

*The Role of Capitation Fund Utilization in Service Quality Improvement
at Tumpaan Health Center, Tumpaan District,
South Minahasa Regency*

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Annotation: This research aims to describe the use of capitation funds in improving the quality of services at the Tumpaan Community Health Center, Tumpaan District, South Minahasa Regency. Data collection techniques were carried out by means of observation, interviews and literature study. Based on the results, it can be concluded that the use of capitation funds at the Tumpaan Village Community Health Center has played a role in improving the quality of services. This can be seen from the increase in patient satisfaction with health services at the Tumpaan Village Community Health Center. Patients are satisfied with the services provided by health workers at the Tumpaan Village Health Center. This can be seen from the answers of patients who said that the health services at the Tumpaan Village Community Health Center were good and they were satisfied with the services provided by the health workers at the Tumpaan Village Community Health Center.

Keywords: Utilization of Capitation Funds to Improve Service Quality

INTRODUCTION

Background of the problem

Health problems are one of the problems currently being faced by developing countries, including Indonesia. The problem of low access for the community, especially the poor, to quality and affordable health services is still a difficult task for the government and related stakeholders to resolve. One of the efforts made by the government to increase access to health services for the

community is the existence of the National Health Insurance (JKN) program since January 1 2014 as a mandate from Law Number 40 of 2004 concerning the National Social Security System (SJSN).

Puskesmas is a "First Level Health Facility." The government's First Level Health Facility (FKTP) is the spearhead of the health service system in Indonesia which provides basic medical services and prioritizes promotive and preventive services in the surrounding community. Basic health services provided by Community Health Centers to participants in the "National Health Insurance" program. National Health Insurance (JKN) must be paid by the "Social Security Administering Body." National Health Insurance (BPJS) Health with capitation rates and non-capitation rates. The capitation rate or often called the capitation fund is the amount of monthly payments paid in advance to the Puskesmas based on the number of registered participants without taking into account the type and amount of health services provided by the Puskesmas.

The capitation rate or often called the capitation fund is the amount of monthly payments paid in advance to the Puskesmas based on the number of registered participants without taking into account the type and amount of health services provided by the Puskesmas. Puskesmas is a "First Level Health Facility." (FKTP) belongs to the government which is the spearhead of the health service system in Indonesia which provides basic medical services and prioritizes promotive and preventive services in the surrounding community. Basic health services provided by Community Health Centers to participants in the "National Health Insurance" program. (JKN) must be paid by the "Social Security Administering Agency." (BPJS) Health with capitation rates and non-capitation rates. The capitation rate or often called the capitation fund is the amount of monthly payments paid in advance to the Puskesmas based on the number of registered participants without taking into account the type and amount of health services provided by the Puskesmas.

Management of capitation funds at community health centers which are already "Regional Public Service Agencies." (BLUD) is given flexibility in its financial management, including the management of capitation fund income which can be used directly without having to be deposited into the regional treasury, whereas in community health centers which are not yet "Regional Public Service Agencies." (BLUD) puskesmas must deposit the capitation funds they receive into the regional treasury on a gross basis and are prohibited from using them directly. This mechanism becomes an obstacle for community health centers in providing health services to participants of the "Social Security Administering Body." (BPJS) Health. Based on this problem, in April 2014, Presidential Regulation Number 32 of 2014 concerning the Management and Utilization of the "National Health Insurance" Capitation Fund was stipulated. (JKN) on "First Level Health Facilities." (FKTP belongs to the Regional government.

Regulation of the Minister of Home Affairs of the Republic of Indonesia Number 28 of 2021 concerning the Recording of Approval of National Health Insurance Capitation Funds in First Level Health Facilities Owned by Regional Governments that to implement the provisions of Article 10A of Presidential Regulation Number 46 of 2021 concerning Amendments to Presidential Regulation Number 32 of 2014 concerning Management and For the utilization of National Health Insurance Capitation Funds in First Level Health Facilities owned by Regional Governments, it is necessary to stipulate a Regulation of the Minister of Home Affairs regarding the Recording of Approval of National Health Insurance Capitation Funds in First Level Health Facilities Owned by Regional Governments;

