

INTISARI

Penerapan pembayaran kapitasi berbasis pemenuhan komitmen pelayanan merupakan upaya BPJS Kesehatan untuk meningkatkan mutu pelayanan kesehatan primer melalui penilaian kinerja Fasilitas Kesehatan Tingkat Pertama (FKTP). Penilaian kinerja tersebut didasarkan pada pencapaian beberapa indikator utama, yaitu Angka Kontak (AK), Rasio Rujukan Rawat Jalan Kasus Non-Spesialistik (RRNS), serta Rasio Peserta Prolanis Rutin Berkunjung atau Rasio Peserta Prolanis Terkendali (RPPB/RPPT). Penelitian ini bertujuan untuk menganalisis pencapaian indikator-indikator tersebut serta implikasinya terhadap capaian Kapitasi Berbasis Komitmen Pelayanan (KBK) dan pembayaran kapitasi pada FKTP di Kota Yogyakarta.

Penelitian ini menggunakan desain deskriptif analitik dengan pendekatan kuantitatif. Data yang digunakan merupakan data sekunder dari BPJS Kesehatan mengenai capaian indikator kinerja FKTP di Kota Yogyakarta periode Juni–November 2025. Subjek penelitian adalah 53 FKTP meliputi Puskesmas, Klinik Pratama, dan Dokter Praktik Perorangan (DPP). Analisis dilakukan secara deskriptif melalui perhitungan nilai rata-rata, distribusi capaian, serta perbandingan antar jenis FKTP.

Hasil penelitian menunjukkan bahwa rata-rata Angka Kontak (AK) pada seluruh jenis FKTP telah melampaui target minimal $\geq 150\%$, dengan Puskesmas memiliki capaian tertinggi. Rata-rata nilai RRNS pada seluruh FKTP berada pada tingkat yang sangat rendah, menunjukkan bahwa sebagian besar kasus non-spesialistik telah dapat ditangani di tingkat pelayanan primer. Rata-rata capaian RPPB/RPPT pada seluruh FKTP juga telah melampaui target yang ditetapkan, yang mengindikasikan bahwa Program Pengelolaan Penyakit Kronis (Prolanis) di Kota Yogyakarta berjalan cukup efektif. Capaian indikator-indikator tersebut berdampak pada tingginya nilai dan persentase KBK, sehingga sebagian besar FKTP menerima pembayaran kapitasi mendekati atau sama dengan 100% dari norma kapitasi.

Kesimpulan penelitian ini adalah bahwa FKTP di Kota Yogyakarta secara umum telah mampu memenuhi indikator pembayaran kapitasi berbasis pemenuhan komitmen pelayanan dengan baik. Mekanisme KBK terbukti berperan dalam mendorong peningkatan pemanfaatan layanan kesehatan primer, penguatan fungsi gatekeeper FKTP, serta kesinambungan pengelolaan penyakit kronis. Hasil penelitian ini diharapkan dapat menjadi bahan evaluasi bagi pemangku kepentingan dalam upaya peningkatan mutu pelayanan kesehatan primer dan penguatan implementasi kebijakan pembayaran kapitasi berbasis kinerja.

Kata kunci: Kapitasi, Fasilitas Kesehatan Tingkat Pertama, Angka Kontak, RRNS, Prolanis, Kapitasi Berbasis Komitmen Pelayanan

Abstract

The implementation of performance-based capitation payment is an effort by BPJS Kesehatan to improve the quality of primary health care services through performance evaluation of Primary Health Care Facilities. This evaluation is based on the achievement of key performance indicators, namely the Contact Rate, the Non-Specialistic Outpatient Referral Ratio (RRNS), and the Ratio of Routine Visits of Chronic Disease Management Program participants or the Controlled Prolanis Ratio (RPPB/RPPT). This study aimed to analyze the achievement of these indicators and their implications for Performance-Based Capitation scores and capitation payments among in Yogyakarta City.

This study employed a descriptive-analytic design with a quantitative approach. Secondary data were obtained from BPJS Kesehatan covering the performance indicators of PHCFs in Yogyakarta City during the period of June–November 2025. The study subjects consisted of Public Health Centers, Primary Clinics, and Individual General Practitioners. Data analysis was conducted descriptively by calculating average indicator values, distribution of performance achievements, and comparisons across types of Performance-Based Capitation.

The results showed that the average Contact Rate (CR) exceeded the minimum target of $\geq 150\%$, with Public Health Centers achieving the highest values. The average RRNS across all PHCFs was very low, indicating that most non-specialistic cases were appropriately managed at the primary care level. The average RPPB/RPPT values also exceeded the established targets, suggesting that the Chronic Disease Management Program in Yogyakarta City has been implemented effectively. The achievement of these indicators contributed to high Performance-Based Capitation scores, resulting in capitation payments that were close to or equal to 100% of the established capitation norms.

In conclusion, Performance-Based Capitation in Yogyakarta City have generally demonstrated good performance in meeting performance-based capitation indicators. The Performance-Based Capitation mechanism has proven effective in encouraging increased utilization of primary health care services, strengthening the gatekeeper function of Performance-Based Capitation, and ensuring continuity of chronic disease management. The findings of this study are expected to serve as an evaluation reference for stakeholders in enhancing the quality of primary health care services and strengthening the implementation of performance-based capitation policies.

Keywords: Capitation, Primary Health Care Facilities, Contact Rate, Non-Specialistic Referral Ratio, Prolanis, Performance-Based Capitation