BPJS Kesehatan
Badan Penyelenggara Jaminan Sosial

Considering Stakeholders' Voices in the JKN System: Facilitating Stakeholders' Concerns into President Actions

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President Director

Dengan Gotong Royong
Semua Tertolong

Jakarta, JS Luwansa Hotel and Convention Center
02 November 2018

Prof. Fachmi Idris, MD, Dr (PH)

was born in Palembang (Indonesia), on 1st February 1968.

He graduated from medical degree at Sriwijaya University in 1993, and doctoral program at University of Indonesia in 2003, and being **a Professor in department of public health and community medicine**, medical faculty of Sriwijaya University (Indonesia, 2016).

He ever took some courses in some universities, i.e. INSEAD University (Fountaineblue, French, 2007), Berkeley University (California, USA, 2016).

He also took the ISSA Guidelines on Good Governance Course at ITC ILO (Turin, Italy, 2018).

Fachmi actives in various organization. As a medical doctor, he ever became a **President of Indonesian Doctor Association–Central Executive Board**, in 2003-2006. **President of Asia and Oceania Doctor Association** (The Confederation of Medical Association on Asia and Oceania) in 2006-2009, head office in Tokyo, Japan. In 2018, he appointed as a **Chairperson of the Technical Commission on Medical Care and Sickness Insurance of International Social Security Association** (ISSA), head office in Geneva, Switzerland.

He also became the member of Indonesian Medical Council, and the **Chief of Research Commission on National Social Security Board of Republic Indonesia**. In 2008, he joined PT Askes (Persero)—an institution before was transformed to BPJS Kesehatan—as a **Commissioner Board and The Chief of Risk Management Committee**. In 2013 became **CEO of PT Askes**, then became **CEO of BPJS Kesehatan** in 2014-2015. He was selected again as **CEO of BPJS Kesehatan in 2016-2021** to achieve Universal Health Coverage in Indonesia.

As a father of three children and a passionate writer, Fachmi has written 14 ISBN-recognised books and numerous articles on medical and also social protection.

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Agenda

1. **Stakeholders of JKN and their roles**
2. **BPJS Kesehatan achievements and challenges**
3. **Presidential Instruction No. 8 2018**
4. **Further considerations of the following topics**

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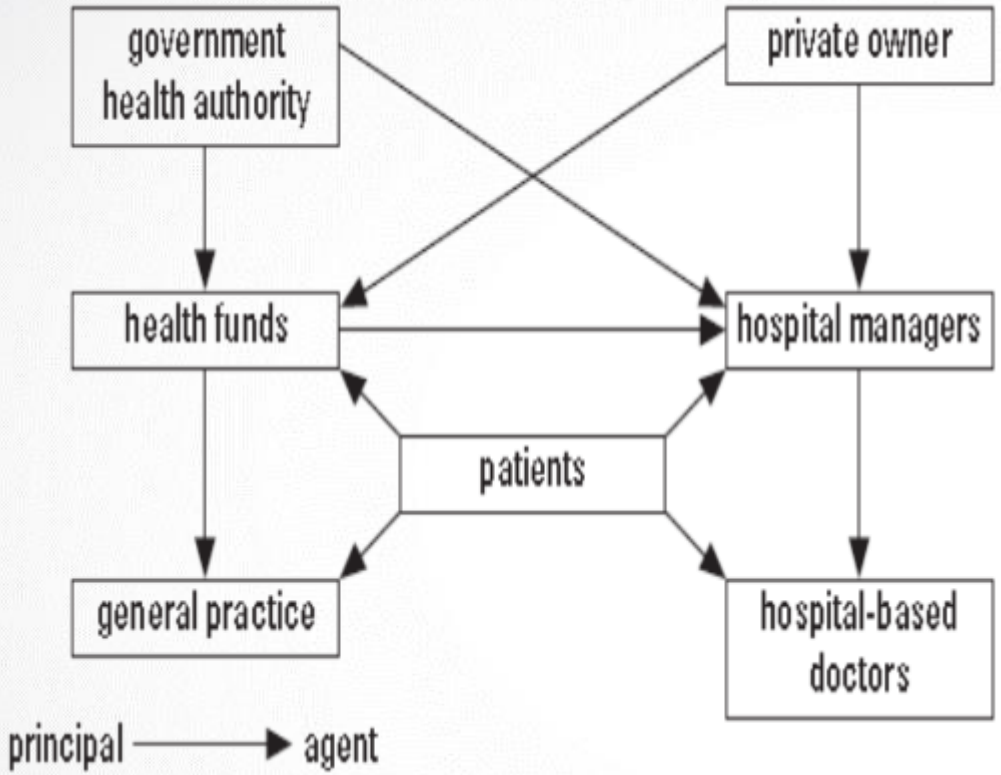
The Principal-Agent Relationship in the Health Care Sector



