

Health Care Fraud : Health Service Capitation

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Abstract: *This study aims to analyze the risk of fraud against the National Health Insurance Capitation fund management system in the BLUD of the Pesisir Regency Government. This research is a qualitative research with a case study approach. Data were obtained through in-depth interviews, observation and documentation studies. The results showed that the risk of fraud in the National Health Insurance capitation fund management system at the Pesisir District Government Health Center occurred because of the weak JKN capitation fund management system that was not in accordance with regulations so that it could disrupt health services, weak internal control due to no supervision from the Health Service and the Inspectorate, no normal management of JKN capitation funds, and pressure from the work environment.*

Keywords: *Risk of fraud, System, JKN capitation Funds*

Introduction

According to Koreff et al (2021), one of the paradigms of health development is "health for all" or health for all, which means that health services as a public service must be accessible to all levels of society, not only the middle and upper classes, so it is the state's obligation to provide these public services. The right of citizens to obtain safe, quality and affordable health services has been mandated by the 1945 Constitution article 28 part h paragraph 1 Every person has the right to live in physical and spiritual prosperity, to live and to have a good and healthy living environment and to have the right to health services health.

Capitation funds that have been used for services and operational support every month will leave funds that have not been used or called residual funds. If it is accumulated then at the end of the year this fund will be even bigger (Kementerian Kesehatan RI, 2013). The potential for the remaining budget to accumulate and flexibility in the use of capitation funds is a big problem in finance. If Public health center are not smart and cannot be innovative in budgeting and use of funds, they will find it difficult to allocate the remaining budget appropriately, effectively and efficiently. Therefore, these capitation funds are very prone to be misused. There is a need for special actions related to the management of this capitation fund (Kemenkes, 2017). The principle of efficiency in the use of capitation funds is very important, so that the Public health center is able to meet the quantity and quality in meeting their needs with the available funds.

The BLUD concept according to PP No. 23 of 2005 explains the differences between BLUDs and other satkers, one of which is regarding the authority to manage finances, flexibility, budgets, expenditures, and revenues (Republik Indonesia, 2005). Public health center as BLUD will manage their own finances, without having operational dependence on the Regional Government so that they can shorten the process of utilizing capitation funds and the remaining capitation funds. As a government agency, BLUD cannot be separated from government principles and regulations in terms of managing state finances, especially in terms of managing state revenues and expenditures. The mechanism for disbursing funds, including reports on the use of the remaining financial funds, is treated differently from other government agencies.

Public health center as the front line of basic health services, the primary health care system of Public health center is a must to be improved, one of which is through the program to make Public health center a BLUD (Maramis et al., 2018).

Through the concept of the BLUD financial pattern, Public health center are expected to increase professionalism, encourage entrepreneurship, transparency, and accountability in the context of public services in accordance with the three pillars expected from the implementation of the Financial Management Pattern (PPK-BLUD), namely promoting increased performance of public services, flexibility good financial management and governance (IAI, 2017). Since the stipulation of Regent Regulation Number 585 of 2020 concerning Determination of the Implementation of the Financial Management Pattern of the Regional Public Service Agency for Health Centers in Pesisir Regency, starting on January 1, 2021 all health centers in Pesisir Regency have implemented the BLUD financial management pattern, where the Public health center will manage their own finances, without having operational dependence on local government. To support the running of the Public health center with full BLUD status, at the same time the Pesisir Regency Government has also stipulated Regent X Regulation Number 20 of 2021 concerning Utilization of Revenue Funds for the Regional Public Service Agency of Public health center in Pesisir Regency.

