



Uncovering Fraud in Health Center Capitation Fund Planning

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Abstract

This study aimed to investigate fraud in capitation fund management at the Pesisir Health Center in Sanjaya Regency. Capitation funds, where healthcare providers are paid a set amount per patient over a specific period regardless of services rendered, are vulnerable to fraud due to inadequate monitoring. Using qualitative methods and a case study approach, data were collected through observations, documentation, and interviews. Findings revealed that fraud motivations included financial pressures to gain more from the funds. Opportunities for fraud arose from monitoring lapses, and rationalizations were made by perpetrators who deemed their actions justified, mirroring widespread similar misconduct. Additionally, those committing fraud typically possessed the necessary skills and experience to manipulate the system effectively.

Keywords: fraud, planning, capitation fund

Introduction

Over the past few decades, the national health insurance capitation fund has been fraudulently managed in the manipulation of documents in the planning process. (Brisimi et al., 2020). Financial losses at health centers include fraud, waste, and abuse (ICW, 2018). Indonesia is estimated to reach 5.8 billion annually (Geswar et al., 2014; Yudiyanto et al., 2015). This increases costs and limits the funds available for recipients of appropriate health services (Bianca et al., 2020; Himmayatul et al., 2017; Nespita et al., 2019). Another factor is the agency's limited human resources (HR) and internal auditors, who are responsible for leadership positions, making internal audits independent (Aikins et al., 2021). This gap is used by the leadership of the Regional Public Service Agency (BLUD) to manipulate planning without looking at the health center management guidelines (Permenkes, 2016). Therefore, research by Anggraini & Redy (2011) states that leaders can use budgeting in planning to manipulate.

To eliminate barriers to bureaucratic management, the government prioritizes three basic concepts: transparency, participation, and accountability, which aim to accelerate the achievement of public welfare through good governance (Barrientos, 2011; Anggraini & Redy, 2011). The basic principle of transparency is the openness of the

government in organizing government, participation is the involvement of the community in democratic decision-making, and accountability is performance-based accountability for the implementation of government activities (Chaix-Couturier et al., 2000; Lawrence et al., 2005; Ulum, 2008). Community health centers (CHCs) mandate thorough audits where policy investigators manually scrutinize and interpret policies to validate the integrity of claims submitted by providers for reimbursement, a very time-consuming process (Cox, 2011; Aboagye, 2013; James & Poulsen, 2016).

The existence of National Health Insurance (JKN), which came into effect in 2014 (Perpres, 2014). Many things must be resolved, including the availability of health facilities, health workers, and the quality of health services. (Desmita et al., 2022; Fikri et al., 2022; Sabillah, 2022). The Social Security Administration and the government continue to look for ways to make improvements. A continuous monitoring and assessment program of capitation fund implementation is needed to assist this effort (Bianca et al., 2020; Fahmi & Ayuningtyas, 2020; Prativi et al., 2015; Setiawan et al., 2020). The goal is to find out how to implement the JKN capitation fund program and eliminate existing obstacles quickly, precisely, and in accordance with scientific evidence (Afifah et al., 2019; Desmita et al., 2022).

According to ICW (2018), In order for internal audit to play an essential role in the structure of government agencies and be used as a fundamental source of information in making the right decisions to ensure good governance, the accounting profession is tasked with improving the reliability of government financial statements. Meanwhile, according to Soputan et al., (2017), human resources at health center have not been maximally utilized, where the findings of potential fraud include: First, the use of capitation funds is not in accordance with statutory regulations (News, 2022). Second, manipulation of evidence of accountability and disbursement of capitation funds (Gatra, 2022) and Third, drawing contributions from participants who should be guaranteed capitation and non-capitation costs according to the established tariff standards (Madura, 2022). The Regional Inspectorate (Provincial / Regency / City) is one of the internal auditors conducting local government audits (Brisimi et al., 2020).

