EXPLORATION STUDY OF UNIVERSAL HEALTH COVERAGE (UHC) UTILIZATION IN PUSKESMAS AS PART OF THE FINANCIAL MANAGEMENT OF THE CITY OF SEMARANG GOVERNMENT 2018 – 2020

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ABSTRACT

Semarang City UHC financing using APBD II increases every year and is integrated into BPJS Health, as well as capitation income from UHC financing in 37 Semarang City Health Centers. This study aims to analyze the cost of health insurance for the Universal Health Coverage (UHC) program at 37 health centers in the city of Semarang. This study uses a qualitative research method with an exploratory approach (exploratory approach). The research was conducted at the Semarang City Health Office as the OPD that manages the health insurance fund for the Semarang City government's UHC program. The unit of analysis in this study is the health insurance financing program in the Universal Health Coverage (UHC) program specifically on the receipt of capitation funds at 37 Semarang City Health Centers and data on the utilization of health insurance for the UHC program. The result of the research is that the amount and capitation in 37 Puskesmas is still used for a maximum of 30% of capital and 70% is used for services and other operational expenditures. The Capitation Fund obtained by the Puskesmas is used for Individual Health Efforts (UKP) and is not sufficient for the SME program. The recommendation given is that the Regional Government and the Central Government must budget for promotive and preventive Public Health Efforts (UKM) activities.

Keywords: *health insurance costs, Universal Health Coverage (UHC)*

PRELIMINARY

Indonesia faces various challenges in health development, which result in higher costs incurred by the community. The aging structure of a number of residents causes an increase in chronic degenerative diseases with increasingly expensive costs. There are still many low-income residents who need substantial subsidies from the government. In addition, the value of out-of-pocket payments or costs incurred by the community in cash is still high, which should decrease with the National Health Insurance program. In the past five years, JKN financing has experienced greater and increasing losses so that the National Health Insurance program can be threatened. (Ministry of PPN/Bappenas, 2019).

In this case, there is a dissimilation of status and access to inter-regional health services, dissimilation of financing in terms of providing quality and equitable health facilities, including dissimilation of health workers and others such as pharmacists. On the other hand, the financial capacity in the regions has not been proportional to the responsibilities in the regions in implementing mandatory programs. The fallacy in analyzing a health financing is

neglecting the study of “what will be financed”. The costs required for public health efforts and health system strengthening programs tend to be ruled out with a partial approach. With this tendency, Indonesia faces escalation, namely the cost is quite large which then makes the assessment of public health decrease. (Ministry of PPN/Bapenas, 2019)

The situation and various problems in health financing require changes or reforms in health financing policies, one of which is the sustainability of the cost of the National Health Insurance. Since the first year the National Health Insurance program has suffered losses, because the "cash inflow" is not greater than the "cash outflow".

This is caused by ; a) Participation has not been comprehensive; b) Actuarially the premium value is far below the provisions; and c) More participants are in arrears. Meanwhile, from the "cash outflow" point of view: a). Participants who are classified as economically capable take advantage of a class that is higher than their membership while in hospital so that claims are higher; b). Insufficient number of doctors causes high hospital referral value; and c). The occurrence of "upcoding", which is an act of fraud.

Steps in financially strengthening the National Health Insurance program are: 1) INA – CBGs rates must be updated, 2) Premiums are adjusted according to actuarial, 3) Focus on payment of arrears, 4) Apply fees, 5) Establish a financing system for operating performance, and 6) Focusing on the implementation of medical monitoring and evaluation and review utilization. This is stated in the study of the Health sector, Health Financing and JKN published by the Ministry of National Development Planning/Bappenas in 2019.

Presidential Regulation No.72 of 2012 concerning the National Health System (SKN) states "that health efforts can be divided into two, namely public health efforts (UKM) and individual health efforts (UKP)". The World Bank (World Development Report 1993) stated that health services are divided into two, namely public health services and individual clinical services. According to economic theory, the nature of the two groups of services or efforts is different. SMEs or “public health services” are “public goods” and therefore their financing is highly dependent on the state budget (taxes). "Public goods" in its application are difficult to finance. Individual activity efforts are generally "private goods" so they can use a payment system using insurance-based tariffs.

WHO states that related to UHC means that all individuals and community groups receive the health services they need without experiencing financial difficulties, covering the full spectrum of essential and quality health services, from health promotion, prevention, treatment, rehabilitation to palliative care. UHC is not only related to health financing, but more than that it covers all components of the health system, namely the health service delivery system, health workers, health facilities and communication networks, health technology, information systems, quality assurance mechanisms, as well as governance and legislation.

UU no. 40 of 2014 concerning the National Social Security System states that everyone has the right to social security to be able to meet the basic needs of a decent life and increase his dignity towards the realization of a prosperous, just and prosperous Indonesian society. The National Health Insurance (JKN) has been implemented in Indonesia since January 1 2014. The National Health Insurance is managed by the Health Social Security Administration (BPJS) based on Law number 24 of 2011 concerning the Social Security Management Agency (BPJS).

