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# **Public Health Services: A Case Study on BPJS in Indonesia**

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### **Abstract**

One type of innovation in health services is known as the Social Insurance Administration Organization (Badan Penyelenggara Jaminan Sosial (BPJS)). BPJS aims at realizing the provision of adequate health insurance for all participant and their family members to fulfill the health needs of the Indonesian population. The purpose of this study was to see an implementation of public service in the health sector in the BPJS program, as well as the obstacles faced in implementing the BPJS program. Type of research used is qualitative, with library research. The main types of data in this study are data in the form of scientific works relating to BPJS, web pages that discuss BPJS, while corresponding main data are books or other literature that supports and has to do with research. The results of the study show innovation in health services through the BPJS program describing the level of satisfaction of both participants and health facilities have increased. Strategies to improve the quality of BPJS services are through an improved collaboration of health facilities, performance-based payments, optimization of functions, development of electronic claims management, and improvement of strategic partnerships with stakeholders.

**Keyword:** Health Service, Innovation, BPJS, Indonesia

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## INTRODUCTION

Service is the primary essential task of the apparatus as state servants and public servants. According to Regulation of the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia Number 15 of 2014, the standard component of services related to the service delivery process includes requirements, procedures, service periods, costs, product services, and complaint handling. Public service is an activity to fulfill basic needs following the fundamental rights of every citizen like goods, administrative services provided by service providers related to the public interest.

In achieving national goals, in the opening of the 1945 Constitution, there are efforts to develop sustainable in a series of focused and integrated development programs. This development effort is expected to be able to realize reliable human resources, including improving health. Health development goals as a national commitment can be seen in the Article 3 of Law Number 36 of 2009 concerning on Health that health development aims to increase awareness, willingness, and ability to live healthy for every one in order to realize the degree of public health, as an investment for the development of human resources productive socially and economically. In Law Number 36 of 2009, it explains that health is a healthy condition physically, mentally, spiritually and socially that enables everyone to live productively socially and economically. And it is also stipulated that everyone has the right to obtain health services. Therefore, every element of society has the right to receive health services and the government is responsible, regulates, and supervises the provision of health equitably and affordable.

One of the government's efforts to provide health to the community, the Indonesian government, introduced the

Social Insurance Administration Organization (Badan Penyelenggara Jaminan Sosial (BPJS)) program. BPJS is a new institution formed to organize social security programs in Indonesia that are non-profit based on Law Number 40 of 2004 concerning on the National Social Security System (SJSN). BPJS is a public legal entity formed to organize social security programs, consisting of Health BPJS and Employment BPJS.

The existence is expected to provide a sense of security and comfort for the community members. At the beginning of 2014, system put into effect for all communities in Indonesia; the government sincerely hoped that the implementation of the health insurance program could help the community experiencing health problems. The benefits are substantial and can help the community, especially for the poor (Aang, 2016).

The implementation of the BPJS for four years received positive and negative responses from the public. The positive impact on health services to the people in Indonesia, such as the results of the disclosure of BPJS users, namely the citizens of Surabaya claimed to feel helped by the BPJS program. Many benefits can be obtained if a person participates in the BPJS program, such as not being charged medical expenses when hospitalized (Bhirawa, 2014). (Suryani & Suharyanto, 2016)

Other positive impacts can be seen from the existing procedures, so that requires that before referring to the hospital, BPJS users must first pass an examination at a health facility. If the disease is severe and requires going to the hospital, BPJS users must enter the Community Health Center (Pusat Kesehatan Masyarakat (Puskesmas)) first, but if the illness is adequately treated with medication as needed, BPJS users cannot submit a referral. The BPJS can refer to the hospital directly and meet specialists in dealing with BPJS users' diseases. Another

positive impact, with the BPJS program, can increase the income received by hospitals so that hospitals can improve services for BPJS customers, this procedure can also save time because only patients who most in need can be treated at home getting sick for patients with ailment only processed at the community Health centers (Fimela, 2016).