ICW (2018) stated that regulation, financing, resource management and allocation, and supervision were the four areas where weaknesses were found in the management of capitation funds at the health center, according to the findings of the Indonesia Corruption Watch study (ICW) based on research by the Corruption Eradication Commission (KPK). Specific findings related to misappropriation of capitation funds, falsification of accountability data derived from the disbursement of capitation funds, and withdrawal of funds from participants who should have been insured to receive capitation and non-capitation fees at the established standard tariff level (Gatra, 2022). Based on the observation of ICW (2018), 26 health centers in 14 provinces also found the possibility of fraud in the management of capitation funds. The Operation Catch Hand (OTT) against the Regent of Jombang by the Corruption Eradication Commission (KPK) in early February 2018 raised the issue of monitoring capitation funds. According to this OTT, the Regent of Jombang was bailed out with capitation funds obtained by PJ. Head of the Health Office from 34 health centers throughout the district. There were 8 cases of corruption in managing health center capitation funds in 8 locations. With 14 defendants, the state lost Rp. 5.8 billion in this case.

Aikins et al. (2021) stated that this qualitative study was carried out to determine how to position the National Health Insurance Scheme (NHIS) to be financially sustainable

in order to ensure universal health coverage in his research on positioning the national health insurance for financial sustainability and universal health coverage in Ghana. Important research participants acknowledged that the program has recently had difficulties fulfilling its funding commitments.

The development of universal health coverage, according to (Juwita, 2018), indicates a new momentum for the progressive realization of the right to health in Indonesia. She makes this claim in her research Good governance and anti-corruption; obligation to defend universal health services in Indonesia. Indonesia built an anti-corruption system to safeguard the finances for national health insurance since the issue of corruption in the health sector threatens the long-term viability of efficient and high-quality healthcare services.

This phenomenon is in line with research from [Fikri et al. \(2022\)](#), [Afifah et al. \(2019\)](#), and [Soputan et al. \(2017\)](#), who stated that there is a relationship between high-ranking officials and the use of capitation funds by health centers. According to [Aboagye, \(2013\)](#); [Adjei et al., \(2018\)](#); [Berwick, \(1996\)](#), there is a relationship between officers and the policy of using capitation funds by health center. Health center policies utilize capitation payments and related facilities. There is a relationship between commitment and the use of capitation payments by health centers ([Fitrianeti et al., 2017](#)).

The government, insurance firms, and healthcare sector are working together more now to combat capitation fund fraud. Improved data sharing across pertinent parties is one way to identify and stop fraud.

This study focuses on manipulating health center planning by using capitation funds. This research aims to find out directly the fraud that occurs. The object of this research is the Coastal Health Center because the flow of capitation fund management needs to be analyzed by the regulations that have been determined according to the technical guidelines made by each region about capitation fund planning from the capitation fund budget that each First Level Health Facility will receive. Coastal Health Center of Sanjaya District, a Regional Public Service Agency (BLUD), claims capitation funds directly from the Social Security organizing agency. Funds are received by the health center and managed independently, which allows misuse of the capitation funds. Based on the background above, researchers are interested in knowing the mode of action, what causes the perpetrators, and the impacts of capitation funds.

Research Method

This research uses qualitative research methods with a case study approach. Qualitative research is a study made to understand the phenomena experienced by research subjects, such as actions, behaviours, motivations, perceptions, and others, by describing the results of observations in a language in a natural context and utilizing various natural methods ([Moleong, 2017](#)). With cases that become research locations as the primary research emphasis, this research aims to highlight the uniqueness of distinctive qualities in the case under study ([Hamzah, 2020](#)). Therefore, case study research is an investigation of a specific event (case) at a specific time and activity (program, event, process, institution, or social group) and involves comprehensive and in-depth data collection over time by utilizing a variety of specific data collection techniques ([Creswell, 1998](#)).

Creswell (1998) lists several characteristics of case study research, including identifying a "case" for a study, using multiple sources of information in data collection to provide a detailed and in-depth description of an event's response, and spending much time interacting within the research site environment to describe the context or setting of a case.

The object of this research was conducted at the health center Pesisir Sanjaya Regency. Researcher used the pseudonym Coastal Health Center of Sanjaya District to maintain the good name of the agency from the results of this research exploration and the freedom to reveal more deeply related to fraud in the management of capitation funds. However, participants' pseudonyms will not change the research results on certain realities or facts in the background. This paper focuses on the process of planning capitation funds for health center s. Thus, by concentrating on the research, the researcher can quickly obtain necessary information needed to complete the researcher's primary objective.

