

Social Health Insurance in Indonesia; Current Status



Nopi Hidayat

Assistant Deputy of Monitoring and
Evaluation BPJS Kesehatan

*Dengan Gotong Royong
Semua Tertolong*



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



SUSTAINABLE DEVELOPMENT GOALS

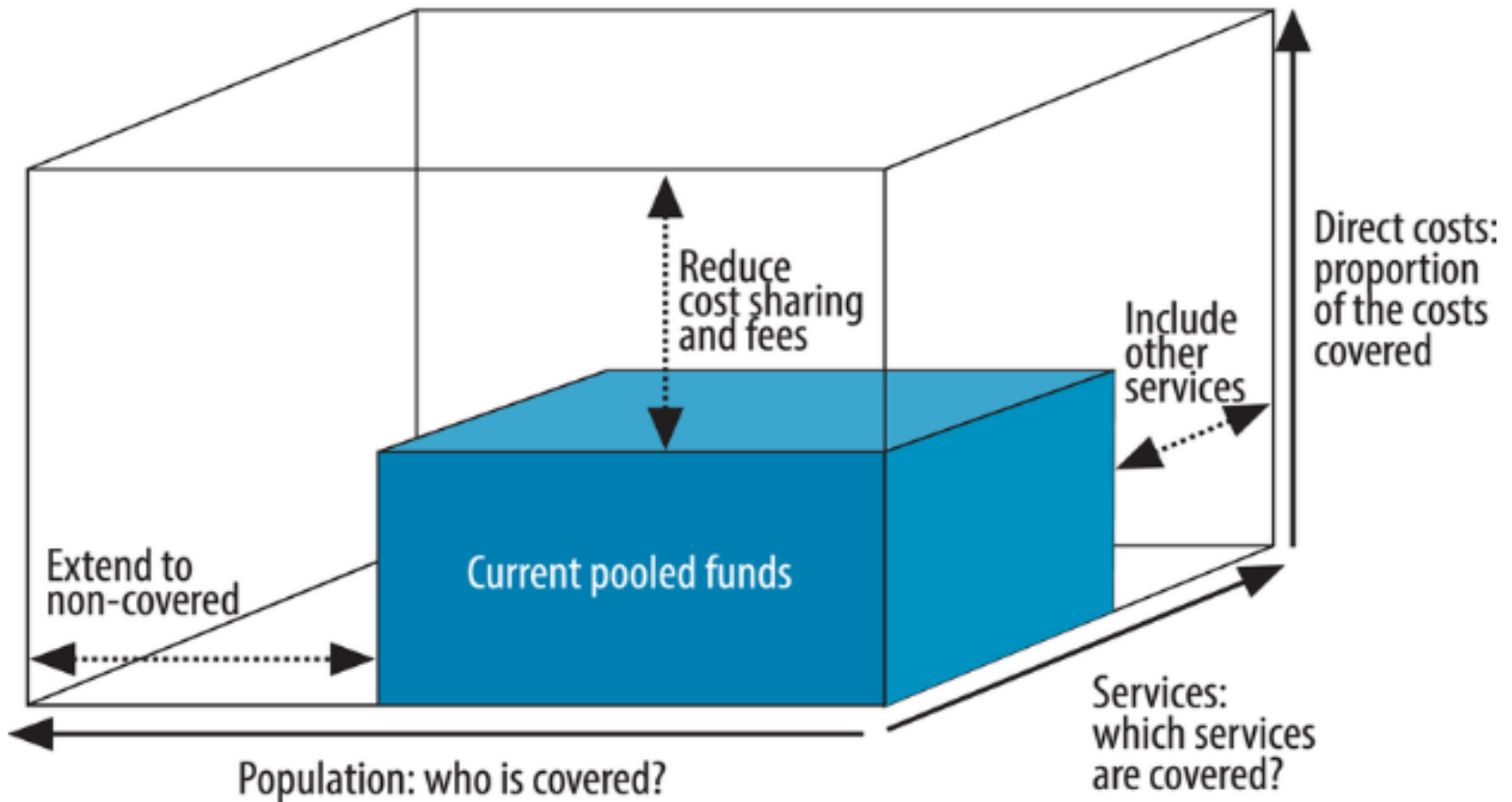
17 GOALS TO TRANSFORM OUR WORLD



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





TOWARDS UNIVERSAL HEALTH COVERAGE

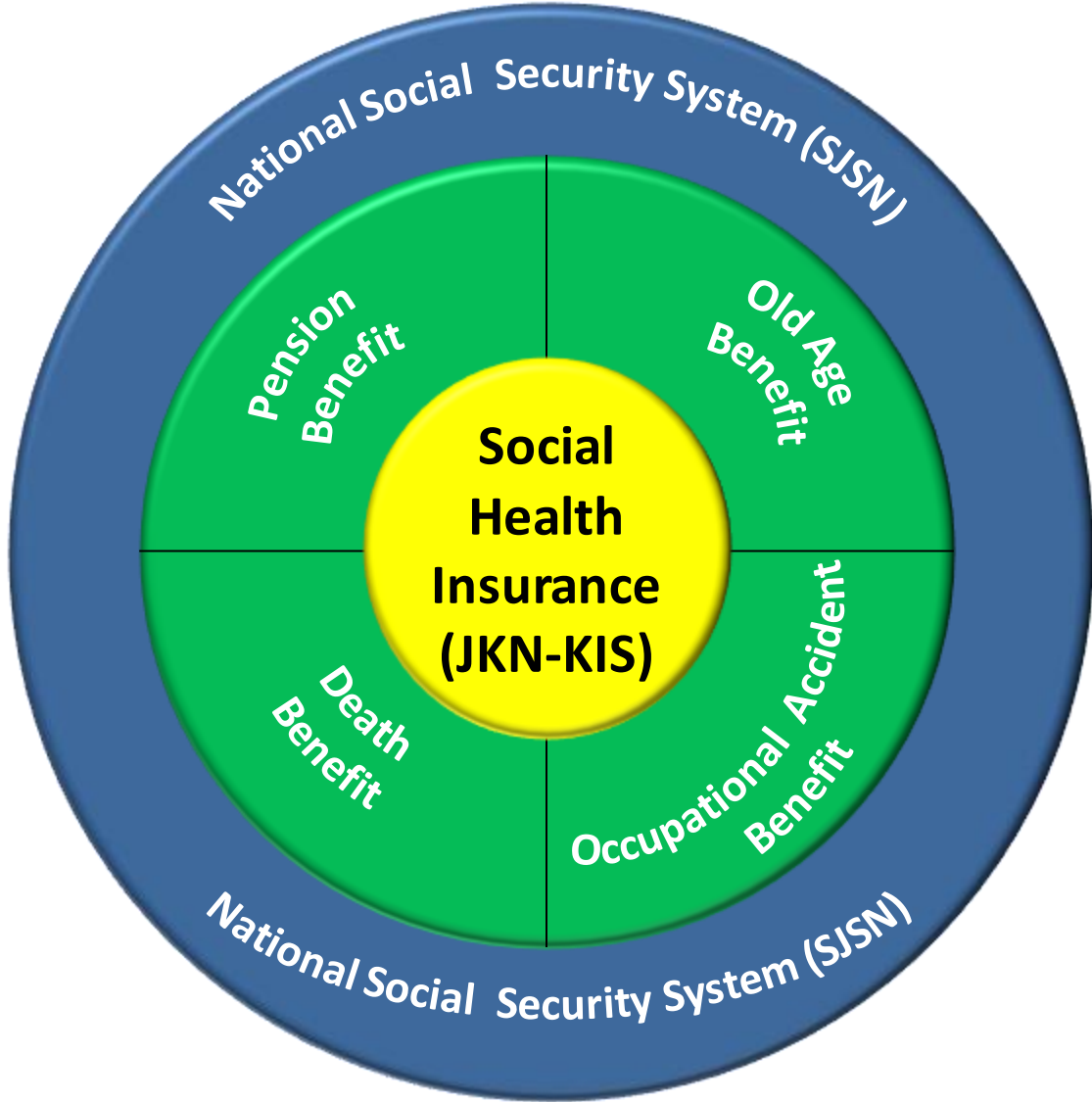
SOCIAL HEALTH INSURANCE IN INDONESIA

“JKN-KIS” WITHIN 4 YEARS



Prudent Trust Fund Portability Member Orientation

1 January
2014
Indonesia
Launch
Social Health Insurance



Transparency Not For Profit Solidarity Accountability Mandatory Participation



