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Financial Resilience of Indonesia's National Health Security Program through Capitation Adjustment Based on Budget Account Surplus (SiLPA): A Case Study in West Kotawaringin and Sukamara Regencies

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ABSTRACT

For several years, the main issue affecting the financial resilience of BPJS Kesehatan, Indonesia's Social Security Administering Body for Health Sector was funding deficit. BPJS Kesehatan is deemed resilient when able to cover the estimated claim payment to health facilities for the subsequent 1.5 to 6 months. For primary care providers, payments are executed through the capitation scheme. However, not all capitation funds received were used by primary care providers for healthcare improvements. This condition led to a budget account surplus (Sisa Lebih Perhitungan Anggaran, formally known as SiLPA) in government-owned primary care providers (Puskesmas). In 2019, BPJS Kesehatan had to cover more than 10% of total healthcare service expenditures to pay for capitation to Puskesmas in West Kotawaringin and Sukamara Regencies, Central Kalimantan Province. Such is due to a gap between the premium revenue and the service payment to the healthcare facility in 2019. After the Minister of Home Affairs Regulation No. 28 Year 2021 was issued, the capitation paid to Puskesmas was adjusted according to the amount of SiLPA balance in each Puskesmas. The policy intended to create efficient capitation payment, reducing the potential risks of financial deficit. **Objective:** This study aims to observe the effect of the capitation adjustment based on budget account surplus (SiLPA) of BPJS Kesehatan financial resilience in West Kotawaringin and Sukamara regencies. **Method:** The study is a descriptive non-experimental study through data analysis. **Result:** A claim payment ratio of 45% of the premium revenue (from the Premium assistance program) was noticed from January to December 2019. A cost-efficiency of 993,448,519 rupiahs was found between January and December 2021. **Conclusion:** The policy can improve the financial soundness and resilience of BPJS Kesehatan social security funding in West Kotawaringin and Sukamara regencies.

Keywords: Budget account surplus (SiLPA); resilience; capitation.

1. BACKGROUND

Premium revenue serves as a central component in evaluating the financial soundness of the Indonesian Social Security Administrator for Health (hereafter, BPJS Kesehatan). It is pivotal in ensuring that BPJS Kesehatan can pay the claim from healthcare facilities. In this regard, BPJS Kesehatan's resilience heavily relies on the interplay of politics, economy, and social environment in protecting the performance of JKN (Jaminan Kesehatan Nasional) or National Health Security program, measured from its social and post-crisis goals (Agus, 2022). BPJS Kesehatan is considered resilient when covering the estimated claim payment for the next 1.5 to 6 months (Government Regulation No. 84 Year 2015).

Zautra et al. (2010) implied resilience consists of several processes, including recovery, sustainability, and growth. Wagnild and Young (2022) stated that resilience focuses on the capability to adapt to harsh conditions. Economic resilience can be strengthened by implementing policies to mitigate the risks and consequences of severe crises (OECD, 2017)). During the pandemic, the government continued to give its support through various policies aiming ultimately at helping affected organizations to survive.

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In 2021, the regulation of the Minister of Home Affairs No. 28 Year 2021 on The Record of National Health Insurance Capitation Fee Validation on Regional Government- owned Primary Healthcare Facilities (hereafter Permendagri 28/2021) was issued. This regulation regulates a policy known as SiLPA, which is defined as a surplus or deficit between the realized revenue and expenditure, between the income and financing expenditure within the APBN (*Anggaran Penerimaan Belanja Negara*) or the state budget and APBD (*Anggaran Penerimaan Belanja Daerah*) or the regional budget during a reporting period (Kemenkeu, 2013). The premium revenue plays a central role in the JKN program. However, BPJS Kesehatan reported that the expenditure on healthcare service fees was higher than the revenue in West Kotawaringin and Sukamara regencies. In 2019, they should cover more than a 10% deficit in these two regencies, and 40% of the total financing came from the capitation fee claim from Primary Care Providers (PCPs). This condition implies a need for efforts to control the expenditure, particularly related to the capitation paid to PCPs. As of August 2021, the Ministry of Home Affairs issued a Budget account Surplus policy known as SiLPA of which capitation paid to Puskesmas were adjusted according to the amount of SiLPA balance (capitation realization) in each Puskesmas.

