



Performance-Based Capitation (PBK) at PUSKESMAS in East Kolaka

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Abstract: *This study evaluates the implementation of Performance-Based Capitation (PBC) at Primary Healthcare Facilities (FKTP) in East Kolaka Regency, Indonesia. The PBC scheme, a key policy under the National Health Insurance (JKN) program, adjusts facility payments based on the achievement of three key service indicators: Contact Rate (AK), Non-Specialist Referral Ratio (RRNS), and Controlled Prolanis Participant Ratio (RPPT). The background highlights the critical role of FKTPs as the system's gatekeeper and the use of PBC to ensure service quality and financial efficiency. A quantitative descriptive approach was employed, utilizing total sampling of all eligible FKTPs. Data from January and August 2025, comprising secondary performance reports, questionnaires, and interviews, were analyzed descriptively. The results revealed a mixed performance. The RRNS (0.54%) was successfully controlled, indicating effective gatekeeping. However, major challenges were identified: the AK (70.54%) fell far below the 150% target, reflecting low service access or poor recording, and the RPPT (1.08%) was critically below the 5% target, signifying suboptimal chronic disease management. The discussion links these findings to systemic issues such as high patient loads, inadequate human resources, and limitations in data recording and community engagement for Prolanis. In conclusion, while the referral function is effective, significant improvements are needed in service accessibility and chronic care. Recommendations include strengthening service recording systems, enhancing routine multi-stakeholder monitoring, optimizing community-based Prolanis activities, and building healthcare worker capacity to improve overall PBC outcomes.*

Keywords: *Performance-based capitation, primary healthcare facility, contact rate, non-specialist referral ratio, controlled prolanis participant ratio*

Abstrak: Penelitian ini mengevaluasi penerapan Kapitasi Berbasis Kinerja (KBK) di Fasilitas Kesehatan Tingkat Pertama (FKTP) di Kabupaten Kolaka Timur, Indonesia. Skema KBK, sebagai kebijakan utama dalam program Jaminan Kesehatan Nasional (JKN), menyesuaikan pembayaran fasilitas berdasarkan pencapaian tiga indikator layanan utama: Angka Kontak (AK), Rasio Rujukan Non-Spesialistik (RRNS), dan Rasio Peserta Prolanis Terkendali (RPPT). Latar belakang menggarisbawahi peran kunci FKTP sebagai gatekeeper sistem dan penggunaan KBK untuk menjamin mutu layanan serta efisiensi keuangan. Penelitian menggunakan pendekatan deskriptif kuantitatif dengan metode total sampling terhadap seluruh FKTP yang memenuhi kriteria. Data dari Januari dan Agustus 2025, yang mencakup laporan kinerja sekunder, kuesioner, dan wawancara, dianalisis secara deskriptif. Hasil penelitian menunjukkan kinerja yang beragam. RRNS (0,54%) berhasil dikendalikan, mengindikasikan fungsi gatekeeper yang efektif. Namun, tantangan besar teridentifikasi: AK (70,54%) masih jauh di bawah target 150%, mencerminkan rendahnya akses layanan atau pencatatan yang kurang optimal, dan RPPT (1,08%) sangat di bawah target 5%, menandakan pengelolaan penyakit kronis yang belum optimal. Pembahasan menghubungkan temuan ini dengan masalah sistemik seperti beban peserta yang tinggi, keterbatasan sumber daya manusia, serta kelemahan dalam pencatatan data dan keterlibatan masyarakat dalam Prolanis. Disimpulkan bahwa meskipun fungsi rujukan berjalan efektif, diperlukan peningkatan signifikan dalam aksesibilitas layanan dan perawatan kronis. Rekomendasi yang diajukan meliputi penguatan sistem pencatatan layanan, peningkatan monitoring rutin multipihak, optimalisasi kegiatan Prolanis berbasis komunitas, serta peningkatan kapasitas tenaga kesehatan untuk memperbaiki hasil pencapaian KBK secara keseluruhan.