ICW (2018), The accounting profession is tasked with increasing the reliability of government financial reports so that internal audit becomes an important part of the government company structure, so that this information can be used as a source of basic information for making appropriate decisions to ensure good governance. Meanwhile, the existing Human Resources at the Public health center are still not fully fulfilled, which in the findings of potential fraud: 1. The use of capitation funds is not in accordance with the laws and regulations, 2. Manipulation of evidence of accountability and disbursement of capitation funds, and 3. Attracting fees from participants who should have been guaranteed in capitation and non-capitation costs in accordance with the tariff standards set. One of the units that conduct audits of local governments is the Regional Inspectorate (Province/district/city). In the East Java region, there are still many rolling cases related to violations, abuse of office authority, and the large number of findings of regional losses and irregularities that lead to corruption which were not detected by the inspectorate apparatus as internal auditors, but became findings by the external auditor, namely the Supreme Audit Agency. (CPC). and the findings that result in regional losses indicate that the performance of the existing inspectorate has not been as expected. The opinion of the WTP by the BPK in recent years is not a guarantee that there will be no more irregularities in the government of East Java Province. and the large number of findings of regional losses and irregularities that lead to corruption were not detected by the inspectorate apparatus as an internal auditor, but were found by an external auditor, namely the Supreme Audit Agency (BPK). and the findings that result in regional losses indicate that the performance of the existing inspectorate has not been as expected. The opinion of the WTP by the BPK in recent years is not a guarantee that there will be no more irregularities in the government of East Java Province. and the large number of findings of regional losses and irregularities that lead to corruption were not detected by the inspectorate apparatus as an internal auditor, but were found by an external auditor, namely the Supreme Audit Agency (BPK). and the findings that result in regional losses indicate that the performance of the existing inspectorate has not been as expected. The opinion of the WTP by the BPK in recent years is not a guarantee that there will be no more irregularities in the government of East Java Province.

Meanwhile, based on monitoring ICW (2018), in 26 health centers in 14 provinces also found the potential for fraud in the management of capitation funds. Meanwhile, the Corruption Eradication Commission (KPK)'s Hand Catching Operation (OTT) against the Jombang Regent in early February 2018 raised a problem with the management of capitation funds. In this OTT,

it was revealed that the Acting Head of the Health Service (Kadinkes) collected the capitation funds from 34 health centers in Jombang Regency and then used them to bribe the Jombang Regent. A total of 8 cases of corruption in the management of Public health center capitation funds in 8 regions. State losses caused by this case reached Rp. 5.8 billion, with 14 suspects. Although the number of cases that occurred, the state losses caused, and the number of suspects were small, however, the actors involved in this case are relatively high-ranking officials in the local government. Of the 8 corruption cases of capitation funds, at least 2 regional heads have been dragged into the vortex of this case, namely, the Regent of Jombang and the Regent of Subang. In addition, there are 4 Kadinkes namely, the Head of the West Coast Provincial Health Office (Lampung), the Acting Kadinkes Jombang (East Java), the Head of the East Lampung Health Office (Lampung), and the Kadinkes Ketapang (West Kalimantan). Meanwhile, in addition to the Regional Head and echelon 2 and 3 officials of the Health Service, the Head of the Public health center is also a suspect in the corruption case of capitation funds. There were 3 heads of Public health center and treasurer of Public health center who were also involved in corruption cases. (Modes used are listed in the table). The capitation funds of tens of trillions of rupiahs annually transferred by BPJS Health to First Level Health Facilities (FKTP), especially Public health center, are very vulnerable to corruption by regional health sector bureaucrats. The capitation funds received by FKTP in 2014 amounted to IDR 8 trillion, 2015 amounted to 10 trillion, 2016 amounted to IDR 13 trillion, and of course in 2017 and 2018 it will increase as the number of participants of the National Health Insurance (JKN) increases. From monitoring ICW (2018), Capitation funds are also used to bribe regional heads, accreditation of Public health center, and election campaign funds by incumbents.

Priharsa Nugraha (2015), Public Relations of the Corruption Eradication Commission (KPK) in its release in the Legal Online media January 19, 2015, the results of the evaluation of the institution found a number of problems: **First**, related to regulations governing the distribution of medical services and operational costs, namely Presidential Decree No. 32 of 2014 and Permenkes No. 19 of 2014. This regulation has the potential to cause moral hazard and unfairness because these two regulations state that capitation funds that can be used for health services are at least sixty percent of the total revenue. The regulation does not yet regulate the mechanism for managing the remaining excess capitation funds. The capitation mechanism makes the funds that go to the Public health center increase dramatically, exceeding the needs of the Public health center every year. If this continues, the excess will accumulate every year and the amount can be very large. The use of capitation funds also does not accommodate the needs of the Public health center. The Corruption Eradication Commission (KPK) assesses that the capitation funds have actually been able to be financed from the APBN/APBD as routine expenditures. The difficulties that are often encountered are more on non-routine expenditures such as building procurement and rehabilitation. **Second**, the financing aspect. The Corruption Eradication Commission (KPK) found potential fraud (deviation) over the permission to transfer participants who receive contribution assistance (PBI) from public health centers to private health centers such as clinics. Facts on the ground show that individual Public health center officers have established private health centers. Then, patients who come to the Public health center where the person works are not served properly for various reasons. The patient in question was instead directed to a private health center owned by an individual Public health center officer or affiliated with him. **Third**, management and resources. The KPK found a number of problems including the lack of understanding and competence of health workers at the Public health center in carrying out regulations. The process of membership eligibility at the Public health center has not gone well, as well as the implementation of tiered referrals. "The potential for Public health center officers to become perpetrators of fraud is getting bigger. Public health center officers are vulnerable to being victims of extortion from various parties and the distribution of health workers is uneven," said KPK Public Relations Officer, Priharsa

