

EVALUATION OF MANAGEMENT OF CAPITATION FUNDS

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ABSTRAK : EVALUASI PENGELOLAAN DANA KAPITASI

Universal Health Coverage (UHC) adalah program yang menjamin setiap manusia mendapatkan akses pelayanan kesehatan tanpa menimbulkan kerugian finansial penggunaannya. Indonesia menerapkan UHC dengan Jaminan Kesehatan Nasional (JKN). Pelayanan kesehatan di tingkat primer diberikan oleh FKTP. Sistem pembayaran JKN pada FKTP oleh BPJS Kesehatan adalah dengan sistem kapitasi. Klinik Pratama Albar adalah FKTP di Kabupaten Bandung yang melayani peserta JKN dan mengelola dana kapitasi. Adanya peningkatan jumlah kapitasi terdaftar, kenaikan tarif kapitasi, dan kunjungan pasien belum sejalan dengan peningkatan laba dan pemanfaatan dana kapitasi yang ada sehingga diperlukan adanya evaluasi manajemen keuangan klinik dalam mengelola dana kapitasi. Tujuan penelitian ini adalah mengevaluasi pengelolaan dana kapitasi Klinik Pratama Albar dalam penganggaran dan pemanfaatannya. Penelitian ini adalah deskriptif kualitatif dengan metode observasi, wawancara, dokumentasi, dan triangulasi. Hasil penelitian menunjukkan kerjasama Klinik Pratama Albar dan BPJS Kesehatan berlangsung satu arah dan proses pencairan dana kapitasi berlangsung lancar. Klinik Pratama Albar telah memiliki struktur manajemen dan alur keuangan, namun belum dilakukan perencanaan anggaran yang baik. Dana kapitasi adalah sumber pemasukan terbesar klinik mencapai 86% dan pemanfaatannya untuk gaji staff dan biaya operasional dengan proporsi 59:41. Penelitian ini menyimpulkan bahwa pentingnya evaluasi pengelolaan dana kapitasi untuk menyusun strategi pengembangan klinik.

Kata Kunci : Klinik Pratama, Dana Kapitasi, Evaluasi Manajemen Keuangan

ABSTRACT

Universal Health Coverage (UHC) is a program that ensures every human being gets access to health services without causing financial losses to its users . Indonesia implements UHC with the National Health Insurance (JKN) . Health services at the primary level are provided by FKTP . The JKN payment system at FKTP by BPJS Health is with a capitation system. Klinik Pratama Albar is an FKTP in Bandung Regency that serves JKN participants and manages capitation funds. The increase in the number of registered capitations, the increase in capitation rates, and patient visits have not been in line with the increase in profits and the utilization of existing capitation funds, so it is necessary to evaluate the clinic's financial management in managing capitation funds . The purpose of this study is to evaluate the management of capitation funds of the Klinik Pratama Albar in budgeting and its utilization. This research is qualitative descriptive with observation, interviews, documentation, and triangulation methods. The results of the study showed that the collaboration between the Klinik Pratama Albar and BPJS Health took place in one direction and the process of disbursing capitation funds went smoothly. Albar Pratama Clinic already has a management structure and financial flow, but good budget planning has not been carried out. The capitation fund is the largest source of income for clinics reaching 86% and its utilization is for staff salaries and operational costs with a ratio of 59:41. This study concludes that the importance of evaluating capitation fund management to develop a clinic development strategy.

Keywords : Primary Clinic, Capitation Fund, Financial Management Evaluation

INTRODUCTION

Universal Health Coverage (UHC) is one of the targets set by countries in the world when welcoming the *Sustainable Development Goals* (SDGs) 2030 in 2015. At the United Nations General Assembly High-Level Meeting on UHC in 2019, countries reaffirmed that health is a prerequisite

indicator of the social, economic and environmental dimensions of sustainable development . (WHO, *Universal Health Coverage*, 2023.)

Universal Health Coverage (UHC), according to WHO (2014), is ensuring that everyone has access to the promotive, preventive, curative, and rehabilitative health services they need, with

adequate quality so that they are effective, while also ensuring that these services do not cause financial hardship for their users. WHO recommends the Primary Health Care (PHC) approach as the main strategy for achieving Universal Health Coverage (UHC). PHC is considered inclusive, cost-effective, and efficient, with the potential to save more than 60 million lives and increase global life expectancy by an average of 3.7 years by 2030. This approach is capable of realizing 75% of the projected SDGs health benefits and supporting effective health interventions. (WHO, 2023; Giovanella et al., 2018; Koohpayehzadeh et al., 2021.)