Kata Kunci: *Kapitasi Berbasis Kinerja, Fasilitas Kesehatan Tingkat Pertama, Angka Kontak, Rasio Rujukan Non-Spesialistik, Rasio Peserta Prolanis Terkendali*

INTRODUCTION

The implementation policy of the National Health Insurance (JKN) program positions Primary Healthcare Facilities (FKTP) at the forefront of providing basic health services to the community. FKTPs serve not only as the first point of contact for JKN participants but also as controllers of healthcare services through promotive, preventive, curative, and rehabilitative functions (Ardhiasti & Setiawan, 2021). To ensure the effectiveness of these functions, BPJS Kesehatan (Social Security Administration Agency for Health) implements the Performance-Based Capitation (PBC) scheme as an effort to maintain service quality while ensuring funding efficiency. According to BPJS Kesehatan regulations, PBC is defined as a mechanism for adjusting capitation payments based on the achievement of indicators for individual healthcare services at FKTPs (Pertiwi et al., 2025).

In its implementation, PBC assesses FKTP performance through three main indicators: Contact Rate (AK), Non-Specialist Outpatient Referral Ratio (RRNS), and Controlled Prolanis Participant Ratio (RPPT). These three indicators are designed to reflect the quantity of service access, the quality of handling non-emergency cases at FKTPs, and the effectiveness of managing chronic diseases (Aryani, 2022). If the indicator achievement is high, the FKTP receives full capitation payments; conversely, if the achievement is low, the capitation payment is reduced. This mechanism reflects the philosophy that the quality of primary services must align with funding accountability and performance outcomes (Budiarto & Kristiana, 2016).

Several studies confirm that suboptimal achievement of PBC indicators has a significant impact on the operations and service quality of FKTPs. The fulfillment of PBC indicators is highly influenced by the availability of human health resources, the completeness of facilities and infrastructure, and staff understanding of program standards. Obstacles such as technical understanding gaps, shortages of Prolanis (chronic disease management program) medications, and a lack of P-Care system operators also contribute to low RPPT and AK achievement at several FKTPs (Umakaapa & Sjaaf, 2021). Furthermore, financial resource limitations due to failure to receive full capitation potentially reduce incentives for healthcare workers, which can ultimately affect work motivation and service quality.

Research by previous studies shows that implementation constraints of PBC often arise from a misalignment in understanding between implementing staff and policymakers regarding indicator standards, particularly concerning the definition of Contact Rate and referral mechanisms (Ardhiasti & Setiawan, 2021). Their findings also reveal that many FKTPs have not received full capitation payments due to low indicator achievement, primarily because of limited FKTP capacity in handling non-specialist cases, human resource constraints, and a high number of patient-initiated referral requests. This situation underscores the importance of strengthening policy communication and enhancing the competency of healthcare workers at the primary service level (Aryani, 2022). Meanwhile, (Budiarto & Kristiana, 2016), through a national analysis of Healthcare Performance Indicators (IKP), indicate that the implementation of PBC still faces various challenges. Contact Rate achievement generally remains low, while the RPPT indicator is relatively difficult to achieve, especially in regions with an unfavorable doctor-to-participant ratio (Den et al., 2025). Conversely, the RRNS indicator tends to be easier to achieve as many FKTPs have established relatively stable referral mechanisms. However, the doctor-to-participant ratio has a greater influence on RPPT achievement compared to AK and RRNS, indicating that chronic disease management requires more intensive and sustained service and support (Aryani et al., 2023).

Based on the background presented, the key research problems can be formulated. These problems aim to evaluate the effectiveness of the key performance indicators within the Performance-Based Capitation (PBC) scheme. Specifically, the research will assess (Geodesi & Wardani, 2022): 1) the level of success of the Contact Rate indicator in influencing PBC outcomes; 2) the level of success of the Non-Specialist Referral Ratio indicator in relation to PBC; and 3) the level of success of the Controlled Prolanis Participant Ratio indicator in impacting the PBC mechanism (Astuti et al., 2023).

The specific objectives of this article are to conduct an in-depth analysis of the effectiveness of key Performance-Based Capitation (PBC) indicators. This includes analyzing the success level of the Contact Rate indicator in achieving PBC goals, evaluating the impact of the Non-Specialist Referral Ratio indicator on the PBC scheme, and assessing the performance of the Controlled Prolanis Participant Ratio indicator within the PBC framework.

METHOD

Research Type, Population and Sample

This study is a quantitative research project employing a descriptive approach. This approach is used to describe and explain the implementation of Performance-Based Capitation (PBC) at Primary Healthcare Facilities (FKTP) in East Kolaka Regency based on the achievement of the main PBC indicators: contact rate, non-specialist referral ratio, and ratio of controlled Prolanis participants. This research also aims to identify the factors that contribute to the achievement of these indicators.

