

NORMS OF THE STIPULATION OF THE AMOUNT OF CAPITATION AND THE PAYMENT OF CAPITATION ON THE BASIS OF THE FULFILLMENT OF SERVICE COMMITTMENT IN FIRST-LEVEL MEDICAL FACILITY (Regulation of the Management Board of Medical Social Security Number 2 Year 2015 dated July 27, 2015)

BY GRACE OF GOD THE ALMIGHTY
THE PRESIDENT DIRECTOR OF THE MANAGEMENT
BOARD OF MEDICAL SOCIAL SECURITY

Considering:

- a. that in order to enhance efficiency and effectiveness in the management of medical security, BPJS Health, besides developing medical service system, also develops service quality control system and medical service payment system through a model of capitation payment to first-level medical facility;
- b. that having regards to letter a, it is necessary to stipulate a regulation of the Management Board of Medical Social Security on Norms of the Stipulation of the Amount of Capitation and the Payment of Capitation on the Basis of the Fulfillment of Service Commitment in First-Level Medical Facility;

In view of:

1. Law Number 40 Year 2004 on National Social Se-

curity System (Statute Book of the Republic of Indonesia Year 2004 Number 150, Supplement to Statute Book of the Republic of Indonesia Number 4456);

2. Law Number 24 Year 2011 on the Management Board of Social Security (Statute Book of the Republic of Indonesia Year 2011 Number 116, Supplement to Statute Book of the Republic of Indonesia Number 5256);
3. Presidential Regulation Number 12 Year 2013 on Medical Security (Statute Book of the Republic of Indonesia Year 2013 Number 29) as already amended by Presidential Regulation Number 111 Year 2013 on the Amendment to Presidential Regulation Number 12 Year 2013 concerning Medical Security (Statute Book of the Republic of Indonesia Year 2013 Number 255);
4. Regulation of the Minister of Health Number 71 Year 2013 on Medical Service in National Medical Security (State Gazette of the Republic of Indonesia Year 2013 Number 1400);
5. Regulation of the Minister of Health Number 59

Year 2014 on Standard of Tariff of Medical Service in the Implementation of Medical Security Program (State Gazette of the Republic of Indonesia Year 2014 Number 1287);

6. Regulation of the Management Board of Medical Social Security Number 1 Year 2014 on the Management of Medical Security (State Gazette of the Republic of Indonesia Year 2014 Number 1);

D E C I D E S :

To stipulate:

THE REGULATION OF THE MANAGEMENT BOARD OF MEDICAL SOCIAL SECURITY ON NORMS OF THE STIPULATION OF THE AMOUNT OF CAPITATION AND THE PAYMENT OF CAPITATION ON THE BASIS OF THE FULFILMENT OF SERVICE COMMITMENT IN FIRST LEVEL MEDICAL FACILITY.

CHAPTER I

GENERAL

Article 1

Referred to in this regulation:

1. Medical security shall be a guarantee in the form of medical protection so that participant may obtain medical care and protection benefits in fulfilling the basic need of health, which is granted to everybody already paying contribution or having contribution already paid by the government.
2. Management Board of Medical Social Security hereinafter abbreviated to BPJS Health shall be a legal entity established to organize medical security program.
3. Contribution to Medical Security shall be a specified amount of money paid regularly by participant, employer and/or the government for medical security program.
4. Participant shall be everybody, including foreigner working minimally 6 (six) months in Indonesia that has paid contribution.
5. Benefit shall be benefit of medical security becoming right of participants and/or their family members.
6. First Level Medical Facility hereinafter abbreviated to FKTP shall be a medical facility providing non-specialist individual medical service for the need of medical observation, promotion, prevention, diagnosis, treatment and/or other medical service.
7. Public Health Center hereinafter called Puskesmas shall be medical service facility organizing the first-level public health and individual health program by prioritizing to promoting and preventive measures in order to

achieve the highest degree of the public health in their working area.

8. Primary Clinic shall be medical facility organizing general basic medical service in the framework of the first-level individual health program.
9. Individual Doctor Practice hereinafter called Doctor Practice shall be general private/individual doctor practice organizing general basic medical service in the framework of the first-level individual health program.
10. Capitation Rate shall be the amount of monthly payment paid in advance by BPJS Health to a first-level medical facility on the basis of the quantity of the registered participants without calculating the kind and quantity of the provided medical service.
11. Service Commitment shall be the commitment of the first-level medical facility to enhancing the quality of service through the accomplishment of the agreed indicators of individual medical service.
12. Capitation on the basis of the fulfillment of service commitment shall be the adjustment to the rate of capitation on the basis of result of the evaluation of the accomplishment of the agreed indicators of individual medical service such as commitment to service of the first-level medical facility in the framework of the enhancement of service quality.
13. Contact Rate shall be an indicator used to ascertain the access to and the utilization of primary service in FKTP by participants and the awareness as well as effort of FKTP to the health of participants in every 1,000 (one thousand) participants registered at FKTP cooperating with BPJS Health.
14. Reference Rate of Out-Of-Patient Treatment of Non-Specialist Case shall be an indicator used to ascertain how optimal is the coordination and cooperation between FKTP and the advanced medical facility so that the reference system is in accordance with the medical indication and competence thereof.
15. Chronic Disease Management Program hereinafter called Prolanis shall be a system integrating the administration of medical service and communications for a group of participants with certain disease condition through independent disease treatment.
16. Ratio of the Routine Visit of Prolanis Participants to FKTP shall be an indicator used to ascertain the utilization of FKTP by Prolanis participants and the continuity of FKTP in executing medical care of Prolanis participants.
17. Norms of the Stipulation of the Amount of Capitation shall be criteria regarding the level of the completeness of FKTP resources and service used to stipulate the amount of capitation for FKTP.
18. 24 (twenty four) hour service shall be the provision of service outside working hours by providing at least one nurse in FKTP and one doctor that may be present if the said person is contacted, 24 (twenty four) hours per day , 7 (seven) days per week.

Article 2

- (1) Benefits of medical security organized by BPJS Health shall be granted by medical facilities cooperating with BPJS Health.
- (2) The medical facilities as meant in paragraph (1) shall constitute medical facilities belonging to the government, regional governments and/or private.
- (3) Model of the medical facilities as meant in paragraph (2) may be in the form of FKTP, consisting of:
 - a. puskesmas or the equivalent;
 - b. doctor practice;
 - c. dentist practice;
 - d. primary clinic or the equivalent; and
 - e. Primary Hospital of Class D or the equivalent.
- (4) FKTP as meant in paragraph (3) belonging to:
 - a. the government and regional governments fulfilling requirements shall be obliged to cooperate with BPJS Health; or
 - b. private fulfilling requirements mat cooperated with BPJS Health.
- (5) The cooperation as meant in paragraph (4) shall be done through joint cooperation agreement between BPJS Health and Head of Regency/Municipal Health Service and/or leader of FKTP.