In Indonesia, the development of the health system has shown significant progress since 1960 with the increase in primary health centers to 20,900 units in 2001. Health indicators such as life expectancy, maternal mortality rate, and infant mortality rate have also improved in the last decade. However, Indonesia's UHC service coverage index decreased from 56 in 2019 to 55 in 2021, reflecting challenges in increasing access and capacity of health services, including coverage of maternal, infant, and non-communicable diseases. (Agustina et al., 2019; BPS, 2023; WHO, 2023.)

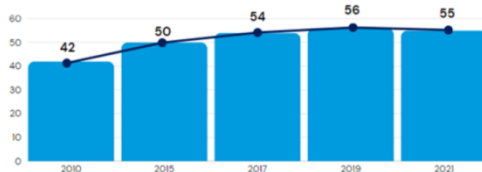


Figure I. 1 UHC Service Coverage Index in Indonesia 2010-2021
Source: WHO, *Universal Health Coverage*, 2023

National Health Insurance (JKN), adopted since 2014 as part of Universal Health Coverage (UHC) in Indonesia, is designed to be flexible and adaptive to meet the needs of diverse communities. As part of the National Social Security System (SJSN) based on Law No. 40 of 2004, JKN uses a mandatory health insurance mechanism to provide adequate basic health services for all residents, both those who pay their own contributions and those covered by the government. With a coverage of 203 million people, JKN is the largest single-payer scheme in the world, improving health equity and access to services. (Agustina et al., 2019; Rahim & Raksanagara, 2022; Ministry of Health of the Republic of Indonesia, 2016.)

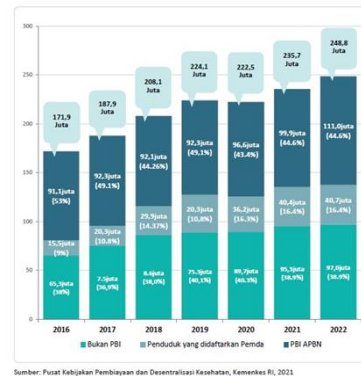


Figure I. 2 Development of JKN Participation Coverage 2016-2022
Source: Indonesian Health Profile, 2022

The JKN program provides gradual health services through primary, secondary, and tertiary facilities. Services start from Primary Health Facilities (FKTP) such as community health centers, clinics, and family doctors that focus on preventive, promotive, curative, and rehabilitative services. If the FKTP is unable to handle the case, the patient is referred to the Advanced Referral Health Facilities (FKRTL) such as hospitals. Obstacles in implementation include unequal access, distribution of facilities, quality of service, and suboptimal referral and payment systems, exacerbating health disparities. JKN is managed by BPJS Kesehatan which uses a capitation payment system in FKTP. However, this program faces a financial deficit, reaching IDR 39.45 trillion in 2021. (Roekminiati et al., 2019; Buana, 2023; Setiawan et al., 2023; Rohrohmana et al., 2024; Ministry of Health of the Republic of Indonesia, 2016; Lubis & Syahiza, 2021.)

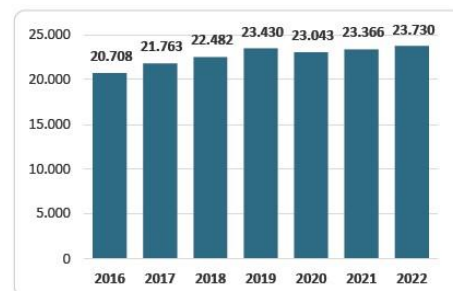


Figure 3 Number of FKTPs collaborating with BPJS Kesehatan 2015-2022
Source: Indonesian Health Profile, 2022

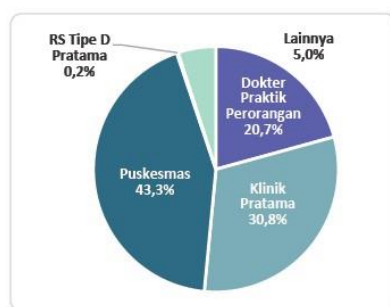


Figure 1. Percentage of FKTP collaborating with BPJS Kesehatan in 2022

Source: Indonesian Health Profile, 2022

Capitation rates are monthly payments in advance by BPJS Kesehatan to FKTP based on the number of registered participants, without taking into account the type and number of services. The amount is determined based on an agreement with the health facility association, considering resources, facilities, scope, and service commitments. In addition, non-capitation rates are paid based on service claims according to Permenkes No. 3 of 2023. (Permenkes RI No. 3, 2023.)