While the negative aspects of the BPJS program such as system complexity and community difficulties when applying for health services are one of the main reasons. Until now the implementation of the BPJS conducted by Community Health Centers and Clinics (PPK I) and Hospitals (PPK II) still encountered several problems. As the number of cases of hospital rejection of BPJS patients is still a problem in the implementation of the program (Ardianti, 2015).

BPJS only limits services to budgeted drugs; not all drugs can obtain from BPJS users. If BPJS users need drugs outside the BPJS, then they must buy it themselves, and also room service for inpatient, participants are only in the class 1 category. Although the doctor's function remains the same for all patients, the comfort of each class is different (Fimela, 2016).

Based on this, it is making this research interesting, by looking at how public service reform in the health sector, especially BPJS program in Indonesia. The positive things that have been obtained by the community from the implementation of the program, as well as the obstacles faced in its application, considering that Indonesia is a large country with a diverse population, so it will significantly affect the implementation of the BPJS program.

## **RESEARCH METHODS**

Type of research used is qualitative, with library research. The main types of data in this study are data in the form of scientific works relating to BPJS, web

pages that discuss BPJS, while corresponding main data are books or other literature that supports and has to do with research. The data source in the study obtained from writing in the form of scientific works and web pages that discuss BPJS, these data will group according to needs within the framework of the research. The data collection technique used is document data related to BPJS, by describing the data so that researchers can conclude about the problem under study. Data analysis technique used in this study was the interactive model (Miles, Huberman, & Saldana, 2014).

## **RESULT AND DISCUSSION**

Social Insurance Administration Organization (Badan Penyelenggara Jaminan Sosial (BPJS)) is a corporation responsible directly to the President and must organize national health insurance for all Indonesian people, especially for civil servants, retirees, other business entities or ordinary people. BPJS is a government program in the National Health Insurance unit which inaugurating on December 31, 2013.

BPJS provides services to all communities in Indonesia ranging from the upper economic strata to below the poverty line. Through state-owned enterprises which operating on January 1, 2014, all cities and the government guaranteed health services together with systemic cross-subsidies. BPJS participants divided into two groups based on funding. The first group is the Relief recipient (Penerima Bantuan Iuran (PBI)); participants in this category are those who have difficulties in the economy. The government through the BPJS directly gives membership cards and every month does not need to pay contributions. All funding from PBI participants comes from cross-subsidies from other participants

and government assistance. The second group of BPJS participants is those who belong to the Non-PBI group. Participants in this category register collectively or individually and each month charge contributions based on the class chosen. Non-PBI participants divided into the type that is class 1, class 2, and grade 3. There is no difference between class 1, class 2, and grade 3 participants when patients are outpatient, but the difference is when patients' hospital, the care services will adjust to the BPJS class taken by the patient concerned. The difference between types sees from the monthly fee that must pay and treatment room facilities when the patient must attend hospital.

The Indonesian Business Data Center (Pusat Data Bisnis Indonesia (PDBI)) in a study conducted in 2015 using data during the implementation of the BPJS in 2014, there was an economic impact of Rp. 18 trillion. Each of these components derives from the growth in the number of hospitals increased by 35 percent in 2014, due to the increase in BPJS patient health care needs. BPJS can increase the life expectancy of the Indonesian population, with access to affordable health services in general. BPJS also has an impact on reducing poverty due to cut health costs and high treatment of out of pocket (Nikodemus, 2015).

The research results of the Institute for Economic and Community Investigations at the Faculty of Economics and Business, University of Indonesia (Lembaga Penyelidikan Ekonomi dan Masyarakat Fakultas Ekonomi dan Bisnis Universitas Indonesia (LPEM FEB UI)) showed that the contribution to the Indonesian economy in 2016 reached 152.2 trillion. In 2021 its contribution is estimated to increase to Rp. 289 trillion. The impact will be even more significant as the number of Private Hospitals in collaboration with BPJS Health. Before the existence of the BPJS, the choice of patients for health services limit to community

health centers and small clinics, now easy access to large hospitals. With a system that has started to be built well in the fifth year of BPJS implementation, it will create competition among fellow service providers. This competition will result in improved service (Febi, 2018).