Article 3

In the framework of enhancing the quality of service of FKTP, quality control system and payment system shall be developed through:

- a. norms of stipulation of the amount of capitation rate; and
- b. capitation payment on the basis of the fulfillment of service commitment.

CHAPTER II

NORMS OF STIPULATION OF THE AMOUNT OF CAPITATION RATE

Part One

General

Article 4

- (1) BPJS Health shall pay in pre-measure to FKTP on the basis of the capitation of the quantity of participants registered at FKTP.

- (2) The amount of the capitation rate as meant in paragraph (1) paid to FKTP in a region shall be determined on the basis of agreement between BPJS Health and Association of Medical Facilities in the local region by referring to the standard of capitation rate already stipulated by the Minister of Health.
- (3) The standard of the capitation rate as meant in paragraph (2) shall be stipulated as follows:
- puskesmas or the equivalent medical facility, Rp.3,000 (three thousand rupiah) up to Rp.6,000 (six thousand rupiah);
 - primary hospital of Class D, primary clinic, doctor practice, or the equivalent medical facility, Rp.8,000 (eight thousand rupiah) up to Rp10,000 (ten thousand rupiah); and
 - individual dentist practice, Rp2.000 (two thousand rupiah).
- (4) The stipulation of the capitation rate as meant in paragraph (1) for the respective FKTP shall be done by BPJS Health and Regency/Municipal Health Service on the basis of the selection and credentialing by taking into account:
- human resources;
 - completeness of facilities and infrastructure;
 - scope of service; and
 - service commitment.
- (5) The human resources consideration as meant in paragraph (4) shall cover:
- the availability of doctor on the basis of ration of doctor to the registered participants; and
 - the availability of dentist, nurse including nurse and administrative personnel network.
- (6) The consideration about the completeness of facilities and infrastructure as meant in paragraph (4) shall cover:
- the completeness of facilities and infrastructure of FKTP need in the provision of service; and
 - service time in FKTP.
- (7) The consideration about the scope of service as meant in paragraph (4) shall cover:
- first-level out-of-patient treatment service according to legislation;
 - medicine service; and
 - first-level laboratory service.

Part Two

Norms of Stipulation of the Amount of Capitation Rate of
Puskesmas or the Equivalent Medical Facility

Article 5

Every Puskesmas or the equivalent medical facility cooperating with BPJS Health shall meet requirements:

- a. having paramedics;
- b. having nurse and/or nurse network;
- c. having administrative personnel;
- d. fulfilling credentialing or recredentialing criteria;
- e. providing first-level in-patient treatment service according to legislation;
- f. providing medicine service;
- g. providing first-level laboratory service;
- h. opening service time minimally 8 (eight) hours per working day; and
- i. providing emergency service outside service time.

Article 6

Puskesmas or the equivalent medical facility already matching the requirements as meant in Article 5 shall secure the payment with the capitation rate based on the number of doctor, ratio of doctors to participants, the existence or inexistence of dentist and service time.

Article 7

Puskesmas or the equivalent medical facility shall secure capitation amounting to Rp.3,000 (three thousand rupiah) if the dentist is not available and the service time is less than 24 (twenty four) hours per day.

Article 8

Puskesmas or the equivalent medical facility shall secure capitation amounting to Rp.3,250 (three thousand and two hundred fifty) if Puskesmas or the equivalent medical facility:

- a. has not dentist at least one person and opens service time less than 24 (twenty four) hours per day;
- b. has one doctor, has or has no dentist and opens service time less than 24 (twenty four) hours per day; or
- c. has 2 (two) doctors with the ratio of one doctor to minimally 5,001 (five thousand and one) participants,

has or has no dentist, and opens service time less than 24 (twenty four) days per day.

Article 9

Puskesmas or the equivalent medical facility shall secure capitation amounting to Rp.3,500 (three thousand and five hundred rupiah) if the said Puskesmas or the equivalent medical facility:

- a. has 2 (two) doctors with the ratio of one doctor to maximally 5,000 (five thousand) participants or has no dentist and opens service time less than 24 (twenty four) hours per day;
- b. has at least 3 (three) doctors, has or has no dentist, and opens service time less than 24 (twenty four) hours per day;
- c. has one doctor with the ratio of one doctor to at least 5,001 (five thousand and one) participants or has no dentist and opens service time 24 (twenty four) hours per day; or
- d. has 2 (two) doctors with the ratio of one doctor to minimally 15,001 (fifteen thousand and one) participants, has or has no dentist and opens service time 24 (twenty four) hours per day.

Article 10

Puskesmas or the equivalent medical facility shall secure capitation amounting to Rp.4,000 (four thousand rupiah) if the said Puskesmas or the equivalent medical facility:

- a. has one doctor with the ratio of one doctor to maximally 5,000 (five thousand) participants, has or has no dentist, and opens service time 24 (twenty four) hours per day;
- b. has 2 (two) doctors with the ratio of one doctor to minimally 5,001 (five thousand and one) up to maximally 15,000 (fifteen thousand) participants, or has or has no dentist and opens service time 24 (twenty four) hours per day;
- c. has at least 3 (three) doctors with the ratio of one doctor to minimally 15,001 (fifteen thousand and one) participants, has no dentist and opens service 24 (twenty four) hours per day; or
- d. has at least 3 (three) doctors with the ratio of one doctor to minimally 20,001 (twenty thousand and one) participants, has at least one dentist and opens service time 24 (twenty four) hours per day.

Article 11

Puskesmas or the equivalent medical facility shall secure capitation amounting to Rp.4,500 (four thousand and five hundred rupiah) if the said Puskesmas or the equivalent medical facility:

- a. has 2 (two) doctors with the ratio of one doctor to maximally 5,000 (five thousand) participants, has or has no dentist, and opens service time 24 (twenty four) hours per day;
- b. has at least 3 (three) doctors with the ratio of one doctor to minimally 5,001 (five thousand and one) up to maximally 15,000 (fifteen thousand) participants, or has no dentist and opens service time 24 (twenty four) hours per day;
- c. has at least 3 (three) doctors with the ratio of one doctor to minimally 15,001 (fifteen thousand and one) up to maximally 20,000 (twenty thousand) participants, has at least one dentist and opens service 24 (twenty four) hours per day.

