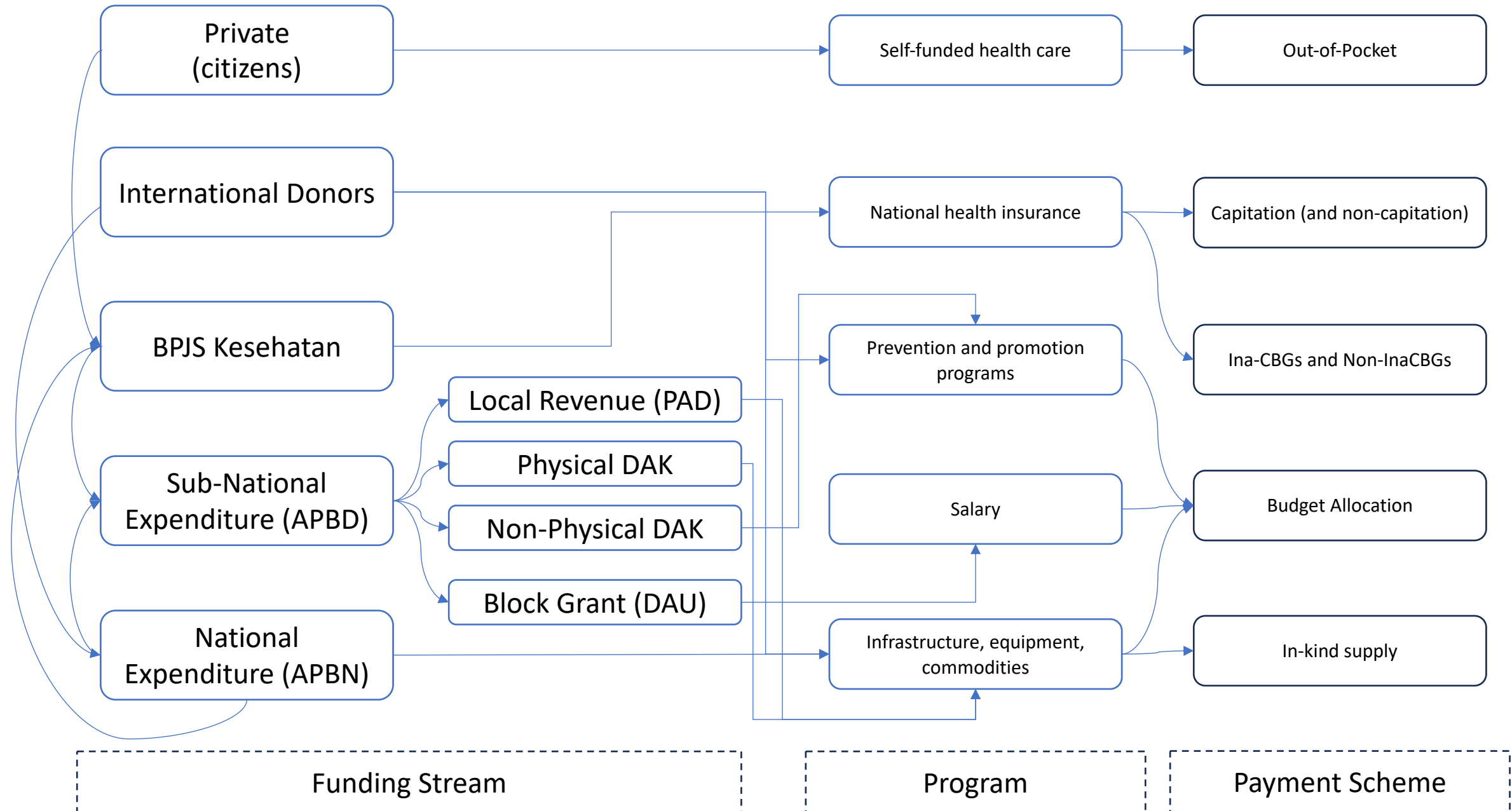


Multiple Funding of Health Program at Local Government



Primary care (capitation)

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- Benefit package according to MoH regulation 3/2023
 - Service administration
 - Promotive and preventive
 - Assessment, treatment, and medical consultation
 - Non specialist medical procedure (surgery or non-surgery)
 - Consumables
 - Lab and diagnostic at primary care
 - Non-specialist dental care
 - Telemedicine
 - Family planning
 - Routine immunization
 - Stunting and wasting screening
 - Other screening (stated by MoH)