2. METHOD

In this study, a non-experimental analysis was performed using a descriptive observational method. This study aimed to analyze the effects of the SiLPA-based capitation adjustment policy on the financial resilience of the social security fund in West Kotawaringin and Sukamara regencies.

2.1 Source of Data

The quantitative data were premium revenue and expenditure of BPJS Kesehatan in West Kotawaringin and Sukamara regencies, categorized as Regional Government premium assistance beneficiaries obtained from BPJS Kesehatan business intelligence. More specifically, the data displays the number of beneficiaries (premium assistance) and BPJS Kesehatan annual spending through the DJS (Dana Jaminan Sosial) or the social security funding to pay for health facilities. The data on budget account surplus was also collected. The data also present primary healthcare facilities with budget account surplus and capitation fee claims and those with no capitation fee since the budget account surplus compensates them. The data on budget account surplus was collected from the 2021 report of the regional health department of West Kotawaringin and Sukamara regencies. The data were used to determine the capitation fee for the next period.

2.2 Data Analysis

The data collected from BPJS Kesehatan's Business intelligence were prospectively analyzed using data management software. A series of annual income and expenditure were analyzed from 2019 to 2021. The annual income from the budget account surplus of each healthcare facility was also analyzed. The data were divided into two groups to separate those affected by the SiLPA policy. Group I consisted of data from January to December 2019, while group II consisted of data from January to December 2021. A descriptive statistical analysis of income and claim payment data was also performed to identify the effect of SiLPA on the financial soundness of Social Security Fund in West Kotawaringin and Sukamara regencies. The descriptive statistical values of SiLPA and Capitation Claim were used to perform a cost-saving analysis.

3. RESULTS AND DISCUSSION

3.1 Number of Primary Healthcare Facility Categorized as Non-Regional Public Service Agency (*non-BLUD*)

BLUD (abbreviated from *Badan Layanan Umum Daerah*) or the Regional Public Service Agency is a status for Puskesmas having the financial autonomy from the regional government. According to



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Permendagri 28/2021, the capitation adjustment based on SiLPA was only applied to the non-BLUD Puskesmas. The data in this study were extracted from BPJS Kesehatan Business Intelligence data on budget account surplus records. In 2020 in the Kalimantan region, 643 Puskesmas were categorized as non-BLUD, and 23 were in West Kotawaringin and Sukamara regencies (Figure 1).

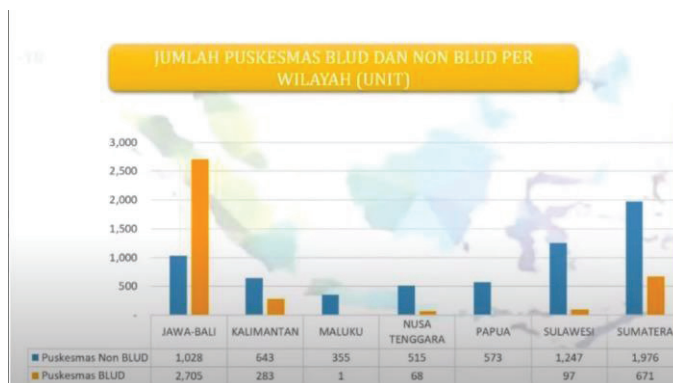


Figure 1. Number of BLUD and non-BLUD Primary Healthcare Facilities in each Region Year 2021 Amount of Budget Account Surplus in West Kotawaringin and Sukamara Regencies

In 2020, reports stated that West Kotawaringin had Rp. 388,439,034.00 surplus, while Sukamara regency had Rp. 2,258,051,991.00 surplus, which can be used to lower the financing by compensating the future claim, as displayed in tables 1 and 2.