The 2019 Program Report and 2019 Financial Report (Audit Results) of the Health Insurance Administration Agency (BPJS) illustrate that every year from 2014 to 2019 there has been an increase in the utilization of Health services in Indonesia, this can be seen from table 1.1.

Tabel 1.1 Pemanfaatan Pelayanan Kesehatan Tahun 2014 – 2019

Pemanfaatan JKN-KIS	**2014** (juta)	**2015** (juta)	**2016** (juta)	**2017** (juta)	**2018** (juta)	**2019** (juta)
Kunjungan di FKTP *)	66,8	100,6	120,9	150,3	147,4	180,4
Kunjungan di poliklinik rawat jalan RS	21,3	39,8	49,3	64,4	76,8	84,7
Kasus rawat inap rumah sakit	4,2	6,3	7,6	8,7	9,7	11,0
TOTAL PEMANFAATAN/TAHUN	**92,3**	**146,7**	**177,8**	**223,4**	**233,9**	**276,1**
TOTAL PEMANFAATAN/HARI	**252,877**	**401,918**	**487,123**	**612,055**	**640,882**	**756,515**

Sumber : Laporan Program Th 2019 dan Laporan Keuangan Th 2019 BPJS Kesehatan

The Ministry of Health has compiled a road map for the implementation of JKN, in 2019 it is targeted that all Indonesians have registered as JKN participants in the Universal Health Coverage (UHC) program. The Semarang City Government has followed up this matter by issuing Mayor Regulation Number 43 of 2017 concerning the Implementation of Health Insurance. The principle and purpose of the establishment of Perwal number 43 is that the implementation of health insurance is carried out with the principles of humanity, justice, benefit, and effectiveness in order to improve the health status of the community.

Health Insurance for the people of the City of Semarang The Universal Health Coverage (UHC) program was implemented starting on November 1, 2017. On March 1, 2017, the Semarang City Government has integrated the Health Insurance claim for the residents of the City of Semarang (Jamkesmaskot) into the JKN-KIS BPJS Health.

Universal Health Coverage (UHC) Semarang City is the embodiment of the Semarang City Government as an effort to implement health for the citizens of Semarang City to make it easy. Almost all the people of Semarang City or 95.59% of the people have health insurance as recipients of contribution assistance through APBN funding, recipients of contribution assistance through APBD / Jamkesda funding, wage workers (ASN, TNI, POLRI, private workers, BUMN, BUMD) , non-wage workers (informal workers) and non-investors, employers, veterans, independence pioneers, retirees. This achievement has exceeded the national target for universal coverage of district/city and provincial participation, at least 95% of the population has health insurance.

Tabel 1.2 Distribusi Peserta JKN_KIS Berdasarkan Segmentasi (per Februari 2020)

Kepesertaan	**Jumlah peserta (jiwa)**	**Prosentase /Jumlah penduduk Kota Semarang 1.670.379 jiwa**
PBI APBN	641.188	38,39 %
PBI APBD	346.424	20,74 %
PPU	294.639	17,64 %
PBPU	248.572	14,88 %
BP	65.838	3,94 %
JUMLAH	**1.596.661**	**95,59 %**

Sumber : Paparan Sosialisasi Program UHC JKN-KIS Kota Semarang

Table 1.2 shows that the burden of health insurance financing in the Semarang City UHC program that must be borne by the Semarang City Government is 20.74% or as many as 346,424 people. Every month there is approximately a 1.20% increase in the number of UHC participants in Semarang City or approximately 5,004 residents of Semarang City per month.

The UHC Health Insurance Program is financed through a budget sourced from the Semarang City Regional Budget. Participants receiving contribution assistance (PBI) are all residents of the community who have not received assistance from anywhere, especially residents of the City of Semarang.

The central policy towards the elimination of membership in the non-State Budget assistance recipient segment, which is the reason for the emergence of Presidential Regulation Number 75 of 2019 which makes the budget burden much higher. This makes researchers interested in conducting an exploratory study on the utilization of universal health coverage at the Puskesmas as part of the financial management of the Semarang City Government in 2018 - 2020.

RESEARCH METHODS

This research design uses quantitative research methods with an exploratory approach. The exploratory approach is a way of working research that is intended to find further and deeper into other possibilities of the problem under study. (Ibrahim, 2015)

This type of research design uses a single case study because the researcher only uses one object or one case. The case studied was about the utilization of health insurance financing for the UHC program at Puskesmas throughout the city of Semarang.

The data obtained by the researcher was then analyzed qualitatively. The data analysis was carried out through three stages, namely: data collection, data editing, and data presentation, and then conclusions were drawn. Analysis of the data in this study is to understand the regulation of Presidential Regulation 32 of 2014 concerning Management and Utilization of National Health Insurance Capitation Funds at First Level Health Facilities Owned by Regional Governments with Semarang Mayor Regulation Number 13 of 2016 concerning Governance Patterns for Regional Public Service Agencies of Semarang City Health Centers. and Regulation of the Mayor of Semarang Number 9 of 2019 concerning Amendments to the Regulation of the Mayor of Semarang Number 136 of 2016 concerning Technical Guidelines for Financial Management and Accounting for the Regional Public Service Agency of the Semarang City Health Center.