Table 1. List of Research Informants

Number	Pseudonym	Information
1.	Mr. A	BLUD Leader
2.	Mrs. B	Technical Officer
3.	Mr. C	Finance Officer
4.	Mrs. D	Procurement Officer
5.	Mr. E	Revenue Treasurer
6.	Mrs. F	Expenditure Treasurer
8.	Mr.G	Accounting

Source: Health Center Employee, 2023

Table 1 lists seven employees who hold different roles and are skilled in their industry who participated in semi-structured interviews as informants. This allowed the researcher to find out more details about fraud in the health center. This case study approach was used to examine in depth and detail the details and justifications provided by the informants. One study technique used to comprehend people's viewpoints, experiences, attitudes, and opinions on a particular subject is qualitative interviewing. Direct communication between researchers and respondents is the goal of qualitative interviews, designed to provide a thorough grasp of the studied topic. (Moleong, 2017).

For this case is the final step in the data analysis process. How the findings about the reality of capitation fund management planning fraud that occurs in the field can be generalized, viewed from various angles, and compared with other literature, both from theory and previous research on capitation fund management planning fraud, both at BLUD health center agencies and other institutions such as Hospitals, BLUD health center, and Health Clinics are used as examples of previous fraud research. The theory used is the fraud diamond theory Wolfe & Hermanson, (2004), This finding also contrasts with fraud surveys conducted in Indonesia by several previous researchers who have dealt with and are familiar with fraud cases involving the falsification of documents and their contents,

including personnel and attendance records, calculations for services, deductions for services, and false claims among others.

In case study research, there are four characteristics. First, excellent case studies typically analyze the topic in great detail. This indicates that the study delves deeply into the case's specifics, examining its historical background, cultural nuances, interpersonal interactions, and other pertinent elements. A well-crafted case study encompasses multiple pertinent facets of the topic being examined. This entails investigating the several aspects that affect or are connected to the issue and including multiple stakeholders and points of view. Thirdly, the phenomenon's context is considered in well-written case studies. This requires a thorough comprehension of the political, social, cultural, historical, economic, and environmental context that shaped the case. Fourth, well-written case studies show how to critically and thoughtfully analyze the information gathered. This entails analyzing a variety of potential interpretations in addition to spotting trends, themes, causal connections, or implications in the case study results.

Result and Discussion

The budgeting of health center capitation funds is made based on the health center RUK. The preparation of the activity proposal plan by the health center is based on the needs and priorities of public health in its working area. The activity proposal plan includes programs and activities implemented in one fiscal year. The RUK prepared by the health center is then verified and validated by the Head of the BLUD health center. This ensures that the RUK is by national health policies and strategies and can benefit the community. In determining the capitation fund budget, after the Head of the BLUD health center approves the RUK, the BLUD health center determines the budget allocated to each health center in its area. The capitation fund budget is determined based on the population the health center serves and the number of activities listed in the RUK.

For the disbursement of the capitation fund budget, after the health center determines the capitation fund budget, it can disburse the budget to carry out the programs and activities listed in the RUK. In the implementation of activities by the health center, activities are carried out by the approved; during the implementation of activities, the health center must ensure that the capitation fund budget is used effectively and efficiently to achieve the stated objectives. Then evaluation and reporting after the implementation of activities is completed, the health center evaluates to evaluate the effectiveness and efficiency of the implementation of activities. The health center must also submit a report to the District Health Office on the results of the implementation of activities and the use of the capitation fund budget. However, in reality, the field in the RUK health center does not match what should be implemented; it can even be said that the planning of capitation funds is only carried out as a formality without any joint deliberation between those responsible for programs and activities, the community and related parties. Related to the making of the UK at the health center will be revealed by Mr. A as the BLUD Leader:

"Eemmm... how yes Mr., so far in the RUK it has not gone properly Mr., which should be carried out in monthly meetings from lokmin to linsek. Only the person in charge of the health center consists of me as the Head of the blud, the financial officer, the technical officer, the treasurer, and the senior employees of the health

center. We only need data on the needs of each program and activity that will be carried out in the field; then I submit it to the financial officer and the treasurer for further management".

More profound research questions related to the RUK, so the researcher asked further what reasons underlie planning at the health center being carried out only as a formality. Mr. A continued to answer:

"Especially with our area, which is quite far from one village to another, such as pustu and polides, we still need to cross the islands to get to these locations. And the availability of our human resources is still lacking in budget planning. But if you go into the field, there is no doubt that this is our duty together."

