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BADAN PUSAT STATISTIK

ROLES OF OPERATIONAL CONTROL MECHANISMS TO SUPPORT IMPLEMENTATION OF THE BPJS HEALTH INSURANCE

Presented by:

Alexander Anggono, Trunojoyo University, Madura

Sri Hartini Rachmad, BPS Statistics Indonesia, Jakarta

RESEARCH BACKGROUND

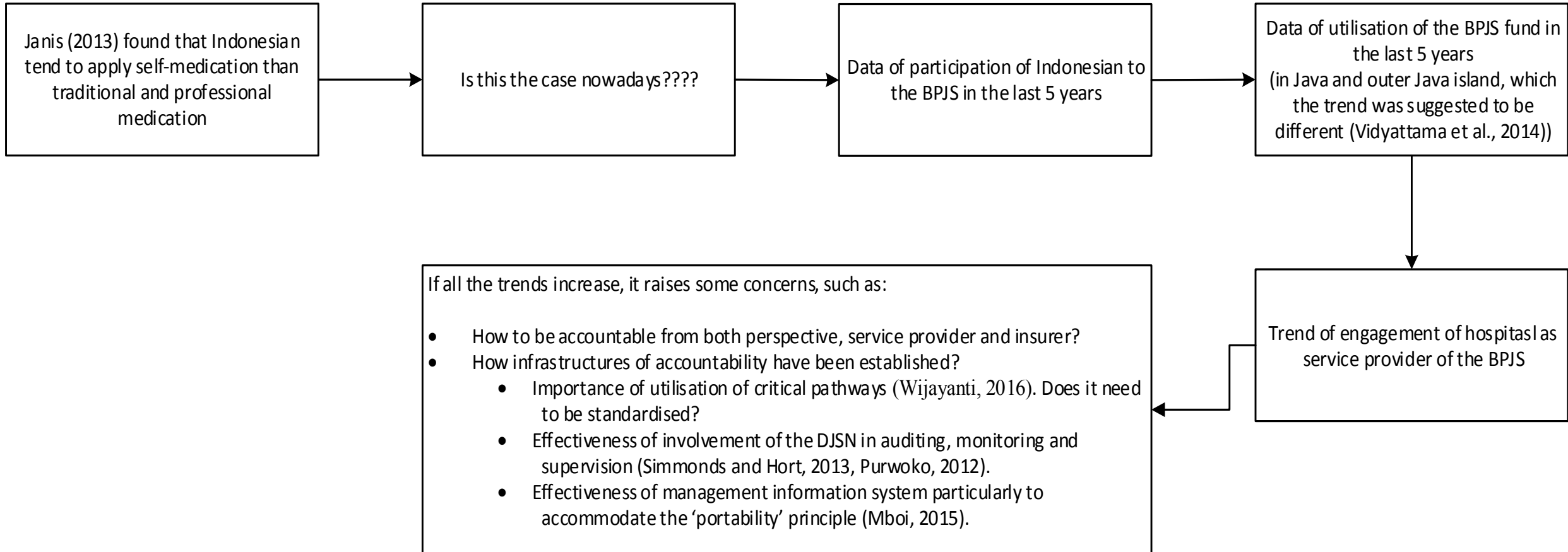
Brief history of national health insurance in Indonesia.

The government of Indonesia implements Universal Health Coverage to all people of Indonesia; hence all citizen have the same right to access safe, quality, and affordable health services (Janis, 2013).

Janis (2013) indicated that in general, health services of Indonesian could be categorised into three methods, i.e. self-medication, traditional medication, and medication by professional of health services. In his study, Janis suggested that most of Indonesian tend to choose self-medication, especially to treat mild illness, without supervision from health worker, i.e. doctor, or nurse.

The Prakarsa's research reported (2017) to overcome the out of pocket problem for the poor, It is crucial to strength coordination & cooperation among Health Ministry, Coordinator Ministry of Human Development and Culture, Social Ministry, BPJS company, Local Government and other stakeholders to ensure the equity of health access for all.