Per member per month capitation payment

- **Puskesmas:**
Rp3.600 – 9.000
- **Type D Primary Hospital, Clinics:**
Rp9.000 – 16.000
- **Private GP:**
Rp8.300 – 15.000
- **Dentist:**
Rp3.000 – 4.000

Primary care (non capitation)

paid monthly based on types and volume of services

- Benefit package according to MoH regulation 3/2023
 - Ambulance: tariff for this following to local govt regulation
 - Drugs for referral back program: Price following the MoH regulation and plus pharmaceutical service fee.
 - Supporting test for chronic disease management
 - Blood glucose: IDR 10.000 – 30.000
 - HbA1C: IDR 160.000 – 200.000
 - Blood chemical and urine analysis: IDR 30.000 – 120.000
 - Screening program (IVA test- IDR 25.000, pap smear – IDR 125.000, rectal touche- IDR 45.000)
 - cryotherapy for cervical cancer (IDR 150.000)
 - inpatient care at PHC (IDR 200.000 – 300.000 per day)
 - Antenatal care (ANC) (IDR 140.000 with USG, 80.000 by doctor w/o USG, 60.000 by midwife w/o USG)
 - Contraception (IDR 20.000 – 370.000 depends on types)
 - Dental prosthesis (IDR 500.000 – 1.000.000)

Performance-Based Capitation (KBK)

- Three main indicators of KBK according to BPJS regulation 7/2019
 - Contact Rate
 - This indicator is aimed to measure accessibility and health care utilization by the member
 - Non-specialist referral rate
 - This indicator is aimed to assess the quality of services at primary care facility by controlling (reducing) un-necessary referral case that can be handled by the primary care.
 - Controlled chronic diseases (DM – HT)
 - The previous indicator was just accounting the coverage rate of chronic disease management, but the new regulation set a higher rules by using a coverage of “controlled” cases.

Performance-Based Capitation (KBK)

- How to calculate three main indicators of KBK according to BPJS regulation 7/2019

- Contact rate:

- Contact rate = $\frac{\text{Number of member visited health facilities}}{\text{total registered member in each facilities}} \times 1,000$

- Non-specialist referral rate

- Rate = $\frac{\text{number of non-specialist referral cases}}{\text{total number of referral cases in each facilities}} \times 100\%$

- Controlled chronic disease = $\frac{\text{Ratio of controlled DM} + \text{Ratio of controlled HT}}{2}$

- Controlled DM = $\frac{\text{number of controlled DM patients}}{\text{Total registered member in PHC with DM}} \times 100\%$

- Controlled HT = $\frac{\text{number of controlled HT patients}}{\text{Total registered member in PHC with HT}} \times 100\%$

Performance-Based Capitation (KBK)

- Assessment of KBK scheme

NO	Performance Indicator	Weight	Target	Kriteria Penilaian		Assessment value
				Rating	Deskripsi	
	a	b	c	d	e	f=bxd
1	Contact Rate	40%	≥ 150 ‰	4	≥ 150 ‰	1.6
				3	> 145 - < 150 ‰	1.2
				2	> 140 - 145 ‰	0.8
				1	≤ 140 ‰	0.4
2	Non-specialist referral rate	50%	≤ 2%	4	≤ 2%	2
				3	> 2 - 2,5 %	1.5
				2	> 2,5 - 3%	1
				1	> 3 %	0.5
3	Ratio of controlled chronic disease	10%	≥ 5 %	4	≥ 5%	0.4
				3	4% - <5%	0.3
				2	3% - <4%	0.2
				1	< 3 %	0.1

Performance-Based Capitation (KBK)

- Payment threshold of KBK scheme

Assessment value	% capitation payment	
	Puskesmas	Klinik Pratama/ RS D Pratama
4	100%	100%
3 - < 4	95%	97%
2 - < 3	90%	96%
1 - < 2	85%	95%

Disbursement process

- The head of the first level health facility or FKTP submits the revenue and expenditure plan for the JKN Capitation Fund for the current year to the head of the Health Service of the Local Government Unit or the SKPD.
- The income and expenditure plan for the JKN Capitation Fund refers to the number of participants registered in the FKTP and the amount of JKN capitation
- The JKN Capitation Fund income and expenditure plan is budgeted in the RKA-SKPD in the SKPKD.

Use of capitation fund

- JKN capitation funds at FKTP are used entirely for health services and support for health service operational costs.
- Health services at FKTP are determined to be **at least 60%** (sixty percent) of the total JKN capitation fund receipts, and the remainder is used to support operational costs for health services.

Financing Primary Care in Local Government Units