While joking, joking, and relaxing in conducting interviews with informant Mr A, who slightly opened up the confession that in the planning of the capitation fund budget, only a few critical people in the health center were mentioned to him. How can fraud not occur in the planning of health center capitation funds, which are only carried out by a few people such as the Head of the blud, financial officers, technical officers, treasurers, and senior health center employees without implementing a good health center management system such as involving those responsible for programs and activities, the community, and related stakeholders? Even those responsible for programs and activities, the community, and related parties are not included in health center planning; they only ask what will be used for the following year. This is done because of pressure from the Head of the blud with this related party, who can manage capitation funds according to his wishes and interests. This identifying that fraud appears in the planning stages of the health center capitation fund such as carrying out planning only formally without any joint deliberation between the person in charge of programs and activities, the community and related parties with the argument that the location of the pustu and polindes to conduct monthly routine meetings is not properly implemented because it is very far and needs to cross the islands to get to the main health center. The researcher still wanted to get more information, so the researcher asked Mr. C as the Finance Officer:

Yes, it's true—the Head of the blud, technical officials, treasurer, senior health center employees, and myself. Especially with the location of those responsible for programs and activities that are quite far from the main health center. So we carry out with some of the relevant responsible persons only. For the others, it is just a formality to collect data from us, and then we propose it ourselves with our treasurer."

In line with the recognition of Mr. C as the health center Finance Officer, from the results of discussions with Mr. C it can be underlined that there are still interest in making budget planning where financial officials who are under the position of BLUD leader so that they follow his orders and directions even though the ends are for personal gain. In his recognition, it is indeed in the formation of planning, starting from the RUK to the RBA of the health center that only financial officials and treasurers are appointed to make it with data on the needs of each program and the needs that have been received and some even have no needs given, so financial officials and expenditure treasurers make it themselves. So that this fraud action will have an impact on the next stage. Researchers still want to dig deeper by confirming the truth and trying to ask other informants directly as the treasurer of the capitation fund expenditure, namely Mrs. F:

"Well.... is absolutely right Mr., only financial officers and treasurers participate, because this is an order from the leader of the health center BLUD, moreover the human resources here are still lacking and the location is quite far from the main

health center Mr., so it is enough for the financial officer and treasurer to make the rest of the formalities only collect programs and activities that will be carried out in the following year the rest of us are hendel Mr."

Stakeholders at the central and regional levels and other interested parties must socialize the capitation fund programs and national health insurance program activities. The aim is that the community understands the programs and activities that will be carried out by the government through the health center in their area, knows their rights and obligations as social security organizing agency Health participants and can get many benefits from the health center capitation fund programs and activities. (Fikri et al., 2022; Geswar et al., 2014).

The findings of this fraud are not in line with the guidelines that have been established, that is, in the mini workshop guidelines; health center Direktur Jenderal (2006), states that in the health center management cycle through the mini workshop guidelines, which consist of planning, implementation of activity implementation plans (RPK), and discussion of RUKs with evaluation stages RUK, preparation of activity implementation plans, until the beginning of the next year's RUK with evaluation stages, RUK, preparation of activity implementation plans. As well as implementing monthly mini workshops in health center s, followed by implementing the Cross Sector monthly mini workshops. Then the implementation of the first and second-semester work review is carried out in the middle of the year and the end of the year, which contains planning, actions, documents, and cross-checks of the health center Management Cycle.

The researcher will draw an opinion from the fraud action in the RUKning of capitation funds, which is only carried out with mere formality from structures such as the Head of the BLUD, financial officials, technical officials, treasurers, and senior health center employees without implementing a sound health center management system such as involving those responsible for programs and activities, the community, and related parties. Fraudulent actions taken in the RUK will be carried out the following year. When viewed from the fraud diamond theory, some factors influence it, such as pressure, opportunity, rationalization, and capability. First is pressure, namely when financial officials and expenditure treasurers commit fraudulent acts because of the task orders given by the BLUD leader. These orders are immediately carried out by being given an additional bonus in the form of money if the perpetrator completes the assigned task. Second, opportunities, namely fraud committed in RUK planning because of the position between substitute health center and village health hut which is quite far from the primary health center and internal supervision that has not been reached to reduce fraud. Third, rationalization, namely the perpetrators consider this fraud natural because of the location of the pustu and polindes which are quite far away on the islands and the unemployed human resources. Fourth, the ability that exists in the financial officer and treasurer of expenditures needed to become a fraud perpetrator ordered directly by the BLUD leader is increasingly being realized.

