

ORIGINAL ARTICLE

Regional to National Health Insurance Integration Process in Bogor City, Indonesia

Rosmawati Upe*¹

1. Middle School State of 9 Kendari (*SMPN 9 Kendari*), South-East Sulawesi, Indonesia

*Correspondence to Mrs. Hj. Rosmawati Upe, B.Ed. (uperosmawati@gmail.com)

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Abstract

Background: Before the new national health insurance (*Jaminan Kesehatan Nasional* or *JKN*) has mandated to integrate all social state insurance including the previous national health insurance (*Jamkesmas*) and to the regional health insurance (*Jamkesda*), it was running difference between regionals in Indonesia due to financial capacities of each of regionals respectively. Bogor City has been known as the pilot city that successful to implement the *Jamkesda*. This study aims specifically to evaluate participant issue in the integration process of *Jamkesda* to *JKN* in Bogor City. **Methods:** Qualitative approach held in three main subjects that consisted of citizen/*JKN* patient, state and private hospitals, and the Health and Social Office. **Results:** It shows the perceived of the obstacle in having medical care by the patient at hospitals due to none *JKN* participant. Prior *Jamkesmas* participants systematically integrate as *JKN* participant while it differs with prior *Jamkesda* participants particularly in having medical care at private hospitals. *Jamkesda* participant who has expired enrollment would be direct to enroll as the new *JKN* participants for having the treatment in hospitals. Private hospitals perceived to apply the policy 72 hours to the none *JKN* patient either to have a warrant or to cover treatment from Health Offices as either *JKN* participants. **Conclusions:** The Local Government of Bogor City committed to set waiver as good political will in serving their citizens including taking free medical care without any warrant in the state hospital and accelerate the activation of the new polis handed *JKN* participant in private hospitals.

Keywords: health insurance, national health insurance, regional health insurance, universal health coverage, developing countries

Introduction

1st January 2014 is the starting point of a new phase of health improvement efforts of the Indonesian citizen ¹. Through the SJSN Law (Law No. 40 of 2004 on National Social Security System), BPJS

Law (Act No. 24 of 2011 on Social Security Administering Body), and Health Insurance Regulation (*Perpres* No. 12 of 2013 jo *Perpres* No.111 of 2013 on Health Insurance), the National Health Insurance

Program (*JKN*) is officially implemented to provide assurance to participants in order to benefit health care and protection in meeting basic health needs^{2,3}. The *JKN* program is organized by the Social Security Administering Body (*BPJS Kesehatan*) which is a transformation of *Askes Persero Co. Ltd*⁴.

As others developing countries that have been implemented social security in each of level of their systems^{5,6}, *JKN* is nationally organized under the principles of social insurance and equity principles². Through the principle of social insurance, *JKN* membership is mandatory for the all Indonesian mankind. It is expected to create the mutual cooperation between participants in two concepts⁷. First, mutual cooperation on the potential illness from the healthy population to the sick population. Second, mutual cooperation as to cover the risk of the large/catastrophic health expenditure from the rich to the poor. It would support the implementation of the equity principle (equality in obtaining services in accordance with the medical needs), so that no more people have obstacles, especially financial barriers, to access health services.

Method

A qualitative approach was conducted to describe participant issue in

Jamkesda to *JKN* integration in Bogor City. It conducted by depth interview to the citizen and *JKN* participant, state and private hospitals, and Health Office and Social Office as *JKN* stakeholders. Rapid Assessment Procedure held by accidental sampling to the citizen and *JKN* participant who cared in these two kinds of hospitals. While each of the hospitals' managers, as well as both the Health Office and the Social Office, were selected as their units for the *JKN* program and section respectively.

Results

a. Perception of JKN Participant

- 1) Patients who previously were participants of *Jamkesda* were forced to become independent *BPJS* participants because the cards or membership as participants *Jamkesda* has expired as submitted by one of the respondents as follows:

"Yesterday paid to the bank .. to become a participant BPJS .. later taken care to become a participant PBI .. the past we pay 25.000" (I7)

- 2) 90-95% of patients are already participants of *JKN*

"Mostly in regular poly 90% already JKN" (Private Hospital 1)

*"(Proportion of patients BPJS)
95%" (Private Hospital 2)*

- 3) Not all patients are less able to be registered as a participant BPJS

*"There are still many participants of Jamkesda who have not registered as participants of PBI."
(Health Office 5)*

"(Number of participants who have not been registered) in general because of not properly filled in the date of birth, address, or duplication with Jamkesmas, there are arrears" (Health Office 6)

" If membership, first not yet all residents have a card, BPJS card or KIS " (State Hospital 1)

- 4) Patient Jamkesda whose expired card period is still served by the local government

"For Jamkesda patients who still hold the blue card (Jamkesda card), the card is still valid but there must be two procedures that if already entered the ER, patient/family must proceed for 72 hours to the Health Office and Social Office. As long as it has not officially become a participant of JKN, claims from such patients can be paid from SKTM (incapability confirmed letters that enrolled as Jamkesda)" (State Hospital 2)

- 5) Unknown patient/vagrant borne by social service

"With cases of patients who do not have an ID, they will be direct to

the Health Office .. If it cannot be sought in JKN in Social Office and if they the poor one, they will be directed to the Health Office, in this case, using Jamkesda enrollment" (State Hospital 2)

b. Perception of Hospital Stakeholders

JKN Enrollment in State Hospital

Since it was not yet that all citizen has card (registered as participants) JKN, the hospital can wait 72 hours week-day for patient/family for complete the files, incapability confirmed letters (SKTM) from the Village/Subdistrict Office, then to Social Office for legalization.