BPJS has also carried out an online form in the national health insurance program, but in its implementation, there are still some obstacles and challenges that occur in the field. The results of the trial conducted since August 15, 2018, that generally, the community is familiar with the online referral system. But there is a shift in the proportion of services that usually accumulate in hospitals A and B, now shifting to hospitals class C and D. Another obstacle is that there is still a mismatch of mapping to health facilities so that complaints from BPJS participants arise because they have to move around the hospital (Arif, 2018).

Health BPJS is designed to achieve Universal Health Coverage (UHC) for all Indonesian citizens. An overview of BPJS data until May 2018, participants in the health insurance program have reached nearly 200 million people or around 75 percent of Indonesia's population. A total of 93 million of them are PBI, namely BPJS participants whose monthly premiums are paid by the government. The rest is non-PBI, namely those who pay premium contributions with their own money (Putri, 2019).

In its implementation, which has been running for five years, has a deficit. Participants who have just registered the BPJS can claim health services. As a result, the value of claims submitted by BPJS customers is higher than the current premiums. However, to overcome this problem, since June 1, 2015, new health BPJS participants can make claims after the 14th day and have made a payment for the first month. Many BPJS Non-PBI participants are in arrears in paying premium contributions. Data from June to

July 2017 there are 10 million BPJS participants who late on premium payments (Maulana, 2018).

The amount of claims paid by BPJS is always higher than the contributions received from participants. Class 1, class 2 and grade 3 contributions to health BPJS are valued at Rp. 80,000, Rp. 51,000 thousand, and Rp. 25,500 respectively, which is considered very low. Cost of all medical treatments to all diseases. The increase in BPJS contributions rarely done, while health services experience inflation each year, the compliance of participants to pay dues is also low. Deficits also contributed by the claim system from hospitals that used the Indonesia Case Base Groups application. This system opened the gap for hospitals to commit fraud, so the claims paid by the BPJS swelled (Gumelar, 2018).

Behind some of the obstacles experienced in the implementation of the BPJS program, the government continues to strive for the implementation of health services through BPJS to keep, can be seen from the innovations carried out by BPJS, the community increasingly facilitated by the application of technology in the field of health services. BPJS created a change called mobile National Health Insurance (Jaminan Kesehatan Nasional (JKN)): service in one hand. With this innovation, the community does not need to bother coming to the BPJS office to get information and administration. Indonesian people can register and register their family members without having to go to the branch office. All administrative and information needs can obtain with this application. Thus the problem of queuing density in branch offices is reduced.

For BPJS participants, this innovation can save time and money; mobile JKN also increases the satisfaction of participants who seek treatment at health facilities in terms of providing certainty to

participants to get queue numbers that can be accessed and monitored online without having to wait long at health facilities. Before the existence of mobile JKN, the level of participant satisfaction in the three years since 2014 has consistently declined. In 2014 it was 81.0 percent, in 2015 it decreased to 78.90 percent, and in 2016 it fell to 78.60 percent. However, after the JKN mobile implementation, the participant satisfaction rate in 2017 increased compared to 2016, from 78.60 percent to 79.50 percent (Magenda, 2018).

After the health BPJS officially launched JKN mobile, the invitation to use the application intensified. Before this application, more than 298 thousand daily visits to branch offices. With the implementation of information data, it made a decrease in visits to branch offices because it has utilized mobile JKN, from 298 thousand to 94 thousand (Magenda, 2018)

In addition to lowering the queue rate, mobile JKN also increases operational efficiency and service productivity in branch offices to Rp 20.2 billion per year. The ability of operational costs takes into account aspects such as efficiency of human resources, waiting room infrastructure, card printing costs and others as a result of the reduction in participant visits to branch offices. Some of the activities carried out for the continuation of the innovation first were the continuous socialization of mobile JKN, then the BPJS also developed the JKN-pay feature for secure payment and an online referral feature for service certainty. Also improved is a function of an online consultation with doctors, mobile JKN is easily replicated by public service agencies that want to reduce the number of queues at branch offices. However, there are some factors suggested when trying to replicate this innovation, namely the self-service concept that is transparent, accessible, and real-time (Magenda, 2018).