The framework of the relationship between the Principal and Agent includes:

- Relationship between consumers / **participants with purchaser**
- Relationship between **purchaser and health facilities**
- Relationship between the **government and purchaser**

Characteristic of Principal-Agent Relationship in Health Care Sector:

- **Asymmetric Information**
- **Uncertainty**

- **Purchasing: the way in which funds are allocated to get services on behalf of the recognized group (the insured) or the entire population.**
- **Buyer: participants represented by the payer, BPJS Kesehatan**
- **Seller: health care providers**

Sumber: Xingzhu Liu and Anne Mills

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JKN's Stakeholder and its Role

- Ministry of Health
- Ministry of Education
- Local Government
- Professional Organization

- Health Facilities
- Ministry of Health
- Health Funds
- Beneficiaries

All of the Stakeholder and population in Indonesia

Input	Proses	Output	Outcome
- **Education of health professional** - **Availability of health professional** - Availability of health services - Regulation of: the qualification of health professional, health facilities, health services, incentives, drugs and medical devices	- Health services - **Health financing** - Monitoring and evaluation	**Quality and Affordable Health Services**	Increasing degree of health

Number and distribution of health professional

UU 36 tahun 2009, UU 24 tahun 2011

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Strategic Purchaser

QUALITY & COST CONTROL

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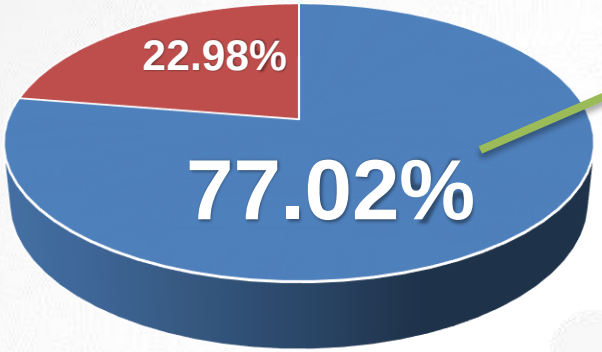
The Growth Rate of JKN-KIS Membership until October 1, 2018