Presidential Regulation number 32 of 2014 regulates that the management of capitation funds includes procedures for budgeting, implementation, administration and accountability of capitation funds received by "First Level Health Facilities." (FKTP) from the "Social Security Administering Body." (BPJS) Health. Meanwhile, the utilization of "National Health Insurance" (JKN) capitation

funds in "First Level Health Facilities." (FKTP) is used entirely for health services and support for service operational costs health. Health services include individual health services provided by health workers and non-health workers. Health service operational cost support includes the costs of medicines, medical devices, consumable medical materials, and support for other health service operational costs. Health service services in " First Level Health Facilities (FKTP) is determined to be at least 60% of the total capitation fund receipts, and the remainder is used to support operational costs for health services.

Capitation Funds are a source of funds provided to health facilities such as Community Health Centers to increase their capitation in providing quality health services. These funds can be used for a variety of purposes, including infrastructure improvements, staff training, purchasing medicines, and improving administrative systems. Improving the quality of health services is the main focus of this research. Service quality covers various aspects, such as patient safety, accessibility, responsiveness to patient needs, compliance with medical standards, and operational efficiency.

The aim of the Capitation Fund is to be transferred directly from BPJS into the Puskesmas treasurer's account every month so that health activities are not hampered. But the MoU (Memorandum of Understanding) to the Health Service. Regional Government financial management, Capitation Funds received by FKTP must be recorded or recorded. Governance of government funds, all money related to state finances must be recorded and reported as a form of FKTP accountability. In principle, all health services at the FKTP must be immediately paid for by the puskesmas treasurer, so that the FKTP has no obstacles in terms of services for handling health cases in the field.

In order to achieve the goal of health development, namely to improve the highest level of public health, various health service efforts have been made, with the hope that health problems existing in society can be resolved. The implementation of good health services depends on the adequacy and/or availability of existing health human resources. Health resources that comply with predetermined service standards will enable services to run well and produce quality and satisfying health services. In health development, various types of health workers are needed who have the ability to carry out health efforts with a healthy paradigm that prioritizes efforts to improve health maintenance and prevent disease.

There are five reasons for choosing a title study *The Role of Utilizing Capitation Funds in Improving the Quality of Services at the Tumpaan Community Health Center, Tumpaan District, South Minahasa Regency*, that is; *Local Issues, Focus on Capitation Funds, Challenges for Improving Service Quality, Potential for Policy Recommendations, Available Data.*

Research purposes

For uncover and understand the extent to which the implementation of the use of capitation funds can satisfy patients at the Tumpaan health center, Tumpaan sub-district, South Minahasa Regency.

LITERATURE REVIEWS

Marketing Management

Marketing is one of the main activities that needs to be carried out by companies, whether goods or services companies, in an effort to maintain the viability of their business. Marketing comes from the basic word market, the term market consists of all potential customers who have certain needs or desires and are willing and able to participate in exchanges to fulfill these needs or desires (Kotler and Gary Armstrong, 2018). The size of the market depends on the number of people who have needs, have resources that other people are interested in, and are willing to offer those resources in exchange to meet their needs.

From the definition above, it can be concluded that marketing is an integrated effort to combine

strategic plans directed at satisfying consumer needs and desires in order to obtain the expected profits through exchange or transaction processes. The satisfaction felt by consumers gives rise to a positive response in the form of repeat purchases and encouraging other consumers to buy the same product or service. Producers will also gain multiple profits, through the dissemination of positive information from consumers to other consumers.

Understanding of Services

Service is an activity that is to serve, help and do things that are useful for other people. Services are described as an activity that is often measured in terms of time. Kotler stated that services are any activity or benefit that can be provided by one party to another party which is basically intangible and does not result in any ownership. Its production may or may not be linked to a physical product.

The definition above explains that a service is something intangible, which involves a relationship between the service provider and the consumer user and there is no transfer of ownership between the two, in producing the service physical products are used to support its activities.

Based on the definition above, it can be concluded that education as a service product is something that is intangible but can fulfill consumer needs which are processed using or not using the help of physical products where the process that occurs is an interaction between the service provider and the service user which has the characteristic of not resulting in transfer of rights or ownership.