"If membership, not yet all citizens have cards, JKN cards, we still serve as the patient of JKN, we wait 72 hours week-day, Saturday-week no calculated week-day for complete the files, "State Hospital 12"

However, the problem happened when the patient/family was past the limit time that has been determined (72 hours) with reasoning as they cannot take leave the patient or patient itself. In this case, it will direct to the Health Office to take care as *Jamkesda* enrollment, not only patient who is originated but also, they came from out

of the Bogor City territory. Meanwhile, for the patients are still holding card *Jamkesda*, whereas already expired, they will serve and borne by the Local Government of Bogor City.

"It is often the citizens after given 72 hours time they still widened, they sometimes come back on the fourth to fifth days, that talking nobody can take care of the patient, we usually reply as this to Health Office for taking care as Jamkesda. "State Hospital 11"

Membership in Private Hospital

Since the introduction of *JKN*, 90-95% of regular patients are *JKN* participants. In general, there should be no problem related to membership because the hospital always coordinates with the Local Government of Bogor City, including Health Office and Social Office. If the patient does not have a warrant, the patient/family will be direct to the Social Office to be cultivated as a *JKN* participant. In this case, *JKN*

participants (patients who are directed from the hospital) are not as common patients. Generally, if the patient/*JKN* participants can only able to use the right as *JKN* participants after 2 weeks as they enrolled as participants, but the patient who coordinated directly that can be covered as *JKN* service and treatment. Patients who have not received hospital coverage will be covered by the private hospital first, including if the *Jamkesda* has expired.

*" Most of those in regular poly 90% are JKN, yes at least 90% "
(Private Hospital 11)*

"We always carry on to be the same service in every person, the Health Office, then, if it does not have a guarantee, to Social Office, so if you've dealt with Social Office later cultivated for e...JKN yes? JKN participation .. it is not like a general patient if the general membership is only valid 2 weeks huh? If from the JKN, eh if from Jamkesda enrolled, can directly, can directly cover as JKN " (Private Hospital 12)

Table 1. Findings on Perceived of JKN Enrollment in Two Hospitals at Bogor City, Indonesia

Subjects	State Hospitals	Private Hospitals
JKN Participants' Perceived	<ul style="list-style-type: none"> • There was no patient rejection as it regulated that state hospital should accept all patients without any condition. • The proportion of patients who were participants of <i>JKN</i> has reached 90% 	<ul style="list-style-type: none"> • There are patients who are forced to register as an independent <i>JKN</i> participant because the Jamkesda card has been unable to use. • The proportion of patients who were participants of <i>JKN</i> has reached 90%
Hospital Parties' Perceived	<ul style="list-style-type: none"> • Not all patients were <i>JKN</i> cardholders, the hospitals implemented policy 72 hours to enroll as <i>JKN</i> cardholders (Social Office and Health Office) • Patients who have not received <i>JKN</i> card within the prescribed time will be directed to Health Office to enroll as Jamkesda insurance • For patients who still hold the card of <i>Jamkesda</i>, but already expired, but served and bear by the local government • The number of visits is increasing 	<ul style="list-style-type: none"> • 90-95% of regular patients are <i>JKN</i> participants • Patients who want to use the warrant are given policies to administer the administration to the Social Office and the Health Offices, the hospital gives time 72 hours to have cared • For unidentified patients will be bear by the Social Office. Technically, Social Office will usually directly transferred as <i>JKN</i> participant with the length of administration is about a day • After cooperating with <i>JKN</i>, a private hospital encountered problems related to long queue registration. It was 600 queues for several months.

a. Perception of Health Offices

Patient Rejection

The difficulty often occurred to the pregnant mother and her child who require ICU/NICU, that could be directly refuse based on the case that it cannot be covered by the patient or families even by *JKN* scheme at ER in the private hospitals. Some cases even have rejected before the patient was

loading from the car. For further, lots of information related to patients' denial incurred with fulfillment room for inpatient care. However, the patient rejection only happens for inpatient care while patients who come in ER will check and handled. The private hospital conveyed that *JKN* claim tariff for the certain care can incur loss margin for the hospital. It considered that the *JKN* tariff claim for certain

care much cheaper than the unit cost incurred by the private hospitals.

also to be a barrier " (Health Office 12)

"Claim tariff (of JKN) they do not go for the NICU and ICU and it is much less hospital type C there is a huge difference between the cost paid BPJS with the cost of real cost they must pay with a chronic heart disease, so they can not accept JKN patients for MICU or ICU if want accept the frontline officer that in the ER or in the registration cannot be given a decision so that there are certain situations we have to contact the direct representatives or directors directly so in my opinion maybe the first-class room is correct and maybe ICU facilities are also limited and the second tariff seems

In addition, patient rejection was usually happened by the limited room of ICU/NICU facilities beside of JKN margin. It caused the more refused patients came from private hospitals, primarily because of margin claim of tariffs and they do not want any maternal and infant deaths related by their limitation of ICU/NICU room facilities.