Nugraha, in a press statement received by law online. **Fourth**, the KPK focuses on supervision. The KPK noted that there was no budget for supervision of capitation funds in the regions. This is exacerbated by the absence of supervision and control of capitation funds by BPJS Health.

The National Health Insurance (JKN) capitation fund is a fund that is paid periodically by BPJS Health to Public health center which are health service providers or as one of the facilities for JKN participants. The source of capitation funds comes from the results of the management and development of JKN participant contribution funds.

The Bitung City Government has received the WTP opinion predicate on the results of the 2016 Regional Government Financial Report examination by BPK-RI. In the North Sulawesi BPK-RI Examination Report on the 2016 Bitung City Government Financial Report Number 03.B/LHP/XIX.MND/05/2017 dated 29 May 2017, it was found that the control over the Management of the JKN Capitation Fund of the Bitung City Government was lacking. Optimal.

Peraturan Bupati (2021), The capitation fund is transferred by BPJS to the Public health center account every 15th of the current month, according to the number of JKN memberships in the area of each Public health center. The capitation funds that go into the Public health center account are then recorded by the Assistant Revenue Treasurer and managed by the BLUD Public health center Assistant Expenditure Treasurer 60% for Health Services (Jaspel) and 40% for Operational expenditure which consists of spending on goods and services, spending on medicines, spending consumables (BHP), and capital expenditures. Then, the Expenditure Treasurer makes a Letter of Accountability (SPJ) every time he makes purchases through fund transfers, in the form of spending on health services, spending on goods and services, shopping for medicines, shopping for consumables, and capital expenditures in the form of submitting an accountability letter to the Finance Officer and BLUD Leader in accordance with the expenditure budget set out in the Budget Implementation Document (DPA) in the Business Plan and Budget (RBA) to find out 60% of service expenditure while for goods and services expenditure, expenditure medicines, spending on consumables (BHP), and capital expenditures of 40%, the Health Center reports related revenues and expenditures to the Health Office. The accountability letter is processed by the Public Health Center Assistant Expenditure Treasurer to make an Accountability Letter for every shopping consisting of a store receipt, minutes of receipt of goods, minutes of delivery/receipt of goods to the goods officer at the Health Center, a list of expenditure details approved by the BLUD Leader. After that, make an SPJ consisting of SP2D, SP3B, Income, Expenditure and Financing Reports, Statement Letters, Statement of Responsibility, General Cash Book of Financial Officers, General Cash Book of Expenditure Treasurer, Monthly Cash Closing Report, Accountability Report of Inventory Money, Report Accountability of the Expenditure Treasurer (Monthly Spending SPJ), BLUD Cash Account Statement and BLUD Expenditure Treasurer Account Statement. Then the SPJ is submitted to the Health Service as responsibility for the use of income, expenditure, and financing. Expenditure Treasurer Accountability Report (Monthly Spending SPJ), BLUD Cash Account Statement and BLUD Expenditure Treasurer Account Statement. Then the SPJ is submitted to the Health Service as responsibility for the use of income, expenditure, and financing. Expenditure Treasurer Accountability Report (Monthly Spending SPJ), BLUD Cash Account Statement and BLUD Expenditure Treasurer Account Statement. Then the SPJ is submitted to the Health Service as responsibility for the use of income, expenditure, and financing.

An examination of the management of capitation funds in 2016 showed that **firstly**, there was a delay in the payment of health services for the 2015 capitation funds which were only paid in December 2016. **Second**, Public health centers services from October to December 2016, were still not paid until December 31, 2016 **Third**, the absorption of operational expenditure of JKN

capitation funds for Public health center has not been one hundred percent in accordance with the provisions so that there are still remaining funds that have not been utilized.