Table 1. Budget Account Surplus in West Kotawaringin in 2020

Year	Primary Healthcare facility	Amount (Rp)
2020	Arut Selatan	7,807,485
2020	Mendawai	517
2020	Natai Pelingkau	7,201
2020	Madurejo	12,292
2020	Kumpai Batu Atas	145,255
2020	Sungai Rangit	4,680,010
2020	Pandu Sanjaya	66,260,905
2020	Pangkalan Lada	179,303
2020	Semanggang	22,661,266
2020	Karang Mulya	35,761,608
2020	Arut Utara	10
2020	Kotawaringin Lama	63,181,238
2020	Riam Durian	25,658,153
2020	Kumai	142,740,565
2020	Teluk Bogam	12,897,633
2020	Sambi	205,326
2020	Runtu	3,281,197
2020	Ipuh Bangun Jaya	2,959,070

Table 2. Budget Account Surplus in Sukamara in 2020

Year	Primary Healthcare facility	Amount (Rp)
2020	Sukamara	1,400,762,000
2020	Balai Riam	8,410,113
2020	Jelai	752,587,712
2020	Pantai Lunci	22,978,291
2020	Permata Kecubung	73,313,875

3.2 Amount of BPJS Kesehatan Premium Revenue and Financing in West Kotawaringin and Sukamara in 2019 (Group I)

BPJS Kesehatan premium revenue in West Kotawaringin and Sukamara Regency in 2019 was Rp20,016,001,728.00, which was obtained from the premium assistance program, while the claim payment in these two regencies was Rp29,631,812,630.00, as presented in Figure 2.

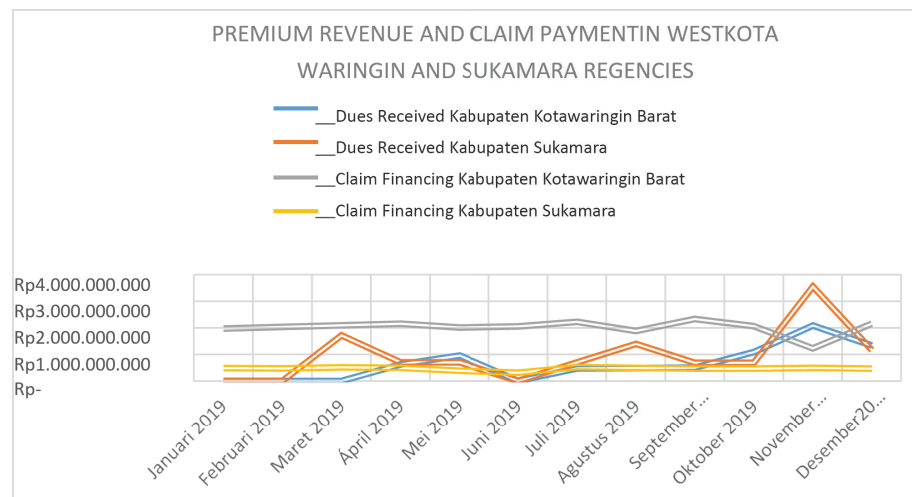


Figure 2. Amount of Premium Income and Claim Payment in 2019

The analysis showed that BPJS Kesehatan in West Kotawaringin and Sukamara regencies suffered from a 45% deficit prior to the SiLPA policy implementation. This deficit belongs to BPJS Kesehatan's responsibility. In other words, they should cover the deficit. Meanwhile, BPJS Kesehatan needs the government policy to cover the deficit.

3.3 Amount of BPJS Kesehatan Dues Revenue and Financing in West Kotawaringin and Sukamara Regencies in 2021 (Group II)

Several indicators are applied to analyze the claim payment ratio from primary healthcare facilities. Claim financing ratio can be seen from the 2019 and 2021 data.

In 2021 the revenue and the claim financing in West Kotawaringin and Sukamara was Rp20,748,910,721.00 and Rp22,401,953,227.00, respectively. This data was also used to compare the two data groups, assuming that data group II may show a lower ratio due to the Covid-19 pandemic. Assuming that group II exhibited a higher ratio, the Covid-19 pandemic is less likely to affect the SiLPA policy. Monthly data on the amount of dues revenue and claim financing were presented in Figure 3.