Changes in capitation rates have not fully improved the financial condition of FKTP, especially with the majority of JKN patients. Obstacles include income disparities, difficulty in meeting KBKP indicators, and high operational burdens. Problems such as lack of human resources, facilities, information systems, and governance also hinder the fulfillment of service targets. System improvements, continuous evaluation, and review of capitation norms are needed to support the success of the JKN program. (Erika, 2020; Ridho et al., 2020; Ardhiasti & Setiawan, 2021; Sandra et al., 2021; Nurfikri, 2021; Aryani, 2022; Kurniawan et al., 2016.)

Table 1
Comparison of Capitation Tariff Ranges according to PMK Regulation No. 52 of 2016 and PMK No. 3 of 2023

Faskes	PMK No 52 Tahun 2016	PMK No 3 Tahun 2023 (PMK Baru)
Puskesmas	Rp3.000,00 – Rp6.000,00	Rp3.600,00 – Rp9.000,00
RS Kelas D Pratama	Rp8.000,00 – Rp10.000,00	Rp9.000,00 – Rp16.000,00
Klinik Pratama	Rp8.000,00 – Rp10.000,00	Rp9.000,00 – Rp16.000,00
Praktik perorangan dokter	Rp8.000,00 – Rp10.000,00	Rp8.300,00 – Rp15.000,00
Praktik perorangan dokter gigi	Rp2.000,00	Rp3.000,00 – Rp4.000,00

Source: Minister of Health Regulation No. 3 of 2023

Albar Pratama Clinic in Bandung Regency, which collaborates with BPJS Kesehatan, has experienced an increase in the number of JKN participants, capitation, patient visits, and turnover in the last five years. However, net profit is only 17-38% of turnover, with operational costs continuing to increase. The contributing factors include poor financial records, inappropriate capitation rates, inflation, costs of achieving technical performance indicators, and adoption of new information systems that affect administration. These conditions make it difficult to develop the clinic and maintain service quality.

Table 2
1 of JKN Membership at Albar Primary Clinic

Year	Number of participants Registered	Capitation Rate	Visit
2019	2067	Rp. 10000,00	401
2020	1940	Rp. 10000,00	305
2021	2140	Rp. 10000,00	358
2022	2657	Rp. 10000,00	537
2023	2868	Rp. 12000,00	600

Source: Primary Data from Albar Primary Clinic

Thus, the main source of funding for Albar Pratama Clinic is the JKN capitation fund, the management of which requires good financial management functions to optimize profits in order to achieve the set clinic targets.

RESEARCH METHODS

The study was conducted at the Albar Pratama Clinic, Bandung Regency, which has been working with BPJS Kesehatan since 2014. This clinic serves JKN participants with a percentage of 80-90% of total patient visits. The study used a qualitative

design with observation, interview, documentation, and triangulation methods. The research participants consisted of three people: the CEO, the person in charge, and the clinic's financial manager. Data were collected through direct observation, interviews, documentation, and triangulation, with data analysis carried out simultaneously through reduction, presentation, and drawing conclusions. The focus of the analysis includes clinic management, number of JKN participants, capitation rates, patient visits, financial reports, allocation and utilization of capitation funds, and interviews related to clinic management and operations.

