Perhitungan Kapitasi Paket Pemeliharaan Kesehatan Dasar JPKM JPSBK ke Pemberi Pelayanan Kesehatan (Puskesmas) di Kotamadya Jakarta Selatan = Fair capitation payment of JPKM JPSBK primary health care package at health centers in South Jakarta District

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Abstrak

Kontribusi masyarakat dan swasta dalam pembiayaan kesehatan sekitar 70% dan sistem pembayaran untuk tiap pelayanan masih dominan fee for service. Pada era 90-an terjadi perubahan besar dalam sistem pembayaran yang tertuang dalam UU No. 3/1992 tentang Jamsostek dan UU No. 23/1992 tentang Kesehatan yang secara eksplisit menyebutkan sistem pembayaran pra upaya (kapitasi). Sistem pembayaran kapitasi sudah dilakukan oleh PT. Askes, PT Jamsostek, dan beberapa Bapel JPKM dengan bervariasi besaran kapitasi yang dibayarkan Bapel ke PPK.

Dalam kondisi krisis ekonomi upaya menjamin pemeliharaan kesehatan keluarga miskin dikembangkan JPKM JPSBK yang pembayaran jasa pelayanan secara kapitasi oleh Pra Bapel kepada Puskesmas dengan premi subsidi dari pemerintah sebesar Rp 9.200,-/KK/tahun. Di era otonomi daerah penduduk miskin menjadi perhatian daerah dalam menanggung pembiayaan kesehatannya dan berdasarkan pengalaman program. JPKM JPSBK akan dihitung berapa besaran kapitasi yang wajar untuk peserta JPKM JPSBK untuk mendapat pelayanan yang bermutu dan tidak merugikan PPK (Puskesmas). Karena PPK maupun penyelenggara asuransi (Pra Bapel) belum menghitung besarnya biaya per kapita.

Tujuan penelitian adalah mendapatkan besaran kapitasi yang wajar dari Pra Bapel ke Puskesmas untuk paket pemeliharaan kesehatan dasar JPKM JPSBK di Kotamadya Jakarta Selatan. Data yang digunakan adalah data kunjungan peserta pada tahun 1999 di 74 Puskesmas KecamatanlKelurahan sebagai PPK penyelenggara JPKM JPSBK. Rancangan penelitian survei cross sectional. Variabel babas meliputi jenis pelayanan, karakteristik populasi (jumlah peserta, jenis kelamin, umur), tingkat penggunaan pelayanan (utilization rate) dan biaya per pelayanan menurut Perda. Sedangkan variabel terikat adalah besaran kapitasi.

Hasii penelitian menunjukkan bahwa jenis pelayanan yang dimanfaatkan peserta JPKM JPSBK sebagian besar adalah pelayanan rawat jalan tingkat I seperti BP Umum (87,30%), KB (4,87%), BPG (2,54%),KIA (2,34%), dan imunisasi (1,73%). Karakteristik populasi penduduk miskin 69.300 orang (4,10%) dari penduduk di Kotamadya Jakarta Selatan dengan komposisi 51,12% laki-laki, 48,88% perempuan dan sebagian besar ada pada kelompok umur 0-5 tahun, 11-15 tahun, 16-20 tahun. Tingkat penggunaan pelayanan dimanfaatkan oleh kelompok umur 0-5 tahun (27,99%), kelompok umur 6-10 tahun (9,70%) dan kelompok umur > 55 tahun (9,34%).

Berdasarkan analisa besaran kapitasi penduduk miskin yang wajar adalah Rp 171,-/orang/bulan atau Rp 2.050,-/orang/tahun. Dengan besaran kapitasi tersebut Puskesmas menerima pembayaran kelebihan dari yang dibayarkan pra Bapel ke PPK (Puskesmas). Perhitungan besaran kapitasi sangat bervariasi tergantung

pada jenis pelayanan, karakteristik populasi yang terkait dengan faktor risiko dan tingkat penggunaan pelayanan serta besarnya biaya per pelayanan.
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Fair Capitation Payment of JPKM JPSBK Primary Health Care Package at Health Centers in South Jakarta DistrictThe private sector has been contributing about 70% of health care expenditure in Indonesia. The majority of this financing has been through out of pocket payment that puts high burden to household. During 1990s there had been significant changes in the health care financing system marked by the passage of Social Security Act No. 3192 (UU Jamsostek) and Health Act No 23/92. Both act prescribe capitation payment system as a means to control health care costs. The Health Act promotes the development of JPKM (HMOs), a prepaid health care system. The people in public and private sector have the biggest contribution for health budgeting system. Mostly for the payment system the people are using fee for service or out of pocket In 1990' is big changing for the payment system which is written in Jamsostek Act No. 3/1992 and Health Act No. 23/1992. Those act are starting to introduce the pre paid payment system such as capitation or others.

During the economic crisis starting in the mid 1997. This study was designed to examine whether the capitation payment by a pra bapel in South Jakarta regency was actuarially fair. The data were taken from visit rates during 1999 by those poor households in 74 health centers and from the pra bapel. Demographic characteristics of beneficiaries as well as types of utilization of health services in health centers were then calculated to obtain utilization rates. Calculation of fair capitation payment was made using valid user fees schedule (Tarif Perda) that was valid for the 1999. Simulation of fair capitaion payment was made using age distribution of household members of the poor household listed in the program. This research is Formulated to set up the fair capitation in South Jakarta each house holdlyearlpackage through pra Bapel as during economic crisis, through data analyze in visiting number of participants in 74 health center in 1999 and using cross sectional method. The independent variable enclosed the several of services, population characteristics (number of member, gender, and age) and utilization rate and unit cost for each service based on the rational regulation tariff and dependent variable is capitation payment system.

This research showed that the poor people comprised of 4,10% of the total population in South Jakarta that can be divided into 51,12% male and 48,88% female and grouping such as 0-5 year (27,99%), 6-10 year (9,70%) and > 55 year (9,34%), In term of utilization, 4,10% of members used outpatient services comprised of 87.3% in the general clinics, 4,87% family planning, 2,54% in dental clinic, 2,34% Mother Child Health, and 1,73% utilized immunization services.

Based on the utilization experience the fair capitation rate was Rp 17h-/capita/month or Rp 2,050; /capita/yeaf_ This amount was less than the capitation paid to health centers equal to Rp 191,6/capita/month. Several possible explantion accounted for the difference are: I conclude that the capitation payment to health centers in the JPKM JPSBK was actually too much. However, due to possible underestimate of the data collected, findings from this study should be used cautiously.