RESEARCH FRAMEWORK



RESEARCH METHOD

The main data source is derived from the macro data set of the Susenas (the National Socio Economic Survey) been collected by BPS Statistics Indonesia as the quantitative data.

The analysis method applied is the simple descriptive analysis and causal model framework including simple statistical inference in order to determine the appropriate factor effects on the National Health Insurance implementation.

The literature study conducted on policies and regulation in order to achieve better analysis result.

PRELIMINARY FINDINGS

The implementation of JKN involves and integrates many actors, i.e.: service provider, insurance company (BPJS) and beneficiaries. In fact, the practical and implementation of regulations have risk and driven problem and even fallacy by design among the three actors.

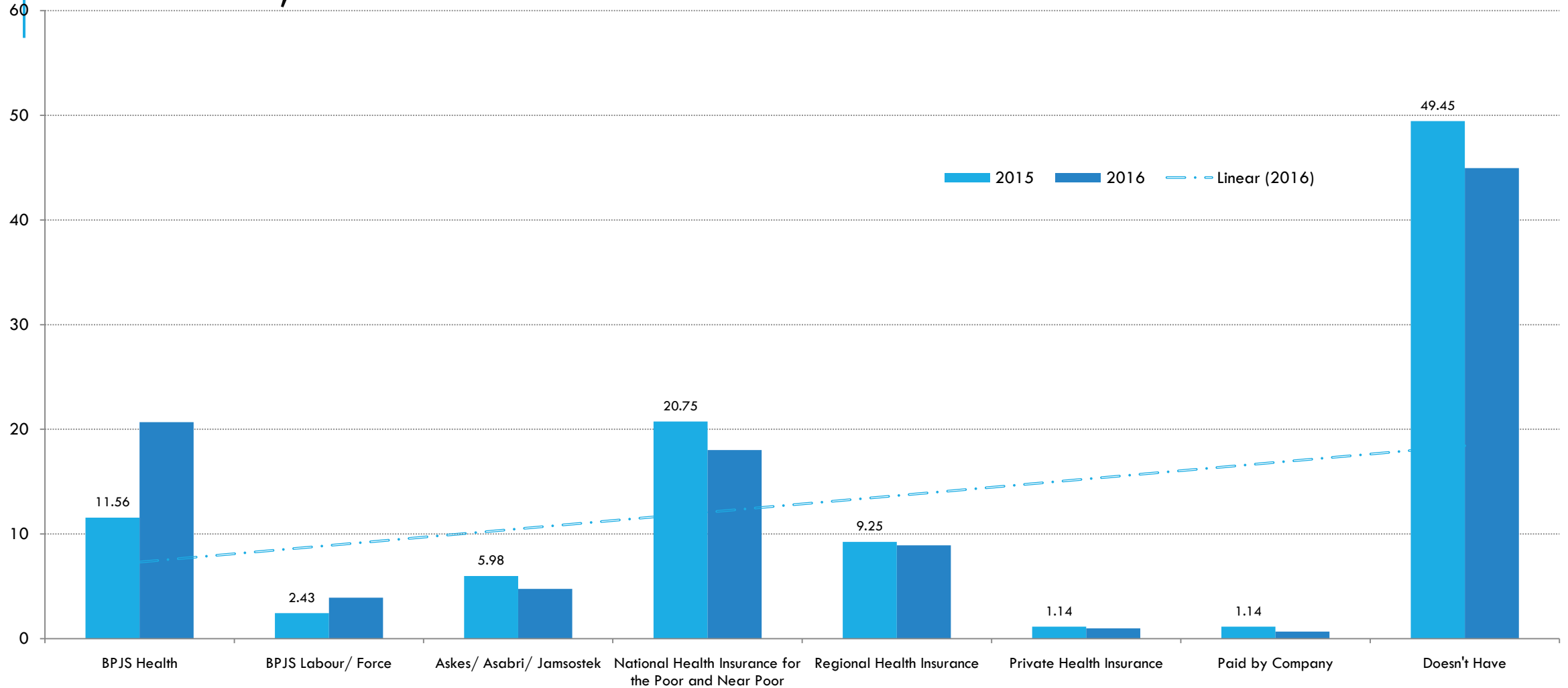
The Preliminary findings of supervision, monitoring and evaluation of implementation of JKN programme since 2014 up to present find that the difference cost level between government and private hospital been regulated by the Gol lead to unfair treatment and fraud in the implementation.