Article 12

Puskesmas or the equivalent medical facility shall secure capitation amounting to Rp.5,000 (five thousand rupiah) if the said Puskesmas or the equivalent medical facility:

- a. has at least 3 (three) doctors with the ratio of one doctor to minimally 5,000 (five thousand) participants, or has no dentist and opens service time 24 (twenty four) hours per day;
- b. has at least 3 (three) doctors with the ratio of one doctor to minimally 5,001 (five thousand and one) up to maximally 15,000 (fifteen thousand) participants, has at least one dentist and opens service 24 (twenty four) hours per day.

Article 13

Puskesmas or the equivalent medical facility shall secure capitation amounting to Rp.6,000 (six thousand rupiah) if the said Puskesmas or the equivalent medical facility has at least 3 (three) doctors with the ratio of one doctor to maximally 5,000 (five thousand) participants, has at least one dentist and opens service time 24 (twenty four) hours per day.

Article 14

Table of the Norms of Stipulation of the Amount of Capitation Rate of Puskesmas or the equivalent medical facility as meant in Article 7, Article 8, Article 9, Article 10, Article 11, Article 12 and Article 13 shall be contained in Attachment I, which constitutes an integral part of this regulation.

Part Three

Norms of Stipulation of the Amount of Capitation Rate of Non-Puskesmas

FKTP

Article 15

Evert non-Puskesmas FKTP as meant in Article 4 paragraph (3) letter b, which cooperates with BPJS

Health shall meet requirements:

- a. having paramedics;
- b. having nurse and/or nurse network;
- c. having administrative personnel;
- d. fulfilling credentialing or recredentialing criteria;
- e. providing first-level in-patient treatment service according to legislation;
- f. providing medicine service;
- g. providing first-level laboratory service;
- h. opening service time minimally 8 (eight) hours per working day; and
- i. providing emergency service outside service time.

Article 16

The non-Puskesmas FKTP matching the requirements as meant in Article 15 shall secure the payment on the basis of the capitation rate based on the number of doctor, ratio of doctor to participants, the existence or inexistence of dentist and service time.

Article 17

Doctor practice of the equivalent medical facility shall secure capitation amounting to Rp.8,000 (eight thousand rupiah) if the doctor practice or the equivalent medical facility has one doctor and opens service time less than 24 (twenty four) hours.

Article 18

Primary clinic shall secure capitation amounting to Rp.8,000 (eight thousand rupiah) if the clinic has at least 2 (two) doctors, has no dentist and opens service time less than 24 (twenty four) hours every day.

Article 19

Primary clinic shall secure capitation amounting to Rp.8,100 (eight thousand and one hundred rupiah) if the clinic has at least 2 (two) doctors with the ratio of one doctor to minimally 5,001 (five thousand and one)

participants, has at least one dentist and opens service time less than 24 (twenty four) hours per day.

Article 20

Primary clinic shall secure capitation amounting to Rp.8,250 (eight thousand and two hundred and fifty rupiah) if the clinic has at least 2 (two) doctors with the ratio of one doctor to maximally 5,000 (five thousand and one) participants, has at least one dentist and opens service time less than 24 (twenty four) hours per day.

Article 21

Primary clinic shall secure capitation amounting to Rp.8,500 (eight thousand and five hundred rupiah) if the clinic has at least 2 (two) doctors with the ratio of one doctor to minimally 5,001 (five thousand and one) up to maximally 10,000 (ten thousand) participants, has at least one dentist and opens service time less than 24 (twenty four) hours per day.

Article 22

Primary clinic shall secure capitation amounting to Rp.8,750 (eight thousand seven hundred and fifteen rupiah) if the clinic has at least 2 (two) doctors with the ratio of one doctor to minimally 5,001 (five thousand and one) up to maximally 10,000 (ten thousand) participants, has no dentist and opens service time 24 (twenty four) hours per day.

Article 23

Primary clinic shall secure capitation amounting to Rp.9,000 (nine thousand rupiah) if the clinic has at least 2 (two) doctors with the ratio of one doctor to maximally 5,000 (five thousand) participants, has no dentist and opens service time 24 (twenty four) hours per day.

Article 24

Primary clinic shall secure capitation amounting to Rp.9, 200 (nine thousand two hundred and fifty rupiah) if the clinic has at least 2 (two) doctors with the ratio of one doctor to minimally 10,001 (ten thousand and one) participants, has at least one dentist and opens service time 24 (twenty four) hours per day.

Article 25

Primary clinic shall secure capitation amounting to Rp.9, 500 (nine thousand and five hundred rupiah) if

the clinic has at least 2 (two) doctors with the ratio of one doctor to minimally 5,001 (five thousand and one) up to maximally 10,000 (ten thousand) participants, has at least one dentist and opens service time 24 (twenty four) hours per day.

Article 26

Primary clinic shall secure capitation amounting to Rp.9, 750 (nine thousand seven hundred and fifty rupiah) if the clinic has at least 2 (two) doctors with the ratio of one doctor to maximally 5,000 (five thousand) participants, has at least one dentist and opens service time 24 (twenty four) hours per day.

Article 27

Primary Hospital of Class D shall secure capitation amounting to Rp.10.000 (ten thousand rupiah) if the hospital has at least 3 (three) doctors, one dentist and opens service time 24 (twenty four) hours per day.

Article 28

Table of the Norms of the Stipulation of the Amount of Capitation Rate of Non-Puskesmas FKTP as meant in Article 17, Article 18, Article 19, Article 20, Article 21, Article 22, Article 23, Article 24, Article 25, Article 26 and Article 27 shall be contained in Attachment II, which constitutes an integral part of this regulation.

Part Four

Application of Norms of Stipulation of Capitation Rate

Article 29

Norms of the Stipulation of Capitation Rate in this regulation shall constitute a guidance containing agreement with association of first-level medical facility in every province.

Article 30

Technical activities and application of norms of the stipulation of capitation rate by BPJS Health shall be done through the process as contained in Attachment III, which constitutes an integral part of this regulation.

CHAPTER III

THE PAYMENT OF CAPITATION ON THE BASIS OF THE FULFILLMENT OF SERVICE COMMITMENT

Part One

General

Article 31

- (1) The payment of the agreed capitation as meant in Article 29 shall be based on the fulfillment of service commitment.
- (2) The fulfillment of the service commitment as meant in paragraph (1) shall be judged on the basis of the accomplishment of indicators in service commitment executed by FKTP, which cover:
 - a. Contact Ratio (AK);
 - b. Reference Ratio of Non-Specialist Out-of-Patient Treatment Case (RRNS); and
 - c. Ratio of Routine Visit of Prolanis Participants to FKTP (RPPB).