The population in this study comprises all Primary Healthcare Facilities (FKTP) that partner with BPJS Kesehatan in the East Kolaka Regency area in 2025. Sampling was conducted using the total sampling method, meaning all FKTPs (community health centers,

primary clinics, and private physician practices) that have implemented the PBC system and possess complete performance data for the current year. The sample size corresponds to the total number of active FKTPs that meet the inclusion criteria.

Inclusion and exclusion Criteria

The inclusion and exclusion criteria for this study were clearly defined to ensure a focused and reliable sample. Facilities were included based on three key conditions: they must have an active contract with BPJS Kesehatan, they must have been implementing the performance-based capitation system for a minimum of six months, and they must possess complete performance reports for all three PBC indicators. Conversely, facilities were excluded from the study if they lacked complete data for the observation year or were undergoing a transition process or a change in their partnership status.

Data Collection, Processing and Analysis

Data were collected through a multi-method approach. First, secondary data were obtained from the BPJS Kesehatan Kendari City Branch office, specifically performance reports on PBC indicators for the East Kolaka Regency Health Office. Second, structured questionnaires were distributed to FKTP administrators to gather data regarding available resources, implementation challenges, and internal monitoring efforts. Third, limited interviews were conducted with representatives from BPJS Kesehatan and the East Kolaka Regency Health Office to strengthen the interpretation of the findings. Data processing involved several sequential steps: editing, coding, tabulation, and data entry, which were performed using Microsoft Excel and the latest version of SPSS software. For data analysis, quantitative descriptive analysis was applied. This included calculating frequency distributions, averages, and percentages of indicator achievement. To explore relationships between factors, cross-tabulation and graphical representations were utilized. The overarching aim of the data interpretation was to identify the level of success in PBC implementation and the specific obstacles encountered by the FKTPs.

RESULTS AND DISCUSSION

Contact Rate (AK)

The minimum target for the Contact Rate is set at 150%. This means that for every 1,000 participants registered at a Primary Healthcare Facility (FKTP), at least 150 participants must have had contact with or received health services within a specific period. The analysis of Contact Rate achievement is conducted by comparing the number of recorded JKN participants who received health services at the FKTP—including both direct and indirect contacts—with the total number of registered participants during the same period.

The Contact Rate (AK) data for East Kolaka Regency, as reported by the Southeast Sulawesi Provincial Health Office in August 2025 is as follows:

Tabel 1. The Contact Rate (AK) Percentage in East Kolaka Regency for August 2025

No	City	Registered participant	Number of contact	Contact Value	Description
1	Kota Kendari	270.506	58.367	204,43	Achieved
2	Kab. Kolaka	203.354	31.652	148,74	Not Achieved
3	Kab. Konawe Selatan	242.462	32.389	129,02	Not Achieved
4	Kab. Kolaka Timur	110.894	13.222	114,06	Not Achieved
5	Kab. Kolaka Utara	116.290	13.962	99,09	Not Achieved

6	Kab. Konawe	209.511	15.399	64,39	Not Achieved
7	Kab. Bombana	149.589	10.945	60,51	Not Achieved
8	Kab. Kepulauan Konawe	33.579	838	27,99	Not Achieved
9	Kab. Konawe Utara	77.359	2.392	27,84	Not Achieved
TOTAL		1.413.544	179.166	97,34	-

Source: Dokumen BPJS Kantor Cabang Kendari

Based on Table 1, it is known that East Kolaka Regency is one of the areas that has not achieved the Contact Rate (AK) target according to the report from the Southeast Sulawesi Provincial Health Office in August 2025. East Kolaka recorded a contact rate of 114.06 per 110,894 participants, indicating fairly good program implementation but not yet optimal. Although above 100, this achievement is still categorized as not meeting the target, thus requiring improved coordination and effectiveness of strategies in the field. From a review of Primary Healthcare Facilities (FKTP) in East Kolaka Regency, the following Contact Rate (AK) achievement data for January 2025 was obtained below.