Particularly, beneficiaries cannot get treatment fairly and violence to human rights on health services access for the poor. This case caused by the willing of health services provider and health's person doer want to increase profit and economical value of INA-CBGs and capitation fund in the health scheme of JKN.

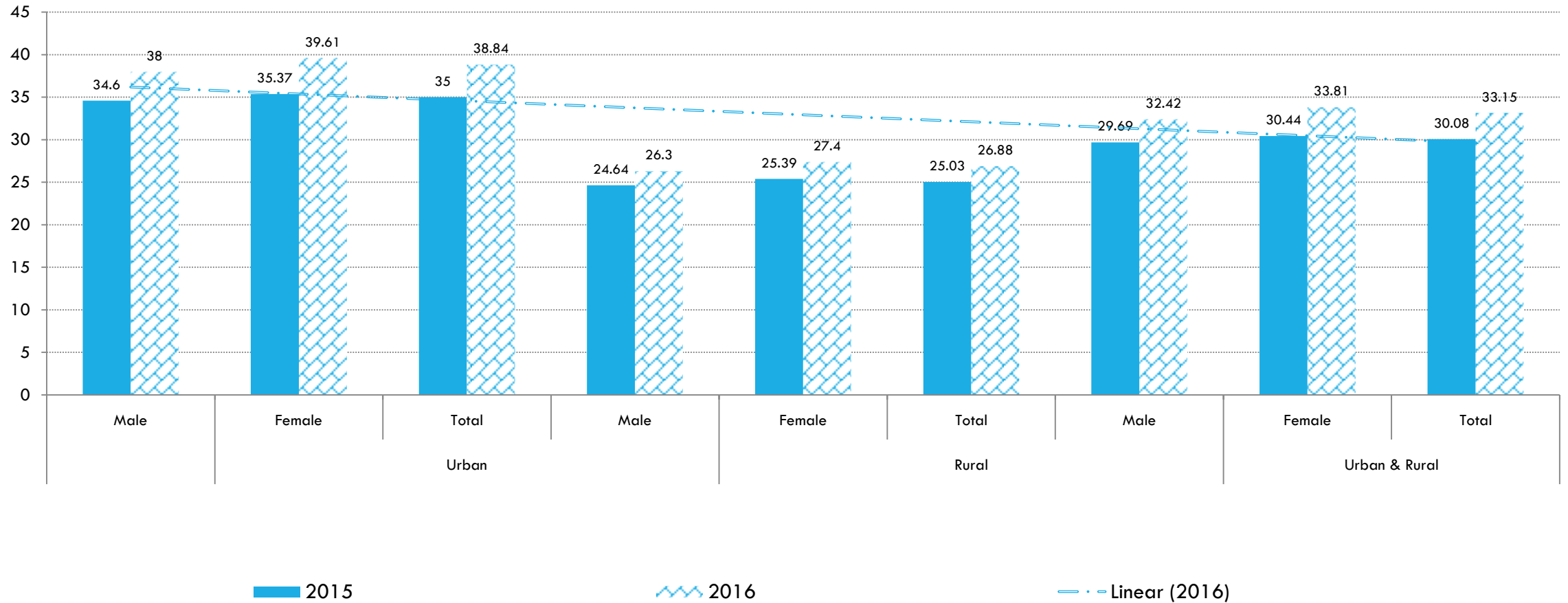
Other effect of this fraud, moral hazard and corruption practices are double and even fake JKN's card, longer time lag of reimbursement process, asymmetry information to beneficiaries of which drive error implementation/ practices, abusing power and authority.

In order to make better system of national health insurance it could be suggested that refining to all level layers and cluster actors should be done for better quality and equity access on health services for all.