Agencies that want to replicate this must also pay attention to the ease of getting and using the application. Currently, Mobile JKN is available in the Play Store for Android users, and the App Store for Apple users.

Reform brought changes in various fields of human life, especially in public services (Yusriadi, 2018b). During this time, if the sick people can freely come to all hospitals, all clinics or all doctors. Before the enactment of the BPJS program, participants were free to go to health services according to their wishes. After the passage of the BPJS program, it has used a different system.

Regulations regarding health services in the BPJS divided into three levels, namely; 1) first-level health facilities (health facilities I) in the form of essential health services provided by community health centers, clinics or general practitioners (primary health facilities). 2) second level health facilities (health facilities II) in the form of health services by specialist doctors or specialist dentists; 3) third level health facilities in the way of general hospitals and individual hospitals. The goal is that health services be carried out in stages starting from first-level health facilities. Second-level health services can only give for a referral from first-level health services. Third level health services can provide for a referral from second or first level health services, vertical references from lower levels of service to higher levels of service.

This form of service is done to provide benefits to patients who need specialist health services. Referrers cannot offer health services according to the needs of patients because of limited facilities, equipment, and staff. Medical cases that are the competencies of first-level health facilities must be completed thoroughly at the first level unless there are limitations in human resources, facilities, and infrastructure at the first level health facilities. Bureaucratic reform

is a systematic, integrated and comprehensive effort to realize good governance, including institutional aspects, human resources, management, accountability, supervision, and public service (Yusriadi, 2018a).

If an emergency condition requires immediate health services, according to BPJS provisions, in an emergency, participants can be served at first-level health facilities as well as advanced health facilities that work together or not in collaboration with the BPJS. In an emergency, participants can go directly to the hospital. Services can be immediately given without a referral letter and can refer to a hospital that is not in collaboration with the BPJS in an emergency condition. Participants who receive services in health facilities that do not cooperate with BPJS must be immediately referred to health facilities in collaboration with BPJS after the emergency resolved and patients can move. Checking the validity of the participants as well as diagnosing the disease included in the emergency criteria is carried out by the health facility. Those emergency criteria are determined by health facilities, not by participants.

So, it could happen, participants considered the condition to be an emergency, but according to BPJS criteria, the situation not included in the requirements, so it still had to be referred to the first level health facility first. By BPJS regulations, violating referrals can be sanctioned, both for participants and health facilities. Participants who want to obtain services that are not by the referral system can include in the service category that is not by the procedure so that the BPJS cannot pay it. Health facilities that do not implement a referral system, the BPJS will conduct re-credentialing on the performance of these health facilities and can have an impact on the continuation of cooperation.

## CONCLUSION

Public service innovation is said to be a breakthrough initiative from public institutions to improve the quality of public services. Changes can be started from simplifying regulations, bureaucracy, arranging permits to issuing products that can be a solution for citizens. The breakthrough initiative lies in novelty. Empower all components of government bureaucracy (institutions, management, and human resources) to become a professional government apparatus (Yusriadi, Sahid, Amirullah, Azis, & Rachman, 2019).

The novelty principle distinguished by innovation in technology which is unique. Novelty can be a development of existing public service innovations because public service innovations are continuously updated and even replicated.

BPJS is a state-owned enterprise that provides health insurance for Indonesian citizens and foreigners who have settled for six months in Indonesia. By becoming a member of the BPJS, of course, many BPJS benefits can obtain. The first benefit is getting counseling about healthy lifestyles and ways to avoid various kinds of diseases. For people who are already married and have children, the benefits of BPJS can be useful for providing necessary immunizations for children; of course, immunization will aim to be a healthy Indonesian child.

The second benefit obtained was consultation about family planning, the correct use of contraception, and a vasectomy. BPJS also provides check-ups to its members to understand the body's condition well. Check-up aims to detect any disease that may be present in the body. Every Indonesian will get excellent and equal health services. By understanding the benefits of BPJS, of course, people can draw their conclusions

about the importance of health by becoming a member of the BPJS for a bright future.

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