The JKN Capitation Fund at the Public health center is used to pay for health services by 60% and for payment of support for operational costs of health services in the form of other health service operational activities by 40%. According to information from the capitation fund manager, the Health Office did not supervise the procurement/utilization process for the operational expenditure of the JKN capitation fund in each Public health center. The JKN capitation fund is managed by the Public Health Center procurement department in direct coordination with the Health Office. There is also a 30% cut in health services for employees at the Public health center (Radar Madura, 2022e).

The implementation of the procurement of drugs, medical devices, health consumables is carried out at the end of the fiscal year this is because there are no providers or third parties from within the city. So that in carrying out the procurement of drugs, medical devices, consumables, appoint a provider from outside the Pesisir Regency according to the procurement section of the Pesisir Regency Health Office.

This study aims to: 1). Analyzing the risks of fraud against the JKN Capitation Fund management system at the Pesisir District Health Center; 2) Efforts to overcome the risks of fraud against the JKN Capitation Fund management system at the Pesisir District Health Center.

Analysis Model

The analytical model in this study was conceptualized by describing in detail each existing problem with a structured flow, regarding the management of JKN Capitation funds in accordance with regional financial management regulations (Chaix-Couturier et al., 2000).

Then do an analysis with a qualitative method approach on each pattern and relationship that is formed based on the phenomenon in the field which is compared with existing theories to then draw a conclusion that answers each problem formulation in this study (Mardiasmo, 2002).

Research methods

The use of the case study method is because the purpose of this research is to understand what the risks of fraud are in the National Health Insurance capitation fund management system which is still problematic from the research object of the Public health center (First Level Health Facility of the Pesisir Regency government). Endraswara (2013), states that case studies are divided into two groups, namely case studies in the form of deviations from normality and case studies towards positive developments.

Through a case study on the JKN Capitation fund management system at the Pesisir District Health Center, the potential for fraud can be identified together. In addition to finding and describing the obstacles faced, the case study approach seeks to find follow-up actions in the form of improvements or strategies that need to be done to overcome the obstacles faced in the JKN Capitation fund management system.

Data collection techniques in this study were through in-depth interviews, observation and documentation. Interviews were conducted on Public Health Center Treasurers, Head of Public health center, Head of Sub-Division of Health Centers, National Health Insurance Managers, Commitment Making Officers (PPKom), Accountants, Community Health Center Employees and DPRD.

The technique of testing the validity of the research data from Chaix-Couturier et al (2000), researchers use triangulation. And the data analysis technique used the data analysis method, namely content analysis.

Analysis and Discussion

The research was carried out at the Pesisir District Health Office for ± 2 (two) months, namely between September and October 2022. The supporting instruments used were: notebooks, interview guidelines, audio recorders (voice recorders) / video recorders (handycam) to record interviews with informants whose results were transcribed into data transcripts, cameras to document research activities in the field, and laptops to support writing research results. The results of the research and discussion are described as follows:

Capitation Fund Corruption Fraud Map

No	Pattern	Alleged Perpetrator	Reason
1.	Manipulation of documents and their contents for Jaspel calculations such as attendance documents and number of employees	Public health center officers (non-medical medical, Treasurer, and Head of Public health center, Head of Sub-Division of TU	<ol style="list-style-type: none"> 1. There is an urge to deposit some of the capitation funds to superiors. 2. The need for Public health center funds that cannot be met by capitation funds, BOK and others. 3. There is a desire for personal gain for the head of the Public health center and treasurer 4. The financial accountability recording system is not yet good. 5. Health center workers are afraid of the head of the Public health center
2.	Health service funding cuts	Head of Health Center, Head of Subdivision and Treasurer	<ol style="list-style-type: none"> 1. The head of the Public health center has strong authority in the Public health center so that employees do not dare to criticize if there is a budget cut 2. The local government's internal control system is weak
3.	Depositing the proceeds from the Jaspel deduction to the head of the health office or regional head (bribing). Funds are also used for the needs of the Head of the Public health center and to finance other activities such as certification/accreditation of the Public health center	Head of Public health center, Head of Sub-Division of TU and Treasurer	<ol style="list-style-type: none"> 1. There is a fear of superiors being transferred or removed from office. 2. Want to get income and spend according to his wishes 3. Low employee supervision system 4. There is a need for campaign funds or political/election funds
4.	Manipulation and inflating the purchase price of drugs and consumables funded	Head of Public health center, Head of Sub-	<ol style="list-style-type: none"> 1. The system of oversight and accountability checks is weak. 2. There are other parties such as