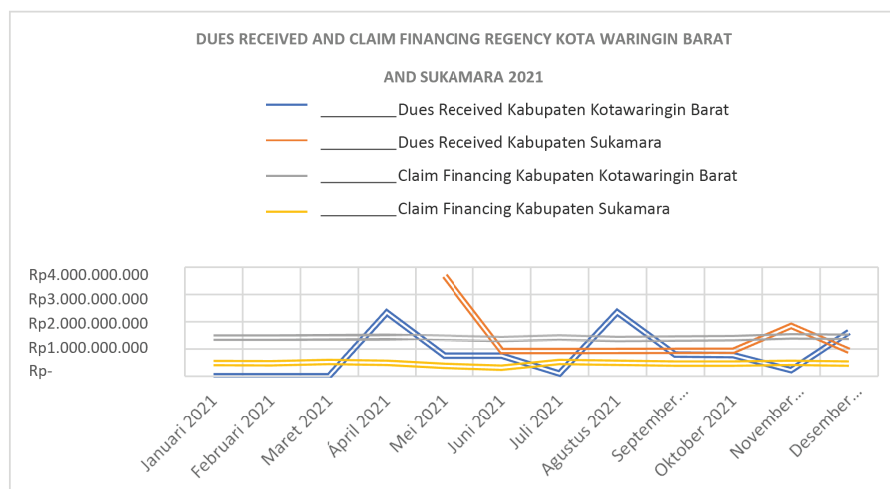


Figure 3. Amount of Premium income and claim payment in 2021

3.4 Cost Savings Analysis

Cost savings analysis was performed to evaluate the potential cost savings from the implementation of SiLPA policy in each data group. The analysis measures the total cost efficiency in each data group, potentially lowering the expenditure for primary healthcare facility claim. Variables included in the analysis were total claim financing and SiLPA values.

Data group I (before SiLPA policy) showed an estimated cost savings of - Rp9.615,810,902.00, while the data group II showed an estimated cost savings of Rp993,448,519.00. Thus, the total estimated cost savings was Rp993,448,519.00, as displayed in Table 3.

Table 3. Claim financing savings analysis based on Budget Account Surplus

Variables		Data Group I	Data Group II
Total premium revenue (Rp)	a	20,016,001,728	20,748,910,721
Claim financing (Rp)	b.	29,631,812,630	22,401,953,227
Budget Surplus Earnings (Rp)	c	0	2,646,491,025
Estimated potential cost savings (Rp)	d = a-b+c	-9,615,810,902	993,448,519

4. CONCLUSION

The study demonstrates the effect of SiLPA-based capitation adjustment policy in lowering the costs of unnecessary payment, even showing cost savings amid the COVID-19 pandemic. The concept of financial resilience under SiLPA-based capitation adjustment policy can provide feedback for the financial soundness of social security fund of BPJS Kesehatan in West Kotawaringin and Sukamara regencies. BPJS Kesehatan needs to propose a collaboration between the Health Agency and Primary Healthcare Facilities to obtain an accurate budget account surplus. Further intervention is necessary to expand the number of primary healthcare facilities implementing the SiLPA-based capitation adjustment policy. It is also necessary to provide adequate resources, training, and competence improvement for the primary healthcare facilities regarding funding and expenditure management.

Abbreviations

SiLPA: *Sisa Lebih Perhitungan Anggaran* (Budget Account Surplus); APBN: *Anggaran Penerimaan Belanja Negara* (State Budget); APBD: *Anggaran Penerimaan Belanja Daerah* (Regional Budget); JKN: *Jaminan Kesehatan Nasional* (National Health Security); BPJS Kesehatan: *Badan Penyelenggara Jaminan Sosial Kesehatan* (Social Security Administrator for Health); PCPs: Primary Care Providers; DJS : *Dana Jaminan Sosial* (Social Security Fund) ; BLUD: Regional Public Service Agency ; Covid-19: Coronavirus Disease (2019)

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