

## ***Analysis of Capitation Fund Management Mechanisms at Pratama Dental Clinics and Partner Dentists at Pratama Dental Clinics***

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*Dentist, Capitation, Pratama Clinic*

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**Abstract**

*The Primary Dentist functions as gatekeeper which provides services in first-level health facilities. Payments to primary dentists are set using a capitation system of IDR 3,000/per patient, varying at each health facility. This payment system requires dentists to manage utilization well and effectively. The research aims to analyze the allocation, utilization and transparency of primary dentist capitation funds. This research was conducted qualitatively using in-depth interviews, document review and observation. Research informants were selected randomly purposive sampling consisting of 2 partner practice dentists at Pratama Clinic and a Pratama Clinic dentist in Bandung City with high and low capitation coverage. It can be concluded that the distribution of participants to dentists in the city of Bandung is not evenly distributed so that there is still an inadequate allocation of capitation funds in acceptance which may have an impact on operations and service quality. Most of the operational costs are used for consumable medical materials. The suggestion from this research is that BPJS Health should adjust capitation norms, equalize the distribution of participants and clarify the regulations for dental and oral health services from the National Health Insurance. There is also a need for transparency in accepting capitation for dentists as the spearhead of services.*

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### **INTRODUCTION**

The Indonesian government has currently made efforts to create justice and equality for all Indonesian people in the field of health services. Since 2014 the Government has implemented the National Health Insurance Program through the Social Health Insurance Administering Agency (BPJS) as the organizer of this health insurance program. BPJS

itself has a program whose aim is to ensure the provision of guarantees for the fulfillment of the basic needs of a decent life for each participant and/or their family members. According to the Ministry of Health (Kemenkes, 2021) the aim of BPJS is to provide health insurance for all Indonesian people. This program aims to improve access and quality of health services, as well as ensuring that every individual can obtain adequate health services without having to face high costs.

The increasing prevalence of dental and oral problems in Indonesia is a challenge for the implementation of National Health Insurance which began in 2014. According to *WHO Global Conference to 7* in Nairobi and *sixtieth World Health Assembly (WHA60.17)* agenda *item 12.9* states that dental and oral health is a human right and the main focus to reduce the number of dental and oral illnesses is through efforts to strengthen primary services as *gatekeeper* to provide essential dental and oral health services integrated with promotive and preventive services. This is done to change the concept of dental and oral services from a sick paradigm to a healthy paradigm. Dentists as the first line in First Level Health Facilities (FKTP) are the key to success in getting quality dental and oral health services for the community so that they can reduce the number of dental and oral illnesses in Indonesia (Dewanto and Lestari, 2014).

In its implementation, there are several principles in implementing the National Health Insurance (JKN) program. The principle of social insurance is, mutual cooperation between citizens who can afford it and those who cannot afford it and healthy citizens and sick citizens. Participation is mandatory so that all citizens can be protected. Non-profit principle, meaning that funds collected from contributions will be used for mutual benefit and the community. Lastly, the principles of openness, prudence, accountability, efficiency and effectiveness in terms of managing JKN funds. Meanwhile, the principle of equity is equality in obtaining services according to medical needs which is not related to the amount of contributions paid. This principle is realized by paying contributions amounting to a certain percentage of wages for those who have income and the government paying contributions for those who cannot afford it (Muhlizi et al., 2016)

Health Law no. 17 of 2023 is the latest regulation that regulates various aspects of the health system in Indonesia. This law replaces the previous law and aims to strengthen the national health system, increase access to health services, and ensure the

quality of health services for the entire community. In the context of transforming the health system, various efforts have been made to improve the quality of services, one of which is by assessing the level of quality provided by health service facilities through accreditation. In accordance with the 2020-2024 RPJMN policy direction, in 2024, in the context of strengthening the health system, there is an indicator that 100% of health service facilities, both First Level Health Facilities (FKTP) and Advanced Level Health Facilities (FKTL), must be accredited. First Level Health Facilities (FKTP) are basic health services which include community health centers, primary clinics, general practitioner practices and dentist practices.