If a proposed activity plan has not been implemented or is not implemented, it can have several impacts that can affect the health center and the health services provided. Firstly, nonfulfillment of goals and objectives is usually developed to achieve specific goals and objectives. Arisandi (2021) states, If activities are not implemented or implemented, these goals and objectives may not be optimally achieved or even achieved. This can hinder improving health services, quality improvement, or achieving desired health targets. Second, low-quality service-planned activities are often related to

improving the quality of service, training medical personnel, or procuring needed medical equipment. If these activities are implemented, then service quality may be maintained and continue (Settipalli & Gangadharan, 2021). This can harm patient satisfaction, increase the risk of complications or avoidable events, and affect the image and reputation of the health center. Thirdly, decreased motivation and engagement when not implemented can reduce the motivation and engagement of staff and medical personnel at the health center (Sholihin et al., 2016). Employees may feel disappointed or less motivated because the plan that has been developed is not implemented. This can harm morale, teamwork, and innovation at the health center. To avoid such negative impacts, it is essential to ensure that the plan is supported by sufficient commitment and resources, and involves relevant stakeholders (Sari et al., 2017). In addition, it is also essential to conduct regular monitoring and evaluation to ensure implementation and achievement of planned goals. Corrective measures and re-planning must be undertaken to ensure the plan if there are obstacles or constraints.

In making an RBA from the health center capitation fund, it is necessary to have a suitable and structured budget planning mechanism starting from the RUK to forming the business plan and budget. In the budget planning stage, it is necessary to collect data and information. This stage is a collection of data and information related to health service needs in the area, the number of populations served, the type and number of services needed, and others. Then, analyze the budget needs; after the data is collected, an analysis is carried out to determine the budget needs needed to fulfill health services in the area. This analysis also needs to consider operational costs, patient care costs, and procurement costs for equipment and medicines. In determining the budget allocation after the budget needs are determined, the budget allocation for each health service is determined. This allocation should be based on the prioritization of health service needs, the adequacy of the available budget, and the effectiveness of budget utilization.

In developing the business plan and budget, after the budget allocation is determined, the budget business plan is continued, including operational plans, procurement plans for equipment and medicines, human resource management plans, and others. After the RBA is made, evaluation and monitoring should be carried out regularly to ensure the success of the RBA implementation. This evaluation and monitoring can be used to identify problems or obstacles in implementing the RBA and make necessary improvements. By carrying out a suitable and structured budget planning mechanism, the RBA of the health center capitation fund can provide optimal benefits for the community served. However, in reality, the RBA budget planning needs to be structured. It differs from the existing health center management system because the proposed activity plan that should be carried out every month has yet to be routinely done, such as login and link at the coastal health center. For example, the capitation fund budget planning that is made is not carried out by the person in charge of programs and activities, and only a few people are involved, such as the Head of the regional public service agency, the financial officer, the treasurer of expenditure, and the treasurer of receipts of the health center. As previously explained, for preparing the business plan and budget, the person in charge of the program, activities, and the community is only asked what the next year's needs are. The data is processed by several interested people only. So that related to budget planning that is not appropriate, the researcher asks directly to find out the truth about one of the informants, namely Mr. A as the BLUD Leader:

"Yes, it is true, which in the making of this RBA we only ask what needs are requested by the person in charge of the program and activities and the community's needs. Because the monthly routine meetings from lokmin to linsek we do not run regularly because of the location which is quite far away, so we think that instead of burdening the wira-wirinya we just ask what the needs are later who budgeted it in the RBA".

Mr A gave his genuine opinion on the RBA planning, which needed to be carried out in a structured manner according to the applicable health center management system. From this, it can be seen that there is a tendency for the management of capitation funds to be inappropriate or manipulative by adding quantity to the necessary needs, and the unit price given is not by the standard unit price (SSH) and the general cost standard (SBU) applicable in the work area. So from this, researchers dug deeper to find out how the mode of action was to other informants, namely Mr. C as the health center finance officer:

"(while smiling and joking) Really Mr., indeed we do not burden the person in charge of programs and activities and the community to make "reng-rengan arge" price details for the requested needs. So we only ask how many needs, and for the unit price, we make it ourselves with the treasurer until the RBA is formed, it is a natural thing in planning; the most important thing is that the implementation does not exceed the existing SSH and SBU Mr. hehe ...".