	from capitation funds for operations.	Division of TU and Treasurer	meubalair drug providers and others who are willing to provide or fabricate proof of spending accountability.
5.	Double budget, where operational expenditure is funded from capitation funds and BOK (Health Operational Assistance). One activity, however, is funded from two sources, namely capitation funds and BOK. One of the sources of embezzled funds.	Head of Public health center and Head of Sub-Division of TU	<ol style="list-style-type: none"> 1. There is a desire to benefit from operating expenses 2. There is a request for a deposit from the boss.
6.	Extorting the head of the Public health center at the time of ratification of the annual capitation income and expenditure plan.	Regional Head and Head of the Health Service	<ol style="list-style-type: none"> 1. Mastering information about the amount of capitation funds and BOK received by the Public health center. 2. Political funding needs and personal needs. 3. The head of the Public health center and his employees are subordinates who are afraid of the Kadinkes and regional heads

(Source: Interview from one of the Heads of Public health center, Treasurer, Accountants and Employees at the Public health center. As well as from Portal Radar Madura and Suara Madura.)

The capitation funds for 30 health centers in Pesisir Regency were allegedly circumcised by irresponsible persons. The amount of the discount is not kidding, which is up to 20 percent. This practice has been around for a long time. The amount of the capitation fund is based on the number of participants registered at each Public health center. The funds are used to support health services and the operational costs of the Public health center. Such as the cost of purchasing drugs, procurement of medical devices, and health services (Radar Madura, 2022a). Secretary of Commission IV DPRD Pesisir Rifki said his party had just learned about the cuts. The cuts are clearly not justified, especially since the cuts are very large, up to 20 percent. "The capitation funds are for public health services," he said. Rifki added that his party hoped that the capitation funds would not be circumcised. Because it's totally against the rules. Therefore, it will also investigate the truth of the information. "I hope, if there is a cut, it will be stopped immediately," he said Radar Madura (2022a).

"The claims of JKN participants at the White Health Center, Pesisir, average around Rp. 400 million per month. The amount of the claim is based on the number of participant visits served. Both JKN participants who came to the Public health center and visits from Public health center employees. The treasurer of the White Health Center, Aldi, said that activities originating from capitation funds were contained in the budget business plan (RBA). These funds are used for Health Service Expenditures and Public health center Operational Expenditures (Radar Madura, 2022b)."

At first glance, said Edi Laki, it appears that there is nothing wrong with the payment of the Jaspel Capitation Fund through the bank. "Whereas now non-cash transactions are required for

every state budget used or issued," he said. In the rules, Edi Laki explained, the opening of a Capitation Fund Account is carried out at a bank determined by the regent/mayor in accordance with his/her authority. "Now there is no regent's decree regarding the distribution of capitation funds through the BPR Bhakti Sumekar. Please check whether it's true or not." Previously, the President Director of BPRS Hairil Fajar when confirmed in his office stated that there was nothing wrong with the payment of the Jaspel Capitation Fund by BPRS Bhakti Sumekar (Suara Madura, 2022).

The polemic of the distribution of capitation funds to each Public health center is getting more complex. It is not only about the alleged deductions, but the determination of the nominal amount of services (jaspel) paid to medical personnel or staff is also unfair. That said, the determination uses a pattern of personal and familial closeness. In fact, the nominal determination has been regulated in the Minister of Health Regulation Number 6 of 2022. The Minister of Health regulates the use of health services and support for operational costs of health services in the utilization of national health insurance capitation funds at first level health facilities (FKTP) or local government health centers. In the Minister of Health, the funds given to general practitioners are indeed greater than other officers. Moreover, doctors who have positions such as the head of the Public health center (Radar Madura, 2022c).

One of the staff of the Red Health Center revealed that the savings book was detained. He said that so far the savings books for a number of medical personnel and staff were not given. As a result, they do not know the flow of funds. Every month they only receive an honorarium based on the money that goes into the account (Radar Madura, 2022f).

"Indeed, it was not given," he said. After the staff protested, the Public health center proposed the creation of a new account to enter the capitation funds. The reason, the old account is needed for other programs. This is clearly unreasonable and makes the staff insist on asking for what is already there. "Last Saturday, the savings book was given," said the source.