Part Two

Indicators of Service Commitment and Target of the Fulfillment Thereof

Article 32

- (1) Indicator of Contact Ratio (AK) as meant in Article 31 paragraph (2) letter a shall be counted with the calculation formula as follows:

$$AK = \frac{\text{Number of Registered Participants that make contact} \times 1000}{\text{Number of the registered participants in FKTP}}$$
- (2) The Contact Ratio as meant in paragraph (1) shall constitute the ratio of registered participants that make contact with FKTP to the total participants registered in FKTP, multiplied by 1,000 (one thousand).
- (3) The target of the fulfillment of Contact Ratio by FKTP in accordance with agreement between BPJS and the association of the primary level medical facility shall be as follows:
 - a. target in safe zone, minimally 150‰ (one hundred and fifty per mile) every month; and
 - b. target in achievement zone, minimally 250‰ (two hundred and fifty per mile) every month.
- (4) The Contact Ratio as meant in paragraph (1) shall constitute an indicator used to ascertain the accessibility and utilization of primary service in FKTP by participants and the awareness as well as efforts of FKTP to health of participants in every 1,000 (one thousand) participants registered in FKTP, which cooperates with BPJS Health.

Article 33

- (1) Indicator of the Reference Ratio of Non-Specialist Out-of-Treatment Case (RRNS) as meant in Article 31 paragraph (2) letter b shall be counted with the calculation formula as follows:

$$\text{RRNS} = \frac{\text{Number of Non-Specialist Case Reference} \times 100}{\text{Number of Reference of FKTP}}$$

- (2) The reference rate of the non-specialist out-of-treatment case as meant in paragraph (1) shall constitute the number of the referred participants by diagnosis, including the competence level of FKTP in accordance with Guidance for Clinical Practice compared to the total number of participants referred by FKTP multiplied by 100 (one hundred).
- (3) The target of the fulfillment of reference ratio of non-specialist out-of-patient treatment case by FKTP in accordance with the agreement between BPJS Health and association of the first-level medical facilities shall be as follows:
- target in safe zone, less than 5% (five percent) per month; and
 - target in achievement zone, less than one percent per month.
- (4) The reference ratio of the non-specialist out-of-treatment case as meant in paragraph (1) shall constitute an indicator used to ascertain how optimal is the cooperation between FKTP and advanced level medical facilities so that the reference system is executed in accordance with the medical indication and competence thereof.

Article 34

- (1) Indicator of the ratio of Prolanis Participants visiting FKTP routinely as meant in Article 31 paragraph (2) letter c shall be counted with the formula as follows:

$$\text{RPPB} = \frac{\text{Number of the Routinely Visiting Prolanis Participants} \times 100}{\text{Number of Prolanis Participants registered in FKTP}}$$

- (2) The ratio of Prolanis participant visiting FKTP routinely as meant in paragraph (1) shall constitute the number of Prolanis participants visiting FKTP routinely, compared to the number of Prolanis participants registered in FKTP, multiplied by 100 (one hundred).
- (3) The target of the fulfillment of ratio of Prolanis participants visiting FKTP routinely by FKTP in accordance with agreement between BPJS Health and the association of first-level medical facilities shall be as follows:

- a. target in secure zone, minimally 50% (fifty percent) per month; and
 - b. target in achievement zone, minimally 90% (ninety percent) per month.
- (4) The ratio of Prolanis participants visiting FKTP as meant in paragraph (1) shall constitute an indicator used to ascertain the utilization of FKTP by Prolanis participants and the continuity of FKTP in executing the medical care of Prolanis participants.

Article 35

The indicators of service commitment as meant in Article 32, Article 33 and Article 34 shall be evaluated every month.

Part Three

Application of the Payment of Capitation on the Basis of the Fulfillment of Service Commitment

Article 36

- (1) Result of the accomplishment of target of indicator of service commitment of FKTP shall become a basis for the payment of capitation on the basis of the fulfillment of service commitment.
- (2) FKTP that fulfills:
 - a. 3 (three) targets of indicator of service commitment in achievement zone shall receive the capitation payment amounting to 115% (one hundred and fifteen percent) of the stipulated capitation norm;
 - b. 2 (two) targets of indicators of service commitment in safe zone and one other indicator in safe zone shall receive the capitation payment amounting to 110% (one hundred and ten percent) of the stipulated capitation norm;
 - c. one target of indicator of service commitment in achievement zone and 2 (two) other indicators in safe zone, shall receive the capitation payment amounting to 105% (one hundred and five percent) of the stipulated capitation norm;
 - d. 3 (three) targets of indicator of service commitment in safe zone, shall receive the capitation payment amounting to 100% (one hundred percent) of the stipulated capitation norm;
 - e. 2 (two) targets of indicator of service commitment in safe zone and one other indicator not fulfilling the target in safe zone shall receive the capitation payment amounting to 90% (ninety percent) of the stipulated capitation norm;
 - f. one target of indicator of service commitment in safe zone and 2 (two) other indicators not fulfilling

- target in safe zone shall receive the capitation payment amounting to 80% (eighty percent) of the stipulated capitation norm;
- g. 2 (two) target of indicator of service commitment in achievement zone and one other indicator not fulfilling the target in safe zone shall receive the capitation payment amounting to 98% (ninety eight percent) of the stipulated capitation norm;
 - h. one target of indicator of service commitment in safe zone and one other indicator nor fulfilling the target in safe zone shall receive the capitation payment amounting to 95% (ninety five percent) of the stipulated capitation norm; and
 - i. one target of indicator of service commitment in achievement zone and 2 (two) other indicators not fulfilling the target in safe zone shall receive the capitation payment amounting to 90% (ninety percent) of the stipulated capitation norm.
- (3) FKTP failing to fulfill the whole targets of indicators of service commitment in safe zone shall receive the capitation payment amounting to 75% (seventy five percent) of the stipulated capitation norm.
- (4) In the case of the fulfillment of targets of indicator of service commitment as meant in paragraph (2) and paragraph (3) causing the capitation rate to be lower than the minimum capitation rate standard as meant in Article 4 paragraph (3), the amount of the paid capitation shall be as much as the minimum capitation rate.
- (5) In the case of the fulfillment of targets of indicator of service commitment as meant in paragraph (2) and paragraph (3) causing the capitation rate to be higher than the maximum capitation rate standard as meant in Article 4 paragraph (3), the amount of the paid capitation shall be as much as the maximum capitation rate.
- (6) In the case of FKTP fulfilling 3 (three) indicators of service commitment for 6 (six) months consecutively and in the condition as meant in paragraph (5), compensation shall be granted to FKTP in the form of the upgrading of competence through training /workshop/seminar in order to enhance competence and/or performance of FKTP.
- (7) Consequence of the payment of capitation on the basis of the fulfillment of targets of indicators of service commitment as meant in paragraph (2) and paragraph (3) shall be executed as from the fourth month as from the date when FKTP starts to apply the capitation system on the basis of the fulfillment of service commitment.
- (8) The payment of capitation as meant in paragraph (2) and paragraph (3) shall be adjusted every 3 (three) months.