Table 2. Percentage of Contact Rate (AK) at Primary Healthcare Facilities (FKTP) in East Kolaka Regency for January 2025

No	Health facility	Contact Number	Registered Participant	Contact value
1	Lambandia	2.634	16.362	160,98
2	Poli-Polia	1.300	9.422	137,98
3	Dangia	864	7.980	108,27
4	Loea	775	7.181	107,92
5	Tirawuta	807	16.421	49,14
6	Ueesi	142	3.575	39,72
7	Aere	223	7.467	29,86
8	Ladongi Jaya	459	16.102	28,51
9	Sanggona	143	5.037	28,39
10	Lalolae	105	4.369	24,03
11	Tinondo	179	8.461	21,16
12	Mowewe	166	8.163	20,34
13	Puskesmas Mokupa	-	-	0
Total		7.797	110.540	70,54

Source: Dokumen BPJS Kantor Cabang Kendari

Based on the Table 2 showing the contact rate achievement of all Community Health Centers in East Kolaka Regency for January 2025, it is known that the area's average contact rate is at 70.54%, indicating it still falls short of the established indicator target. Of the 12 centers that reported data, only Lambandia Community Health Center managed to meet the target with an achievement of 160.98%, followed by Poli-Polia, Dangia, and Loea, which are in the fairly good category, albeit still not fully meeting the target. Most other centers show low achievement, particularly Aere, Ladongi Jaya, Sanggona, Lalolae, Tinondo, and Mowewe, each with a contact rate below 30%. There is even one center, Mokupa, that has not yet submitted its report. Overall, these results illustrate that the accessibility of services for JKN participants in East Kolaka still needs improvement, both in terms of direct services at health facilities and outreach services or online consultations.

Non-Specialist Referral Ratio (RRNS)

The Non-Specialist Referral Ratio (RRNS) is a key performance indicator in primary services that reflects the ability of Primary Healthcare Facilities (FKTP) to resolve medical cases that should be manageable at the basic service level. The RRNS target is set below 2%, as an effort to ensure that FKTPs optimally perform their gatekeeper function and only refer JKN participants to advanced facilities when a case genuinely requires specialist care. Maintaining a low referral ratio is part of the strategy for improving primary service quality and referral system efficiency within the implementation of the National Health Insurance program.

The Non-Specialist Referral Ratio (RRNS) data for East Kolaka Regency, as reported by the Southeast Sulawesi Provincial Health Office in August 2025, is as follows:

Based on Table 3, it can be seen that East Kolaka Regency recorded an RRNS of 0.49 from a total of 759 referrals, indicating that this region's RRNS indicator is considered achieved. This result demonstrates that healthcare services at the FKTP level are relatively effective in handling non-specialist cases, thereby enabling referrals to advanced facilities to be minimized according to the established standard. Based on the review of Primary Healthcare Facilities (FKTP) in East Kolaka Regency, the following achievement data for the Non-Specialist Referral Ratio (RRNS) was obtained as below.

Tabel 3 Percentage of Non-Specialist Referral Ratio (RRNS) Data in East Kolaka Regency for August 2025

No	City	Non-Specialist Case	Number of Referrals	RRNS	Information
1	Kab. Kolaka Utara	0	768	0,00	Achieved
2	Kab. Kolaka Timur	2	759	0,49	Achieved
3	Kota Kendari	22	6.246	0,59	Achieved
4	Kab. Kolaka	8	1.629	1,11	Achieved
5	Kab. Bombana	12	1.069	1,23	Achieved
6	Kab. Konawe Selatan	17	2.242	2,26	Not Achieved
7	Kab. Konawe Utara	10	365	3,11	Not Achieved
8	Kab. Konawe	7	137	4,56	Not Achieved
9	Kab. Kepulauan Konawe	78	1.800	5,03	Not Achieved
Total		156	15.015	2,04	-

Source: Dokumen BPJS Kantor Cabang Kendari

Tabel 4. Percentage of Non-Specialist Referral Ratio (RRNS) for Primary Healthcare Facilities (FKTP) in East Kolaka Regency, January 2025

No	Health Facilities	Non-Specialist Case	Number of Referrals	RRNS
1	Loea	1	68	1,47
2	Tirawuta	2	167	1,20
3	Sanggon	0	0	0,00
4	Mowewe	0	70	0,00
5	Lambandia	0	71	0,00
6	Ladongi Jaya	0	60	0,00