RESEARCH RESULTS

Table 3
Vision, Mission, and Motto of Albar Primary Clinic

Vision	To become a primary clinic providing quality, comprehensive and affordable health services in Margahayu Selatan Subdistrict by 2025.
Mission	Providing health services in accordance with the latest developments in medical science. Providing health services that pay attention to the physical, psychosocial and spiritual aspects of patients. Providing health services that can be felt by various levels of society.
Motto	Your Healing and Satisfaction is Our Happiness

Source: Albar Primary Clinic Profile, 2022 (reprocessed)

Table 4
Types of Albar Primary Clinic Services

Types of Services at Albar Primary Clinic	
Health counseling	Dentist services
Health consultation services	Simple laboratory
Prolanis (Chronic Disease Management Program)	Cholesterol
General practitioner services	Blood sugar
	Gout
	Health certificate and color blindness certificate services
	Family Planning Services

Source: Albar Primary Clinic Profile, 2022 (reprocessed)

BPJS Kesehatan plays a key role in providing access to affordable healthcare services through the JKN program, with many clinics partnering to improve the quality of services. This collaboration requires clinics to meet certain standards related to infrastructure, medical equipment, and staff qualifications, which has an impact on improving the quality of services. Albar Pratama Clinic, which provides basic healthcare services for JKN participants, receives payments from BPJS based on capitation rates, which increases the clinic's income. However, this collaboration faces challenges because the increase in capitation rates is not

Data Processing and Analysis Results

Albar Pratama Clinic, established since 2019 on Jalan Terusan Kopo, Bandung Regency, is managed by CV Arthavest Medico Akbar and led by dr. Endry Septiadi, M. Gizi. This clinic collaborates with BPJS Kesehatan and BPJS Ketenagakerjaan, with around 3,000 registered participants, and operates in the morning and evening. Provides general practitioner, dentist, pharmacy, minor surgery, home visit, and Prolanis program services for type II DM and hypertension patients. The clinic was accredited by the Ministry of Health in 2023 with the Main results, located on 100 m2 of land with an 86 m2 building equipped with complete facilities.

comparable to the increase in operational costs such as medicine, salaries, and other needs. In addition, BPJS Kesehatan also requires clinics to provide additional services such as ultrasound and physiotherapy, which are considered burdensome, while the increase in capitation rates is only IDR 2,000. The management of Albar Pratama Clinic feels that the partnership with BPJS is one-way, with clinics being required to follow various rules without any flexibility or balanced dialogue regarding their operational needs.

The workflow of Albar Pratama Clinic Finance Unit includes billing of routine monthly bills submitted

by the finance manager and approved by the owner, daily cash management limited to a maximum of IDR 5,000,000 with the excess deposited to the owner, and monthly financial reporting covering daily cash,

staff salaries, and operational costs. In addition, capitation fund management is carried out with monthly disbursements managed by the finance manager.

Table 5
Calculation of KBK Albar Primary Clinic

Technical Criteria	Albar Primary Clinic	Rates
Human Resources	Doctor to participant ratio 1<5000 There is a dentist	IDR 12,000.00
Completeness of facilities and infrastructure	Complete	In accordance
Scope of services	Number of registered participants > 100, risk coefficient is determined based on age and gender: 1.0	1x Rp. 12000.00
Service commitment	Visit rate Service optimization	Rp. 12000,00

The constraint of Albar Pratama Clinic is maintaining the KBK value of 100% for the stability of capitation funds. Submission of non-capitation claims for Prolanis includes documents such as cover letters, minutes, statements, activity reports, attendance lists, and documentation. The rates submitted include the cost of a resource person of IDR 500,000, exercise costs of IDR 200,000, and maximum consumption of IDR 10,000 per participant, with a minimum quota requirement of 15

participants. The allocation of capitation funds at Albar Pratama Clinic depends on the number of JKN participants and the capitation rate per person. The number of participants and capitation rates have increased until 2024, according to the Regulation of the Minister of Health No. 3 of 2023, with a rate of IDR 9,000 - IDR 16,000, paid every 15th. The increase in the number of registered participants is directly proportional to the increase in daily visits.