Health Social Security Administering Agency (BPJS)

BPJS Health (Health Social Security Administering Agency) is a State-Owned Enterprise which is specifically assigned by the government to provide health care insurance for all Indonesian people, especially for Civil Servants, Recipients of Civil Service and TNI/POLRI Pension, Veterans, Pioneers of Independence and their families and Other business entities or ordinary people. Meanwhile, according to Law no. 24 of 2011 concerning BPJS article 7 paragraph (1) and paragraph (2), article 9 paragraph (1) and the Law. No. 40 of 2004 concerning SJSN, Article 1 Number 8, Article 4 and Article 5 paragraph (1)) provides information that the Health Social Security Organizing Agency (BPJS Health) is a public legal entity that is responsible to the president and functions to organize health insurance programs for all Indonesian residents include foreigners who have worked for a minimum of 6 (six) months in Indonesia. The BPJS Law determines that BPJS Health functions to administer health insurance programs. Health insurance according to the SJSN Law is implemented nationally based on social insurance principles and equity principles, with the aim of ensuring that participants receive health care benefits and protection in meeting basic health needs. Every person or family who does not work for a company is required to register themselves and their family members with the Social Security Administering Body (BPJS). Each BPJS participant will be charged a contribution, the amount of which will be determined later. Meanwhile, for poor people, BPJS contributions are borne by the government through the Contribution Assistance Program.

Quality of health services

Health service providers must understand the health status and health service needs of the communities they serve and educate the community about basic health services and involve the community in determining how to effectively provide health services. As the first level health service center in its working area, the Community Health Center is a health service facility that is obliged to provide quality, affordable, fair and equitable health services. The quality of health services will always involve two aspects, namely first the technical aspect of the health service provider itself and second, the human aspect that arises as a result of the relationship that occurs between the health service provider and the health service recipient. Improving the quality of service is the degree of

providing services effectively and efficiently in accordance with professional standards, service standards that are implemented thoroughly in accordance with patient needs, utilizing appropriate technology and research results in developing health services so that optimal health is achieved.

Basic health services provided by Community Health Centers are one of the benefits of health service guarantees in the National Health Insurance (JKN) program. These health services are paid for by BPJS Health using a capitation system. In the Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2016 concerning the Use of National Health Insurance Capitation Funds for Health Services and Operational Cost Support at First Level Health Facilities Owned by Regional Governments, Article 1 paragraph (3) states that:

Previous Research

Review of Previous Research Research related to the title of this research report has been carried out by other researchers before. The following is research that has been carried out previously which is the reference for this research:

1. Muhammad Syukran 2023, Implementation of the Capitation Payment System in Primary Health Facilities: Literature Review, This literature review was carried out by searching for articles through the Google Scholar database, and Pubmed, from 2017 to 2023 using the keywords capitation, First Level Health Facilities (FKTP), and health centers combined with terms related to evaluation, service quality and patient satisfaction, . The results of this literature review search involved finding a number of articles relevant to the research topic. A total of 28 articles were identified through a systematic search in Google Scholar and PubMed databases. As a result, 6 articles were selected to be reviewed in depth and analyzed in this literature review. To improve the implementation of the capitation payment system in primary health care, several strategic actions need to be taken. First, it is important to adjust the number of participants to the capitation services available.
2. Ayu Novia Kurnia, Atik Nurwahyuni² 2015, Analysis of Capitation Calculations in First Level Health Facilities Collaborating with BPJS Health KCU Bogor City in 2015, The research design used is quantitative research with a cross-sectional method. The data used is first level health facility utilization data from October 2014 to March 2015 and age data for BPJS Health participants at the Bogor Main Branch Office. This research was carried out at BPJS Health KCU Bogor from February to June 2015. The results of the capitation rates show that there are differences in rates between age groups with the highest capitation being in the 0-4 and ≥ 50 year age groups and the capitation rates tend to decrease in the age groups productive.
3. RT Anggraeni, A. Sriatmi, And EY Fatmasari, 2016, Analysis of the Utilization of Capitation Funds by Community Health Centers in the Implementation of National Health Insurance in Purbalingga Regency, qualitative research with in-depth interviews and observation method on the Treasurer of National Health Insurance in primary health care, Results showed that the allocation of health care services and support of the operational costs in Purbalingga regency has the same allocation rules with Permenkes number 19 of 2014. However, not all public health allocate centers in the same way characterized by the allocation of services of 60% in only one public health center. Dissatisfaction on the sharing of service charge is caused by calculation of the points on the variable components of education, years of service, and attendance. Meanwhile, all primary health care in Purbalingga doesn't allocate the same thing for the support of operational costs in accordance with the rules set. There is waiting time required by primary health care for procurement support of operational costs by using e-catalogs. On the utilization of preventive promotive there are 4 of 7 primary health care which not allocated capitation funds for promotive and preventive efforts. To overcome this, it takes the role of leader to improve the utilization of

