Social Health Insurance in Indonesia; Current Status

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TOWARDS UNIVERSAL HEALTH COVERAGE

SOCIAL HEALTH INSURANCE IN INDONESIA

“JKN-KIS” WITHIN 4 YEARS
TOWARDS UNIVERSAL HEALTH COVERAGE

SOCIAL HEALTH INSURANCE IN INDONESIA

“JKN-KIS” WITHIN 4 YEARS
Achieve Universal Health Coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
THREE DIMENSION TO CONSIDER
WHEN MOVING TOWARDS UNIVERSAL COVERAGE

- Reduce cost sharing and fees
- Include other services
- Direct costs: proportion of the costs covered
- Extend to non-covered
- Current pooled funds
- Population: who is covered?
- Services: which services are covered?
TOWARDS UNIVERSAL HEALTH COVERAGE

SOCIAL HEALTH INSURANCE IN INDONESIA

“JKN-KIS” WITHIN 4 YEARS
1 January 2014
Indonesia Launch
Social Health Insurance

Social Health Insurance (JKN-KIS)

National Social Security System (SJSN)

Pension Benefit
Death Benefit
Old Age Benefit
Occupational Accident Benefit

Mandatory Participation
Transparency
Not For Profit
Solidarity
Accountability
Member Orientation
The name of Social Health Insurance Program

The institution that manage “JKN” Program

The identity of “JKN” member
Universal Health Coverage 2019

BPJS KESEHATAN
(SOCIAL SECURITY ADMINISTERING BODY FOR HEALTH)

1968 - 2013

A state owned enterprise under the Ministry of State Owned Enterprise.
Served civil servants and retired civil servants, retired Police and Military and Veteran

2014 - 2019

22 Departments, 13 Regional Office, 127 Branch Office, 238 District Office

2014 - 2019

BPJS Kesehatan

BPDPK → PHB → PT ASKES

Performed by Indonesia Social Security Administrative Body Act Number 24 Year of 2011 as a Public Legal Entity. Direct report and responsibility to the President. Serves all Indonesian resident.
1. Started to operate
2. **121.6** millions of participants (49% of population)
3. Standard medical benefits and non-medical benefits **according to the class of treatment**
4. Health facilities contracts
5. Established technical regulations
6. **Participants satisfaction index 75%**
7. **Health facility satisfaction index 65%**
8. BPJS is managed in an open, efficient and accountable manner

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1. Operational Sustainability
2. **257.5** millions of participants (100% of population)
3. Medical benefits and non-medical standard
4. **The number of health facilities** is sufficient
5. Regulations are revised regularly
6. **Participants satisfaction index 85%**
7. **Health facility satisfaction index 80%**
8. BPJS Kesehatan is managed in an open, efficient and accountable manner

As of June 1st 2018
The number of participants was **222,002,996** people **84.10%**
GOVERNANCE OF “JKN-KIS”

Supervision & Regular Audit by Financial Audit Bureau, Anti Corruption Committee, Public Accountant Office

BPJS Kesehatan

Government (Policy)

Setting provider payment rates and schedule, Setting contribution rates, Setting benefits package,

Members

Utilization Of Services

Delivery Health Services

Health Care Provider

Supervision and monitoring by National Social Security Council

Verify and Pay hospital claim on time

Submit claim, Report

Pay contributions

Administration and complaint management

Supervision and monitoring by National Social Security Council
THE MEMBERSHIP CLASSIFICATION

Non Subsidized Members
- Paid by the employers and employees
- Employer contributions: 4% Employee contributions: 1%
- Additional family members: 1%

Informal Workers
- Paid by the members themselves
- The rates:
  - 1st class: Rp80,000 ($5.1) pmpm
  - 2nd class: Rp51,000 ($3.5) pmpm
  - 3rd class: Rp25,500 ($1.75) pmpm

Non Workers

Subsidized Members
- Paid by the government
- Class III: Rp23,000 ($1.6) pmpm

Formal Workers

Indigents

Poor

Class I: Wage Rp4,000,000 ($276) to Rp8,000,000 ($522)
Class II: Wage up to Rp4,000,000 ($276)
(implemented April 1st 2016)

Gov’t employed (PNS, TNI, Polri, Pejabat Negara, Non PNS Gov’t employed: 5% from salary (2% contribution by employee and 3% by employer)
Every member should be registered at least on one primary health care facilities
Every member has the right to choose primary health care facilities
PAYMENT SYSTEM
REGULATION OF HEALTH MINISTER NO.59/2014

Primary Health Care

Capitation

Fee For Service/Per Dien

Inpatient Primary Care

PRB Drugs*

Secondary and Tertiary Health Care

INA CBG*** (DRG)

Non-stable Chronic Drugs*

Chemotherapy Drugs*

Fee For Service (Drug)

Top Up Drugs for Hemophilia**

* Referral Back Program (PRB) Fee For Services, Fornas: Drug List
** Payments with certain amounts
*** INA CBG: Indonesia Case Based Group, 1,077 Group (Inpatient & Outpatient)
TOWARDS UNIVERSAL HEALTH COVERAGE

SOCIAL HEALTH INSURANCE IN INDONESIA

“JKN-KIS” WITHIN 5 YEARS
JKN-KIS Participants
222,002,996 people
As of June 1st 2019

*Ministry of Home Affairs data source:
1st Semester of 2018, Indonesia's population is 263,950,794 people

Comparison of The Participants Number with Another Countries

- South Korea: 12 Years
- Japan: 36 Years
- Luxemburg: 72 Years
- Austria: 79 Years
- Belgium: 118 Years
- Germany: 127 Years
JKN Membership Profile 1st June 2019

Peserta Program JKN
222,002,996
(per 1 June 2019)