The name of
Social Health Insurance
Program



The institution that
manage “JKN” Program



The identity of
“JKN” member

1968 - 2013



BPDPK → PHB → PT ASKES

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

BPJS Kesehatan



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

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.**

2014

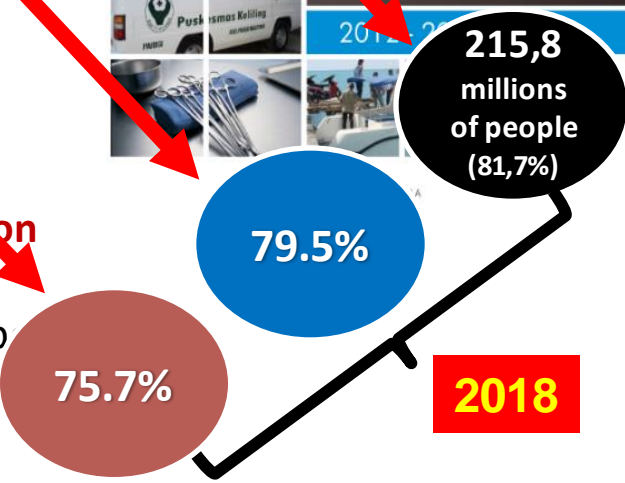
2018

2019

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

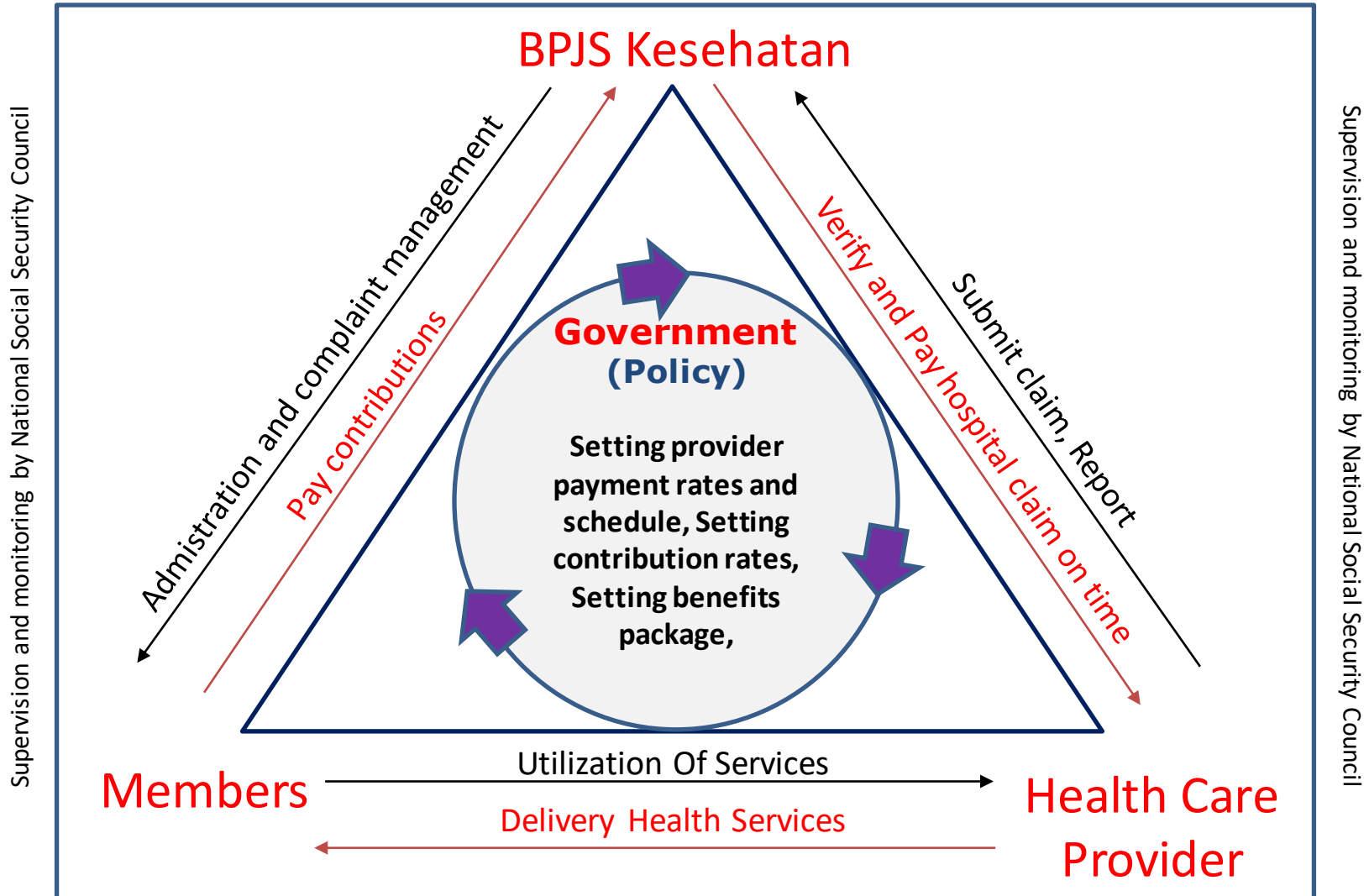


1. **Operational Sustainability**
2. 257.5 millions of participants (100% of population)
3. Medical benefits and non-medical standard
4. **The number of health facilities** is sufficient