capitation funds in accordance with the needs of the primary health care.

RESEARCH METHODS

Types and Research Approaches

In this research, researchers used a qualitative approach. Qualitative research is a research procedure that produces descriptive data, in the form of written or written speech as well as behavior that can be observed from the people themselves. Taylor and Bogdan stated that this research describes events that are currently occurring using a single variable. This research also aims to produce descriptive data on written behavioral words that can be observed by the people studied.

According to Sugiono (2009:14) qualitative research methods are research methods that are based on the philosophy of postpositivism, used to research the conditions of natural objects, as opposed to experiments where the researcher is the key instrument, qualitative research is more descriptive in nature. The data collected is in the form of words or images, so there is no emphasis on numbers

Based on this theory, qualitative descriptive research is research in the form of words, pictures or photos, the results of flexible observations. The data sources in this qualitative research are words and actions, the rest is additional data, such as observation and documentation.

Data Type

The types of data used in research are as follows:

Qualitative Data. According to Suliyanto (2005:134), qualitative data is data in the form of words or not numbers. This data usually describes characteristics or traits. The qualitative data in this research is in the form of previous research, Presidential Regulation number 32 of 2014, the results of interviews with community health center officers related to the management of BPJS Health Capitation Funds at community health centers..

Quantitative Data. Quantitative data according to Suliyanto (2005:135) is data expressed in the form of numbers and is the result of calculations and measurements. The quantitative data in this research is the number of BPJS participants at the Tumpaam Community Health Center, a recapitulation of the receipt of Tumpaam Community Health Center capitation funds, and a recapitulation of the use of Tumpaam Community Health Center capitation funds.

Data analysis technique

Data analysis is the process of arranging the sequence of data, organizing it into patterns, categories and basic units of description (Panton in Baswori and Suwandi 2008: 91). The data obtained in the field was then processed descriptively qualitatively through three stages, namely data reduction, data display and conclusion drawing.

1. **Data reduction.** Data reduction is a process of selection, attention to simplification and transformation of basic or raw data, searching for informant records that provide information on the use of Capitation funds in improve service quality. In this research, researchers entered the Tumpaam Community Health Center setting, Tumpaam District, South Minahasa Regency as a research location. Then, in reducing the data, researchers focused on the use of capitation funds.
2. **Data Presentation.** Data presentation is a collection of structured information that provides the possibility of drawing conclusions and combining the structured information in a form that is coherent and easy to understand. After the data has been reduced, the next step is to display the data to clarify the relationship or an accurate picture of all the data obtained in order to reveal facts about the utilization of capsist funds at the Tumpaam Community Health Center, Tumpaam District, South Minahasa Regency.
3. **Drawing Conclusions.** Conclusions are new findings that never existed before. Findings can be in the form of descriptions or images of objects that were previously dim or dark so that after careful

consideration they become clear. Can be a clause or interactive relationship, hypothesis or theory. If the previously stated display data is supported by solid data, it can be used as a credible conclusion. Competent researchers will be able to handle these conclusions loosely, remaining open and skeptical (Ghony, 2012:307-309).