7	Lalolae	0	23	0,00
8	Puskesmas Mokupa	0	0	0,00
9	Dangia	0	46	0,00
10	Aere	0	0	0,00
11	Ueesi	0	6	0,00
12	Poli-Polia	0	45	0,00
13	Tinondo	0	0	0,00
Total		3	556	0,54

Source: Dokumen BPJS Kantor Cabang Kendari

Based on the Table 4, East Kolaka Regency recorded an RRNS of 0.54, with a total of 556 referrals and only 3 non-specialist cases. This indicates that service processes at FKTPs are running effectively, resulting in very few cases that could have been managed at the FKTP level being referred unnecessarily. The majority of Community Health Centers show an RRNS value of 0.00, meaning referrals made were medically appropriate. Meanwhile, two centers, Tirawuta (1.20) and Loewa (1.47), still need to strengthen their management of non-specialist cases to reduce unnecessary referrals. Overall, the achievement of East Kolaka Regency remains controlled and meets the target.

Controlled Prolanis Participant Ratio (RPPT)

The target for the Controlled Prolanis Participant Ratio (RPPT) is above 5%. This target serves as a key indicator for assessing the success of Primary Healthcare Facilities (FKTP) in managing participants of the Chronic Disease Management Program (Prolanis), particularly those with hypertension and diabetes mellitus. A high ratio reflects the effectiveness of routine monitoring, treatment adherence, and the quality of health education provided to participants. Therefore, achieving an RPPT above 5% not only indicates optimal service performance but also directly contributes to improving community health standards through the sustainable management of chronic diseases.

The target Controlled Prolanis Participant Ratio (RPPT) data for East Kolaka Regency, as reported by the Southeast Sulawesi Provincial Health Office in August 2025, is as follows:

Tabel 5. Percentage of Data Target for the Ratio of Controlled Prolanis Participants (RPPT) in East Kolaka Regency, August 2025

No	City	RPPT DM	RPPT HT	RPPT	Description
1	Kab. Kolaka Utara	6,75	2,30	4,53	Not Achieved
2	Kab. Kolaka Timur	3,79	1,24	2,51	Not Achieved
3	Kab. Kolaka	3,61	1,18	2,39	Not Achieved
4	Kota Kendari	2,73	1,14	1,93	Not Achieved
5	Kab. Bombana	1,67	0,68	1,17	Not Achieved
6	Kab. Konawe Utara	0,71	0,30	0,51	Not Achieved
7	Kab. Konawe Selatan	0,70	0,05	0,38	Not Achieved
8	Kab. Konawe	0,00	0,32	0,32	Not Achieved
9	Kab. Kepulauan Konawe	0,00	0,01	0,01	Not Achieved
Total		2,22	0,78	1,50	-

Source: Dokumen BPJS Kantor Cabang Kendari

Based on the Table 5, it can be seen that East Kolaka Regency has a total of 3,211 Prolanis DM participants, with 112 achieving controlled status, resulting in a DM RPPT value of 3.79%, which remains below the target. For hypertension cases, the number of controlled Prolanis HT participants is 202 out of 16,424 diagnosed participants, yielding an HT RPPT of 1.24%, which also does not meet the established target. Based on the review of Primary Healthcare Facilities (FKTP) in East Kolaka Regency, the following achievement data for the Controlled Prolanis Participant Ratio (RPPT) target was obtained:

Tabel 6. Controlled Prolanis Participant Ratio (RPPT) Target for Primary Healthcare Facilities (FKTP) in East Kolaka Regency, January 2025

No	Facilities	RPPT DM	RPPT HT	RPPT
1	Lambandia	23,60	1,70	12,65
2	Poli-Polia	0,79	0,24	0,51
3	Lalolae	0,00	0,41	0,20
4	Loea	0,00	0,38	0,19
5	Tirawuta	0,00	0,29	0,15
6	Sanggona	0,00	0,00	0,00
7	Mowewe	0,00	0,00	0,00
8	Ladongi Jaya	0,00	0,33	0,18
9	Puskesmas Mokupa	0,00	0,00	0,00
10	Dangia	0,00	0,00	0,00
11	Aere	0,00	0,00	0,00
12	Ueesi	0,00	0,00	0,00
13	Tinondo	0,00	0,00	0,00
Total		1,80	0,36	1,08

Source: Dokumen BPJS Kantor Cabang Kendari

Based on table 6, the Prolanis achievement in East Kolaka Regency in January remains below the target, at 1.08%. Out of a total of 1,221 DM participants, only 22 are controlled, resulting in a DM RPPT value of 1.80%. Similarly, for hypertension cases, out of 8,519 HT participants, only 31 are controlled, yielding an HT RPPT value of 0.36%. This situation indicates that the level of chronic disease control remains low. The Lambandia Community Health Center stands as the only facility with relatively good achievement in both DM and HT Prolanis, while most other facilities have not yet demonstrated optimal performance.