5. Regulations are revised regularly
6. **Participants satisfaction index 85%**
7. **Health facility satisfaction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



As of June 1st 2018
The number of participants was **84,10%**
222,002,996 people

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



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

The System Heavily Depends on Solidarity from Societies

THE MEMBERSHIP CLASSIFICATION

Non Subsidized Members

Subsidized Members

Formal Workers

Informal Workers

Non Workers

Indigents

Poor

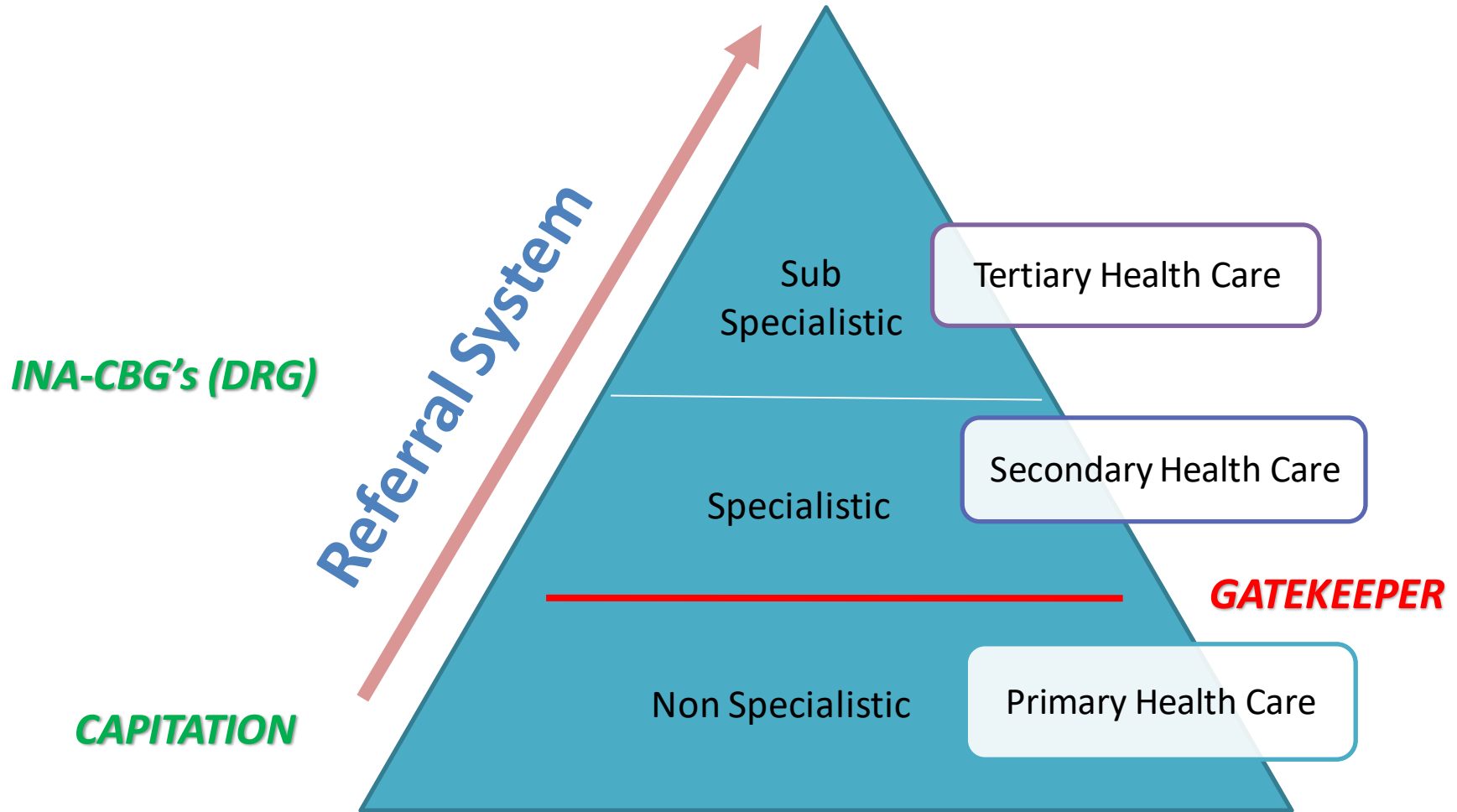
- Paid by the employers and employees
- Employer contributions 4% Employee contributions 1%
- Additional family members 1%