RESULTS AND DISCUSSION

Health Insurance Financing

UHC Program

The Regional Health Insurance Program (Jamkesda) was developed as a program of mentoring and support for poverty reduction programs in the health sector. This Health Financing Policy is allocated from the Semarang City Government Regional Budget.

The Semarang City Government followed up with the issuance of Mayor Regulation number 43 of 2017 concerning the Implementation of Health Insurance. The principle and purpose of the establishment of the Perwal is that the implementation of health insurance is carried out with the principles of humanity, justice, benefit, and effectiveness in order to improve the health status of the community. The implementation of Health Insurance aims to improve the degree, quality, and coverage of health services for the community. Then the Universal Health Coverage (UHC) program was born for Semarang City residents.

The Universal Health Coverage Program in Semarang City by involving funded participants is included in the JKN service which is managed by BPJS Health with a non-profit principle and contributions are paid every month according to the bill from BPJS Kesehatan Semarang Branch. UHC program participants are divided into two, namely Mandiri participants and participants who receive contribution assistance (PBI).

Health facilities in collaboration with BPJS Kesehatan will serve all participants registered by the Semarang City Government. There are two health facilities, namely FKTP as a primary service and FKTRL as a secondary service and are divided into several criteria (Hospital type A, B, C, D) by implementing a tiered referral system.

Payment methods accepted by health facilities in collaboration with BPJS Kesehatan for FKTP receive capitation payments for each registered participant and payments for hospitals using the Ina-Cbgs rate according to the type of hospital.

The criteria for the effectiveness of financial performance based on the Decree of the Minister of Home Affairs Number 600,900,327 of 1996 concerning guidelines for financial assessment and performance, can be seen in the table below: (Devas, 1996)

Tabel 4.1 Kriteria Kinerja Keuangan

Prosentase Kinerja Keuangan	Kriteria
Diatas 100%	Sangat Efektif
90% - 100%	Efektif
80% - 90%	Cukup Efektif
60% - 80%	Kurang Efektif
Kurang dari 60%	Tidak Efektif

Tabel 4.2 Kinerja Keuangan terhadap Belanja Kesehatan di Dinas Kesehatan Kota Semarang Menurut Sumber dari Tahun 2018 – 2020

No	Tahun	Anggaran (juta)	Realisasi (juta)	Prosentase (%)
1	2018	216,9	209,2	96,39
2	2019	258,7	279,7	108,14
3	2020	336,5	313,1	93,03

Sumber : Profil Dinas Kesehatan Kota Semarang tahun 2020

Table 4.2 shows the financial performance of health expenditure costs at the Semarang City Health Office for the last three years with the percentage of effective financial performance in 2018 of 96.39%, but there are still debts for financing health contributions for UHC participants in 2018. The percentage of financial performance is very effective. in 2019 with

a percentage of 108.14% due to an evaluation every month where the system used is a smart city and the percentage of effective financial performance in 2020 is 93.03%, this is influenced by the covid-19 pandemic so that a sudden central policy occurs where the COVID-19 pandemic budget has not been previously budgeted in accordance with Permendagri number 177/KMK.07/2020 concerning the Acceleration of Adjustment to the 2020 Regional Revenue and Expenditure Budget in the Context of Handling Corona Virus Disease 2019 (COVID-19).

Tabel 4.3 Anggaran Kesehatan Kota Semarang Menurut Sumber dari Tahun 2018 – 2020

No	Komponen	Tahun Anggaran		
		2018 (milyar)	2019 (milyar)	2020 (milyar)
1	Total Anggaran Kesehatan Kota Semarang	495,8	546,3	620,3
2	Jumlah Pendapatan Daerah Kota Semarang (APBD)	4.301	4.749	5.093
3	**Prosentase**	**11,52 %**	**11,50 %**	**12,17 %**

Sumber : LKjIP Kota Semarang tahun 2018 – 2020

Table 4.3 shows the Semarang City Health Budget in the Semarang City Budget for the last three years, the total health budget comes from the Semarang City Health Office and KRMT Wongsonegoro Hospital where the percentage shows a value above 10% with details in 2018 of 11.52%, in 2019 of 11.50% and in 2020 it is 12.17% where this percentage is quite large to the total income of the Semarang City Region (APBD).

Tabel 4.4 Belanja Kesehatan Kota Semarang Menurut Sumber dari Tahun 2018 – 2020

No	Unit	Tahun Anggaran		
		2018 (milyar)	2019 (milyar)	2020 (milyar)
1	Dinas Kesehatan Kota Semarang	209,2	279,7	313,1
2	Rumah Sakit KRMT Wongsonegoro	286,7	266,6	307,2
3	**TOTAL**	495,9	546,3	620,3

Sumber : Dinas Kesehatan Kota Semarang

Table 4.4 shows that Semarang City Health Expenditure for the last three years comes from the realization of the Semarang City Service and KRMT Wongsonegoro Hospital budget realization. In 2018 health spending for the KRMT Wongsonegoro Hospital was more with a percentage of 57.81%, in 2019 the health expenditure of the Semarang City Health Office was more with a percentage of 51.21% and in 2020 with a percentage of 50.47%.