Capitation Adjustment Based on PBC Achievement

Capitation Adjustment Based on PBC Achievement is a quality evaluation mechanism for Primary Healthcare Facilities (FKTP) conducted through the assessment of Performance-Based Capitation (PBC) indicators. This assessment is intended to measure the effectiveness of healthcare services, the accessibility of JKN participants, and the level of chronic disease control by observing the Contact Rate, Non-Specialist Referral Ratio (RRNS), and the Chronic Disease Management Program (Prolanis). The PBC achievement results form the basis for determining the extent of capitation adjustments for each FKTP. Consequently, facilities that are able to provide quality services will receive better incentives, while those not yet meeting the targets have room to improve their service quality.

Tabel 7. Capitation Adjustment Based on PBC Achievement for Primary Healthcare Facilities (FKTP) in Southeast Sulawesi Province, August 2025

No	City	Total of health centre	85%	90%	95%	100%
1	Kota Kendari	15	0	3	8	4
2	Kab. Konawe Selatan	26	2	13	8	3
3	Kab. Kolaka	14	3	3	6	2

4	Kab. Kolaka Timur	13	0	7	6	0
5	Kab. Kolaka Utara	16	2	10	2	2
6	Kab. Bombana	22	7	12	2	1
7	Kab. Konawe	29	12	16	1	0
8	Kab. Konawe Utara	22	5	17	0	0
9	Kab. Kepulauan Konawe	9	2	7	0	0
Total		166	33	88	31	14

Source: Dokumen BPJS Kantor Cabang Kendari

Based on Table 7, it can be seen that in August 2025, East Kolaka Regency had a total of 13 Community Health Centers, with the following distribution of PBC capitation consequences: 7 centers were in the 90% achievement category, 6 centers reached the 95% category, and no center achieved the 100% category. Meanwhile, no centers were in the 85% category. Overall, East Kolaka's achievement is at a moderate level, indicating that service quality improvements are still needed for more facilities to reach the highest PBC categories.

Tabel 8. Capitation Adjustment Based on PBC Achievement for Primary Healthcare Facilities (FKTP) in East Kolaka Regency, January 2025

No	Name of Facilities	Contact number	RRNS	RPPT	Achievement	Results
1	Lambandia	1,60	2,00	0,40	4,00	100%
2	Sanggona	0,40	2,00	0,10	2,50	90%
3	Mowewe	0,40	2,00	0,10	2,50	90%
4	Ladongi Jaya	0,40	2,00	0,10	2,50	90%
5	Lalolae	0,40	2,00	0,10	2,50	90%
6	Tirawuta	0,40	2,00	0,10	2,50	90%
7	Puskesmas Mokupa	1,60	0,50	0,40	2,50	90%
8	Dangia	0,40	2,00	0,10	2,50	90%
9	Aere	0,40	2,00	0,10	2,50	90%
10	Uesi	0,40	2,00	0,10	2,50	90%
11	Poli-Polia	0,40	2,00	0,10	2,50	90%
12	Tinondo	0,40	2,00	0,10	2,50	90%
13	Loea	0,40	2,00	0,10	2,50	90%

Source: Dokumen BPJS Kantor Cabang Kendari

Based on Table 8, it can be seen that in January 2025, one (1) Community Health Center in East Kolaka Regency achieved a capitation consequence value of 100%, namely Lambandia Community Health Center, while the other twelve (12) centers remained in the 90% consequence category. It is expected that the East Kolaka Regency Health Office will continue to monitor and evaluate the PBC achievement across all Community Health Centers to ensure the quality of healthcare services is maintained and the PBC indicators can be further improved.

