. The third part of the document describes the process of preparing the annual financial statements. This is a complex task that requires a high level of accuracy and attention to detail. The statements should be prepared in accordance with the relevant accounting standards and should be audited by an independent firm. The results of the audit should be included in the financial statements and should be made available to the shareholders.

4. The fourth part of the document discusses the importance of maintaining a good working relationship with the tax authorities. This involves keeping up-to-date with the latest tax laws and regulations and ensuring that all tax returns are filed on time and accurately. It is also important to communicate with the tax authorities in a transparent and cooperative manner.

5. The fifth part of the document outlines the procedures for the annual general meeting. This is a key event for the company and provides an opportunity for the shareholders to discuss the company's performance and to elect the directors. The meeting should be well-organized and should provide a clear and concise summary of the company's activities and financial results.

#### Pasal 4

- (1) Tarif pelayanan RJTL sebagaimana dimaksud dalam pasal 2 huruf a, meliputi :
  - a. Jasa sarana: dan
  - b. Jasa pelayanan
- (2) Jasa Sarana sebagaimana dimaksud pada ayat (1) huruf a merupakan biaya penggunaan sarana dan fasilitas rumah sakit, obat-obatan, bahan dan alat kesehatan habis pakai yang digunakan dalam rangka observasi, diagnosis, pengobatan, perawatan, rehabilitasi dan/atau pelayanan medis lainnya.
- (3) Jasa Pelayanan sebagaimana dimaksud pada ayat (1) huruf b merupakan biaya pelaksanaan dalam rangka observasi, diagnosis, pengobatan, rehabilitasi dan /atau pelayanan medis lainnya serta untuk pelaksanaan administrasi pelayanan.

### BAB III

#### PEMANFAATAN JASA SARANA DAN JASA PELAYANAN

#### Pasal 5

- (1) Penerimaan dari pelayanan kesehatan tingkat lanjut bagi peserta BPJS kesehatan adalah merupakan pendapatan daerah yang disetor secara bruto ke kas daerah
- (2) Hasil penerimaan pelayanan kesehatan sebagaimana dimaksud pada ayat (1) dibagi secara proporsional sebagai berikut :
  - a. Jasa sarana sebesar 54%; dan
  - b. Jasa pelayanan sebesar 46%

#### Pasal 6

- (1) Pemanfaatan jasa sarana sebagaimana dimaksud dalam Pasal 5 ayat (2) huruf a, berdasarkan kebutuhan yang dicantumkan dalam Dokumen Pelaksanaan Anggaran Unit Pelaksana Teknis Rumah Sakit Umum Daerah Massenrempulu.
- (2) Pemanfaatan jasa pelayanan sebagaimana dimaksud dalam pasal 5 ayat (2) huruf b terdiri atas :
  - a. RJTL di Poliklinik Spesialis dan Poliklinik Umum :
    1. jasa dokter sebesar 58,5%;
    2. jasa dokter Patologi Anatomi sebesar 0,5%;
    3. jasa dokter Gizi sebesar 0,5%;

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2. The second part of the document outlines the various methods used to collect and analyze data. These methods include direct observation, interviews, and the use of specialized software. Each method has its own strengths and weaknesses, and it is important to choose the most appropriate one for the specific situation.

3. The third part of the document describes the process of data analysis. This involves identifying patterns, trends, and anomalies in the data. It is important to use statistical techniques to help with this process and to ensure that the results are reliable and valid.

4. The fourth part of the document discusses the importance of communication in the research process. This involves sharing the results of the research with the relevant stakeholders and ensuring that they understand the findings and their implications. It is also important to provide regular updates on the progress of the research.

5. The fifth part of the document concludes by summarizing the key findings of the research and providing recommendations for future work. It is important to be clear and concise in these conclusions and to provide a clear path forward for the organization.