- 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

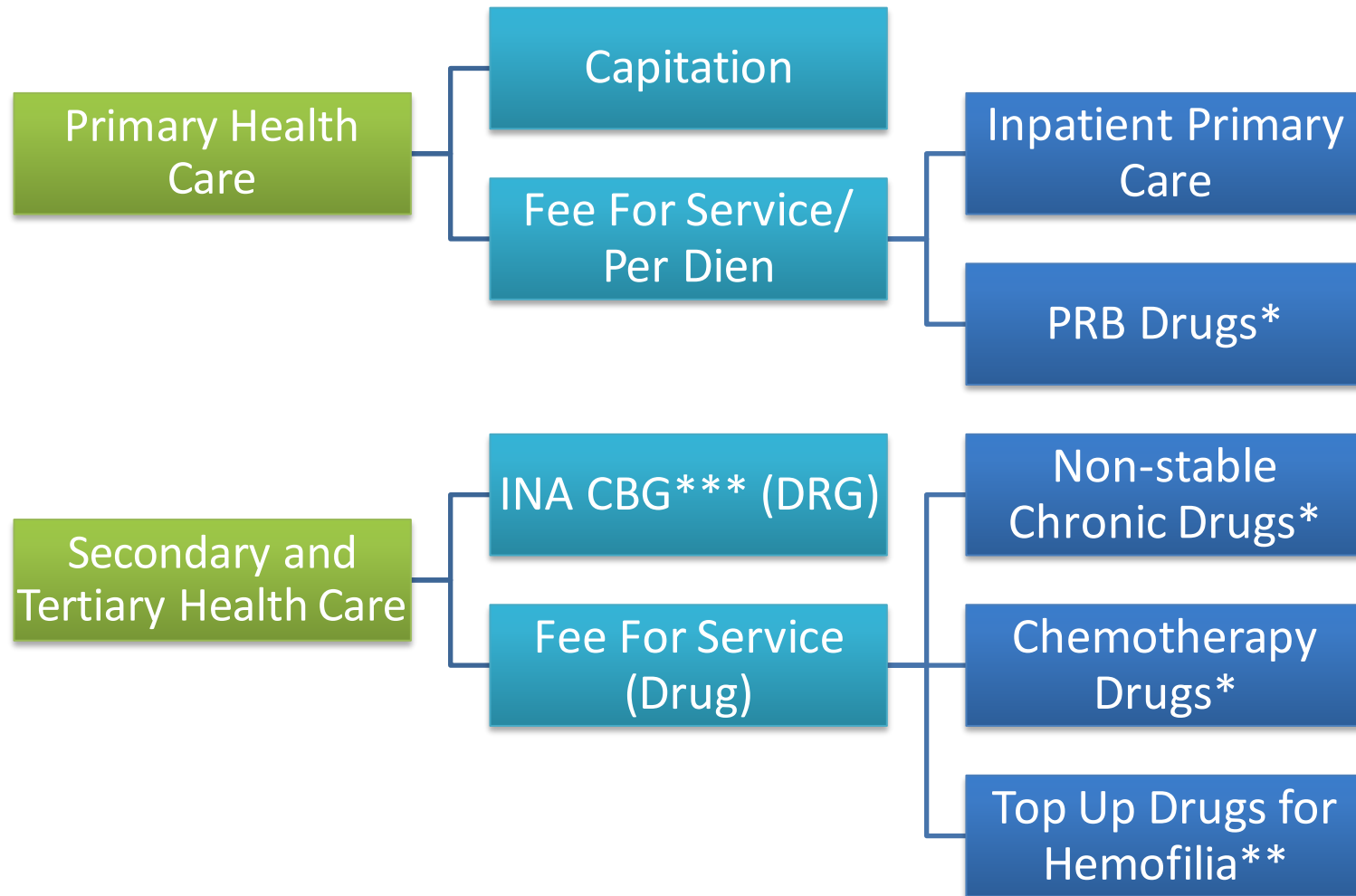
- Paid by the government
- Class III :Rp23,000 (\$1.6) pmpm

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



* Referral Back Program (PRB) *Fee For Services*, Fornas : Drug List

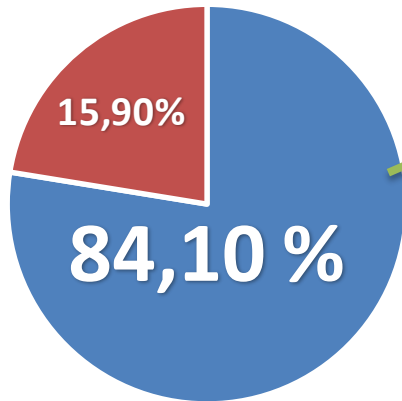
** Payments with certain amounts

*** 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

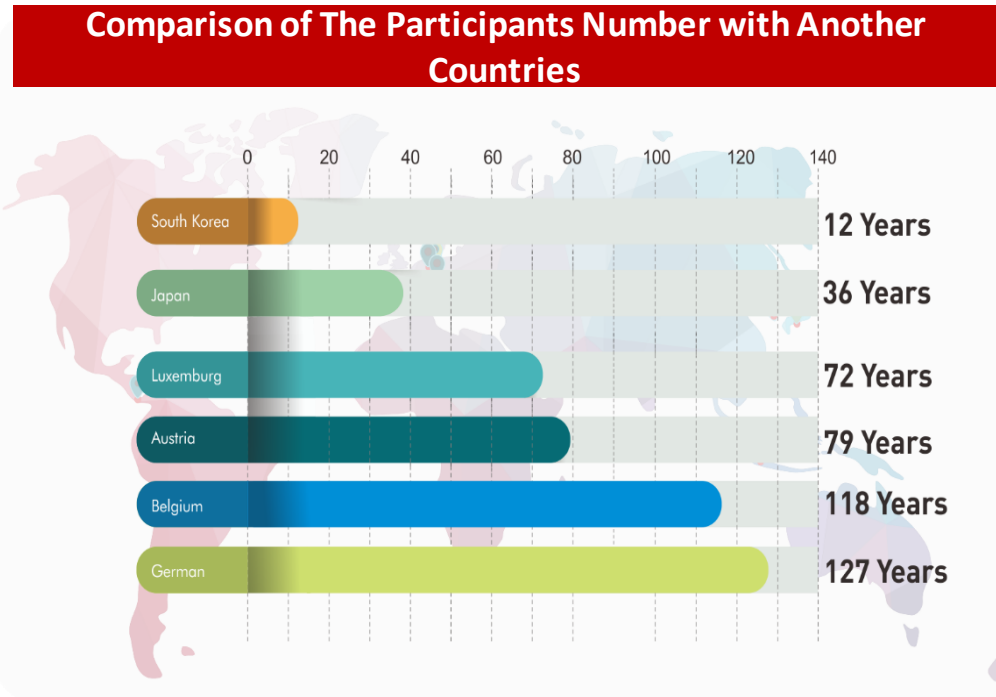
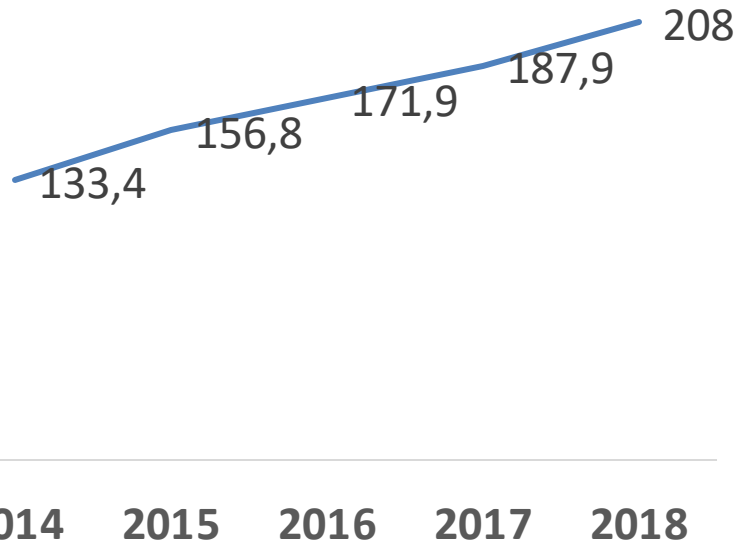


