Analysis of Performance-Based Capitation Payments at the Community Health Services in Semarang City

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ABSTRACT

The health financing system at the community health center is a pre-effort where funds are given at the beginning of each period before health services are carried out; this is called capitation. Starting in November 2019, performance-based capitation payments have been implemented in accordance with Health BPJS Regulation No. 7/2019. This study aimed to determine the amount of performance-based capitation payments, the mechanism for achieving performance-based capitation payments, and the problems faced in achieving performance-based capitation payments referring to Health BPJS Regulation No. 7/2019. This study used qualitative type with an evaluative approach to see the implementation of the performance-based capitation in the research locus. Data were collected using triangulation with FGD and in-depth interview and document review using tools: interview guides, FGD guidelines, recording devices, and cameras. Data were analyzed using the Miles and Huberman model including data reduction, presentation, and induction methods in drawing conclusions.The results of the study show that the Controlled Ratio Indicator of chronic disease management program participants was the toughest indicator to achieve, the decrease in capitation payments affected revenues and expenditures of the community health center, there was no legal aspect for implementers and internal guidelines or SOP for the implementation of the performance-based capitation, the data entry mechanism was through P-Care, not all outdoor activities could be stopped and not all activities could be entered in real time, monitoring and evaluation for achieving indicators and capitation payments have not been structured and scheduled, and there was no warning system for indicator achievement.

Keywords: *Performance Based, Capitation, Analysis*

I. INTRODUCTION

The National Health Insurance program (hereafter called JKN) is implemented within the framework of the National Health System in which there is a sub-system of Health Financing. The health financing system implemented in the community health center is a pre-effort financing system where funds will be given at the beginning of each period before health services are carried out, which is called capitation. The determination of the capitation rate for First Level Health Facilities (hereafter called FKTP) is carried out by BPJS Kesehatan with the Provincial Health Office and/or District/City Health Offices and/or FKTP associations.

Starting in November 2019, performance-based capitation payments (hereinafter called KBK) are implemented in accordance with the Regulation of the Health Social Security Administering Body No. 7/2019 on Guidelines for Implementation of Performance-Based Capitation Payments at the First Level Health

Facilities. This is a form of adjustment for the capitation rate as seen from the achievement of performance-based capitation indicators in the FKTP in order to improve the quality of health services. The KBK indicators include the Contact Number (AK) ≥150 peril, the Non-Specialistic Referral Ratio (RRNS) <2% and the Controlled Participant Ratio of Chronic Disease Management Program (RPPT) ≥5%. The capitation in the FKTPs that meet the three indicators and are in a safe zone will be paid 100%.

A study by Kristijono (2019) show that out of 37 community health centers in Semarang City, 17 health centers did not achieve 100% capitation payment. From those 17 community health centers, 11 of them did not achieve it due to their Contact Number (AK) indicator did not reach the safe zone, while others were due to non-specialist outpatient referral ratios, and the participant ratio of chronic disease management program for visiting did not reach the safe zone.

II. METHOD

This study used qualitative research with an evaluative approach. Data were collected using triangulation method through FGD, in-depth interview, and document review using tools: interview guides, FGD guidelines, recording devices, and cameras. Data analysis used the Miles and Huberman model for reduction of data presentation and drawing conclusions.

This study involved 7 selected respondents who represented the data and information needs, including referral doctors, nurses in charge of chronic disease management program activities, community health center staffs with the task of performing Contact Number data entry, financial staff with the task of monitoring and evaluating KBK activities, midwives with the task of claim submission, and the head of community health centers.