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4. jasa dokter IGD sebesar 0,5%;
  5. jasa perawat sebesar 14%;
  6. jasa gabungan sebesar 16%; dan
  7. Jasa penunjang pelayanan sebesar 10%
- b. RJTL di IGD ;
1. jasa medis sebesar 74% (dalam 100%)
    - a. jasa dokter sebesar 50%; dan
    - b. jasa perawat sebesar 50%
  2. jasa gabungan sebesar 16%
  3. jasa penunjang pelayanan sebesar 10%
- c. RJTL di Poliklinik Gigi :
1. jasa dokter sebesar 60%;
  2. jasa perawat sebesar 15%;
  3. jasa gabungan sebesar 16%; dan
  4. jasa penunjang pelayanan sebesar 9%
- d. RITL di Perawatan :
1. jasa dokter sebesar 34,5%;
  2. jasa dokter Patologi Anatomi sebesar 0,5%;
  3. jasa dokter Gizi sebesar 0,5%;
  4. jasa dokter IGD sebesar 0,5%;
  5. Jasa perawat sebesar 33%;
  6. Jasa gabungan sebesar 17%; dan
  7. Jasa penunjang pelayanan sebesar 10%
  8. Jasa poli/IGD sebesar 4%
- e. RITL (Poli/IGD+Perawatan+ICU) :
1. Jasa dokter sebesar 36% (dalam 100%);
    - a) DPJP sebesar 50%; dan
    - b) Dokter ICU sebesar 50%
  2. Jasa perawat sebesar 34% (dalam 100%);
    - a) Perawat ICU sebesar 70%; dan
    - b) Perawat rawat inap sebesar 30%
  3. Jasa gabungan sebesar 17%; dan
  4. Jasa penunjang pelayanan sebesar 10%
  5. Jasa poli/IGD sebesar 4%
- f. RITL dengan tindakan operasi dengan anestesi umum (Poli/IGD+OK+Perawatan) :
1. Jasa operator (dokter) sebesar 36%;

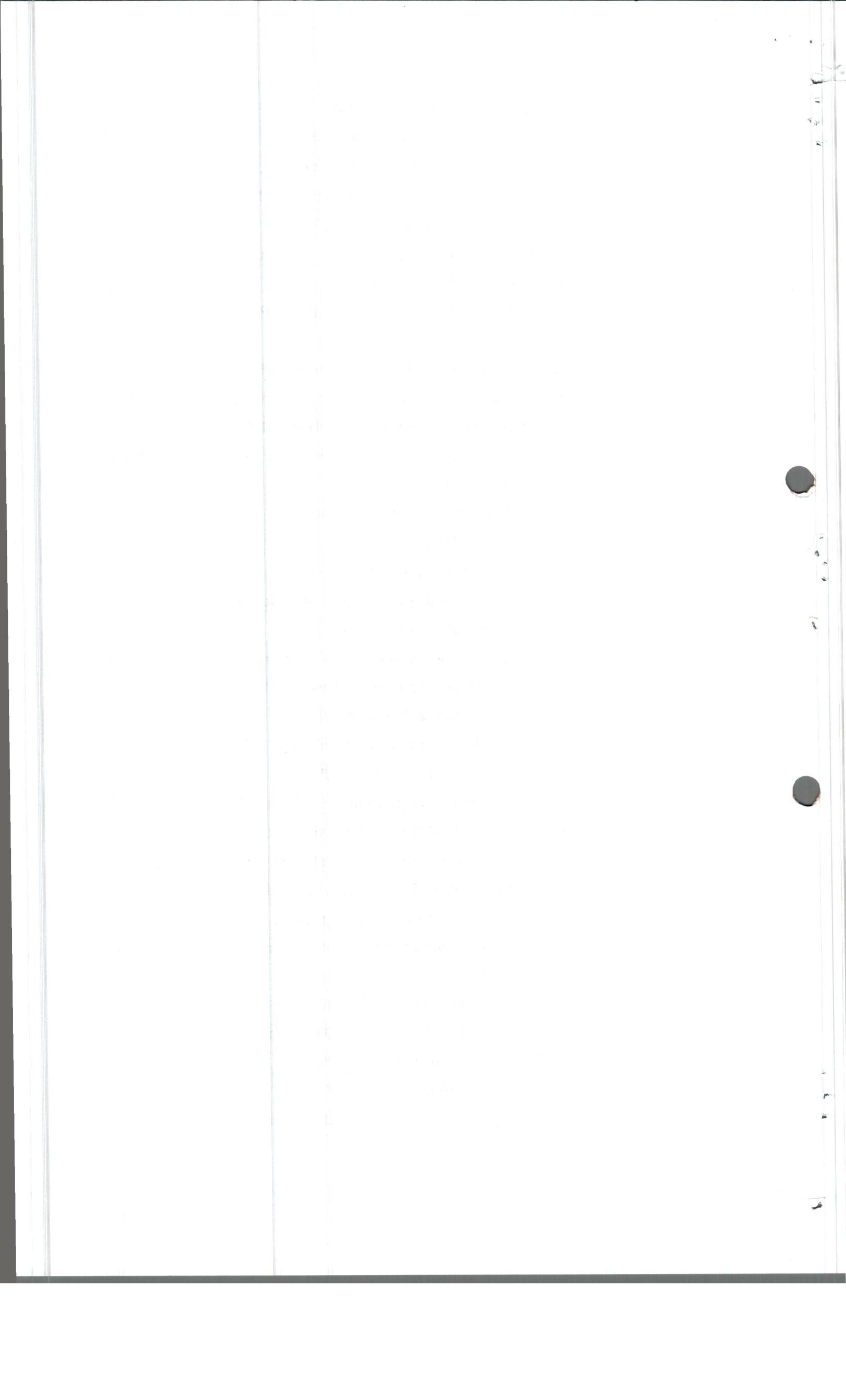
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2. Jasa anestesi sebesar 14%
  3. Jasa penata anestesi sebesar 6%
  4. Jasa asisten instrument sebesar 10%
  5. Jasa perawat rawat inap sebesar 10%
  6. Jasa gabungan sebesar 12%
  7. Jasa penunjang pelayanan sebesar 9%
  8. Jasa poli/IGD sebesar 3%
- g. RITL dengan tindakan operasi (IGD/Poli+Perawatn+OK+ICU) :
1. Jasa operator (dokter) sebesar 36%;
  2. Jasa anestesi sebesar (dokter+penata) sebesar 20%;
  3. Jasa asisten instrument sebesar 10%;
  4. Jasa perawat rawat inap sebesar 10% (dalam 100%)  
terbagi atas :
    - a) Perawatan sebesar 50%; dan
    - b) ICU sebesar 50%
  5. Jasa gabungan sebesar 12%;
  6. Jasa penunjang pelayanan sebesar 9%;
  7. Jasa poli/IGD sebesar 3%
- h. RITL dengan tindakan operasi SC dengan bayi normal :
1. Jasa operator (dokter) sebesar 36%;
  2. Jasa anestesi sebesar 20%;
  3. Jasa asisten instrument sebesar 10%;
  4. Jasa gabungan sebesar 12%;
  5. Jasa penunjang pelayanan sebesar 9%;
  6. Jasa poli/IGD kamar bersalin sebesar 3%;
  7. Jasa perawat rawat inap sebesar 10% terbagi atas :
    - a) Perawatan ibu sebesar 60%; dan
    - b) Perawatan bayi sebesar 40%.
- i. RITL pada perawatan bayi patologi (perawatan perinatologi) :
1. Jasa medis sebesar 73%, terbagi atas :
    - a) Jasa dokter sebesar 40%; dan
    - b) Jasa bidan sebesar 60%.
  2. Jasa gabungan sebesar 17%;
  3. Jasa penunjang pelayanan sebesar 10%;