JKN-KIS Participants

222,002,996 people

As of June 1st 2019

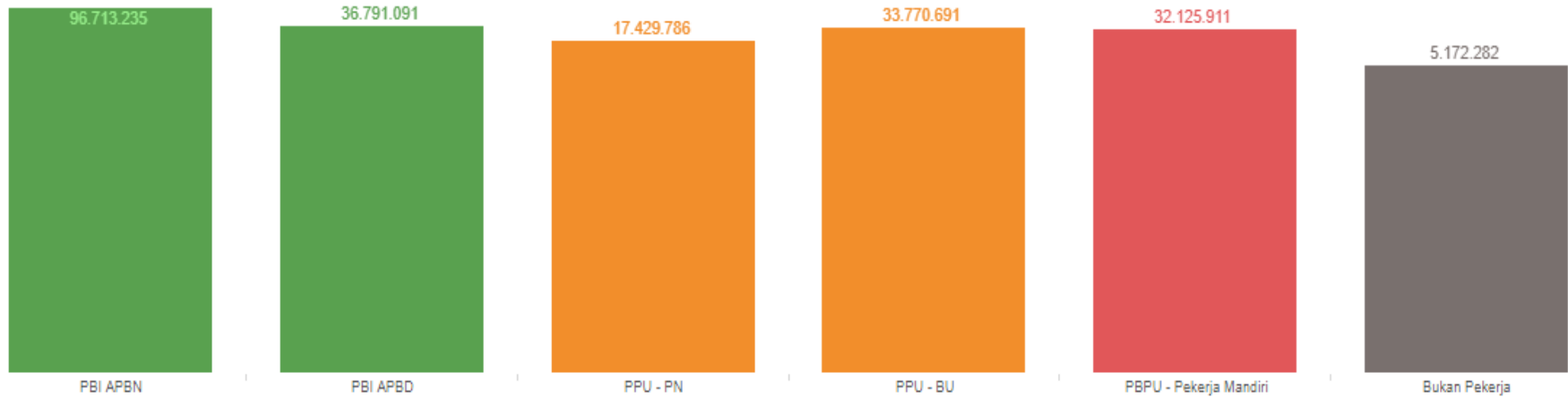
*Ministry of Home Affairs data source:
1st Semester of 2018, Indonesia's population is 263,950,794 people





JKN Membership Profile 1st June 2019

Peserta Program JKN
222.002.996
(per 1 Juni 2019)



133,504,326

60,14%

Beneficiaries of
Contribution (PBI)

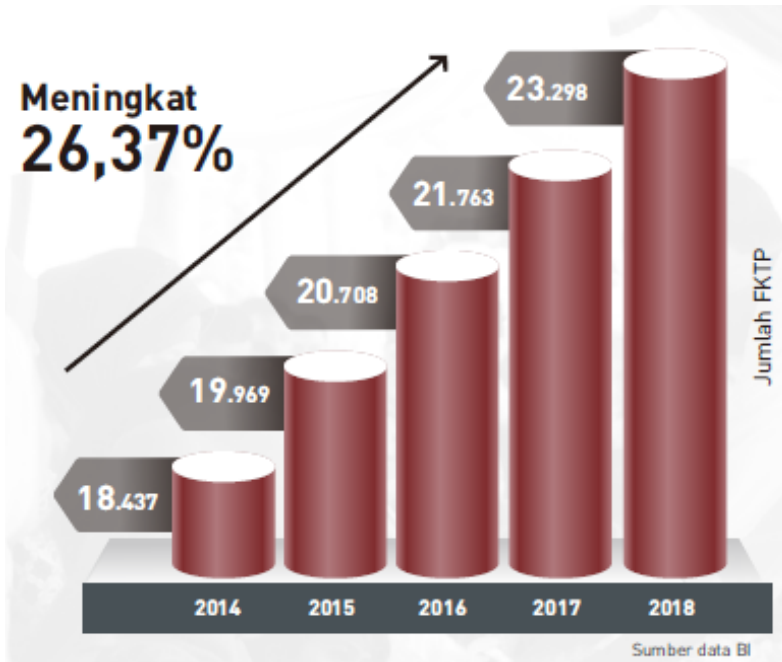
88,498,670

16,80%

Non Beneficiaries of Contribution (PBI) :

- Formal Worker dan His Family Member
- Informal Worker and His Family Member
- Non Worker and His Family Member