Based on Minister of Health No. 3 of 2023, First Level Health Facilities, hereinafter abbreviated as FKTP, are health facilities that provide non-specialist individual health services for the purposes of observation, promotive, preventive, diagnosis, care, treatment and/or other health services. Advanced Level Referral Health Facilities, hereinafter abbreviated as FKRTL, are health facilities that provide specialized or sub-specialist individual health services which include advanced outpatient care, advanced inpatient care, and inpatient care in special treatment rooms. Standard rates for health services in the implementation of the health insurance program consist of: Standard rates for health services at FKTP using Capitation and Non-Capitation payments and Standard rates for health services at FKRTL using INA-CBG and Non INA-CBG payments. In order to improve the quality of health services in the implementation of JKN, financial support is needed for health service operations carried out by health facilities, especially first-level health facilities. This financial support is paid by BPJS Health to first level health facilities (FKTP) on a pre-effort basis based on capitation on the number of participants registered at the FKTP. In its implementation, various regulations are needed to manage capitation funds, especially by FKTP.

One of the health services that is the focus of National Health Insurance is dental and oral health services. Based on the World Health Organization through the Regional Oral Health Strategy 2013-2020, dental and oral diseases are the fourth most expensive disease to treat and require high medical costs (Baldwin, 2016). According to 2018 Riskesdas data, information was obtained that there was an increase in the prevalence of dental and oral diseases in Indonesia, namely from 25.9 percent to 57.6 percent. Of the 2018 prevalence, only 10.2 percent received dental and oral health services from dental

medical personnel (Risksedas, 2018). This shows that dental and oral health problems in Indonesia need further treatment. Therefore, the implementation of dental and oral health efforts needs to be implemented in an integrated, integrated and sustainable manner in order to improve the level of dental and oral health in the community in the form of disease prevention, health improvement, treatment and health restoration by the government and the community (Gultom, 2017).

One of the dental health service facilities in Indonesia is the Pratama Dental Clinic. Pratama clinics are clinics that provide basic medical services. The medical personnel providing services at the Pratama clinic can be a general practitioner and/or a dentist. Pratama clinics can be in the form of outpatient clinics or inpatient clinics depending on the requirements (Permenkes No. 14 of 2021) In managing a clinic, at least two components are needed that need to be known, namely, business and marketing management as well as operational and financial management. Business management and marketing in establishing a clinic are regulated in Ministry of Health Regulation Number 9 of 2014 concerning Clinics. Meanwhile, operational and financial management is carried out by creating *budget planning* consisting of *planning of income*, *planning of expenses*, And *planning of interest*. (Irawati, Lili. 2019). Therefore, the source of clinic income is also an important discussion in the operational and financial management of Pratama dental clinics.

One source of income for primary dental clinics registered as First Level Health Facilities (FTKP) is BPJS Health capitation funds. The capitation fund is the amount of monthly payment paid in advance to FKTP based on the number of registered participants without taking into account the type and amount of health services provided (Ministry of Health of the Republic of Indonesia, 2022). Pratama dental clinics in Bandung City, as providers of dental health services, often face challenges in managing capitation funds. Capitation fund management mechanisms play a key role in ensuring the availability of sufficient resources to provide quality dental health services. Therefore, in-depth analysis of this mechanism is crucial to improve the effectiveness and quality of services (Ministry of Health, 2009).

BPJS Health is obliged to pay capitation and non-capitation rates to provide basic health services provided by Pratama dental clinics to participants in the JKN program.

BPJS Health in providing health insurance, uses a capitation financing system for first level (primary) health facilities and INA CBG's for secondary level health facilities. The capitation payment system is a payment system implemented at first level health facilities, especially first level outpatient services in collaboration with BPJS Health, which is based on the number of participants. registered at the health facility multiplied by the capitation amount per person. This payment system is an up-front or prospective payment with the consequence that health services are provided in advance or before BPJS participants fall ill. This system encourages First Level Health Facilities to act effectively and efficiently and prioritize promotive and preventive activities. As for BPJS Health, according to the provisions, it is mandatory to pay capitation to first level Health Facilities no later than the 15th (fifteenth) of each month (BPJS Health, 2014)

West Java itself is the province with the highest population in Indonesia with 50,345 thousand people in 2024. In West Java Province there are 19 districts and 9 cities. Each district and city has a different number of BPJS Health participants. The number of registered participants determines the amount of capitation funds paid per month to FKTP. The city of Bandung is the capital of West Java province with a population based on population census projections for 2024 which has a percentage of 5% of the total population of West Java province. The number of BPJS participants in Bandung City as of January 2024 reached 2,579,837 people (Central Statistics Agency, 2024) Thus, the management of capitation funds is important to ensure the provision of efficient and effective dental health services to National Health Insurance (JKN) program participants. Thus, the primary dental clinic in Bandung City also has a significant role in providing basic dental health services and managing capitation funds, which contributes to efforts to improve the dental health of the community in the area.