RESEARCH RESULTS AND DISCUSSION

Research result

Data presentation is the process of organizing and presenting reduced data. The aim is to make it easier for researchers to understand the data and to make it easier for readers to understand the research results. In research on the role of the use of capitation funds in improving the quality of services at the Tumpaam Village Community Health Center, the reduced data can be presented in the following ways:

Table 1. Analysis Matrix of Interview Results with Informants

Informant	Theme	Category	Data Reduction
Head of planning and finance sub-division of the health service	JKN capitation fund management runs according to needs	Capitation Fund Management	Good communication with BPJS Health, and readiness to make budget adjustments are key to ensuring that the JKN program can run according to needs
Head of the health center	JKN program effectively and efficiently	Capitation Fund Management	The management and budgeting of Tumpaam Community Health Center capitation funds reflects a commitment to providing quality health services
JKN Treasurer	The use of capitation funds is going well	Capitation Fund Management	Tumpaam Community Health Center has succeeded in complying with the rules for utilizing capitation funds set by the government.
Pharmacist	The distribution of medicines from capitation funds has not been on target	Utilization of Capitation Funds	Utilization of capitation funds at the Tumpaam Community Health Center is important to increase effectiveness
Doctor	Utilization of capitation funds according to patient needs	utilization of capitation funds	Patients are satisfied with the services provided by health workers at the Tumpaam Village Health Center.
Health workers	use of capitation funds in accordance with community needs	utilization of capitation funds	The use of capitation funds provides flexibility and freedom to respond to the dynamics of community health needs.
Janitor	Create a clean environment	utilization of capitation funds	Capitation funds have been provided. The quality of service at the Tumpaam Community Health Center is quite good

Source: Process Data, 2023

Utilization of JKN Capitation funds

JKN (National Health Insurance) capitation funds are managed and utilized by health centers in accordance with the provisions of laws and regulations in the field of regional financial management. For community health centers that have not implemented the Regional Public Service Agency Financial Management Pattern (PPK-BLUD), in managing and utilizing JKN (National Health Insurance) capitation funds, the general principles of APBD implementation and regional financial administration norms as regulated in the Minister of Home Affairs Regulation apply. Number 13 of 2006 concerning Guidelines for Regional Financial Management, as amended twice, most recently by Regulation of the Minister of Home Affairs Number 21 of 2011 concerning the Second Amendment to Regulation of the Minister of Home Affairs Number 13 of 2006 concerning Guidelines for Regional Financial Management. Meanwhile, for community health centers that have implemented PPKBLUD (Financial Management of Regional Public Service Bodies), Minister of Home Affairs Regulation Number 61 of 2007 concerning Technical Guidelines for Financial Management of Regional Public Service Bodies is used. In this article, we will only discuss the management and utilization of JKN (National Health Insurance) capitation funds by community health centers that have not implemented PPK-BLUD (Financial Management of Regional Public Service Bodies), as this is the object or scope of regulation in Presidential Decree No. 32 of 2014.

Implementation of the use of capitation funds is an effort to achieve the goal of improving the quality of community health center services. Implementation of the use of capitation funds is one of the efforts made by the government to increase access to health services for the community, namely the existence of the National Health Insurance (JKN) program since January 1 2014 as a mandate from Law Number 40 of 2004 concerning the National Social Security System (SJSN).

Management of JKN capitation funds

Implementation of the use of capitation funds at the Tumpaan Community Health Center, Tumpaan District, South Minahasa Regency is a process that aims to satisfy patients through improving the quality of health services.

**Table 2. National Health Insurance Program Membership Data
At the Tumpaan Community Health Center in 2019-2023**

No	2019	2021	2022	2023
1	10840	10,950	10,625	10,105
2	11,110	10,955	10,601	10,112
3	11,303	10,963	10,555	10,159
4	11,488	10,966	10,406	10,136
5	11,518	10,968	10,201	10,088
6	11,590	10,971	10,205	10,140
7	11,593	10,965	10,209	10,341
8	11,638	10,963	10,115	10,531
9	11,709	10,958	10,120	10,571
10	11,607	10,940	10,121	10,809
11	11,550	10,942	10,133	11,081
12	11,405	10,945	10,118	11,850

Source: Tumpaan Community Health Center, 2023

From the analysis of JKN Program participation data at the Tumpaan Community Health Center, it can be seen that there is a trend of increasing participation from year to year. Factors such as

government policy, demographics, and outreach campaign efforts may have contributed to changes in participant numbers. Further understanding of these factors can help policy makers to increase the effectiveness of the JKN program at the Tumpaam Community Health Center.