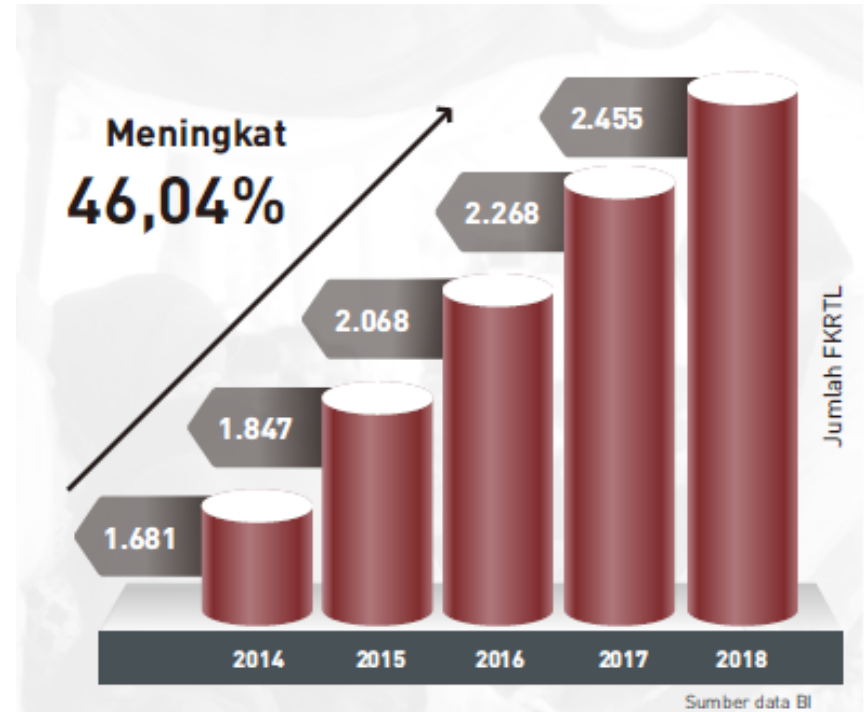
Primary Health Care



Keterangan:

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

Secondary Health Care



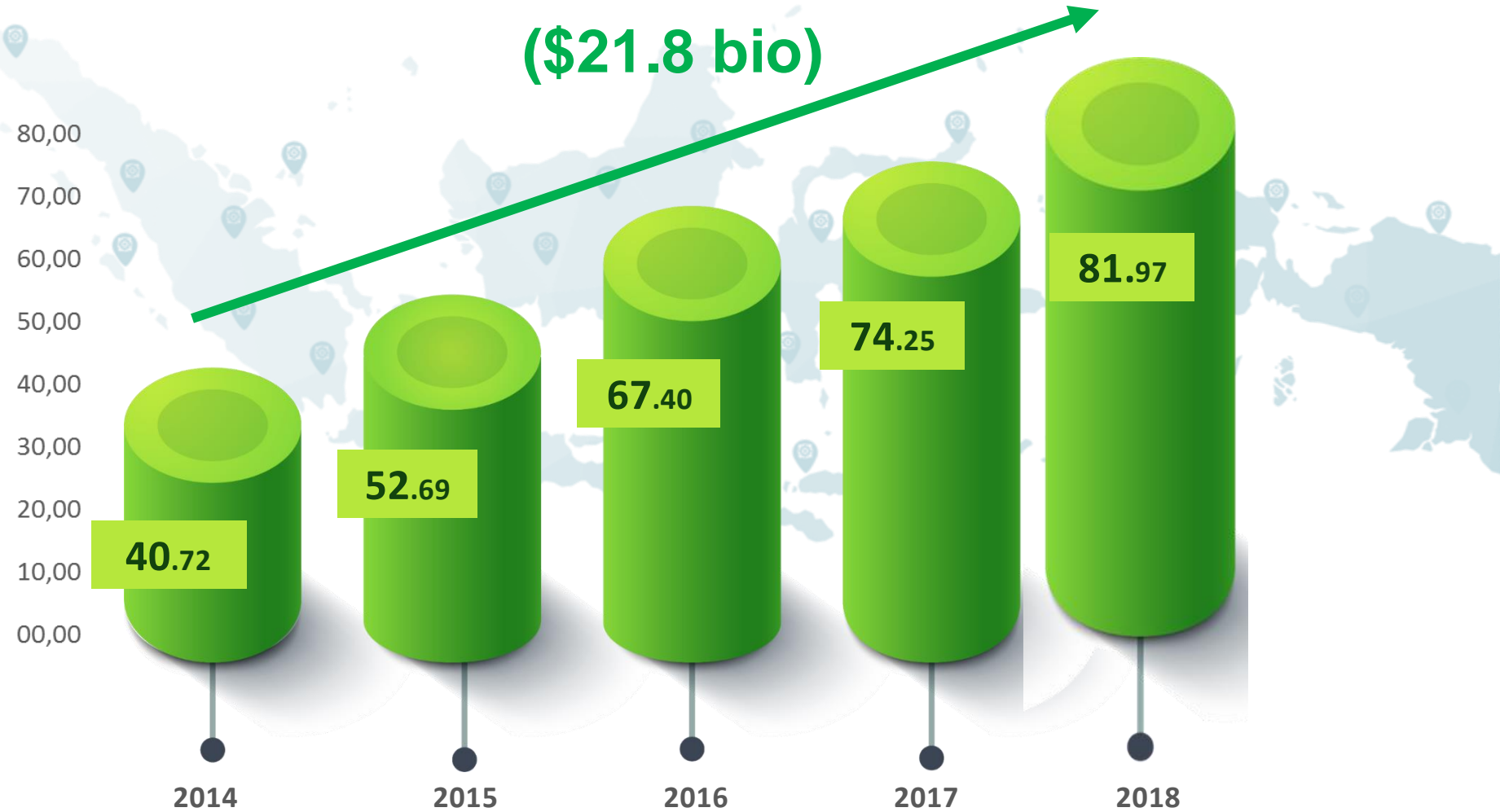
Keterangan:

FKRTL meliputi Rumah Sakit dan Klinik Utama



**Total contributions
years**

**IDR 317.03T
(\$21.8 bio)**





	2014	2015	2016	2017	2018
Utilization in Primary Health Care Facilities (Community Health Centers/ Doctor of Individual Practices/ Primary Clinics)	66.8 Mio	100.6 Mio	120.9 Mio	150.3 Mio	147.7 Mio
Utilization in Hospital Outpatient Polyclinic	21.3 Mio	39.8 Mio	49.3 Mio	64.4 Mio	76.8 Mio
Utilization in Hospital Inpatient Polyclinic	4.2 Mio	6.3 Mio	7.6 Mio	8.7 Mio	9.7 Mio
Total Utilization/ Year	92.3 Mio	146.7 Mio	177.8 Mio	223.4 Mio	233.9 Mio
Total Utilization/ Calendar Day	252,877	401,198	487,123	612,055	640.822