Table 6
Recapitulation of the Number of JKN Participants, Capitation Rates, and Visits to the Albar Primary Clinic 2019 - July 2024

Tahun	Jumlah Peserta Terdaftar	Tarif Kapitasi	Kunjungan
2019	2067	Rp. 10.000,-	401
2020	1940	Rp. 10.000,-	305
2021	2140	Rp. 10.000,-	358
2022	2657	Rp. 10.000,-	537
2023	2868	Rp. 12.000,-	600
Juli 2024	3006	Rp. 12.000,-	552

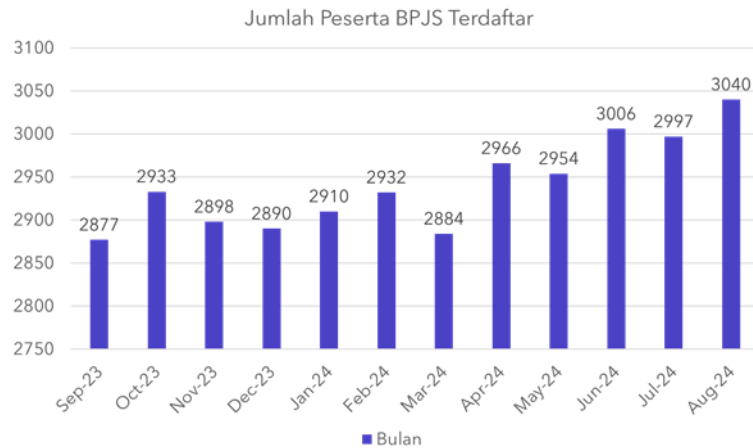


Figure IV. 1Number of JKN Participants Registered at Albar Pratama Clinic 2024



Figure IV. 2Number of JKN Participant Visits to Albar Pratama Clinic 2024

Table 7
Comparison of Clinic Rates, JKN Participant Coverage, and Albar Pratama Clinic Capitation Rates

No	Action	Clinic Rates	JKN Rates	Capitation Rate
1	Doctor Consultation	Rp. 50000.00	Free	Rp. 12000, 00
2	Consultation + regular medication	Rp. 65000 00 – Rp. 105000,00	Free	
3	Addition of regular medication		Rp. 12,500/medicines	
4	Simple laboratory: Blood sugar	Rp. 25000,00	Free if registered as a Prolanis participant	Rp. 10,000.00 – Rp. 20,000.00 is held once a month
	Gout	Rp. 25000,00		Not covered
	Cholesterol	Rp. 35000,00		Rp. 45,000.00 – Rp. 60,000.00 held twice a year
5	Action: Nebulization Oxygenation	Rp. 45000, 00 Rp. 55000,00	Free	Including capitation Rp. 12000,00

	Birth control injection	Rp. 35000.00 – Rp. 40000.00		Rp. 20000,00
	Emergency injection	Rp. 25000.00 – Rp. 35000.00		Including capitation
	Wound Toilet	Rp. 60000.00 – Rp. 150000.00		Rp. 12000,00
	Hecting	Rp. 25000.00/stitch BHP: Rp. 50000.00		
	Aff hecting	Rp. 10000.00 / stitch		
	Tissue extraction (nails, cerumen, clavus, foreign bodies)	Rp. 80000.00 – Rp. 300000.00		
	Abscess Incision	Rp. 80000.00 - Rp. 250000.00		
	Insertion and removal of access (urinary catheter, NGT)	Rp. 60000.00 – Rp. 100000.00		
	IV Line Installation	Rp. 150000.00 – Rp. 175000.00		
6	Dental services			
	Standard consultation and inspection	Rp. 50000.00	Free	Including capitation Rp. 12000,00
	Consultation + medication	Rp. 65000.00 – Rp. 105000.00		
	Medication/chkm/cres/calxyl	Rp. 100000.00		
	Devitalization of pulp	Rp. 100000.00		
	Open cavity + ERF + medication	Rp. 100000.00 – Rp. 200000.00		
	Root canal filling	Rp. 100000.00		
	Glass / composite fillings	Rp. 200000.00 – Rp. 350000.00		
	Anesthesia	Rp. 100000.00 – Rp. 150000.00	Refer to SpBM	
	Adult withdrawal	Rp. 150000,00 – Rp. 350000,00		
	Scaling	Rp. 100000.00 – Rp. 300000.00	Rp. 100000.00 – Rp. 300000.00	
	Dental print	Rp. 100000.00	Refer to Sp.	Maximum Rp. 500,000.00 per jaw (within a minimum of 2 years)
	Acrylic dentures	Starting from Rp. 1,000,000.00	Ort	
	Valplast dentures	Starting from Rp. 1250000.00		
	Lucitone/thermosens dentures	Starting from Rp. 1500000.00		
7	Ambulance	Not available		According to local government rates
8	Inpatient	Not available		Rp. 200000.00 – Rp. 300000.00 per day
9	Antenatal Care	Not available		Rp. 80000.00 - Rp. 140000.00
10	Labor	Not available		Rp. 1200000.00

The capitation fund at Albar Pratama Clinic is used to pay staff salaries, purchase medicines, medical devices, disposable medical supplies, household needs, building rent, electricity, health insurance, provision of additional food, association fees, clinic rejuvenation, and emergency funds. The

remaining funds after expenses are divided into clinic savings and owner dividends. Fund management is carried out as needed, with prior agreement between the manager and the owner for large expenses, without specific policy guidelines.