- j. RITL tindakan persalinan pervagina dengan bayi normal:
  - 1. Jasa medis sebesar 73%, terbagi atas :
    - a) IGD obgin sebesar 50%, terbagi atas :
      - 1) Dokter sebesar 50%; dan
      - 2) Bidan sebesar 50%.
    - b) Perawatan sebesar 50%, terbagi atas :
      - 1) Perawatan ibu sebesar 67%, terbagi atas :
        - a.a) Nifas sebesar 95%, terdiri atas :
          - 1.1) Dokter sebesar 60%; dan
          - 1.2) Bidan sebesar 40%.
        - a.b) KB sebesar 5%
      - 2) Perawatan anak sebesar 33%, terbagi atas :
        - a.a) Dokter sebesar 60%, dan
        - a.b) Bidan sebesar 40%
  - 2. Jasa gabungan sebesar 17%;
  - 3. Jasa penunjang pelayanan sebesar 10%
- k. RITL tindakan persalinan pervagina dengan bayi patologis :
  - 1. Jasa medis sebesar 73%, terbagi atas :
    - a) IGD obgin sebesar 65%, terbagi atas :
      - 1) Dokter sebesar 50%; dan
      - 2) Bidan sebesar 50%
    - b) Perawatan sebesar 35%, terbagi atas :
      - 1) Dokter sebesar 60%; dan
      - 2) Bidan sebesar 40%.
  - 2. Jasa gabungan sebesar 17%;
  - 3. Jasa penunjang pelayanan sebesar 10%.
- l. RITL tindakan persalinan KJDR dan pasang balon :
  - 1. Jasa operator (dokter) sebesar 45%;
  - 2. Jasa asisten instrument sebesar 8%;
  - 3. Jasa gabungan sebesar 16%;
  - 4. Jasa penunjang pelayanan sebesar 9%;
  - 5. Jasa perawatan ibu sebesar 8%; dan
  - 6. Jasa kamar bersalin sebesar 14%.
- m. Jasa pelayanan tingkat lanjutan rawat jalan rehabilitasi medis, terbagi atas :
  - 1. Jasa dokter sebesar 15%;