III. RESULT AND DISCUSSION

1. Achievement of Performance-Based Capitation Indicators

Table 1.1 Achievement of Performance-Based Capitation Indicators January to August 2020

No	Indicators	Achievement in 2020							
		Jan	Feb	Mar	Apr	Mei	Jun	Jul	Aug
1	Contact Number	178.1	183.06	185.29	144.31	103.59	148.63	143.34	138.39
2	Referral	1.15	0	2.13	2.13	0	0	0	0
3	Chronic disease management program	1.97	0.21	0.32	0.32	0.65	2.75	0	0

Compared to the reference value of the KBK indicator according to the Regulation of the Director of BPJS Kesehatan No. 7/2019, it appears that the indicator of chronic disease management program is an indicator that never reaches the reference value or target set, i.e. ≥ 5% during January to August 2020. When compared with the indicator of chronic disease management program in 2019 in which active participants

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were 30% to 40%, in 2020 with the new regulations, the Operational Definition of the indicator of chronic disease management program can be controlled: at least 5% of participants diagnosed with HT and DM are in accordance with controlled criteria. The reason why the indicator could not be achieved is because people are lazy to go to the community health center since it takes times to check blood pressure and fasting sugar levels.

2. Achievement of Capitation Payment

Table 2.1 Achievement of Performance-Based Capitation Payment January to August 2020

Achievement of Performance-Based Capitation Payment 2020 (Rp)							
Jan	**Feb**	**Mar**	**Apr**	**Mei**	**Jun**	**Jul**	**Aug**
48,061,800	48,951,000	48,204,300	48,296,100	47,338,500	47,982,600	47,583,600	47,412,600

Table 2.1 shows the range of receipt of capitation payments from January to August 2020 is 47 to 48 million rupiah per month. Based on calculations, the achievement value of the KBK indicator has never reached a value of 4 (maximum), so that they cannot get a KBK payment of 100% or 95% compared to the same period in 2019. Regional Public Service Agency (BLUD) Work Unit in carrying out management finance is guided by the Regulation of Home Affairs Minister No. 79/2018 on BLUD, where the community health center budget structure consists of income, expenditure, and financing. BLUD income at the community health center comes from capitation payments of 70% to 80%, while 20% to 30% comes from Health Operational Assistance (BOK) and 10% comes from the services they offer. This illustrates that capitation payments constitute the largest part of the budget at community health centers, which is allocated primarily to finance expenditure activities. Therefore, the achievement of capitation payments that does not reach 100% will greatly affect revenue and expenditure.

3. Problems

a. Problems in Capitation Activity Data Entry

Not all reporting data entries, especially activities outside the building or healthy visits, can be inputted into the *Primari Care* application. The data entry problems in the field are mainly collecting evidence of participants' participation in unplanned outreach activities such as attendance lists and BPJS Kesehatan membership numbers and internet connection problems.

b. Problems in Monitoring and Evaluation

Monitoring and evaluation on the achievement of each KBK indicator and evaluation of the achievement of KBK payments have not been well, structured or scheduled. The monitoring that has been carried out so far is through the Mini Workshop, along with discussions on other community health center programs, or directly through the community health center treasurer, especially for the achievement of capitation payments.

c. Problems in the Legal Aspect of the Capitation Team

Capitation activities are carried out by appointing each person in charge of the program or indicator and the person in charge of data entry by the head of community health center. The appointment has not been accompanied by a Decree of the Head of the community health center or a Letter of Assignment which formally appoints or assigns implementers of KBK activities accompanied by descriptions of their respective duties.

IV. CONCLUSIONS

1. The achievement of the Controlled Participant Ratio of choric disease management program is the hardest indicator to be achieved according to the target reference value in BPJS Kesehatan Regulation No. 7/2019.
2. The decrease in capitation payments affects the income and expenditure of Karanganyar Community Health Center, Semarang City as a BLUD Work Unit with capitation income reaching 70 - 80% of the total budget.
3. There are still weaknesses in the strategy applied in the implementation of achieving indicators and capitation payments, especially the absence of a legal aspect (Decree or Job Description) for the implementers and internal guidelines or Standard Operating Procedures (SPO) for the implementation of the KBK;
4. The data entry mechanism through P-Care still has weaknesses and limitations, not all outdoor activities can be integrated into P-Care and not all activities can be inputted in real time.
5. Monitoring and evaluation for indicator achievement and capitation payments is not implemented properly, is not yet structured and scheduled, and there is no control mechanism (warning system) for indicator achievement.

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