With this population, are the capitation funds utilized properly so that services remain effective and efficient? The use of capitation funds is related to the medical services received by dentists where the number of medical personnel is closely related to service time and speed of service. The choice of capitation payment model by the Central Government and BPJS Health for FKTP still needs to be reviewed. The reason for the review is related to the amount of capitation and the use of capitation funds. The use of capitation funds still faces several obstacles starting from capitation fund policies/rules, the amount of capitation funds, utilization and management of capitation funds. Based on

the background above, it is necessary to carry out research to find out about the mechanism for managing capitation funds at Pratama dental clinics in order to achieve appropriate use of capitation funds for dental health services effectively and efficiently so as to improve the quality of health services provided by Pratama dental clinics, especially in the city of Bandung.

## **RESEARCH METHODS**

The type of research is qualitative method research by exploring information regarding the use of First Level Health Facility (FKTP) capitation funds by dentists as independent practicing dentists and as dentists who work in primary dental clinics with high and low capitation coverage in the city of Bandung.

Presents an overview with the aim of analyzing JKN policies in reviewing the use and management of capitation funds. The unit of analysis that is the research subject is stakeholders in several agencies such as: First Level Health Facilities (FKTP), Health Service, BPJS Health Branch and several other agencies. The FKTP in question is the Pratama Dental Clinic in the city of Bandung

Observation by observing activities at the Pratama dental clinic which is the object of research, looking for information regarding the patient reception system and services, obstacles, problems and solutions. Observations were made regarding the legality of FKTP and PKS with BPJS Health. Observation via the application in registration. Condition of the treatment room and service waiting room.

Interviews were conducted using forms, stationery, conversation via mobile communication media, to record the information provided for further processing of the data obtained. Interviews were conducted with dentists, at FKTP, Head of the Benefit Utilization Guarantee (PMU) Division of BPJS Health Branch Office Bandung City, Dental Nurse, Senior Clinic Manager according to interview guidelines.

Interviews were conducted with all informants using data collection methods through in-depth interviews and observation and document review. Then look for information regarding understanding of allocation, capitation, guaranteed health services, number of participant visits, referral numbers, capitation funds obtained, utilization and transparency of use.

## **RESULTS AND DISCUSSION**

1. The mechanism for managing capitation funds implemented at Pratama Dental Clinics with partner dentists and Pratama Dental Clinics as managers of capitation funds from BPJS Health in Bandung City

Patterns of utilization of capitation funds among dentists working in pratama clinics, with high and low capitation coverage. The utilization pattern of dentists working in Pratama dental clinics is almost the same as partner dentists. In the table above, different utilization patterns are found between dentists at Pratama clinics with high and low capitation. The service costs at high capitation pratama clinics are 98% greater than the operational costs incurred at 2%. For dentists at low capitation Pratama clinics, service fees are 313% and operational costs are 24.6%.

The results of in-depth interviews with Pratama clinic dentist informants in Bandung City showed that patient income from BPJS participants was still very fluctuating. The largest income was found among clinic owners. There is a common problem, namely that the medical services income of dentists as operators still varies greatly and does not match the total income of the clinic, so this will affect the quality of services provided by dentists as operators.