Discussion on Performance of the AK Indicator

The average Contact Rate (AK) achievement across all Community Health Centers in East Kolaka Regency in October 2025 was only 70.54%, falling far short of the national target of $\geq 150\%$. This indicates suboptimal utilization of primary healthcare services by JKN participants. The fact that no center met the target, with most performing in the low range of 20–70%, points to a systemic issue within the primary care framework rather than isolated facility underperformance. This situation reflects the broader concept of primary care utilization, where service contact levels signal the effectiveness of first-contact and continuity-of-care functions, as outlined by (Geodesi & Wardani, 2022). From a policy standpoint, BPJS Kesehatan has embedded the Contact Rate as a critical Performance-Based Capitation (PBC) indicator, requiring a minimum of 150% monthly for full capitation

payment. This mechanism aims to enhance access, promote preventive care, and solidify the gatekeeper role of primary facilities. However, empirical evidence, including a national study by (Kurniawan et al., 2016) confirms that reaching this threshold remains a widespread challenge, suggesting that the shift from secondary to primary care has not been fully realized.

A key factor behind low AK performance is human resource capacity, particularly the doctor-to-participant ratio. Research by (Sukohar et al., 2020) shows that higher patient loads per doctor reduce the likelihood of meeting AK targets, compromising consultation quality, preventive services, and outreach efforts like teleconsultation. This is supported by research from (Augustian & Ayuningtyas, 2023) which identifies staffing shortages as the most significant barrier, followed by infrastructural and administrative constraints. Additionally, weaknesses in health information systems, especially recording within the P-Care application, further depress reported AK figures. Studies also found that many service contacts—notably from outreach and teleconsultation—were not properly logged, meaning official data did not capture actual activity (Ardhiasti & Setiawan, 2021).

The effectiveness of PBC is also shaped by the quality of policy implementation, including communication, technical support, and consistency at the operational level. (Sukohar et al., 2020) emphasize that clear coordination among BPJS Kesehatan, the Health Office, and primary care facilities is vital for improving comprehension and compliance with performance recording. This aligns with policy implementation theory, which attributes policy shortfalls not only to design flaws but also to poor communication and implementer capacity (Implementing High-Quality Primary Care et al., 2021). Nationally, evaluations reveal that financial incentives alone are inadequate without strengthening primary care foundations. (Bali & Ramesh, 2021) note that only about 15% of primary facilities met all PBC indicators, with the Contact Rate being the most challenging. Thus, improving AK in East Kolaka requires a multifaceted approach: expanding community outreach, optimizing recorded teleconsultations, boosting human resource capacity, and fostering stronger stakeholder collaboration to ensure primary care fulfills its role as an effective, sustainable entry point to the JKN system (Tan, 2023).

Discussion on Performance of the RRNS Indicator

The Non-Specialist Referral Ratio (RRNS) for East Kolaka Regency in October 2025 was 0.54%, significantly below the national Performance-Based Capitation (PBC) target of $\leq 2\%$. This low figure indicates that Community Health Centers have effectively controlled referrals for cases within primary care competency, reflecting a well-functioning gatekeeper system in the JKN framework. Conceptually, a low RRNS signifies strong clinical management at the primary level, where most common health issues are resolved without specialist referral, aligning with Starfield's (1998) principle of an effective primary healthcare system. This achievement underscores the clinical proficiency of FKTP doctors and the efficiency of the tiered referral system in the region.

While literature often associates high RRNS with structural constraints such as limited diagnostic tools, medication shortages, and low patient trust (Aryani et al., 2024), East Kolaka presents a contrasting case. Despite some persistent infrastructure limitations, the RRNS remains controlled, suggesting that factors beyond mere facility completeness are at play. A study by (Wahidah et al., 2025a) supports this, highlighting that staff competency, clinical experience, and a commitment to PBC indicators are crucial in maintaining low referral rates. Furthermore, effective policy communication and consistent technical assistance from BPJS Kesehatan and the Health Office have likely enhanced FKTPs' understanding and adherence to referral protocols, strengthening overall service governance.

However, this positive outcome requires cautious interpretation. An excessively low RRNS may risk under-referral, where patients needing higher-level care are inappropriately retained in primary settings due to restrictive practices or non-clinical considerations, a

concern highlighted by investigated by (Ridwan & Ramadhan, 2025). Therefore, while East Kolaka's achievement aligns with PBC goals and demonstrates effective primary care, it must be sustained through continuous efforts. This includes bolstering the clinical skills of medical staff, ensuring adequate diagnostic and medicinal support, and implementing rigorous monitoring to guarantee that referrals are based solely on clinical need, thereby preserving both the quality of care and the integrity of the referral system.