The detention of the savings book for recipients of service funds (jaspel) at the Red Health Center revealed a new fact. Money that enters the account and is received in cash is not the same. In fact, half of the money from the National Health Insurance (JKN) capitation fund was lost. This was stated by one of the Red Health Center staff, Pesisir. He looked at the passbook after being detained. He watched the money that came into the account every month. However, he and the other staff were shocked by the facts. Because, the money that goes into the account book is not the same as the one received in cash (Radar Madura, 2022g).

The capitation funds disbursed to the Red Health Center, Pesisir, reached Rp 1,793,116,296. The funds are used for the operational activities of the Public health center. Including, claims of participants of the National Health Insurance (JKN) who received health services at the Public health center. Jawa Pos Radar Madura (JPRM) received data on the monthly capitation fund withdrawal plan at the Red Health Center. The withdrawal plan for January is Rp. 116,287,862, February is Rp. 176,605,062, and March is Rp. 107,739,863. Then, withdrawals in April were Rp 158,877,863, May Rp 190,336,657, and June Rp 168,487,863. Furthermore, the withdrawal target for July is Rp 218,200,711, August Rp 164,067,863, and September is Rp 127,198,963. If the withdrawal of capitation funds is in accordance with the target, the absorbed budget will be around Rp. 1,427,802,707. The capitation fund that has not been absorbed at the Red Health Center in the next three months is Rp. 365. 313,589. Member of DPRD Pesisir Johan said that his party had heard of allegations of abuse of authority at the Red Health Center. This is related to the disbursement of capitation funds which reached Rp 1.7 billion. He assessed that the Red Health Center lacked transparency in realizing the capitation funds. He compared with other health centers. He had visited several health centers directly (Radar Madura, 2022d). "We went

directly to the Public health center, they were transparent. Moreover, the use of capitation funds already has regulations," he said.

Radar Madura (2022h), Allegations of misuse of service funds (jaspel) at the Red and Yellow Health Centers were not transparent. So far, recipients of the National Health Insurance (JKN) capitation funds have only signed blank withdrawal slips. A source from Jawa Pos, Radar Madura, explained that the financial management of Jaspel at the Yellow Health Center was not transparent. In fact, it has happened since the leadership of the previous head.

"Financial transparency has never been created in the Public health center environment," he said. In fact, so far the staff have never held the account book of the jaspel distribution bank. Thus, the clarity of the flow of these funds has never been known. "right in the treasurer," he said. In addition, during this time he and other employees received jaspel funds in cash. Before receiving the money, the treasurer usually calls the employee to sign the withdrawal of the funds at the bank. However, the process is awkward. This is because the withdrawal slip does not include the nominal amount of money to be disbursed. "So far, when it comes to withdrawals, we are given blank slips by the treasurer. They were asked to sign, but the nominal was not listed," he said.

Risks of fraudulent JKN capitation fund management

The risks of fraudulent management of JKN capitation funds in the Pesisir Regency Government are as follows:

1. Weak JKN capitation fund management system

The management of the National Health Insurance capitation fund based on Presidential Regulation 32 of 2014 can be used directly and is described as follows:

Johnson & Khoshgoftaar (2021), The long and convoluted JKN capitation fund management system and not in accordance with regulations will have an impact on achieving the goals of the Pesisir District Health Office which is engaged in public services in the health sector. As a public organization that produces public services or "public goods", the conditions experienced by the Public health center in Pesisir Regency are experiencing difficulties as a result of the regulations on the financial management of the JKN capitation funds that have not been implemented according to regulations and seem very bureaucratic. According to Shahriari (2001), the risk of fraud in health services occurs because: (1) medical personnel are underpaid, (2) there is an imbalance between the health care system and the burden of health services, (3) service providers do not provide adequate incentives, (4) lack of medical equipment supply, (5) inefficiency in the system, (6) lack of transparency in health facilities, and (7) cultural factors. In other words, stewardship theory views management as being trusted to act in the best possible way for the public interest and stakeholders.

Inadequate service at the Public health center will bring problems to the Public health center and the Health Office. As a public organization, the service process must continue to be carried out even though there are many complaints from the community while looking for solutions to these problems to find a way out (Thaifur et al., 2021).

3. Weak internal control

Fraud arises because of the weakness of the internal control system to prevent and detect the risk of fraud itself, it can also occur due to weak sanctions, and the inability to assess the quality of work (Setiaji, 2015).