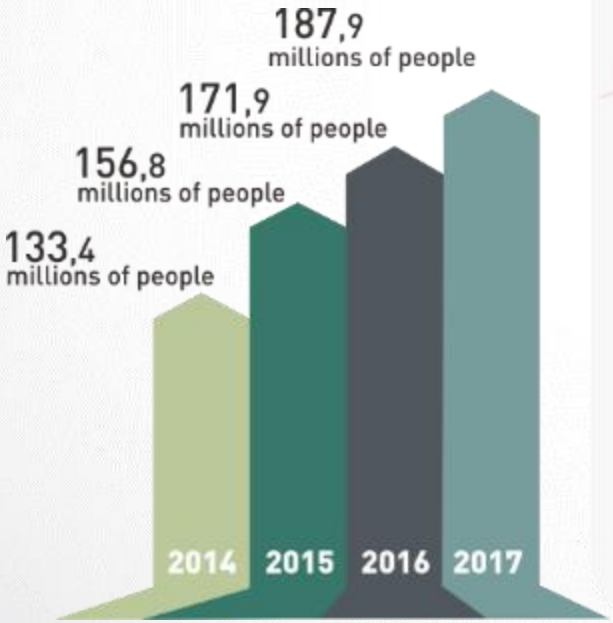


JKN-KIS Participants

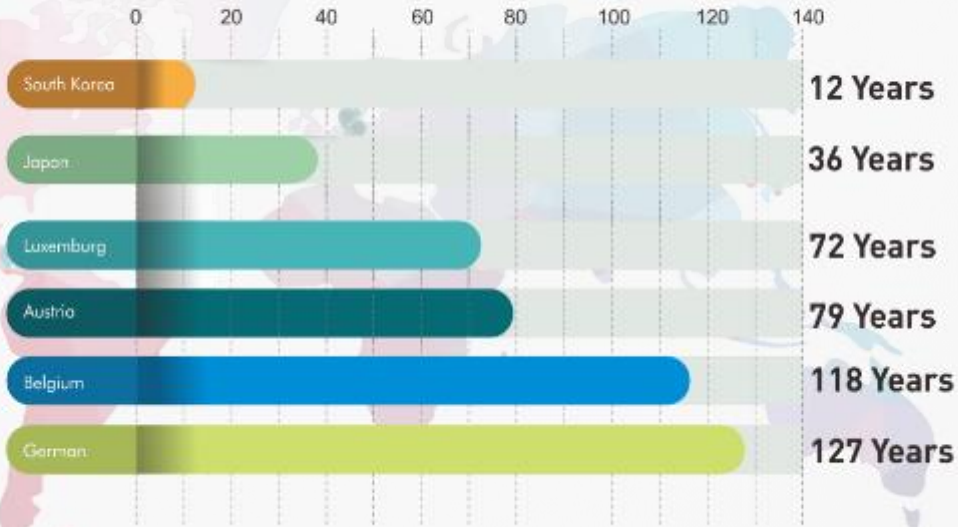
203.284.896 People

As of October 1, 2018

*Dukcapil data source:
1st Semester of 2018, Indonesia's population is 263,950,794



Comparison Of The Participants Number With Another Countries



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Challenges and Strategies in Membership Expansion

Absence of citizen identity number (NIK)	• Encourage citizens to get NIK • Match NIK data with the national civil registry database
Missing middle	• Advocate local governments to cover the missing middle • Administrative sanctions • JKN Agents
Companies avoidance	• Canvassing/clean sweep • Collaborate with BPJS Labor for joint registration • Collaborate with the State Attorney for compliance

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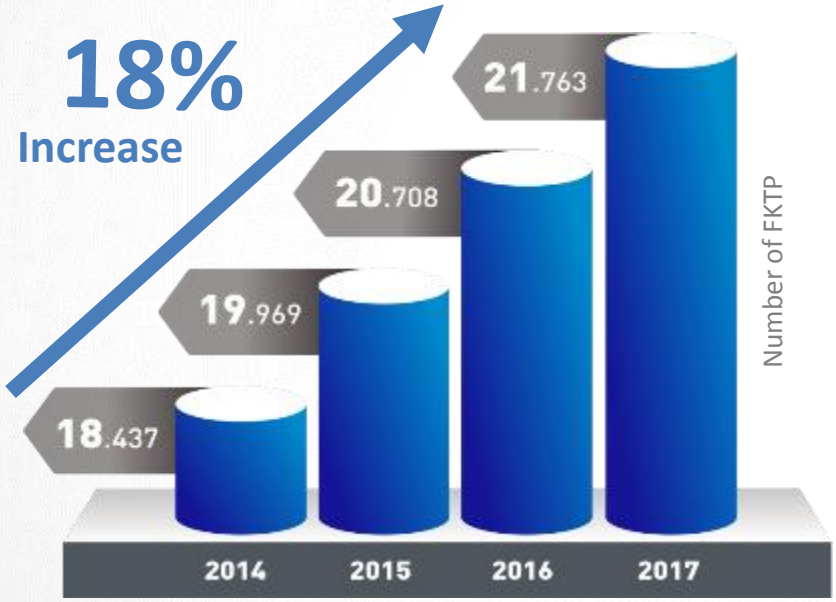
The Growth of Health Facilities Cooperation 2014-2017