Tabel 4.5 Realisasi Anggaran Kesehatan Dinas Kesehatan Kota Semarang Menurut Sumber dari Tahun 2018 – 2020

No	Komponen	Tahun Anggaran

		2018 (milyar)	2019 (milyar)	2020 (milyar)
1	Belanja Tidak Langsung Dinas Kesehatan Kota Semarang	115,3	148,9	150,2
2	Total Anggaran Kesehatan Kota Semarang	495,8	546,3	620,3
3	Jumlah Pendapatan Daerah Kota Semarang (APBD)	4.301,8	4.749,2	5.093,4

Sumber : Dinas Kesehatan Kota Semarang

Tabel 4.6 Realisasi Anggaran Kesehatan Rumah Sakit KRMT Wongsonegoro Kota Semarang Menurut Sumber dari
Tahun 2018 – 2020

No	Komponen	Tahun Anggaran 2018 (milyar)	2019 (milyar)	2020 (milyar)
1	Belanja Tidak Langsung Rumah Sakit KRMT Wongsonegoro	48,5	49,9	48,7
2	Total Anggaran Kesehatan Kota Semarang	495,8	546,3	620,3
3	Jumlah Pendapatan Daerah Kota Semarang (APBD)	4.301,8	4.749,2	5.093,4

Sumber : Dinas Kesehatan Kota Semarang

Table 4.5 shows the Health Budget Realization of the Health Office of the City of Semarang which is a direct expenditure on the Total Regional Revenue of the City of Semarang (APBD) in the last three years, in table 4.6 shows the details of the Realization of the Health Budget of the Semarang City Health Office in 2018 with a percentage of 8.84%, in 2019 with a percentage of 8.37% and in 2020 with a percentage of 9.23% while direct spending at the KRMT Wongsonegoro Hospital Semarang City with details in 2018 with a percentage of 10.39%, in 2019 with a percentage of 10.45% and in 2020 with a percentage of 11.22%.

Capitation of Health Centers throughout the City

Semarang

Regulation of the Minister of Health of the Republic of Indonesia No. 19 of 2014 concerning the Use of National Health Insurance Capitation Data for Health Services and Operational Cost Support in First Level Health Facilities Owned by Local Governments. Article 5 (1) The allocation of Capitation Funds to support operational costs of health services is utilized for: a. Medicines, medical devices and medical consumables; and b. other health service operations.

We know that capitation is the amount of financing per month paid in advance by BPJS Kesehatan to First Level Health Facilities based on the number of participants. From 2018 to 2019, an increase in the number of capitations as a whole was influenced by the addition of participants in terms of UHC participation achievements, namely in 2018 by 93.73% and in 2019 by 95.62%, while in 2019 to 2020 there was a decrease in the amount of capitation due to the deactivation of JKN participants in accordance with the letter of the Social Security

Administering Body number 10/18/VI—01/1220 dated December 29, 2020 regarding the deactivation of PBI participants in the Central Java Provincial Budget.

The amount of capitation has an impact on the distribution of financing for health services at the Puskesmas. Based on Presidential Regulation No. 34 of 2014 concerning the Management and Utilization of National Health Insurance Capitation Funds at First Level Facilities Owned by Local Governments. Article 12 (4) Health services in FKTP are at least 60% of the total capitation revenue. the rest is used to support the operational costs of health services.

Patient Visits at Health Centers throughout Semarang City

The results obtained are the average number of visits in 2018 with a percentage of 43.23%, in 2019 it increased by a percentage of 51.32% due to the addition of UHC participants as much as 1.89% from the achievement of UHC participation as much as 93.73% in 2018 and 95.62% in 2019 spread across Public Health Centers throughout Semarang City and decreased in 2020 with a percentage of 21.67% due to the deactivation of Central Java Province UHC participants as stated in the letter from the Head of the Central Java Provincial Health Office number 051/9493/ 5 on 11 December 2020 as well as the Covid-19 pandemic which caused participants to be reluctant or afraid to visit health care facilities.