Article 37

In the case of Puskesmas showing appraisal result not fulfilling indicator of service commitment in safe zone as meant in Article 32, Article 33 and Article 34 for 3 (three) months consecutively, BPJS Health shall give feedback to the said Puskesmas with a copy made available to Head of Regency/Municipal Health Service.

Article 38

- (1) In the event that Non-Puskesmas FKTP shows result of the evaluation of 3 (three) indicators that fails to meet the target in safe zone as meant in Article 32, Article 33 and Article 34 for 3 (three) months consecutively, BPJS Health shall issue the first warning.
- (2) In the case of Non-Puskesmas FKTP, after receiving the first warning as meant in paragraph (1), showing result of the evaluation of 3 (three) indicators failing to meet the target in safe zone as meant in Article 32, Article 33 and Article 34 in the following month, BPJS Health shall issue the second warning.
- (3) In the case of Non-Puskesmas FKTP, after receiving the second warning as meant in paragraph (2), showing result of the evaluation of 3 (three) indicators failing to meet the target in safe zone as meant in Article 32, Article 33 and Article 34 in the following month, BPJS Health shall issue the third warning.
- (4) In the case of Non-Puskesmas FKTP receiving the third warning, BPJS Health shall consider to not extend joint cooperation agreement in the following year.

Article 39

- (1) Technique of the Payment of Capitation on the basis of the fulfillment of service commitment shall constitute guidance in making agreement with association of the first level medical facilities in every province.
- (2) Technical details of the execution of service commitment as well as the application of the payment of capitation on the basis of the fulfillment of service commitment by BPJS Health shall be done in accordance with the provision as contained in Attachment IV, which constitutes a part inseparable from this regulation.

CHAPTER IV

MISCELLANEOUS PROVISION

Article 40

Besides the indicators of service commitment as meant in Article 31 paragraph (2) BPJS Health and FKTP may develop other indicator of service commitment which is written down into joint cooperation agreement between BPJS Health and FKTP by securing written approval first from the Board of Directors of BPJS Health.

CHAPTER V

TRANSITIONAL PROVISION

Article 41

Following The enforcement of this regulation, FKTP already executing joint cooperation agreement in the framework of the payment of capitation on the basis of service commitment shall remain valid until the agreement expires.

CHAPTER VI

CONCLUSION

Article 42

- (1) The application of norms of the stipulation of the amount of capitation rate to FKTP shall be done by phases:
 - a. the whole Puskesmas nationally as from August 1, 2015, except Puskesmas in remote and extremely remote areas ;
 - b. the whole primary hospitals of class D, primary clinics, doctor practices, or the equivalent medical facilities nationally as from January 1, 2017, except primary hospital of class d, primary clinics, doctor practices or the equivalent medical facilities in remote and extremely remote areas.
- (2) The application of the payment of capitation on the basis of service commitment to FKTP shall be done by phases:
 - a. Puskesmas in capital of province, trial run as from August 1, 2015;
 - b. the whole Puskesmas nationally, as from January 1, 2016, except Puskesmas in remote and extremely remote areas;
 - c. the whole primary hospital of class D, primary clinics, doctor practices, or the equivalent medical facilities nationally, as from January 1, 2017, except primary hospital of class D, primary clinics, doctor practice, or the equivalent medical facilities in remote and extremely remote areas.
- (3) In the case of any agreement, the primary hospitals of class D, primary clinics, doctor practice, or the equivalent medical facilities as meant in paragraph (2) letter c may apply the payment of capitation on the basis of the fulfillment of service commitment before January 1, 2017.
- (4) In the case of the geographic condition, the availability of resources and data network in FKTP causing the capitation on the basis of the fulfillment of service commitment to be inapplicable, BPJS Health may delay the execution of capitation on the basis of the fulfillment of service commitment in the said FKTP.

Article 43

The regulation of BPJS Health shall come into force as from August 1, 2015.

For public cognizance, the regulation shall be promulgated by placing it in State Gazette of the Republic of Indonesia.

Stipulated in Jakarta

On July 27, 2015

THE PRESIDENT DIRECTOR OF THE MANAGEMENT BOARD OF MEDICAL SOCIAL SECURITY

sgd

FACHMI IDRIS

Promulgated in Jakarta

On July 28, 2015

THE MINISTER OF LAW AND HUMAN RIGHTS OF THE REPUBLIC OF INDONESIA

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YASONNA H. LAOLY

STATE GAZETTE OF THE REPUBLIC OF INDONESIA

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ATTACHMENT I

TABLE OF NORMS OF STIPULATION OF THE AMOUNT OF CAPITATION RATE OF PUSKESMAS
OR THE EQUIVALENT MDICAL FACILITIES BY BPJS HEALTH

No.	Human Resources	Ratio of Doctor to Participants				Service time		Capitation rate
		1 : ≤ 5.000	1 : > 5.000 - 15.000	1 : > 15.000 - 20.000	1 : > 20.000	< 24 hours	24 hours	
1	DOCTOR ≥ 3 DENTIST ≥ 1							Rp. 6.000
2	DOCTOR ≥ 3 DENTIST ≥ 1							Rp. 5.000
3	DOCTOR ≥ 3 DENTIST ≥ 1							Rp. 4.500
4	DOCTOR ≥ 3 DENTIST ≥ 1							Rp. 4.000
5	DOCTOR ≥ 3 DENTIST 0							Rp. 5.000
6	DOCTOR ≥ 3 DENTIST 0							Rp. 4.500
7	DOCTOR ≥ 3 DENTIST 0							Rp. 4.000
8	DOCTOR ≥ 3 DENTIST 0							Rp. 4.000
9	DOCTOR 2 DENTIST ≥ 1 or 0							Rp. 4.500
10	DOCTOR 2 DENTIST ≥ 1 or 0							Rp. 4.000