Table 8
Financial Recapitulation of Albar Pratama Clinic April - June 2024

	April 2024		Mei 2024		Juni 2024	
	Rp.	%	Rp.	%	Rp.	%
Pemasukan:						
Dana Kapitasi	35.960.629	87.7	35.694.111	84.25	36.523.446	86.6
Pemasukan lain:						
Dana Non Kapitasi	0		880.000		1.060.000	
Pasien Umum	4.618.000		5.266.000		4.093.000	
Penjualan Obat dan Alkes	37.000		43.000		45.000	
Fee Rujukan	380.000		480.000		440.000	
Total	5.035.000	12.3	6.669.000	15.75	5.638.000	13.4
Total Pemasukan	40.995.629		42.363.111		42.161.446	
Pengeluaran:						
Fee Dokter dan Staff	16.079.000	61.9	17.364.000	56.1	18.597.000	59.2
Operasional:						
Administratif	2.416.462		2.355.166		2.592.408	
Farmasi dan Alkes	3.913.890		5.717.198		4.639.419	
Listrik, Telepon, Internet	540.896		538.564		542.062	
Konsumsi	350.000		268.500		248.000	
Lain-lain	2.650.700		4.712.500		4.809.300	
Total	9.871.948	38.1	13.591.928	43.9	12.831.189	40.8
Total Pengeluaran	25.950.248	63.3	30.955.928	73.1	31.428.189	74.6
Laba	15.045.381	36.7	11.407.183	26.9	10.733.257	25.4

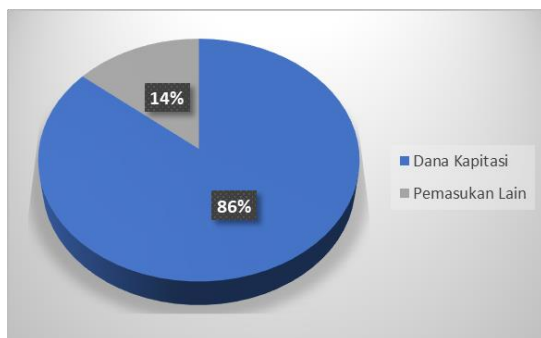


Figure IV. 3Proportion of Albar Primary Clinic Income

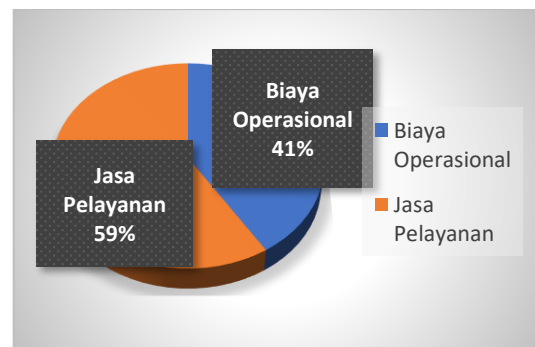


Figure IV. 4Proportion of Albar Primary Clinic Expenditure

DISCUSSION

Albar Pratama Clinic is a private clinic located in Margahayu Selatan District, Bandung Regency, and provides complete primary health care services, including general practitioners and dentists. The clinic management consists of three main components: the owner, the person in charge, and the operational manager who also manages the finances. Despite carrying out his duties, the financial manager faces limitations in budget management and cash supervision, so it is necessary to improve competence in the financial unit as well as strengthen communication with BPJS Kesehatan and equalize the number of JKN participants in each region.

The management of capitation funds at Albar Pratama Clinic depends on the disbursement which is carried out every 15th of the month. This disbursement process involves validation of JKN participants and submission of non-capitation claims. One of the obstacles faced is maintaining the achievement of 100% KBK to maintain the stability of capitation funds, so that they can be projected for the next budget. Good monitoring of fund disbursement is key to the sustainability of clinic financial management.