Average Cost of Drugs and Consumables for Public Health Centers in Semarang City in 2018 – 2020

Tabel 4.9 Rerata Biaya Penggunaan Obat dan Bahan Habis Pakai untuk Puskesmas se – Kota Semarang Tahun 2018 – 2020

No	Tahun	Pemakaian (Rp.)	Kunjungan Resep Obat Pasien Sakit (Orang)	Rata - Rata Kebutuhan Obat Perpasien (Rp.)
1	2018	16.765.624.351	1.105.441	15.166
2	2019	18.427.978.952	1.220.953	15.093
3	2020	21.987.052.995	922.590	23.832

Sumber : Dinas Kesehatan Kota Semarang tahun 2020

Medicine is the main component in a health service. Table 4.9 shows the average cost of patient drug use per prescription visit at the Puskesmas from 2018 to 2020 where the value of drug needs for use and prescription visits per person has increased and decreased. In 2018, the average drug need per patient was 0.2% more than the drug need per patient in 2019, but in terms of usage and prescription visits for sick patients increased in 2019 due to the addition of UHC participants while the average value of - The average need for drugs in 2019 decreased because drug prices in e-cataloc were lower than the previous year and in 2020, prescription visits for sick patients decreased by 13.9% or as many as 298,363 people, but on average there is a difference in percentage of 22, 45% more than in 2019, this is due to the covid-19 pandemic which creates unpredictable drug needs. The average drug requirement per patient is still supported by other budgets besides the capitation obtained by the Puskesmas.

Overview of the Utilization of Capitation Funds for Outpatient Health Services at Health Centers throughout Semarang City in 2018 – 2020

Tabel 4.10 Pemanfaatan Dana Kapitasi untuk Pelayanan Kesehatan Rawat Jalan pada Puskesmas se – Kota Semarang Tahun 2018 – 2020

		Tahun		
No	**Kategori**	**2018**	**2019**	**2020**
1	Rata - rata Kapitasi Puskesmas (Rp)	1.255.293.264	1.402.666.296	1.341.198.660
2	Rata - rata Obat & BMHP Puskesmas (Rp)	15.166	15.093	23.832
3	Rata - rata Kunjungan Pasien Puskesmas (Jiwa)	43.239	51.317	21.678

Sumber : Dinas Kesehatan Kota Semarang tahun 2020

Table 4.10 shows the Utilization of Capitation Funds for Outpatient Health Services at Health Centers throughout Semarang City in 2018 - 2020. An illustration of the percentage of the budget used for capital and services is obtained, namely from the average use of capitation funds minus the average drug and materials medical consumables multiplied by the average patient visiting the puskesmas, the results obtained are in 2018 with a percentage of 47.76% with a utilization cost of Rp. 599,530,590, in 2019 with a percentage of 44.78% with a utilization fee of Rp. 628,138,815 and in 2020 with a percentage of 61.48% with a utilization fee of Rp. 824,568,564.

Discussion

Guarantee Financing Effectiveness Health in the UHC Program Semarang city

APBD or Regional Revenue and Expenditure Budget is the regional government's annual financial plan approved by the Regional House of Representatives. According to law number 17 of 2003 concerning State Finance in article 2 paragraph (4), the function of the APBD is as an Authorization Function, Planning Function, Supervision Function, Allocation Function, Distribution Function, and Stabilization Function.

The performance approach of a budget system that prioritizes efforts to achieve work results or outputs from the planning of cost allocations or inputs that are determined is the composition of the APBD. The APBD has a unified structure, namely:

a. Regional Revenue, is a regional right in one fiscal year which increases the equity of current funds received through the General Blood Cash account.

b. Regional Expenditures, used in the context of implementing government affairs which are the authority of each region, include all expenditures from the regional General Treasury account which reduce the equity of current funds.

c. Financing, including financing receipts and financing expenditures both in the relevant fiscal year and in the following fiscal year.

Health Shopping Cost Analysis

at the Semarang City Health Office

Based on the results of the study which can be seen in table 4.2 for the financial performance of the health expenditure costs at the Semarang City Health Office in 2018, it was realized with a percentage of 96.39% of the total budget ceiling, which was Rp. 216,998,848,566 shows effective financial performance, in 2018 for financing health insurance contributions they still have debts, however, this is in accordance with the cooperation agreement letter between the Semarang City Government and the Semarang Branch of the Health Social Security Organizing Agency with number 510.1/22713 dated December 21, 2018 concerning the Implementation National Health Insurance for the Residents of Semarang City in the Framework of Universal Health Coverage which states that in article 8 (7) the payment of the first stage of the contribution includes the payment of the FIRST PARTY to the SECOND PARTY based on the official report on the results of the completed/annual data reconciliation in 2018 and the payment of contributions in January 2019 which is paid no later than January 2019. In 2019 it was realized with a percentage of 108.14% of the total budget ceiling of Rp. 258,673,891,000 shows that financial performance is very effective, because there is an evaluation every month and the system used is already a smart city and in 2020 it was realized with a percentage of 93.03% of the total budget ceiling of Rp. 336,543,560,602 shows effective financial performance, where in 2020 there was a covid-19 pandemic so there was a sudden central policy where the COVID-19 pandemic budget had not been previously budgeted according to Permendagri number 177/KMK.07/2020 concerning Acceleration of Adjustment of the Revenue and Budget Budget. Regional Expenditures in 2020 in the Context of Handling Corona Virus Disease 2019 (COVID-19), As well as Securing Public Purchasing Power and the National Economy.