PERCENTAGE OF POPULATION WHO HAVE HEALTH INSURANCE IN INDONESIA , 2015 AND 2016



PERCENTAGE OF POPULATION WHO USED HEALTH INSURANCE FOR OUTPATIENT DURING THE LAST MONTH BY URBAN RURAL AND SEX IN INDONESIA , 2015 AND 2016



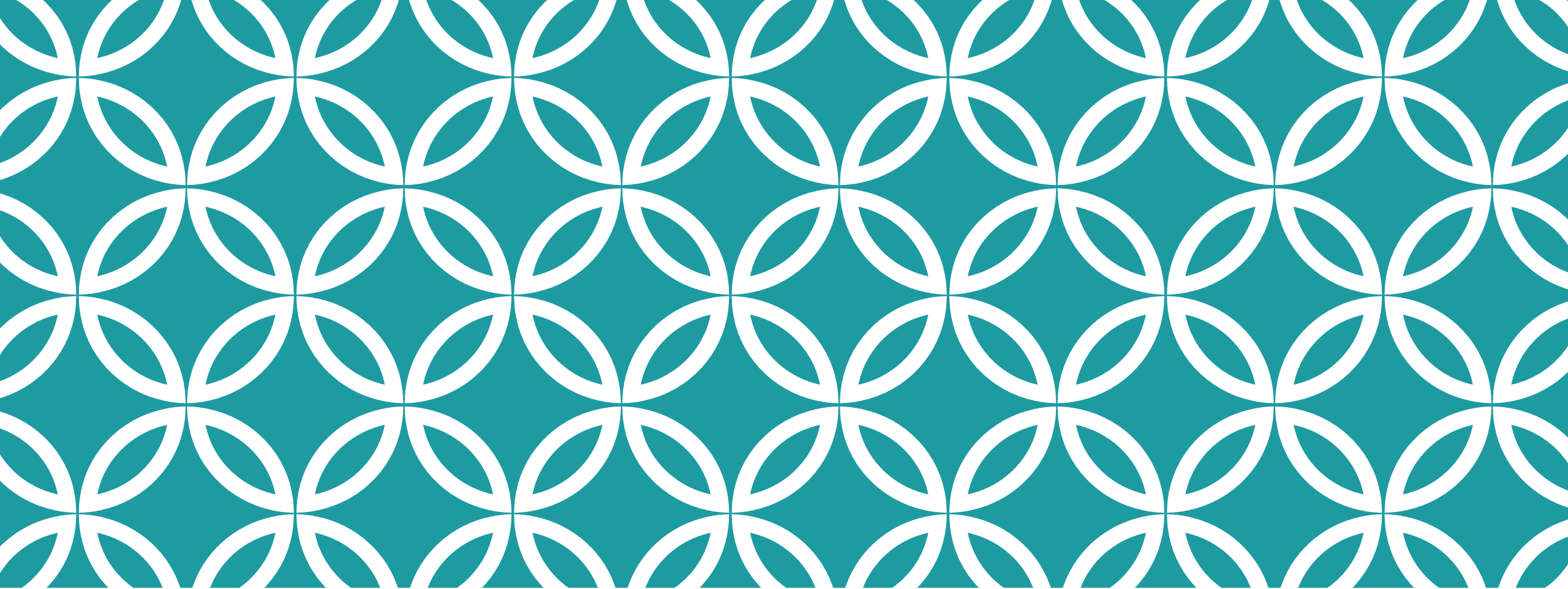
SUMMARY, LIMITATIONS, AND FUTURE RESEARCH

Summary:

- The BPJS programme still needs improvement in control mechanisms related to financial aspects and services provided.

Limitations and possibility for future research:

- Still focuses on secondary data and need field study to explore the identified problems more details.
 - Future studies might refer to perspective of either beneficiaries, service providers, or insurer (the BPJS) related to health service facilities.
 - Future studies also might focus on financial aspects particularly in assessing of claim control in order to reduce opportunities for financial irregularities.



THANK YOU FOR YOUR ATTENTION

Questions, feedback and
comments are welcome