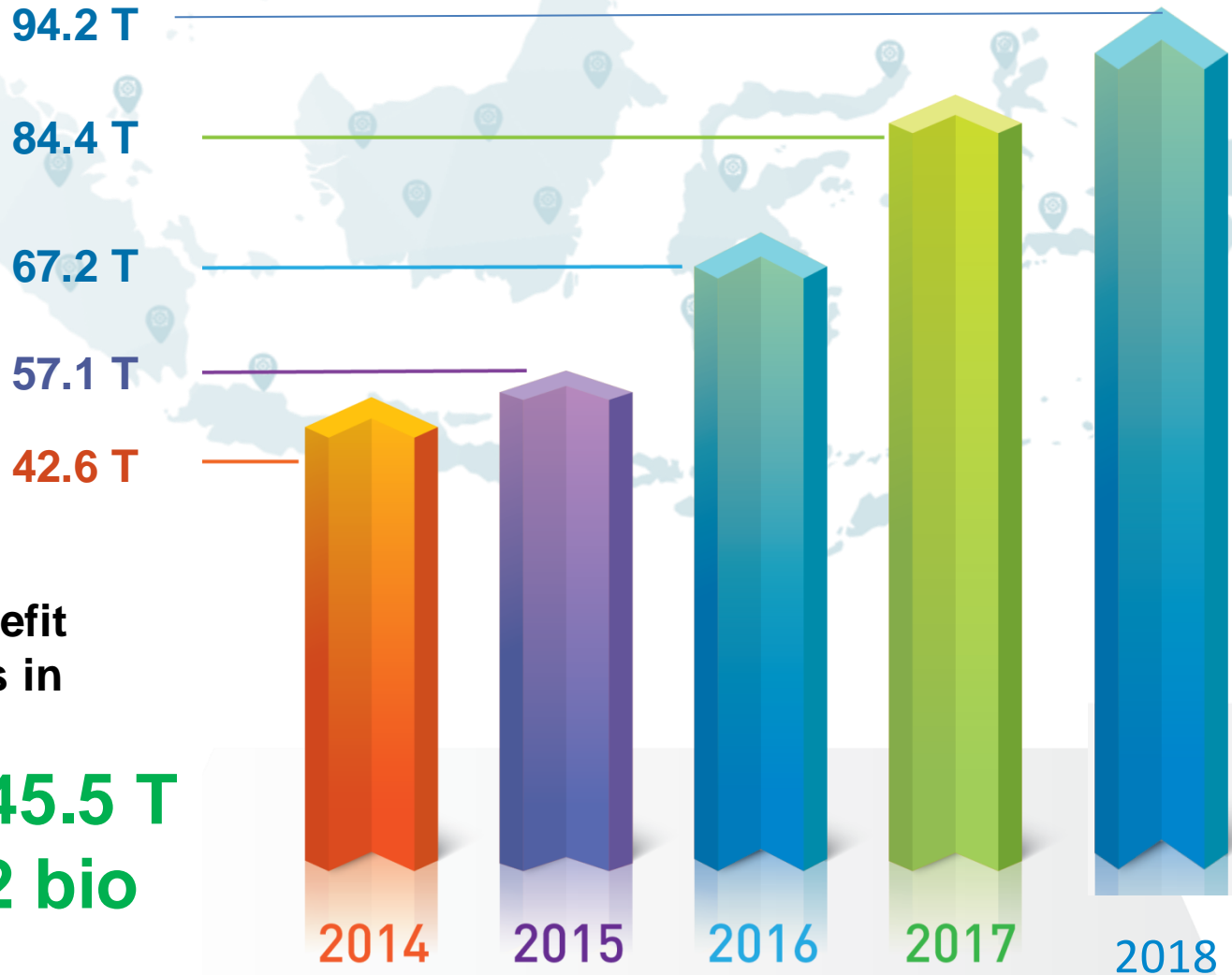
Health service utilization
for 5 years at all levels of service
as much