Here, the researcher tries to ask more profound questions with more intensive questions about the answers of the previous informant, Mr. C, to another informant, Mr. E, as the revenue treasurer, so that Mr. E continues to answer the researcher's questions:

"Actually, there is a gap to get profit by increasing the quantity and unit price, but in practice, we are looking for prices that are below the SSH and SBU prices that apply in our area, but this is not my job as treasurer of revenue, but certainly that is the process after I report every month the results of revenue for one month at the beginning of the following month".

In line with the answer of the informant Mr. C as the financial officer with the answer of Mr. E as the treasurer of the revenue explained "ceplas ceplos" said clearly, implying that the perpetrators justified all means in the planning they made, from this it can be seen that in the management of capitation funds on planning in this RBA the perpetrators made inaccurate planning where the critical goal was that the RBA was completed without looking at the SSH and SBU prices that apply in each working area. (Perbup, 2020). As the informant's question that the mode carried out by various parties such as the BLUD leader, financial officer and expenditure treasurer, this has become a culture every year where there is no structured planning of the applicable health center management system; the aim is to benefit from the programs and activities to be implemented. Researchers continued the question to find out what caused the culprit to other informants, namely Mr. G as the health center accounting:

"How yes, actually it is accustomed to which has been done continuously planning like this, moreover it was ordered directly by the BLUD leader to complete the RBA, so it is legitimate for financial officials and treasurers to make it like that".

While smiling and eating the treats, Mr. G explained casually as if there were no problems, so that it was easier for researchers to obtain objective information by Mr. G. When viewed from Mr. G's statement as the health center accounting, it seems that this has become a habit every year for making this plan. Mr G also believes that where his

status is only as a contract employee, he can only follow orders from his superiors; indirectly, there is no control to make changes following the existing health center management system. So that, fraud in the planning of capitation funds is just a formality to complete the report to be submitted to the health office.

The mechanism for making business and budget plans (RBA) needs to be implemented as programs and activities should be planned from the achievements of the previous year. Lack of ability of health workers to arrange capitation funds, especially for health care workers' procurement of goods and services at health center s. Budgeting for the Remaining Budget Financing (SILPA) of capitation funds can only be done in the APBD Amendment after an audit by the Supreme Audit Agency (BPK). Needs in budget planning are based on something other than the results of previous program and activity achievements. (Bianca et al., 2020; Desmita et al., 2022).

So the, pattern of fraud in marking up costs in making business plans and budgets (RBA), which is mainly carried out by perpetrators, if drawn in the fraud diamond theory, several elements are included in the occurrence of this fraud, such as pressure, opportunity, and rationalization. First is pressure, which makes cost projections that are too high for programs and activities in the RBA and allocates budgets for purposes unrelated to health or treatment. Second, opportunities, namely limited human resources (HR); health center s do not have enough human resources to manage the budget, so BLUD leaders and health center staff can take advantage of this shortage to commit fraud, for example, diverting the budget to other activities that can benefit them personally. Third, this rationalization is used by BLUD leaders and health center staff to justify the fraud they commit because they do it in the interests of the health center and the community.

If there is a markup of costs in the preparation of the Business Plan and Budget (RBA), it can have several adverse effects. First, the waste of budget markups in the RBA can cause the allocated budget to be inefficient. Lower costs are exaggerated in the RBA, so funds that should be used appropriately for other activities can be wasted (Anisa & Tjaraka, 2019). This can result in wasted resources and suboptimal use of funds. Second, inhibiting quality improvement RBAs made by marking up costs can inhibit efforts to improve service quality. If the allocated budget does not reflect actual needs, then health center s may find it difficult to implement quality improvement programs, such as staff training, medical equipment maintenance, or facility upgrades (Afifah et al., 2019; Anisa & Tjaraka, 2019; Nespita et al., 2019). This may affect the quality of services and the achievement of expected quality targets. Third, a decrease in trust and reputation. The markup of costs in the preparation of the RBA may lead to a decrease in the trust and reputation of the health center. If relevant parties become aware of unethical or non-transparent practices in managing funds, this may reduce public trust in the health services the health center provides. This decline in reputation can have a long-term impact on relationships with patients, authorities, and other stakeholders (Afifah et al., 2019). It is essential to ensure that the RBA is prepared with high integrity, transparency, and accountability. Strict oversight, internal and external audits, and involvement of relevant parties can help prevent cost markup practices and mitigate any negative impacts that may occur (Devi et al., 2020; Mujiburrahman & Sofyandi, 2021).