More budget flows have flowed to the regions since the decentralization era, thus the current source of financing is more dependent on the Regency/City APBD. In line with Law No. 32 of 2004 concerning local government, districts/cities that implement a decentralized system will experience a transfer of authority or distribution of power in government planning, management and decision making. The transfer of authority includes the authority in the health sector, which even becomes a mandatory authority that must be carried out by the Regency/City Government.

Health Budget Analysis Semarang city

The budget for health financing managed by the Semarang City Health Office is sourced from the Semarang City Regional Budget, here also the puskesmas budget as a Regional Technical Implementation Unit (UPTD) with the Semarang City Health Office is still unified. This means that the Semarang City Health Office is the organizer of promotive and preventive health activities. Based on the results of

research during 2018 to 2020 in table 4.3 regarding the Semarang City Health Budget, the regional revenue budget has always increased, namely in 2018 it increased by 0.09% with an income of Rp. 4,301,858,632,218, in 2019 there was an increase of 0.10% with an income of Rp. 4,749,249,080,000, and in 2020 there was an increase of 0.07% with an income of Rp. 5,093,441,461,000. As for the total health budget, the percentage shows a value above 10%, where this percentage is quite large and in accordance with the Implementation of Accrual-Based Government Accounting Standards in Regional Governments in accordance with Permendagri number 64 of 2013.

The District/City Health Office funded by the APBD has absolute responsibility for organizing Community Health Efforts (UKM) activities in their area considering the changes in the structure of the national health system organizers in 2014 - 2019.

City Health Expenditure Analysis

Semarang

In 2018 based on the results of research which can be seen in table 4.4 regarding Semarang City Health spending which is widely used for spending in the curative sector, namely the KRMT Wongsonegoro Hospital, with a percentage of 57.81% with a budget of Rp. 286,653,408,614, but in 2019 to 2020 health spending was mostly used in the preventive and promotive sectors at the Semarang City Health Office with a percentage of 51.21% in 2019 amounting to Rp. 266,605,150,533 and the percentage of 50.47% in 2020 is Rp. 307,213,586,268. Health spending in 2020 is focused on accelerating the handling of the COVID-19 pandemic.

Budget Realization Analysis City Health OfficeSemarang

The percentage of direct expenditure or the realization of the Health budget at the Semarang City Health Office to the Total Regional Revenue of the City of Semarang (APBD) which is known from the results of the research in table 4.5, namely in 2018 with a percentage of 8.84%, in 2019 the percentage was 8.37% and in 2020 the percentage is 9.23%.

The realization of the Health expenditure budget at the Semarang City Health Office in 2020 with a percentage of 44% with a budget of Rp. 150,187,893,032 is used for the management of the poor, in which there is a Universal Health Coverage (UHC) program as the embodiment of the health financing subsystem and the fulfillment of UHC requirements with participation of 95% of the population in Semarang City in accordance with the cooperation agreement between the Semarang City Government and BPJS Kesehatan Semarang with the number 510.1/30078 dated December 27, 2019 . This figure is quite large considering Presidential Regulation number 82 of 2018 concerning Health Insurance, Health Insurance is a guarantee in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs that are given to everyone who has paid health insurance contributions or health insurance contributions. paid by the Central Government or Local Government.

Budget Realization Analysis KRMT Hospital Health Wongsonegoro Semarang City

Based on the results of the study in table 4.5, the percentage of direct expenditure or the realization of the Health budget at the KRMT Wongsonegoro Hospital Semarang City with details in 2018 with a percentage of 10.39%, in 2019 with a percentage of 10.45% and in 2020 with a percentage of 11. 22%. Given the limitations of the study, the researcher did not analyze further for financing in the curative sector.

The results of the study illustrate that the Health Expenditure Costs at the Semarang City Health Office during 2018 - 2020 were consecutively realized with a percentage above 90%, this shows effective financial performance to very effective financial performance.

The Social Security System is regulated in Law No. 40 of 2014 concerning the National Social Security System and Law No. 32 of 2004 concerning Regional Government, so the health financing system in Indonesia is moving towards the Social Health Insurance System. Many health financing systems are implemented in other countries whose sources of financing are dependent on taxes. The system chosen in Indonesia is a mixture of taxes with central and local government budgets which lack out of pocket. In the regions the health insurance system uses the principles of social health insurance which is a short-term social security subsystem by seeking individual health.

The availability of health insurance financing in a sufficient amount, allocated equitably and utilized effectively and efficiently, to ensure the implementation of health development in order to improve the health status of the community as high as possible is the objective of the analysis of Jamkesda financing.

Utilization (Utilization Review) on Semarang City Health Center

Every effort that is carried out individually or jointly, in an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups and communities is the meaning of Utilization of health services by Levey and Loomba (1973). Meanwhile, treatment seeking behavior is the behavior of individuals or groups or residents to perform or seek treatment as stated by Notoatmodjo (2007).