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2. Jasa fisioterapis sebesar 68%; dan
  3. Jasa gabungan sebesar 17%
- n. Jasa pelayanan IGD, terbagi atas :
1. Jasa dokter sebesar 50%; dan
  2. Jasa perawat sebesar 50%
- (3) Pemanfaatan jasa penunjang pelayanan (dalam 100%) terbagi atas :
- a. Jasa pelayanan laboratorium sebesar 31%, terbagi atas :
    1. Jasa dokter sebesar 35%; dan
    2. Jasa penata sebesar 65%
  - b. Jasa pelayanan radiologi sebesar 31%, terbagi atas :
    1. Jasa dokter 1 sebesar 35%;
    2. Jasa dokter 2 sebesar 35%; dan
    3. Jasa penata sebesar 30%
  - c. Jasa pelayanan apotek sebesar 28%;
  - d. Jasa pelayanan UTD sebesar 8%, terbagi atas
    1. Jasa dokter sebesar 40%; dan
    2. Jasa perawat sebesar 60%
  - e. Jasa dokter gizi dan dietician sebesar 2%
- (4) Pemanfaatan jasa gabungan menjadi 100% terbagi atas :
- a. Jasa Direktur (Pengguna Anggaran) sebesar 20%;
  - b. Jasa Administrasi Pelayanan sebesar 80% (dalam 100%) :
    1. Kepala bidang sebesar 8%;
    2. Kepala seksi/kepala sub bagian sebesar 14%;
    3. Pengelola BPJS kesehatan sebesar 16%;
    4. Pengelola rekam medis sebesar 6%;
    5. Pengelola keuangan, barang/gudang sebesar 12%;
    6. Pengelola gizi sebesar 13%;
    7. Tenaga administrasi lainnya sebesar 20%;
    8. Teknisi sebesar 5%; dan
    9. Laundry sebesar 6%

#### Pasal 7

- (1) Pasien rawat inap yang masuk lewat poliklinik, jasa pelayanan IGD diambil oleh perawatan.
- (2) Pasien rawat inap yang masuk lewat IGD, jasa pelayanan poliklinik diambil oleh IGD.



BAB IV  
KETENTUAN PERALIHAN

Pasal 8

Peraturan Bupati Enrekang Nomor 25 Tahun 2014 Pedoman Pemanfaatan Retribusi Pelayanan Kesehatan Yang Bersumber dari Peserta Badan Penyelenggara Jaminan Sosial Kesehatan di Rumah Sakit Umum Daerah Massenrempulu Kabupaten Enrekang sebagaimana telah diubah terakhir dengan Peraturan Bupati Enrekang Nomor 32 Tahun 2017 tentang Perubahan atas Peraturan Bupati Enrekang Nomor 25 Tahun 2014 Pedoman Pemanfaatan Retribusi Pelayanan Kesehatan Yang Bersumber dari Peserta Badan Penyelenggara Jaminan Sosial Kesehatan di Rumah Sakit Umum Daerah Massenrempulu Kabupaten Enrekang, dicabut dan dinyatakan tidak berlaku.

BAB V  
KETENTUAN PENUTUP

Pasal 9

Peraturan Bupati ini mulai berlaku pada tanggal diundangkan. Agar setiap orang mengetahuinya, memerintahkan pengundangan Peraturan Bupati ini dengan penempatannya dalam Berita Daerah Kabupate Enrekang.



Ditetapkan di Enrekang  
pada tanggal 2 Januari 2023

BUPATI ENREKANG, *K*

*M* MUSLIMIN BANDO

Diundangkan di Enrekang  
pada tanggal 2 Januari 2023

SEKRETARIS DAERAH KABUPATEN ENREKANG,

*[Signature]*  
BABA

BERITA DAERAH KABUPATEN ENREKANG TAHUN 2023 NOMOR 4

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