In carrying out needs planning, health center s must also pay attention to the available budget. Health centers must also be able to allocate budgets appropriately and efficiently in order to meet needs that are constantly evolving. In addition, health center

can also utilize information and communication technology to accelerate the process of planning needs and monitoring needs. Thus, by implementing a continuous needs-planning mechanism, health centers can ensure that the health services needed by the community can be fulfilled optimally.

However, the reality in the field is different from what is expected, where the mechanism and application at the health center is not running properly and there are still many budget shifts in the current year. One shows that human resources have yet to be maximized, and the internet network is quite difficult, so planning is only carried out by several related parties, such as BLUD leaders, financial officers, and treasurers. From the planning of capitation funds, it can be assumed that planning at coastal health centers can be an act of fraud and harm government finances. The reality that occurs does not make the perpetrators evaluate these shortcomings; even various modes of planning are carried out as if they have become a culture (accustomed) every planning year. Related to this, the researcher asked Mrs. B as a technical official:

"Well, this way, the BLUD leader annually gets a percentage of the various programs and activities carried out, and this has been running every year. From there, the BLUD leader gets benefits and opportunities with the position he has, but it is not done alone, Mr.; it is done by some who are trusted. Intinya to benefit Mr..... (with a smile)".

Ms. B gave more details about planning, so she continued her answer:

"yes, that is how the BLUD leader and his staff only need program data and needs from the person in charge; that's where they use it as an opportunity to make plans that can be profitable".

Mrs. B's statement opens the fact that the perpetrators take advantage of limited human resources and positions to make plans that can benefit them, so most of the plans made are not appropriate, which results in a lot of shifting because there is a budget that is not budgeted. So from this it can be seen that there is a tendency for financial officials and treasurers to make capitation fund planning that is not by the programs and activities to be carried out, where there are still many budget shifts during the implementation of programs and activities because they have not been listed and budget shortages that have been made before. This is as confirmed directly to Mrs. D as a procurement official:

"(With a serious look and a little smile...) Yes, that is right, Mr. I, myself, as a procurement official, often make changes or shifts in the general procurement plan (RUP). Most of them are in the budget for goods and services and capital expenditures, whether it has not been budgeted for or the budget shortfall due to goods and services realized more than the budget".

Ms. F confirmed and agreed with Ms. D's explanation, so Ms. F provided a statement:

"Hmmm.... In the information submitted by Mrs. D, it is true because some programs and activities are not thought of, and the price that we originally adjusted to the existing SBU turned out that in the following year, there was an increase in price from what we originally budgeted. So we shifted the budget".

The lack of application of the health center management system, along with the risks that will shift the budget caused, is also a cause of fraud in the planning of health center capitation funds without realizing it. This is a rationalization for employees who commit fraud because of ignorance of the health center management system and general cost standards (SBU), including prohibited things. From doing application of capitation fund planning for the health center shows that there needs to be more ability of health

workers or human resources (HR) to plan, budget, and manage capitation funds (Desmita et al., 2022; Kurniawan et al. 2016). Stakeholders should recommend capitation funds as a provider payment mechanism to minimize the risk of provider fraud and protection from political interference. Aligning public health planning and services and including preventive and promotive health needs are necessary to position universal health coverage schemes (Aikins et al., 2021; Johnson & Khoshgoftaar, 2021).

The pattern of fraud, if there is no continuous need for planning on capitation funds carried out by the perpetrator, can be analyzed using the fraud diamond theory, which consists of four factors, namely, pressure, opportunity, rationalization, and ability. First, pressure if there is no sustainable planning of needs on the health center capitation fund, then pressure can arise from various parties such as budget, health workers, medicines, and medical devices may not be allocated effectively and efficiently, which can interfere with the performance of the health center (Fikri et al., 2022; Settipalli & Gangadharan, 2021). Second, opportunities to improve health center performance and patient satisfaction may need to be maximized. Opportunities to utilize resources effectively and efficiently may be missed, resulting in the program failing to achieve its intended goals. Third, it is essential to rationalize the use of capitation funds (Desmita et al., 2022; Handayani, 2022). If there is planning, then the use of funds may be by program objectives and effective, and with good rationalization, resources may be well-spent and the program may achieve the expected results. Fourth, capacity is also vital to improve the ability of health workers to manage capitation funds effectively and efficiently (Devi et al., 2020; Mackey et al., 2020). With good planning, the ability of health workers may be well honed and their performance will be improved. Thus, if there are no sustainable needs planning on health center capitation funds, then the factors in the fraud diamond theory, namely pressure, opportunity, rationalization, and ability, can be negatively affected. This can interfere with the health center 's performance and the program's overall success. Therefore, sustainable needs planning is essential to achieve program goals and improve health center performance (Hasri et al., 2019; Istiqomah et al., 2023; Tarjo et al., 2023).