The number of health services requires people to see the quality of these health services so that people are more selective in choosing health services. Available and sustainable, easy to achieve, easy to reach, acceptable and reasonable, and quality is a basic requirement for quality health services according to (Azwar, 1996)

Capitation Analysis of Public Health Centers Semarang city

Regulation of the Minister of Health of the Republic of Indonesia No. 19 of 2014 concerning the Use of Capitation Data for National Health Insurance for Health Services and Operational Cost Support at First Level Health Facilities Owned by Regional Governments, Article 5 (1) The allocation of Capitation Funds to support

operational costs of health services is used to: a. drugs, medical devices, and consumable medical materials; and b. other health service operations.

From the results of the research in article 4.7, it was found that the lowest capitation from 2018 - 2020 was at the Karanganyar Public Health Center, because it was known that the puskesmas was located in an industrial area, far from crowds, and only had 4 target areas with a capitation of 0.5 billion. up to 0.6 billion per year, while the highest capitation from 2018 - 2020 is at the Kedungmundu health center which incidentally is in crowded areas such as Tembalang and Rowosari and has 7 target areas with a capitation of more than 2.5 billion per year .

From 2018 to 2019, an increase in the number of capitations as a whole was influenced by the addition of participants in terms of UHC participation achievements, namely in 2018 by 93.73% and in 2019 by 95.62%, while in 2019 to 2020 there was a decrease in the amount of capitation due to the deactivation of JKN participants in accordance with the letter of the Social Security Administering Body number 10/18/VI—01/1220 dated December 29, 2020 regarding the deactivation of PBI participants in the Central Java Provincial Budget.

The amount of capitation has an impact on the distribution of financing for health services at the Puskesmas. Based on Presidential Regulation No. 34 of 2014 concerning the Management and Utilization of National Health Insurance Capitation Funds at First Level Facilities Owned by Regional Governments, Article 12 (4) Health services in FKTP are at least 60% of the total capitation receipts, the rest is used to support operational costs of health services.

The capitation received by each puskesmas is seen from the capitation norm, where the Puskesmas does not receive a maximum of IDR 6,000.00 for 1 registered patient, then the operational costs of the Puskesmas to buy drugs, consumables and other needs will be smaller due to the determination of the amount of operational funds based on the percentage of capitation, so the smaller the capitation the smaller the operational costs.

Policies governing the use of capitation funds should stipulate operational costs including for drugs and consumables, not based on capitation percentages, but using absolute per capitation figures taking into account drug prices in certain areas.

The increasing portion of budget management in Puskesmas is related to the source of funds obtained from capitation. According to information obtained from the Puskesmas, the allocation of the JKN Puskesmas capitation fund consists of 30% used for capital expenditures and the remaining 70% is assumed to be 100% of which 35% is for services and the remaining 65% is used to support operational costs of health services. According to information from sources at the puskesmas, the details of 65% of the operational costs of health services are 30% for curative services (UKP), 30% for the procurement of medical devices, and 40% for consumables.

Analysis of the Average Cost of Using Medicines and Medical Consumables for Health Centers in Semarang City in 2018 – 2020

Medicine is the main component in a health service. The use of drugs in the health insurance system at the Puskesmas has not referred to a special formulary, but

the SOP is stated to refer to the DPHO of PT Askes. Thus, the cost for drug utilization cannot be controlled.

The results of the study in table 4.9 describe the average cost of using drugs and medical consumables for the last 3 years, the average cost of using patient drugs per prescription visit at the Puskesmas from 2018 to 2020 where the value of drug needs for use and prescription visits per person has increased and down. In 2018 the cost of drug use was Rp. 16,765.624,351 with an average drug requirement per patient of Rp. 15,166, or there is a difference of 0.2% more than the need for drugs per patient in 2019, but in terms of usage and prescription visits for sick patients increased in 2019 due to the addition of UHC participants at the Puskesmas. In 2019 the cost of using drugs and medical consumables increased by a percentage of 8.93% or increased by a difference of Rp. 1,662,354,601 but the average drug requirement per patient decreased by Rp. 15,093 because there was a change in drug prices in e-cataloc, which was lower than the previous year and in 2020 it increased by a percentage of 8.81% or increased by a difference of Rp. 3,559,074,043 with decreased prescription visits but the average drug requirement per patient increased by Rp. 23,832, this happened due to the COVID-19 pandemic which created unpredictable drug needs.

The average cost of drugs needed by FKTP or Puskesmas from 2018 to 2020 continues to increase, the average drug need per patient is still supported by other budgets besides the capitation obtained by the Puskesmas.

Overview of the Utilization of Capitation Funds for Outpatient Health Services at Health Centers throughout Semarang City in 2018 - 2020

The results of the study which can be seen in table 4.10 show the results of the use of capitation funds for outpatient health services at health centers throughout Semarang City in 2018 - 2020. An overview of the average percentage of capitation funds utilization is in 2018 with a percentage of 52.24% at a cost of utilization of Rp. 655,762,674, - and the remaining Rp. 599,530,590,- with a percentage of 47.76% used for capital and other operational costs. In 2019 with a percentage of 55.22% with a utilization fee of Rp. 774,527,481,- and the remaining Rp. 628,138,815 with a percentage of 44.78% used for capital and other operational costs, but in 2020 the use of puskesmas capitation funds is still widely used for individual health efforts or UKP with a percentage of 38.52% with a utilization cost of Rp. 516,630,096,- and the remaining Rp.824,568,564,- with a percentage of 61.47% used for capital and other operational costs.