Based on the results of interviews conducted by the head of the planning sub-division, regarding the budgeting of capitation funds for the National Health Insurance Program (JKN) at the Health Service, the planning of the capitation fund budget at the Health Service is based on careful analysis, good cooperation with BPJS Health, and readiness to adjust the budget accordingly. with population dynamics and health service needs. This approach is expected to ensure effective and efficient use of capitation funds in supporting the implementation of the JKN Program.

Utilization of capitation funds to improve the quality of services at Tumpaam Community Health Centers

Utilization of capitation funds at the Tumpaam Community Health Center involves grouping services, medicines and operational costs. Effectiveness evaluation is carried out to avoid overlap with other funds such as operational and BOK. The importance of reports from the head of the community health center shows transparency and accountability in the use of funds. Pharmacists at the Tumpaam Community Health Center are involved in managing capitation funds by paying attention to absenteeism and attendance. Absence records become the basis for payments, creating an organized and controlled system. Challenges arise regarding dispensing drugs on schedule and processing orders. Delays in distribution can result in drug supplies running out, which can impact the availability of treatment for patients. Statements from health workers and doctors highlight the crucial role of capitation funds in improving the quality of services.

Resource

Policy implementation needs to be supported by resources, both human resources and other resources. There is no definite formula regarding how many human resources an organization must have in order to carry out its duties well. The more complex a policy is, the greater the number of human resources that must be provided to carry out the task of implementing the policy.

Table 3. Number of Health Personnel in 2022 Tumpaam Community Health Center

No	Power Type	Amount
1	General practitioners	4 people
2	Dentist	1 person
3	Nurse	14 people
4	Midwife	12 people
5	Dentist	3 people
6	Public Health Workers	2 persons
7	Environmental Health Workers	1 person
8	Nutritionist	3 people
9	Medical Laboratory Technologist	1 person
10	Pharmacy	2 persons
	Amount	43 people
	Number of Supporting Personnel	2 persons
	Total Personnel at Community Health Centers	45 people

Source: Tumpaam Community Health Center, 2023

Based on the research results, it is known that there are supporting factors related to human resources,

namely the existence of a policy from the Berau Regency government to overcome the shortage of civil servants with contract workers funded by the Regional Revenue and Expenditure Budget (APBD) even though currently the procurement mechanism is still not smooth. There is still a shortage of human resources such as laboratory analysts, public health staff, and other supporting staff such as staff to manage the P care program for the counter/registration of JKN participants. The results of this research are in line with the results of previous research carried out by Atik Mustika (2014) Analysis of the Implementation of the National Health Insurance (JKN) Policy in Health Service Provider (PPK) 1 Owned by the Serang City Government, Banten Province.

Authority

Authority is the authority or legitimacy of implementing policies that have been determined. The authority possessed by the utilization of JKN capitation funds has been regulated by their respective duties. This authority includes the duties and responsibilities regulated by each party involved in managing and distributing JKN capitation funds. The following are several discussion points regarding the authority to distribute JKN capitation funds:

1. Policy Implementation Authority. Authority in distributing JKN capitation funds begins with determining the authority or party responsible for implementing this policy. There may be agencies or units at the government level that have this authority.
2. Division of tasks. Division of duties and responsibilities between the parties involved, such as the central government, regional government, or health institutions. Each party has its own role in managing and providing health services in accordance with the allocation of capitation funds.
3. Regulations and Regulations. The authority to distribute JKN capitation funds is usually regulated by applicable regulations and regulations. This includes provisions related to procedures for use of funds, accountability and liability.
4. Monitoring and Evaluation. The authority also includes a monitoring and evaluation system to ensure that JKN capitation funds are used in accordance with established provisions. This involves monitoring the performance of health service providers and evaluating the impact of policies.
5. Inter-Instance Collaboration. Authority can include coordination and cooperation between related agencies. The involvement of related parties, such as the ministry of health, regional governments and health service delivery institutions, is the key to the smooth distribution of capitation funds.
6. Society participation. The authority also involves community participation in decision making regarding the distribution of capitation funds. The public has the right to understand and participate in health policy processes that affect them.