Money for the JKN capitation fund is lacking because in 1 year there have only been 2 meetings, and even then it has become a new finding for the Mobile Service. From the Inspectorate there is no special examination of the JKN capitation funds. Weak internal control can also be seen in the procurement of drugs, consumables, medical devices that support services at the Public health center.

For drugs, medical equipment and BHP from capitation funds, we use a procurement system with a direct appointment mechanism, from making HPS to determining the winner. Because the procurement package in small quantities. For prices according to market prices. In Pesisir Regency there are no providers of Medical Devices, Medicines, and BHP, so we use providers from outside Pesisir Regency who have a good track record.

Statements from informants through interviews provide a clear picture that the weak internal control system of the relevant agencies will harm the implementation of government programs in the field of health services. Moreover, the intent and purpose of the granting of this capitation fund. According to the fraud triangle theory by Cressey (1953), that the opportunity to commit fraud is due to weak internal controls, weak sanctions, and the inability to assess the quality of work. If these conditions are included in the management of the JKN capitation fund, it can be seen in the procurement of health goods such as drugs, medical devices and consumables where there is cooperation with the provider. This is influenced by the style of government management that has not fully implemented the internal control system according to regulations.

4. Abnormal management of JKN capitation funds

Anomalies or abnormalities in accounting record data in the management of the national health insurance capitation fund. It can be seen in the following statement:

At the end of the year, the workload increases in addition to the work of nurses as well as financial accountability. Often mistakes in budget planning can lead to problems such as unpaid services and more JKN capitation funds in the regional treasury.

The problem of delays in disbursing funds is due to the lack of valid data from the Health Office so that the realization of revenue is greater than the planned income and expenditure (Thaifur et al., 2021). Also activity plans are often delayed because they are waiting for proposals from the Public health center.

It can be illustrated that the risk of fraud in the management of the JKN capitation funds is due to the abnormality of the capitation fund accounting data so that the funds in the regional treasury increase from the planned amount. This is not in accordance with the regional financial management process in Permendagri no. 13 of 2006 starting from planning and budgeting, implementation and accountability, accounting and reporting. Risk assessment in the public sector will provide information to leaders to minimize the impact of risks, as well as a basis for government agencies in formulating strategic plans and help avoid wasting the APBN/APBD. According to Priantara (2013), indications of fraud risk can be identified by the following signs: 1. Accounting anomalies; 2. Weaknesses in the internal control structure both at the transaction level and at the entity level (Thaifur et al., 2021).

4. Pressure from work environment

In the Fraud Triangle Theory by Cressey (1953), about the risk of fraud in the management of capitation funds is pressure. In general, pressure arises because of financial needs or problems, unexpected needs, pressure from the work environment such as lack of respect for achievement or performance, low salaries and dissatisfaction with work.

Another risk of fraud is the absence of an appropriate use plan even though it is already in the DPA, usually when money is withdrawn from the capitation fund account by the treasurer, the money is not directly used according to the DPA but the funds are used to finance activities from the APBD or BOK.

From the results of interviews with key informants, it can be concluded that the pressure from the work environment and the unhealthy financial condition of the health office can pose a risk of fraud. In research (Maramis et al., 2018) argued that the risk of fraud in financial statements is divided into three categories, namely: 1) Organizational Structure, the risk of fraud related to the organizational structure is an organizational structure that does not have a separation of functions and the existing internal control is inadequate; 2) Financial conditions, risks related to financial conditions are generally related to anomalies in financial statements such as unrealistic profit determination, unrealistic goals and or lack of working capital, where it triggers someone to commit fraud on financial statements; 3) Business and industrial environment, Risk is caused by changes in the organizational environment that are not profitable or threaten business continuity. According to Fullerton & Cindy (2004), Fraud risk can be placed in three broad categories, namely:

1. Risks related to the corporate environment, which include management style, incentive systems, overall company ethics, industry pressures, and a company's relationships with outsiders.

2. The risks associated with the perpetrator, such as any financial or work-related stress, opportunities for fraud and rationalization.
3. Risks associated with financial records and accounting practices.

Efforts to overcome the risk of fraud in the management of JKN capitation funds

Steps to address the risk of fraud include:

1. Building a good internal control structure

Building a good internal control structure related to the control environment which is an action of policies and procedures that describe the overall attitude of management, directors, and owners of an entity on the importance of internal control (Alvin et al., 2008).