CONCLUSION

1. Financial performance on Health spending at the Semarang City Health Office in 2018 and 2020 showed effective financial performance with a percentage of 96.39% and 93.03%, respectively, in 2019 showed a very effective financial performance with a percentage of 108.14%.

2. The use of Puskesmas capitation funds is still used for Individual Health Efforts (UKP) in the curative sector with details in 2018 of 52.24%, in 2019 of 55.22% and in 2020 of 38.52% while the rest is used for capital and other operations.

3. The Capitation Fund obtained by the Puskesmas is not sufficient to finance Community Health Efforts (UKM).

SUGGESTION

1. The Regional Government and the Central Government must budget for promotive and preventive Public Health Efforts (UKM) activities.

2. The Puskesmas must be proactive to increase participation in its working area,increase the income of the Puskesmas.

BIBLIOGRAPHY

Ali Ghufron Mukti dan Moertjahjo, 2008. *Sistem Jaminan Kesehatan: Konsep Desentralisasi terintegrasi*. Fakultas Kedokteran Universitas Gakahmada bekerjasama dengan Asosiasi Jaminan Sosial Daerah.

Arikunto, S. 2006. *Metode Penelitian Kualitatif*. Jakarta: Bumi Aksara

Azwar, A. 1996. Pengantar Administrasi Kesehatan, Binarupa Aksara, Jakarta.

B. Setiyono, "*Perlunya Revitalisasi Kebijakan Jaminan Kesehatan di Indonesia*," Politika: Jurnal Ilmu Politik, vol. 9, no. 2, pp. 38-60, Oct. 2018. https://doi.org/10.14710/politika.9.2.2018.38-60

Devas, N. 1996. Keuangan Pemerintah Daerah di Indonesia. UI – Press. Jakarta

Estherlina Sitorus et al, 2017. *Analisis Pembiayaan Kesehatan Bersumber Pemerintah di Kota Serang Tahun 2014 – 2016. Jurnal Kebijakan Kesehatan Indonesia*, Vol. 6, No. 3 September 2017.

Fatmawarda Sy.Timumun, 2018. *Analisis Komparasi Pembiayaan Program Jaminan Kesehatan Nasional Dan Program Jaminan Kesehatan Daerah Dalam Pencapaian Efektifitas Anggaran Pada Dinas Kesehatan Kabupaten Buol*. e Jurnal Katalogis, Volume 6 Nomor 1Januari 2018 hlm 41-51 ISSN: 2302 - 2019.

Ibrahim, 2015. Metodologi Penelitian Kualitatif. Pontianak : Academia

Kementrian Perencanaan Pembangunan Nasional/ Bappenas. Kajian Sektor Kesehatan. Pembiayaan Kesehatan dan JKN. Jakarta: Kementrian PPN/Bappenas. 2019

Levey, Samuel & Loomba, Paul N, 1973, Health care administration a managerial prespective, Phil : J.P. Lippineett Comp.

Notoatmodjo, S. 2007. Promosi Kesehatan dan Ilmu Perilaku . PT. Rineka Cipta. Jakarta.

Notoatmodjo, S. 2010. Ilmu Perilaku Kesehatan. PT. Rineka Cipta. Jakarta.

Republik Indonesia, 2003. Undang - Undang Nomor 17 tahun 2003 tentang Keuangan Negara pasal 2 ayat (4) . Jakarta.

Republik Indonesia, 2004. Undang - Undang Nomor 32 tahun 2004 tentang Pemerintahan Daerah. Jakarta.

Republik Indonesia, 2004. Undang-undang Nomor 40 Tahun 2004 tentang Sistem Jaminan Sosial Nasional. Sektretariat Negara. Jakarta.

Republik Indonesia, 2011. Undang-undang Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial (UU BPJS). Sektretariat Negara. Jakarta.

Republik Indonesia, 2012. Peraturan Presiden No.72 tahun 2012 tentang Sistem Kesehatan Nasional (SKN). Jakarta.

Peraturan Walikota, 2017. Peraturan Walikota Nomor 43 Tahun 2017 Tentang Penyelenggaraan Jaminan Kesehatan. Semarang.

Republik Indonesia, 2018. Peraturan Presiden Nomor 82 Tahun 2018 Tentang Jaminan Kesehatan. Menteri hukum dan hak asasi manusia. Jakarta.

Republik Indonesia, 2019. Undang-undang Nomor 75 Tahun 2018 tentang Perubahan Peraturan Presiden nomor 82 Tahun 2018 tentang Jaminan Kesehatan. Jakarta.

Republik Indonesia, Undang - Undang Dasar RI Tahun 1945 pasal 28 huruf H Tentang Hak Asasi Manusia. Jakarta.