11	DOCTOR 2 DENTIST ≥ 1 or 0						Rp. 3.500
12	DOCTOR 2 DENTIST ≥ 1 or 0						Rp. 3.500
13	DOCTOR 1 DENTIST ≥ 1 or 0						Rp. 4.000
14	DOCTOR 1 DENTIST ≥ 1 or 0						Rp. 3.500
15	DOCTOR 1 DENTIST ≥ 1 or 0						Rp. 3.500
16	DOCTOR 1 DENTIST ≥ 1 or 0						Rp. 3.500
17	DOCTOR ≥ 3 DENTIST ≥ 1						Rp. 3.500
18	DOCTOR ≥ 3 DENTIST ≥ 1						Rp. 3.500
19	DOCTOR ≥ 3 DENTIST ≥ 1						Rp. 3.500
20	DOCTOR ≥ 3 DENTIST ≥ 1						Rp. 3.500
21	DOCTOR ≥ 3 DENTIST 0						Rp. 3.500
22	DOCTOR ≥ 3 DENTIST 0						Rp. 3.500
23	DOCTOR ≥ 3 DENTIST 0						Rp. 3.500
24	DOCTOR ≥ 3 DENTIST 0						Rp. 3.500
25	DOCTOR 2 DENTIST ≥ 1 or 0						Rp. 3.500

26	DOCTOR 2 DENTIST ≥ 1 or 0						Rp. 3.250
27	DOCTOR 2 DENTIST ≥ 1 or 0						Rp. 3.250
28	DOCTOR 2 DENTIST ≥ 1 or 0						Rp. 3.250
29	DOCTOR 1 DENTIST ≥ 1 or 0						Rp. 3.250
30	DOCTOR 1 DENTIST ≥ 1 or 0						Rp. 3.250
31	DOCTOR 1 DENTIST ≥ 1 or 0						Rp. 3.250
32	DOCTOR 1 DENTIST ≥ 1 or 0						Rp. 3.250
33	DOCTOR 0 DENTIST ≥ 1						Rp. 3.250
34	DOCTOR 0 DENTIST 0						Rp. 3.000

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ATTACHMENT II

TABLE OF NORM OF STIPULATION OF THE AMOUNT OF CAPITATION RATE OF
NON-PUSKESMAS FKTP BY BPJS HEALTH

A. INDIVIDUAL DOCTOR PRACTICE

No	Human Resources	Quantity	Service time		Capitation Rate
			< 24 hours	24 hours	
1.	DOCTOR DENTIST	1 0			8,000

B. PRIMARY CLINIC

No.	Human Resources	Quantity	Ratio of Doctor to Participant			Service Time		Capitation rate
			1 : ≤ 5.000	1 : > 5.000 - 10.000	1 : > 10.000	< 24 hours	24 hours	
1	DOCTOR DENTIST	≥ 2 ≥ 1						9,750
2	DOCTOR DENTIST	≥ 2 ≥ 1						9,500
3	DOCTOR DENTIST	≥ 2 ≥ 1						9.250
4	DOCTOR DENTIST	≥ 2 ≥ 1						9,000
5	DOCTOR DENTIST	≥ 2 0						8,750

GOVERNMENT REGULATIONS

6	DOCTOR DENTIST	≥ 2 0					8,500
7	DOCTOR DENTIST	≥ 2 ≥ 1					8,250
8	DOCTOR DENTIST	≥ 2 ≥ 1					8,100
9	DOCTOR DENTIST	≥ 2 ≥ 1					8,100
10	DOCTOR DENTIST	≥ 2 0					8,000
11	DOCTOR DENTIST	≥ 2 0					8,000
12	DOCTOR DENTIST	≥ 2 0					8,000

C. PRIMARY HOSPITAL OF CLASS D

No	Human Resources	Quantity	Service Time		Capitation Rate
			< 24 hours	24 hours	
1.	DOCTOR DENTIST	≥ 3 ≥ 1			10,000

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ATTACHMENT III

TECHNICAL ACTIVITIES AND PROCESS OF APPLICATION OF NORMS OF STIPULATION OF THE AMOUNT OF CAPITATION RATE BY BPJS HEALTH

The application of norms of stipulation of the amount of capitation rate by BPJS Health is executed through the following process:

1. socialization;
2. preparing agreement with medical facility association; and
3. signing joint cooperation agreement with Regency/Municipal Health Service or leader of FKTP.

A. SOCIALIZATION

1. Before stipulating the amount of capitation rate, BPJS Health socializes to the whole stakeholders, namely:
 - a. Heads of Provincial and Regency/Municipal Health Service;
 - b. Medical Facility Associations; and
 - c. First-level Primary Medical Facilities.
2. Socialization is executed with a view of:
 - a. achieving the same perception with the whole stakeholders;
 - b. establishing joint commitment to enhancing the quality of service in FKTP;
 - c. establishing awareness of FKTP to enhance capacity of FKTP; and
 - d. realizing the payment of capitation on the basis of capitation norms.

B. PREPARING AGREEMENT WITH MEDICAL FACILITY ASSOCIATION

1. Regional Division of BPJS Health and Medical Facility Association prepare agreement on norm of stipulation of the amount of capitation rate.
2. The Medical facility associations based on decree of the Minister of Health are:
 - a. All Indonesia Health Service Association (ADINKES) as representative of the public health center (Puskesmas) and individual nurse practice;
 - b. Indonesia Clinic Association (ASKLIN) as representative of clinics; and
 - c. Indonesia Clinic and Primary Medical Service Facility Federation (PKFI) as representative of clinics

and individual doctor/dentist practice.

3. In the case of medical facility association being not available in a region, the agreement is made with Provincial Medical Service.
4. The agreement between medical facility association and Office of Regional Division is written down into account of agreement.

C. SIGNING OF JOINT COOPERATION AGREEMENT WITH N FKTP

Branch Office of BPJS Health signs joint cooperation agreement (PKS) or addendum of PKS in accordance with result of result of agreement between medical facility association and Regional Division of BPJS Health by stipulating the capitation on the basis of the latest credentialing and recredentialing result.