Sustainable demand planning can have several beneficial effects. First, efficient use of resources With ongoing needs planning, the use of resources can be efficient (Syukran, 2023). Under or oversupply of goods, services, or labour may occur due to the need for proper monitoring and adjustment. This can lead to wastage of resources and sub-optimal use of funds. Secondly, inability to meet needs Unsustainable demand planning can result in the inability to meet emerging needs. With continuous assessment and monitoring of changing needs, health center s can provide adequate health services and meet patient or community expectations (Adjei et al., 2018; Afifah et al., 2019; Juwita, 2018). Third, low responsiveness to change. In the ever-evolving world of healthcare, changes in community needs and demands can occur rapidly. Without ongoing needs planning, health center s may be less responsive to such changes. This may hinder adaptation to new developments, quality improvements, or system enhancements needed to improve health services. To avoid such negative impacts, ongoing needs planning is essential. This involves continuous monitoring and evaluation of changing needs, identification of risks, appropriate allocation of resources, and adjustment and development of relevant strategies (Nespita et al., 2019). Sustainable planning enables health centers to be more responsive, efficient, and able to meet the needs of the community on an ongoing basis (Demetriades & Owusu-Agyei, 2022).

Conclusion

At the end of this study, researchers will conclude various findings related to fraud in capitation fund management planning in terms of fraud diamond theory. First, the perpetrators in the capitation fund fraud act due to pressure factors, one of which is financial, in obtaining more profit from the capitation fund, so this pressure encourages the perpetrators to commit capitation fund fraud. Second, there is an opportunity where the perpetrators commit fraud because of the opportunity to supervise the management of capitation funds, allowing fraudsters to easily commit fraud. Third, there is a rationalization in which the perpetrators consider the act of capitation fund fraud to be a natural thing because, in recent years, many other actors have done it to benefit from capitation funds, leading them to believe that benefiting from capitation funds is natural. Fourth, there is an ability where the fraud committed by the perpetrators on average has the ability and habits of the perpetrators so that without difficulty, they commit fraud of capitation funds.

Fraud can severely affect the financial planning and management system when it comes to the planning of BLUD (Regional Public Service Agency) Puskesmas capitation funds. The first type of damage is financial; a health center that commits fraud may suffer large losses. Second, decreased service quality; Puskesmas's service quality may suffer if capitation monies intended to enhance or improve health care are misapplied. Third, more resources; health center s may need more resources due to the misappropriation of funds. Fourth, using capitation monies may result in the public losing faith in the health facility. Fifth, legal implications: Health center s and the people involved may face legal repercussions if capitation funds are mismanaged through fraud. While more time and resources could be better spent on healthcare initiatives, the legal procedure can take a while.

Suggestions for further research are to be able to observe directly at each stage of the planning of health center capitation funds, such as making activity proposal plans (RUK), marking up costs in making business and budget plans (RBA), and modes to gain profits with inappropriate needs. In this study, researchers only observed the planning stages of capitation funds, considering that the mechanism for managing capitation fund funds still has many processes and procedures applied.

Additionally, the researcher offers suggestions. Staff members at health center s should receive instruction and training on professional ethics, following rules and regulations, and being aware of fraud. Regularly monitor and audit the health center's financial and operational operations to detect fraud. To avoid conflicts of interest or cooperation among health center employees that could lead to fraud, use the principle of separation of duties. Provide stringent penalties for those who commit fraud and ensure that offenders are consistently prosecuted. Through the consistent and ongoing implementation of these recommendations, health center s can lower the risk of fraud in the capitation fund management process and enhance the effectiveness and quality of health services offered to the community.

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Akbar, Prasetyono & Tarjo
Uncovering Fraud in Health Center Capitation Fund Planning

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