"Yes, private hospitals, because if there is an indication of ICU or NICU it must be so, if ICU NICU is not there they dare not accept the patient because maybe it will be related to the mortality rate in hospital or anything, but the state hospital usually accept them although with care that is not maximal or optimal and sometimes patient will cared without ICU room facilities " (I2, Dinkes Bogor)

Table 2. Findings of Health Offices Perceived of JKN Enrollment in Bogor City, Indonesia

Problems Categories	Problems Findings
Patient Rejection	<ul style="list-style-type: none"> • Refusal only occurs for inpatient services while patients coming to the ER will be checked and handled. • There is often information related to the rejection of the patient, most likely because the third-class room for the JKN patients was very limited, even the first-class room can be fulfilled in such a way. • The difficulty often occurs in pregnant women and infants who require ICU/NICU. One of the directors of the private hospitals conveyed that indeed the JKN tariff for private hospitals was not covered out so it cannot be included for the NICU and ICU.

Linkage to <i>Jamkesda</i>	<ul style="list-style-type: none">• Even though this year <i>Jamkesda</i> is not valid, so if the patients want to be a <i>JKN</i> participant, they will give 72 hours to enroll, then the patient will still be handled and treated for medical care.
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Discussion

The participation aspect is at the heart of the revolution which is the goal of *JKN*⁸. The integration of all social security, including *Jamkesda*, is an important agenda that needs special attention for every local government in developing countries^{9,10}, including Bogor City. The problem of membership in the integration of *Jamkesda* into the *JKN* in achieving the UHC in Bogor City was emerged as not all patients who previously participating *Jamkesda* become *JKN* participant that due to administrative problems¹¹. It affected the mechanism by which participants *Jamkesda* who register as *JKN* participants as independent insurer, or as incapable polis insurer as known as premium-aid-recipient (*PBI*) insurer¹². Meanwhile, the Local Government of Bogor City has a condition that allows the achievement of UHC since almost 90-95% of patients are participants of *JKN*, so long *Jamkesda* patients whose validity card is expired and identified as unknown patients (not having the ID), it will bear and remain served by the local government. This indicated that the Local Government of Bogor City has potential financing^{7,13}.

In addition, most of the *Jamkesda* programs also have the open membership (the participants may change at any time) and still accommodate *SKTM* despite having a membership list^{12,14}. It is also found that according to the Health Office which is one of the obstacles integration *Jamkesda* participants into *PBI* participants due to duplicate data or having the double ID. Until now many patients (poor people) who previously participated *Jamkesda* with expired enrollment or not yet registered at all in national health insurance, in this case, *JKN*^{15,16}. The issue of enrollment is mainly due to administrative issues where the data of the citizen, including data of *Jamkesda* participants, submitted by the Health Office to *BPJS Kesehatan* are not considered complete so that it is integrated as a participant of *PBI JKN*⁷. A review found that the coverage areas caused *Jamkesda* membership data is often unclear and not based on 'by name by address', which is more likely to depend on the quality of health system management in each region^{14,17}.

There are several improvements that is more likely need to be done, the primary is the improvements of the *JKN*

organizer itself that is *BPJS Kesehatan*^{18,19}. This agency has poor perceived of information about the enrollment process as well as limited socialization in the community about the mechanism and utilization of medical care in hospitals²⁰. It also reports that it is still less of facilities and infrastructure that cooperated with *BPJS Kesehatan* itself including health centers (*Puskesmas*) and hospitals⁴.

The *Puskesmas* should apply a system of claims only to be able to serve the sick people so that people who are not sick can be directed into the promotive and preventive programs in *Puskesmas* itself. For further treatment, there should also be a service guarantee for inpatients starting to enter until exit, there is no difference for either the independent *BPJS Kesehatan* participants or the *PBI*. Since *JKN* is to assist both disadvantaged and well-off patients, it is necessary to monitor and evaluate clearly of the cross-subsidy mechanism will be conducted. The healthcare providers shall anticipate what kind of the healthcare that they should be assisted by optimum. Thus, it can be possible that this cross-subsidy as the principle of *JKN* will achieve the UHC in Bogor City.

Conclusion

In order to integrate *Jamkesda* participants into the *JKN* scheme, it is important to protect the service optimization in certainly by using a written commitment from the local government. In this case, it can be formed as the formal regulations mayor (*Perwali*) since these situations have not yet rule as legitimate regulation that potentially happened of the criminal act. This regulation shall be formed with clear and committed to realizing the optimization resources for the mankind. It is essential to determine a fixed amount of fund into this regulation in covering the margin loss of the private hospitals as well as the fund for allocating the poor people who have not yet entered into *JKN* scheme temporarily until this integration process has finished at all.

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