First Level Health Facilities (FKTP)

22.681

Source: BI Data of BPJS Kesehatan October 1, 2018

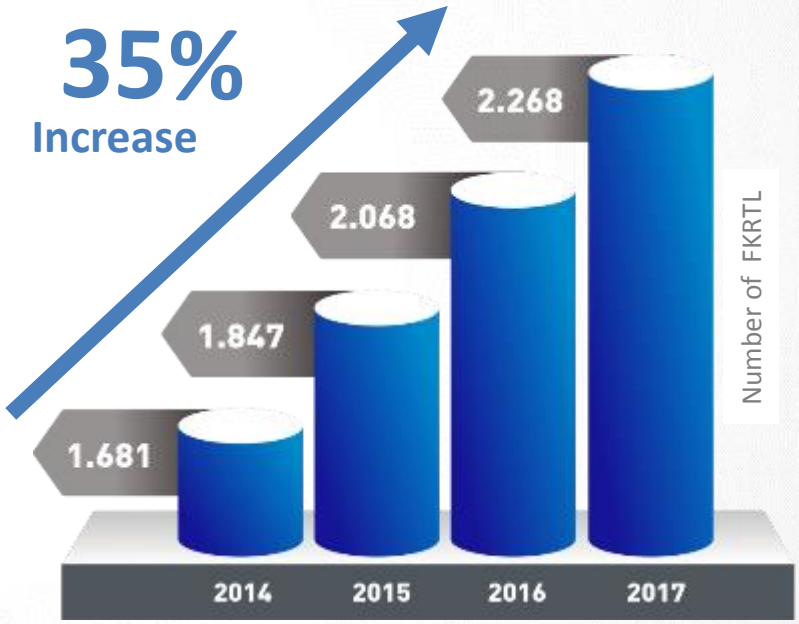


Source : Data of Deputy for PEO

Advanced Referral Health Facility (FKRTL)

2.446

Source: BI Data of BPJS Kesehatan October 1, 2018



Source : Data of Deputy for PEO

Information:
FKTP includes Community Health Centers (Puskesmas), Doctor of Individual Practices, TNI / POLRI Clinics, Primary Clinics, Primary D Hospital and Individual Practical Dentist

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Challenges in improving service quality

Improving service quality in Health Care

- **Primary care level:** primary care demand mapping, optimizing HFIS (Health Facilities Information System), PCARE apps and Peer Review, improving performance-based capitation, reverse referral and walk through audit
- **Secondary care level:** online referral system, optimizing IT system, ensure health care quality

Improving service quality in BPJS Kesehatan

- Develop e-claim in primary and secondary care, drug billing online apps, standardized procedure for verification, develop a linkage between HFIS with PCare and V-Claim, improve features in Mobile JKN
- Administrative sanctions for JKN non-compliance

Monitoring Service Quality

- Implement Walk Through Audit
- Perform Costumer Satisfaction Survey In Health Care
- Perform Health Care Quality Survey