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ATTACHMENT IV

TECHNICAL ACTIVITIES AND PROCESS OF THE APPLICATION OF THE PAYMENT OF CAPITATION ON THE BASIS OF THE FULFILLMENT OF SERVICE COMMITMENT

The application of the payment of capitation on the basis of the fulfillment of service commitment by BPJS Health is executed through the following process:

1. socialization;
2. preparing agreement with medical facility association;
3. signing joint cooperation agreement with Regency/Municipal Health Service or leader of FKTP;
4. establishing appraisal team and monitoring and evaluation team;
5. realizing the calculation of service commitment in FKTP;
6. determining result of the accomplishment of service commitment as the basis for determining the amount of capitation; and

7. paying capitation on the basis of the fulfillment of service commitment.

A. SOCIALIZATION

1. Before applying the payment of capitation on the basis of the fulfillment of service commitment, BPJS Health socializes to all stakeholders, namely:
 - a. Heads of Provincial and Regency/Municipal Health Service;
 - b. Regional Revenue and Asset Service;
 - c. Regional Personnel Board;
 - d. Participant Representative Organizations;
 - e. Quality and Cost Control Team;
 - f. Medical Facility Associations;
 - g. Employer Association; and
 - h. First-level medical facility.
2. Socialization is executed with a view of:
 - a. achievement the same perception with the whole stakeholders;
 - b. establishing joint commitment to enhancing the quality of service in FKTP;
 - c. establishing awareness of FKTP to fulfill service commitment; and
 - d. realizing the payment of capitation on the basis of the fulfillment of service commitment.

B. PREPARING AGREEMENT WITH MEDICAL FACILITY ASSOCIATION

1. Regional Division of BPJS Health and medical facility association prepare agreement, covering:
 - a. stipulation of standard of indicator of service commitment in FKTP; and
 - b. determination of the amount of payment of capitation on the basis of the fulfillment of service commitment.
2. Medical Facility Association on the basis of Decree of the Minister of Health are:
 - a. All Indonesia Health Service Association (ADINKES) as representative of the public health center (Puskesmas) and individual nurse practice;
 - b. Indonesia Clinic Association (ASKLIN) as representative of clinic; and
 - c. Indonesia Clinic and Primary Medical Service Facility Federation (PKFI) as representative of clinic and individual doctor/dentist practice.

3. In the case of medical facility association being not available in a region, the agreement is made with Provincial Health Service.
4. Stipulation of the standard of indicators of service commitment in FKTP in agreement between medical facility association and Regional Division Office is done by considering condition of the respective regions.
5. The agreement between medical facility association and regional division office is written down into account of agreement as the basis for the payment of capitation on the basis of the fulfillment of service commitment.

C. SIGNING JOINT COOPERATION AGREEMENT WITH FKTP

Branch Office of BPJS Health signs joint cooperation agreement (PKS) or addendum of PKS on the basis of result of agreement between medical facility association and Regional Division of BPJS Health.

D. ESTABLISHING TEAM IN THE EXECUTION OF CAPITATION ON THE BASIS OF THE FULFILLMENT OF SERVICE COMMITMENT

1. Team in executing the capitation on the basis of the fulfillment of service commitment consists of:
 - a. Appraisal Team established on the basis of decision of head of branch office; and
 - b. Monitoring and Evaluation Team established on the basis of decision of head of regional division.
2. Appraisal Team
 - a. Personnel of the appraisal team consists of i:
 - 1) Head of Regency/Municipal Health Service;
 - 2) Head of Branch of BPJS Health;
 - 3) Chairman of the Quality and Cost Control Team of Branch;
 - 4) Head of Unit overseeing the primary service function of Branch Office of BPJS Health;
 - 5) Head of Unit overseeing the membership function of branch office of BPJS Health;
 - 6) Head of Unit overseeing the financial function of branch office of BPJS Health;
 - 7) Head of Basic Service Section of Regency/Municipal Health Service;
 - 8) Staff of Regency/Municipal Health Service; and
 - 9) Staff of unit overseeing the primary service function of branch office.
 - b. The appraisal team is assigned to:

- 1) ascertain the validity of data about the fulfillment of service commitment in FKTP;
- 2) evaluate service commitment in accordance with the fulfillment of service commitment in FKTP on the basis of the stipulated indicators;
- 3) determine the adjustment to the amount of capitation of FKTP on the basis of the accomplishment of service commitment;
- 4) monitor progress of the payment of capitation on the basis of the fulfillment of service commitment and the enhancement of quality of service for participants; and
- 5) report progress of activities periodically to Head of Regional Division.

3. Monitoring and Evaluation Team

a. Personnel of the Monitoring and Evaluation Team consists of:

- 1) Head of Provincial Health Service;
- 2) Chairman of Provincial Quality and Cost Control Team;
- 3) Head of Regional Division of BPJS Health;
- 4) Head of Department overseeing primary service function of Regional Division of BPJS Health;
- 5) Head of Department overseeing the information technology function of Regional Division of BPJS Health; and
- 6) Head of Medical Service Section of Provincial Health Service.

b. The Monitoring and Evaluation Team is assigned to:

- 1) monitor and evaluate the realization of the payment of capitation on the basis of the fulfillment of service commitment and result of the evaluation executed by the appraisal team;
- 2) submit recommendation and correction of the realization of the payment of capitation on the basis of the fulfillment of service commitment in the field to FKTP, BPJS Health or local Health Service;
- 3) Submit recommendation and proposal for the improvement of program; and
- 4) report progress of activities periodically as reporting substance to the Head Office.

E. DETERMINING RESULT OF THE ACCOMPLISHMENT OF SERVICE COMMITMENT AS THE BASIS FOR DETERMINING THE AMOUNT OF CAPITATION

1. The target of the accomplishment of service commitment in FKTP in accordance with agreement between BPJS Health and First-level Medical Service Facility Association is divided into:
 - a. safe zone, the optimal limit of the target of service commitment indicators which must be fulfilled

by FKTP so as to obtain the amount of capitation in accordance with the result of stipulation of the amount of capitation on the basis of capitation norm stipulated on the basis of human resources, completeness of infrastructure and facility and scope of service;

- b. achievement zone, namely the maximal limit of the target of service commitment indicators which must be fulfilled by FKTP so that the said FKTP can obtain the payment of capitation exceeding the capitation already stipulated on the basis of human resources, completeness of facility and infrastructure and scope of service.