*"I serve BPJS patients twice a week, working with patients is limited to around 15 patients a day. The medical services received were around Rp. 1,875,000.00. Incidentally there were 2 dentists who were BPJS operators so I sharing days, where this pratama clinic only serves BPJS participants 4 days a week" (BB52 yrs.).*

*"Actually, the BPJS service is not very profitable, but we at the Pratama clinic are required to take part in the BPJS program, but the implementation is not well regulated (BK, 47 years).*

*"Our Pratama Dental Clinic is relatively new, so we are currently pioneering so we have to be patient, currently the payment for capitation services here is Rp. 2000.00 per patient who comes, hopefully the capitation can increase in the future" (DD, 27 years).*

*"The dental clinic here has a large number of patient visits, up to 75 percent per day, which is divided into 3 shifts, so 1 dentist serves approximately 25 patients with*

*medical services of IDR 30,000.00 per patient. So 1 shift of medical services can be IDR 750,000.00 per doctor per day, well that's not bad for a month..” (MA, 35 years).*

The pattern of utilization of capitation funds in each pratama clinic has the same pattern where the costs of utilizing medical services are greater than the costs of operational utilization. This is in accordance with Presidential Regulation number 32 of 2014. In chapter III article 12 it is stated that health services at First Level Health Facilities (FKTP) are determined to be at least 60% (sixty percent) of JKN capitation fund receipts, and 40% is used for support for operational costs of health services.

Based on the table above, the use of capitation funds at the Pratama clinic above is as expected by the government. The use of capitation funds for dentists in Indonesia is regulated in Minister of Health Regulation (Permenkes) No. 3 of 2023. According to this regulation, the percentage of utilization of capitation funds for dentists is 10% of the total capitation funds received by health facilities. This aims to ensure that dental health services receive adequate allocation in the National Health Insurance (JKN) system.

The disparity in the number of National Health Insurance participants registered with dentists will affect the quality of services provided. Hasan and Adisasmito (2017) said that large capitation funds will provide an opportunity to process them freely and small capitation funds will cause limitations in their management. Small capitation will cause low quantity and quality of services, low utilization by the community, *performance* there is no improvement, and limited medical equipment and medical materials that can be used.

## 2. Obstacles that are often found in managing capitation funds at pratama dental clinics in Bandung City

One of the main problems is the uneven number of capitations in each pratama clinic and the lack of transparency in the distribution of medical services by dentists as operators, which affects the quality of service. Many private pratama clinics receive small capitations which are insufficient to cover operational costs and services provided. This is often due to the capitation rates set being disproportionate to the actual costs incurred by the clinic to provide quality health services



Apart from that, the management and management of capitation funds is also a challenge. Private pratama clinics often experience difficulties in managing the funds they receive, especially in terms of allocations for various types of services. This lack of clarity in the fund management mechanism can cause dissatisfaction among medical personnel and patients, and has the potential to reduce the quality of services provided.

Another significant problem is the dependence on the number of participants. Private Pratama clinics that have a low number of National Health Insurance (JKN) participants will experience difficulties in maintaining operational continuity. This can cause clinics to be forced to reduce services or even close operations, which ultimately has a negative impact on the accessibility of health services for the community. However, capitation participation can actually be increased by implementing a good marketing system so that the number of participants can be sufficient for operations to run. This membership can also be maintained by utilizing loyal patients. Early research by Febriany Hasanah (2023) shows that customer satisfaction has a positive effect on loyalty, so it is hoped that maintaining the clinic's capitation rate can provide satisfactory service quality to participants.

Finally, competition between clinics is also a factor that influences the success of the capitation system. Private Pratama clinics must compete not only with other clinics but also with government health facilities, which often have greater resources and more competitive rates. This competition may affect private clinics' ability to attract and retain JKN participants, which in turn impacts their revenues from the capitation system.

3. The relationship between the management of capitation funds and the level of patient satisfaction with the dental health services provided.

The results of interviews with dentists who practice in clinics can understand the scope of dental and oral health services guaranteed by BPJS Health in the National Health Insurance. This can be seen from the interview answers

*“Definite basic care, dental check-ups, consultations,*

*Dental prevention, extraction of milk teeth, extraction of permanent teeth without complications, dental fillings, scaling once a year with indications," (BK, 46 years old).*

*"Simple treatments, for example fillings, extractions, scaling, dentures are paid by the patient and BPJS," (BB, 52 years old).*

*"Simple extractions, simple fillings, consultations, emergencies, medication, all of these services are in accordance with the cooperation agreement, sometimes there are patients who insist on services that should not be served but want to use BPJS," (DD, 39 years)*