Beneficiaries of Contribution (PBI):
- Formal Worker dan His Family Member
- Informal Worker and His Family Member
- Non Worker and His Family Member

Non Beneficiaries of Contribution (PBI):
- 88,498,670
- 60,14%
- 133,504,326
- 16,80%
- 5,172,282

PBI AFBN: 96,713,235
PBI APED: 36,791,091
PPU - PN: 17,429,786
PPU - BU: 33,770,691
PEPU - Pekerja Mandiri: 32,125,911
Bukan Pekerja: 5,172,282
Primary Health Care

Keterangan:
FKTP meliputi Puskesmas, Dokter Praktik Perorangan, Klinik TNI/POLRI, Klinik Pratama, RS D Pratama dan Dokter Gigi Praktik Perorangan

Secondary Health Care

Keterangan:
FKRTL meliputi Rumah Sakit dan Klinik Utama
Total contributions years
IDR 317.03T ($21.8 bio)
<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization in Primary Health Care Facilities</td>
<td>66.8 Mio</td>
<td>100.6 Mio</td>
<td>120.9 Mio</td>
<td>150.3 Mio</td>
<td>147.7 Mio</td>
</tr>
<tr>
<td>(Community Health Centers/ Doctor of Individual Practices/ Primary Clinics)</td>
<td></td>
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<tr>
<td>Utilization in Hospital Outpatient Polyclinic</td>
<td>21.3 Mio</td>
<td>39.8 Mio</td>
<td>49.3 Mio</td>
<td>64.4 Mio</td>
<td>76.8 Mio</td>
</tr>
<tr>
<td>Utilization in Hospital Inpatient Polyclinic</td>
<td>4.2 Mio</td>
<td>6.3 Mio</td>
<td>7.6 Mio</td>
<td>8.7 Mio</td>
<td>9.7 Mio</td>
</tr>
<tr>
<td>Total Utilization/ Year</td>
<td>92.3 Mio</td>
<td>146.7 Mio</td>
<td>177.8 Mio</td>
<td>223.4 Mio</td>
<td>233.9 Mio</td>
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<tr>
<td>Total Utilization/ Calendar Day</td>
<td>252,877</td>
<td>401,198</td>
<td>487,123</td>
<td>612,055</td>
<td>640,822</td>
</tr>
</tbody>
</table>

Health service utilization for 5 years at all levels of service as much 874.1 millions Of Utilization

Average in 2018 640,822 Per Calendar Day
HEALTH INSURANCE EXPENSES
2014 – 2018

Total Benefit Expenses in 5 years
IDR 345.5 T
$23.82 bio
PARTICIPANTS SATISFACTION HIGH CATEGORY **
2017

SATISFACTION OF HEALTH FACILITIES HIGH CATEGORY **
2017

Sample Respondent Survey
Stratified random sampling method with a margin of error of 0.4%

126 Branch Offices
238 Cities/Districts Office In Indonesia
57,097 Respondents at all Service contact

SAMPLE
** Benchmarks of various agencies' satisfaction results classification norms are calculated by internal PT SWASEMBA Media Bisnis
IMPACT OF JKN-KIS ON POVERTY
SAVE MORE THAN 1 MILLION PEOPLE FROM POVERTY

Illness without JKN-KIS can lead to deeper poverty

Protects 14.5 - 15.9 million poor people

Illustration of the results of the study of the Impact of JKN-KIS on Poverty, Dartanto, LPEM FEB UI 2017
MULTIPLE EFFECTS IN ECONOMIC AND LABOR ACTIVITIES
1.29 for economic activity and 0.009 for labor. High double effects for the health sector.

INCREASE IN EXPENDITURE BECAUSE OF PARTICIPATION OF JKN-KIS
The existence of JKN-KIS increased almost twice the expenditure compared to conditions without JKN-KIS

IMPACT OF JKN-KIS IN THE ECONOMIC SECTOR
In 2016 - 2021 JKN-KIS creates economic activities in the health industry worth IDR 52.1 trillion and the food industry worth IDR 15.5 trillion. JKN-KIS also creates 1.45 - 2.56 million jobs.

IMPROVING NATIONAL ECONOMIC ACTIVITIES
JKN-KIS created a total economic activity worth IDR 152.2 trillion in 2016 and will increase to IDR 259 trillion by 2021.
ACCESS TO HEALTH FACILITIES
Increased participation of JKN-KIS increases the utilization of outpatient and inpatient care and the duration of hospitalization for 0.86 days.

HUMAN RESOURCES
Universal Health Coverage (UHC) increases life expectancy by 2.9 years and school participation

ECONOMIC GROWTH
1% increase in membership of JKN-KIS increases per capita GRDP (Gross Regional Domestic Income) by 1 million

Illustration of the results of the JKN-KIS study on the Economy, Dartanto, LPEM FEB UI 2016
Implementing digital claim hospital verification in National Health Social Security in Indonesia.

DEFRADA (Deteksi Potensi Fraud dengan Analisa Data Klaim) The Development of a fraud detection tool in hospital service

Customer Service Time Index and Customer Voice Integrated System CSTI-SUPEL

Mobile JKN: A one-stop solution for social security health services at people's fingertips.

Involving the society to care about social health care through Kader JKN Programme.

Ease of registration for National Health Social Security through Fast Track.

Implementation of integrated risk management in line with ISSA Guidelines to manage the National Health Social Security programme.

Commitment-based capitation as Indonesia's model for performance-based payment system for primary care providers: Resolving the challenges of implementing the KBK Scheme in Indonesia's National Health Social Security Program.

Optimizing the principle of mutual cooperation through a family bill in the Social Health Insurance Fund.
Thank You

Now Everything is In Your Hand!

Download Mobile JKN Application

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