2. Indicator Evaluation Method:

a. Indicator of Contact Figure (AK)

- 1) Indicator of Contact Ratio (AK) is counted by the following calculation formula:

$$\text{AK} = \frac{\text{Number of Participants Making Contact} \times 1000}{\text{Number of Participants Registered at FKTP}}$$

- 2) Contact ratio constitutes the number of registered participants making contact with FKTP, compared to the total number of the registered participants in FKTP, multiplied by 1,000 (one thousand) with the calculation result in per mile.
- 3) The target of the fulfillment of contact ratio by FKTP in accordance with agreement between BPJS Health and First-level medical facility associations is as follows:
 - a) target in safe zone, minimally 150% (one hundred and fifty per mile) every month; and
 - b) target in achievement zone, minimally 250% (two hundred and fifty per mile) every month.
- 4) Model of contact becoming note of evaluation is:
 - a) sick visit (medical consultation and examination by doctor);
 - b) Prolanis visit;
 - c) visit of under-five baby and oldie integrated service post (contact with doctor);
 - d) home visit;
 - e) visit of pregnant mother; and
 - f) other form of contact which may be measured and has been agreed by first level medical facility association and BPJS Health.
- 5) Upon the evaluation, the appraisal team conducts sampling test to contact reported by FKTP in the form of the reporting of activities of visit to FKTP, among others:
 - a) list of attendance;
 - b) result of the executed examination, such as blood pressure, GDP/GDPP, body weight etc; and

c) documentation of activity (photo or video).

b. Reference Ratio of Non Specialist Out-of-Patient Treatment Case (RRNS)

- 1) Indicators of the Reference Ratio of Non-Specialist Out-of-Patient Treatment Case (RRNS) is counted by the calculation formula as follows:

$$\text{RRNS} = \frac{\text{Number of Reference of Non-Specialist Case} \times 100}{\text{Total Reference of FKTP}}$$

- 2) Reference Ratio of Non-specialist out-of-patient treatment case constitutes the number of the referred participants by diagnosis coming into the level of competence of FKTP in accordance with Clinical Practical Guidance compared to the total number of participants referred by FKTP, multiplied by 100 (one hundred) with the calculation result in percent.
- 3) Reference of non specialist case is a reference ratio of case coming into the capability level of 4A, namely disease which must be mastered fully by primary service doctor so as to be able to diagnose and administer independently and completely in FKTP or in accordance with agreement between first-level medical facility association and the appraisal team in the respective regions by regarding legislation in force.
- 4) The target of the fulfillment of reference rate of non-specialist case by FKTP in accordance with agreement between BPJS Health and first-level medical facility association is as follows:
- a) target in safe zone, less than 5% (five percent) every month; and
 - b) target in achievement zone, less than one percent every month.
- 5) The reference ratio of non-specialist out-of-treatment case constitutes an indicator to ascertain how optimal is coordination and cooperation between FKTP and advanced level medical facility so that the reference system is executed in accordance with their indication and competence.
- c. Ratio of Prolanis Participants Routinely Visiting FKTP (RPPB)
- 1) Indicator of the ratio of Prolanis participants routinely visiting FKTP is counted by the calculation formula as follows:
- $$\text{RPPB} = \frac{\text{Number of Prolanis Participants Routinely Visting} \times 100}{\text{Number of Prolanis Participants registered in FKTP}}$$
- 2) Ratio of Prolanis Participants routinely visiting FKTP constitutes the number of Prolanis participants routinely visiting FKTP compared to the number of Prolanis participants registered in FKTP, multiplied by 100 (one hundred), with the calculation result in percent.
- 3) The target of the fulfillment of ratio of Prolanis participants visiting routinely FKTP by FKTP in accordance with agreement between BPJS Health and First-level Medical Facility Association is as follows:

- a) target in safe zone, minimally 50% (fifty percent) every month; and
 - b) target in achievement zone, minimally 90% (ninety percent) every month.
- 4) The value of ratio of Prolanis participants visiting routinely FKTP constitutes an indicator to ascertain the utilization of FKTP by Prolanis participants and continuity of FKTP in executing the medical care of Prolanis participants.
3. The target of the fulfillment of service commitment in FKTP in safe zone and achievement zone is accordance with the following matrix :

No	Names of Indicators	Target of Indicator SAFE ZONE	Target of Indicator ACHIEVEMENT ZONE
1	Contact ratio	> 150 per mile	> 250 per mile
2	Reference Ratio of Non-Specialistic Out-Of-Patient Treatment Case	< 5%	< 1%
3	Ratio of Prolanis Participants Visiting Routinely FKTP	> 50%	> 90%

4. The application of the payment of capitation on the basis of the fulfillment of service commitment

No	Total Indicator			% Payment
	Not achieving Target of Safe Zone	Safe zone	Achievement Zone	
1	3	0	0	75%
2	2	1	0	80%
3	1	2	0	90%
4	0	3	0	100%
5	0	2	1	105%
6	0	1	2	110%
7	0	0	3	115%
8	2	0	1	90%
9	1	1	1	95%
10	1	0	2	98%

F. APPRAISAL METHOD OF THE FULFILLMENT OF SERVICE COMMITMENT IN FKTP

The appraisal of the fulfillment of service commitment in FKTP is executed through the following phases:

1. FKTP provides service and enters service data through application stipulated by BPJS Health;
2. Branch Office of BPJS Health monitors result of the data entry by FKTP through application stipulated by BPJS Health;
3. FKTP sends service report to Branch Office of BPJS Health in no later than the 5th of every month (through application or manual report) along with evidence of the provided service;
4. Branch Office of BPJS Health processes the report data to become substance of the appraisal of service commitment in FKTP by the appraisal team;
5. The service commitment is judged by the service commitment appraisal team on the basis of the prepared report and may conduct sampling test to the report and evidence of service submitted by FKTP;
6. Result of the appraisal of the fulfillment of service commitment by FKTP is agreed through account of result of the appraisal of the fulfillment of service commitment;
7. The appraisal of the fulfillment of service commitment by the appraisal team and formulation of account of appraisal are done before the capitation is paid on 15th;
8. The accomplishment of indicator of service commitment in FKTP is evaluated every one month and the result is submitted to FKTP as feedback;
9. Result of the evaluation of the accomplishment of indicator of service commitment in FKTP in the third month and fraction thereof is to become the basis for the payment of capitation as from the fourth month and fraction thereof;
10. Consequence of the payment of capitation on the basis of result of the evaluation of the fulfillment of service commitment is executed as from the fourth month after FKTP starts to apply the capitation system on the basis of the fulfillment of service commitment and is to be adjusted again every 3 (three) months; and
11. The provision on the deadline of the payment is in accordance with legislation.

G. PAYING CAPITATION ON THE BASIS OF THE FULFILLMENT OF SERVICE COMMITMENT

Mechanism of the payment of capitation on the basis of the fulfillment of service commitment in FKTP is executed in accordance with legislation.

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