To overcome the risk of fraud in the management of JKN capitation funds, it is necessary to build a good internal control structure starting from within the organization, namely the commitment of the Head of the Regional Health Office which must be followed by all employees up to the Public health center level.

Organizational commitment in managing JKN capitation funds must be carried out properly by instilling a sense of a climate of honesty, openness, and mutual assistance that will have a good impact on health services (Kittoe & Addo, 2017).

2. Implementing Good Corporate Governance

Implementing Good Corporate Governance is one way to tackle fraud that must be implemented in the management of JKN capitation funds. Sutedi (2011), gives the meaning of good corporate governance as follows: "The form of relationship between the management of a company, the board of directors, shareholders, and other stakeholders. This relationship includes various rules with the formation of a definite corporate structure and goals, and ways to achieve these goals and oversee the work of the company.

Implementation of Good Corporate Governance, namely transparency in the management of the JKN capitation fund budget by making financial reports and implementing the procurement of medical devices, drugs, BHP. Transparency in regional financial management is a form of effectiveness and efficiency in the implementation of good governance

Information disclosure in the management of JKN capitation funds is a way to improve and optimize public services to the community through effective, efficient policies/regulations considering that the public has the right to obtain guarantees for access to public information/freedom. Therefore, the Health Office and Public health center must apply the principles of Good Corporate Governance.

3. Carrying out the Internal Audit Function

To prevent fraud in the management of JKN capitation funds, the role of Internal Audit is needed as stated by Setiaji (2015), namely: the more effective the role of internal audit, the more fraud prevention can be carried out. Fraud prevention can be done if the internal audit is able to identify the possibility of fraud. Conversely, when the internal audit is unable to identify the possibility of fraud, fraud will occur and create losses for the company. The Pesisir Regency Government's Internal Audit is the Inspectorate.

The Inspectorate as an internal institution functions to conduct inspections, assessments, and evaluate organizational activities, as well as provide input on improvement efforts. IAI (2017), argues that internal audit is an assessment function that is developed freely within the organization to test and evaluate activities as a form of public service for the company's organization.

Conclusion

Conclusion Research on the risks of fraud on the JKN capitation fund management system follows:

1. The weak management system of the national health insurance capitation fund will have an impact on the health service sector. Because as a public organization in the health sector, if the system is not good, it will interfere with medical needs.
2. The weakness of the internal control system in the management of JKN capitation funds at the Pesisir District Health Center is caused by a lack of supervision from the Health Service and the Inspectorate. For example, the procurement process for health goods and services is always carried out at the end of the fiscal year with one provider.
3. Anomalies/abnormalities in the management of the national health insurance capitation fund are caused by the dual role of nurses and treasurers at the Public health center, immature budget planning, fictitious transactions so that funds in the regional treasury increase at the end of the fiscal year.
4. Pressure from the work environment can create a risk of fraud by cutting health care spending.

Efforts to overcome the risks of fraud in the management of JKN capitation funds are as follows:

1. Building a good internal control structure that illustrates the commitment of the organization from the Head of the Health Service which is followed by all employees up to the Public health center level by instilling a sense of honesty, openness and mutual assistance which will have a good impact on health services.
2. Implementing Good Corporate Governance in the management of JKN capitation funds, namely increasing information about the financial management of JKN capitation funds.
3. Carry out the Internal Audit Function by conducting regular inspections and evaluations.

Suggestions that can be given from this research for Public health center and the Health Office in implementing the management of JKN capitation funds include:

1. The management of JKN capitation funds should follow Presidential Decree No. 32 of 2014 and SE Minister of Home Affairs 900/2280/SJ dated May 5, 2014. By making their own operational standards based on existing regulations.
2. There needs to be regular checks from the Health Office and from the Inspectorate on the management of JKN capitation funds. And each Public health center must make monthly financial reports as information disclosure on the management of JKN capitation funds at the Public health center.
3. The Department of Health should in the preparation of the capitation fund budget based on the proposal of each Public health center after verification and control in the management of the capitation fund optimally.
4. It is better if payment for services is made without any deductions and based on existing regulations.
5. There is a signing of the fact of integrity in the management of JKN capitation funds to prevent fraudulent behavior.
6. The implementation of Good Corporate Governance must be carried out by all employees in the Health Office.
7. The health office must conduct quarterly monitoring and evaluation and the inspectorate must include it in the work program to examine JKN capitation funds.

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