With clear and orderly authority, it is hoped that the distribution of JKN capitation funds can be efficient, accountable and provide maximum benefits for people who need health services.

Based on the data obtained, it can be concluded that the use of capitation funds at the Tumpaam Village Community Health Center has played a role in improving the quality of services. This can be seen from the increase in patient satisfaction with health services at the Tumpaam Village Community Health Center.

Patients are satisfied with the services provided by health workers at the Tumpaam Village Health Center. This can be seen from the answers of patients who said that the health services at the Tumpaam Village Community Health Center were good and they were satisfied with the services provided by the health workers at the Tumpaam Village Community Health Center.

There are several factors that can influence patient satisfaction with health services at the Tumpaam Village Community Health Center, namely:

1. Availability of competent and friendly health personnel

2. Completeness of health facilities and infrastructure
3. Easy access to Tumpaam Village Health Center
4. Patient satisfaction with the cost of health services

CLOSING

Conclusion

From the explanation above, several conclusions can be drawn that are relevant regarding the use of JKN capitation funds by community health centers that have not implemented PPK-BLUD:

1. **Financial Management Regulations.**For community health centers that have not implemented PPK-BLUD, regulations for the management and utilization of JKN capitation funds refer to the general principles of APBD implementation and regional financial administration norms. This shows the government's commitment to following statutory provisions in carrying out regional financial activities.
2. **Differences in Arrangements with PPK-BLUD.**Community health centers that have implemented PPK-BLUD have their own financial management technical guidelines, namely in accordance with Minister of Home Affairs Regulation Number 61 of 2007. This shows that there are differences in approaches to financial management between community health centers that have implemented PPK-BLUD and those that have not.
3. **Purpose of Utilizing Capitation Funds.**Implementation of the use of capitation funds is directed at improving the quality of puskesmas services. This is in accordance with the objectives of the JKN program set by the government to increase access to health services for the community.
4. **The Role of JKN in Increasing Access to Health Services.**The JKN program is recognized as one of the government's efforts to increase access to health services. Capitation funds are an important instrument in supporting the implementation of this program, and their management must be in accordance with applicable regulations.
5. **Context of Presidential Decree no. 32 of 2014.**The focus of attention in arranging JKN capitation funds for community health centers that have not implemented PPK-BLUD is in accordance with the scope of Presidential Decree No. 32 of 2014. This shows the link between policies in managing capitation funds with applicable regulations.

Regulations for the management and utilization of JKN capitation funds have been directed at ensuring the effectiveness and objectives of the JKN program are achieved. It is important for the government to continue to monitor the implementation and effectiveness of this program and carry out regular evaluations to improve the quality of health services provided to the community.

SUGGESTION

Based on the use of JKN capitation funds by the Tumpaam health center, the following are several suggestions that can be considered:

1. **Socialization and Training.**Carry out regular outreach and training to community health center officers involved in managing capitation funds. Make sure they understand the management procedures in accordance with applicable regulations.
2. **Development of Financial Information Systems.**Encourage the development of an efficient financial information system to facilitate the administration and reporting of the use of capitation funds. This system can help minimize errors and ensure good accountability.
3. **Routine Audit and Monitoring.**Carry out routine audits and monitoring of the management of capitation funds at community health centers. It aims to ensure compliance with regulations, identify potential improvements, and increase transparency in the use of funds.
4. **Interagency Collaboration and Coordination.**Encourage good collaboration and coordination between community health centers, local governments and related agencies. This synergy is

important to optimize the management of capitation funds and ensure a common understanding of applicable policies.

5. Use of Funds for Service Improvement. Ensure that JKN capitation funds are used effectively to improve the quality of health services. Focus the use of funds on efforts that can improve the accessibility, quality and sustainability of health services at community health centers.
6. Community Involvement. Involve the community in decision making regarding the use of capitation funds. Community participation can increase accountability and ensure that implemented policies reflect community needs and expectations..

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