The allocation of capitation funds is greatly influenced by the number of registered JKN participants and the capitation rate per person per month. Since 2019, the number of JKN participants at the Albar Pratama Clinic has continued to increase, along with the increase in capitation rates in accordance with the Regulation of the Minister of Health No. 3 of 2023. However, despite the increase in the number of participants and rates, the difference between the clinic rate and the capitation rate still affects the clinic's profits. Therefore, further analysis is needed to adjust the clinic's rates to the new JKN rates.

The Albar Pratama Clinic capitation fund is used for various purposes, such as service fees, operational costs, and investment. Although there is no specific policy guideline in the management of capitation funds, these funds are allocated according to needs adjusted to the amount of funds available. With the majority of income coming from capitation funds (86%), the clinic must be wise in allocating funds to maintain a balance between operational costs and the health services provided. Stricter evaluation and supervision in budgeting and utilization of funds are needed to improve the effectiveness of the clinic's financial management.

Albar Pratama Clinic is a private FKTP that collaborates with BPJS Kesehatan and provides primary health services to JKN participants since 2019 until now. The health payment system implemented is a capitation system and non-capitation claims with rates according to the Regulation of the Minister of Health of the Republic of Indonesia No. 3 of 2023. The management of Albar Pratama Clinic has carried out its function to manage the capitation funds received. The management of Albar Pratama Clinic understands JKN and the implementation of the health financing system organized by BPJS Kesehatan and conducts periodic evaluations of both the system and the implementing institution. The Albar Pratama Clinic Finance Unit is managed by a financial manager and operational manager who is responsible to the person in charge and the owner of the clinic. The workflow includes billing and payment of routine bills, cash management, and periodic financial reporting.

The management of capitation funds is highly dependent on the management of monthly fund disbursement. The main source of income for Albar Pratama Clinic is JKN capitation funds (86%), the remaining 14% comes from other sources including general patients and non-capitation claims. The average profit obtained is 15-20% of the total turnover in the last 3 months. The disbursement of funds is based on Performance-Based Capitation (KBK) prepared by BPJS Kesehatan. Several administrative requirements must be sent to BPJS Kesehatan every month, so that the capitation funds can be disbursed on the 15th of each month. The obstacle still faced by Albar Pratama Clinic is maintaining the KBK value of 100% to maintain the stability of the capitation funds obtained.

The allocation of funds is related to the number of JKN participants and capitation Per Person Per Month (POPB). There has been an increase in the number of JKN participants registered at Albar Pratama Clinic reaching 3040 participants in August 2024. This increase is directly proportional to the number of visits. The capitation rate has also increased from IDR. 10,000.00 to Rp. 12,000.00, but from the analysis results, the rate is still below the clinic rate.

The use of capitation funds is generally grouped for service costs and operational costs. The proportion of Albar Pratama Clinic in spending on service costs: operational costs is 59:41. There is no specific policy and budget in the use of these funds, only adjusted to the owner's agreement and/or needs. Investment funds for clinic development are allocated later after the clinic's needs are met.

CONCLUSION

SUGGESTION

This research is expected to help and can be utilized by various parties including: the management of Albar Primary Clinic, the management of other primary clinics/FKTPs throughout Indonesia, and of course the BPJS Kesehatan as the organizer of JKN services.

This study has positive implications specifically for the management of Albar Pratama Clinic. The results of this study in the form of financial analysis can be the basis for preparing a budget, monitoring model, and evaluation of the use of capitation funds which are the main source of income for the clinic. In addition, the existing financial analysis can be used as a basis for preparing strategies to increase income and prepare rational clinic rates. In general, this study can be used by the management of Albar Pratama Clinic to also evaluate cooperation with BPJS Kesehatan in serving JKN participants.

The implication of this research for similar primary clinics/FKTP is a general description of the management of capitation funds, although in the end this depends on the policies of each clinic as a private sector engaged in the field of health services.

The results of this study can also provide an overview for BPJS Kesehatan as the manager of JKN funds to evaluate capitation and non-capitation rates, fund payment processes, and cooperation with FKTP in the future.

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