874.1 millions
Of Utilization

Average in
2018

640,822

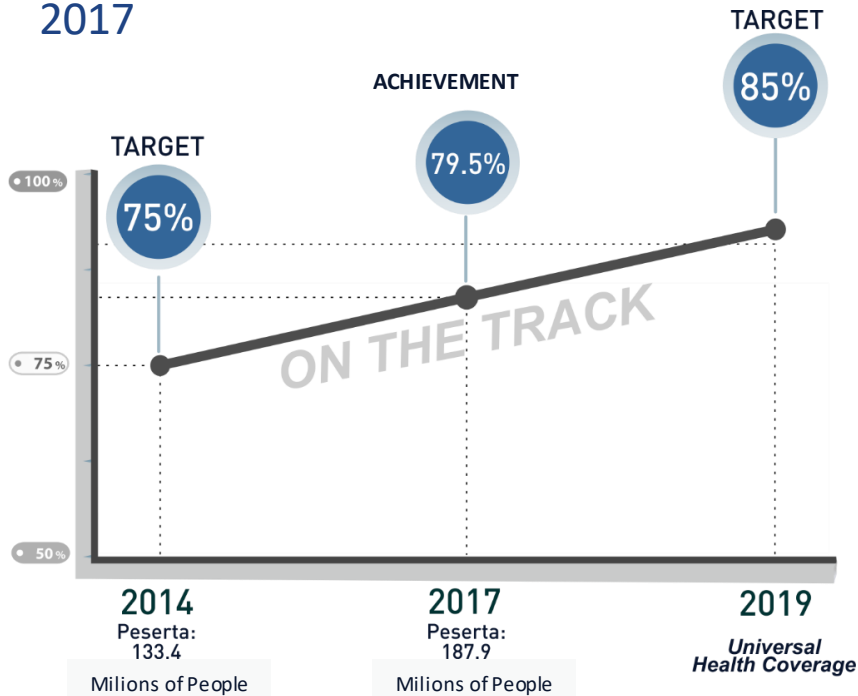
Per Calendar Day



Total Benefit Expenses in 5 years
IDR 345.5 T
\$23.82 bio



**PARTICIPANTS SATISFACTION
HIGH CATEGORY **
2017**

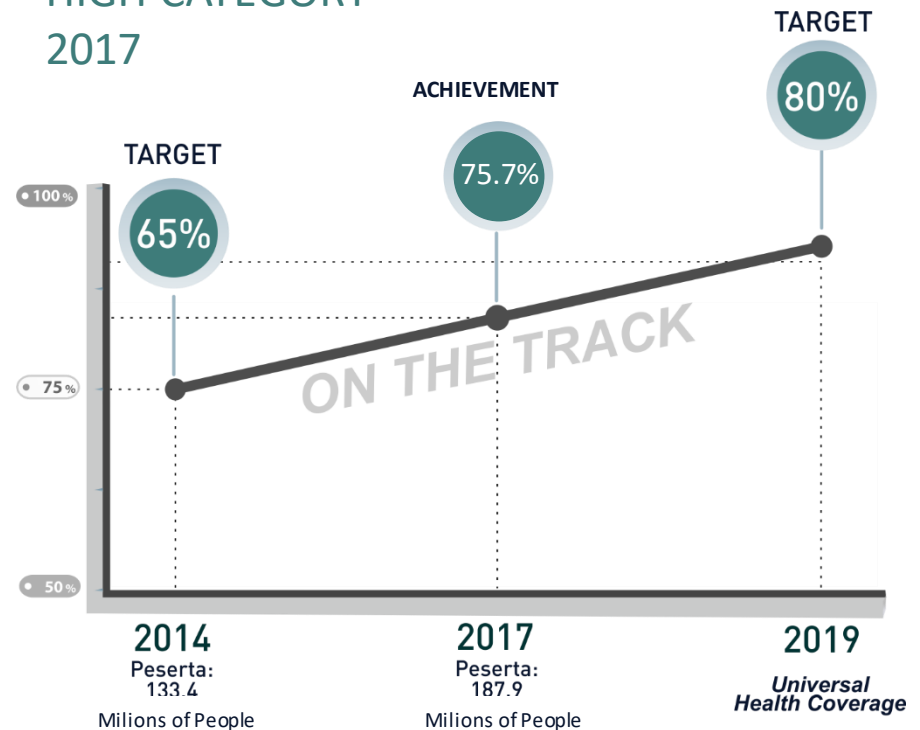


Sample Respondent Survey

Stratified random sampling method with a margin of error of 0.4%

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

**SATISFACTION OF HEALTH FACILITIES
HIGH CATEGORY **
2017**



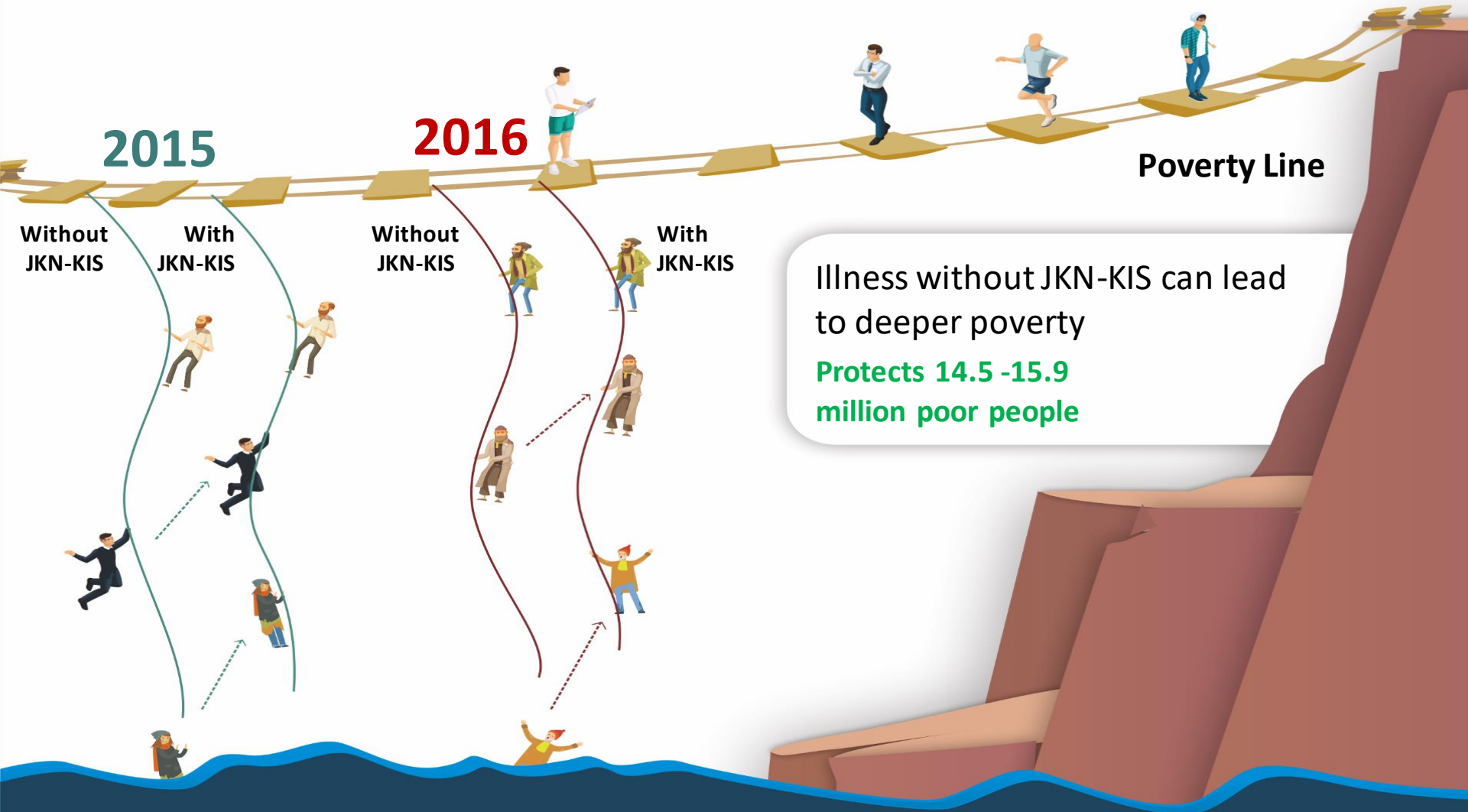
Sample Respondent Survey

Stratified random sampling method with a margin of error of 0.4%

126	238	4,766
Branch Offices	Cities/ Districts Office In Indonesia	Health Facilities of BPJS Kesehatan

*) Frontier Survey Results, 2017

**) Benchmarks of various agencies' satisfaction results classification norms are calculated by internal PT SWASEMBADA Media Bisnis





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



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



 BPJS Kesehatan

 bpjskesehatan_ri

 bpjskesehatan

 @BPJSKesehatanRI

 BPJS Kesehatan

 bpjskesehatan



www.bpjs-kesehatan.go.id