*"General dentist services do not include aesthetic and surgical services," (MA, 35 years)*

*A large capitation number will have an impact on service queues. Where the longer the service is obtained, the lower the level of patient satisfaction. Meanwhile, research conducted by (Junaid et al., 2020) shows that the queuing system has a significant effect on customer satisfaction. A similar opinion has also been expressed in research conducted by (Lelono & Vikaliana, 2020) that the queuing system has a significant effect on customer satisfaction. However, this is different from research conducted by (Herliansyah, 2018) which states that the queuing system has no significant effect on patient satisfaction. Volume 3, 2023 Pg. 430-439 431 One of the problems that often occurs comes from patient services, namely queues for BPJS patient lobby services. Because based on researchers' observations, many patients who want to get this service come from BPJS users, so many patients have to queue for a long time to be able to receive the service. This long queue will of course be a problem with the quality of service, because the number of patients coming in will also make the queue longer (Rosellawati, 2018).*

*This happened in one of the primary dental clinics where the research was conducted. Where the queuing system is not orderly because some people do it through the application and some people queue at the clinic administration, so there are often commotion with queuing problems.*

## **CONCLUSIONS AND RECOMMENDATIONS**

1. Obtaining capitation funds for dental services at dental clinics still varies greatly. Pratama dental clinics, as part of first level health facilities (FKTP), receive capitation funds from the National Health Insurance (JKN) program which is managed by BPJS Health. These funds are used to finance various health services provided to registered patients. Variations in the acquisition of these funds can be caused by the number of registered patients, the type of services provided, and the efficiency of fund management in each clinic. Pratama dental clinics in Bandung have varying capitation membership rates. But they have the same utilization pattern.
2. The utilization of capitation funds in Pratama clinics, whether managed by the clinic or by partner doctors, has a utilization percentage that is in accordance with Minister of Health Regulation No. 32 of 2014 where Pratama clinics allocate utilization of capitation funds above 60% of the capitation value received.

And the total utilization of Pratama dental clinics is 10% in accordance with Minister of Health Regulation No. 3 of 2023.

3. 3) There are no regulations governing the management and accountability system for capitation funds paid by BPJS Health to clinic owners. Both business entity clinics and clinics that collaborate with partner dentists. Because based on the results of this research, the medical services received by dentists who work as attending physicians apparently receive a small percentage of medical services compared to the *capitation value received by clinic owners*.

#### Suggestion

1. It is hoped that BPJS Health will do the following:
  - a. Carry out an even distribution of registered participants by giving priority to each First Level Health Facility (FKTP) to get participants in their working area so that each FKTP is expected to get the ideal number of participants.
  - b. Proposing a revision of the capitation norm for dentists that has been established so far, namely from two thousand rupiah to four thousand rupiah per patient. This capitation norm must be adjusted to the dentist's needs in providing services to patients, which includes operational and service costs as well as adjusting to current price conditions. This is very important because it will relate to the financial

- sustainability of dentists in providing services to National Health Insurance (JKN) patients.
- c. Implementing an extended capitation system or providing additional incentives for primary care dentists, both as independent practice dentists and primary clinics with participant coverage of under two thousand people. This is done to support the financial sustainability of dentists while providing services to patients.
  - d. Coordinate with the Ministry of Health to create regulations governing the system for receiving, managing and accounting for capitation funds at non-government First Level Health Facilities (FKTP) so as to create a transparent system of capitation funds paid so far.
2. It is hoped that First Level Health Facility (FKTP) dentists will create promotive and preventive programs that can increase participants' independence in maintaining dental and oral health so that the capitation funds provided can be utilized effectively and efficiently.
  3. It is hoped that Pratama clinics will involve dentists in signing the Cooperation Agreement (PKS) so that there is no asymmetry in information between dentists and clinic management regarding the amount of capitation funds received by the clinic as well as the pattern of distribution of capitation funds that will be received by dentists in the clinic.
  4. Further research is needed on the relationship between capitation and service time and service quality for future researchers or to continue this research with a different method, namely by combining it with quantitative methods so that the research results obtained further strengthen advocacy to the Ministry of Health of the Republic of Indonesia to improve the capitation funds paid. so far.

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