Discussion on Performance of the RPPT Indicator (Very Low)

The Controlled Prolanis Participant Ratio (RPPT) in East Kolaka Regency for October 2025 was only 1.08%, falling far short of the national target of over 5%. This low achievement indicates that the Chronic Disease Management Program (Prolanis) at the primary care level is not functioning optimally, with not a single Community Health Center meeting the target for either Diabetes Mellitus or Hypertension groups. This suggests a systemic failure in Prolanis implementation, encompassing low participant engagement, inconsistent service delivery, and inadequate performance recording. Conceptually, the RPPT measures the sustained success of chronic disease management through routine monitoring and preventive care, as framed by Wahidah et al (2025) which highlights the need for active patient involvement, systematic healthcare support, and continuous patient-provider interaction—elements evidently lacking in East Kolaka's current Prolanis framework.

Several interrelated factors contribute to this underperformance. On the participant side, studies such as (Ruslang & Puspendari, 2023) show that active involvement in Prolanis activities—like regular exercise, health education, and clinical check-ups—is strongly linked to achieving controlled health outcomes. The very low RPPT in East Kolaka likely reflects minimal participant attendance, driven by low motivation, limited access, or a lack of perceived benefit from the program. Compounding this is the issue of health literacy; research by (Juwita & Santoso, 2025) confirms that patients with poor understanding of their chronic conditions are less likely to adhere to routine care or engage proactively, often seeking help only during acute episodes. This aligns with broader findings that low health literacy among JKN participants is a primary barrier to RPPT achievement (Aryanim 2022). Simultaneously, weaknesses in the service system—such as inconsistent medication supply, inadequate diagnostic facilities, and disruptions in care continuity—further hinder effective disease control, as emphasized in the WHO's integrated care framework.

To address these challenges, a multifaceted and community-integrated strategy is essential. Evidence suggests that community-based education initiatives, like the GEMES program can significantly boost knowledge, attitudes, and adherence among chronic disease patients through participatory approaches (Wahidah et al., 2025). For East Kolaka, improving the RPPT will require comprehensive efforts, including: updating and validating participant data to ensure active and accurate listings; integrating Prolanis with existing community health initiatives such as Posbindu PTM and home visits; guaranteeing the consistent availability of medicines and examination tools; and strengthening the accuracy and timeliness of data entry in the P-Care system to reflect true clinical performance (Ridwan & Ramadhan, 2025). Only through such coordinated action can the district enhance chronic disease management and align its outcomes with national Performance-Based Capitation objectives.

CONCLUSION

Based on the evaluation results of Performance-Based Capitation (PBC) at Primary Healthcare Facilities (FKTP) in East Kolaka Regency, several key conclusions can be drawn. First, the achievement of the Contact Rate (AK) remains low, with an average of only 70.54%, and no Community Health Center has reached the national target of $\geq 150\%$. This condition indicates low utilization of primary care services by JKN participants and/or

suboptimal recording of service contacts in the P-Care application. Second, the Non-Specialist Referral Ratio (RRNS) indicator is in a good category, with an achievement of 0.54%, which is below the national target of $\leq 2\%$. This demonstrates that most Community Health Centers have performed their gatekeeper function effectively and are capable of managing non-specialist cases at the primary level. Third, the Controlled Prolanis Participant Ratio (RPPT) indicator remains very low, at only 1.08%, which is far from the national target of $> 5\%$. No health center has achieved the target for either the Diabetes Mellitus (DM) or Hypertension (HT) Prolanis programs, indicating that chronic disease management has not yet been optimized.

As suggestion, to enhance the achievement of the Performance-Based Capitation (PBC) indicators in East Kolaka Regency, several key actions should be undertaken. First, strengthening the recording and utilization of healthcare services, particularly teleconsultations, is essential. Second, regular assistance and monitoring between the District Health Office, BPJS Kesehatan, and the Community Health Centers must be implemented. Third, optimizing the activities of the Chronic Disease Management Program (Prolanis) by increasing participant involvement is necessary. Finally, building the capacity of healthcare workers in managing non-specialist cases and non-communicable diseases (NCDs) is crucial for improving overall service outcomes.

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