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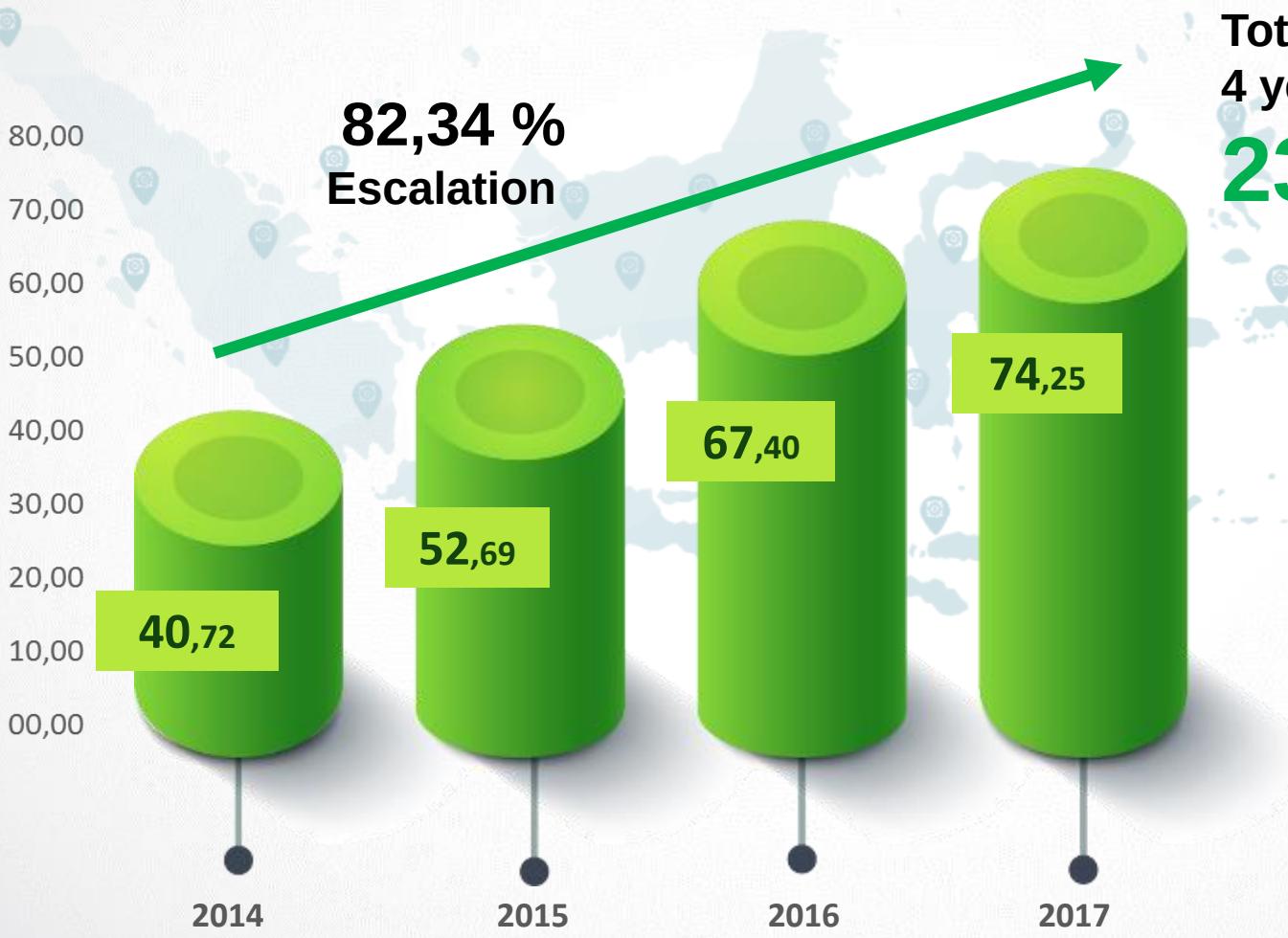
Amount of Contribution Income 2014 – 2017

(In trillion)



Total contribution 4 years

235,06 T

Source : BPJS Kesehatan

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Challenges in Revenue Collection

Risk of payment arrears	Maintain active members to pay contributions	Activate non-active members
1	2	3
• Auto debit requirement for new registration • Advance contribution payment for new participants*	• Auto debit • Payment reminder • Contribution collecting by JKN agents • Customer loyalty program	• Telecollecting • Payment reminder • Contribution collecting by JKN agents & BPJS Kesehatan employees • Limited Collection Program

*arrangements are needed in the BPJS Health regulations

Increase awareness to pay contributions through various media: TVC, newspapers, radio, digital, t-shirts, leaflets, banners and Jabodetabek commuter line

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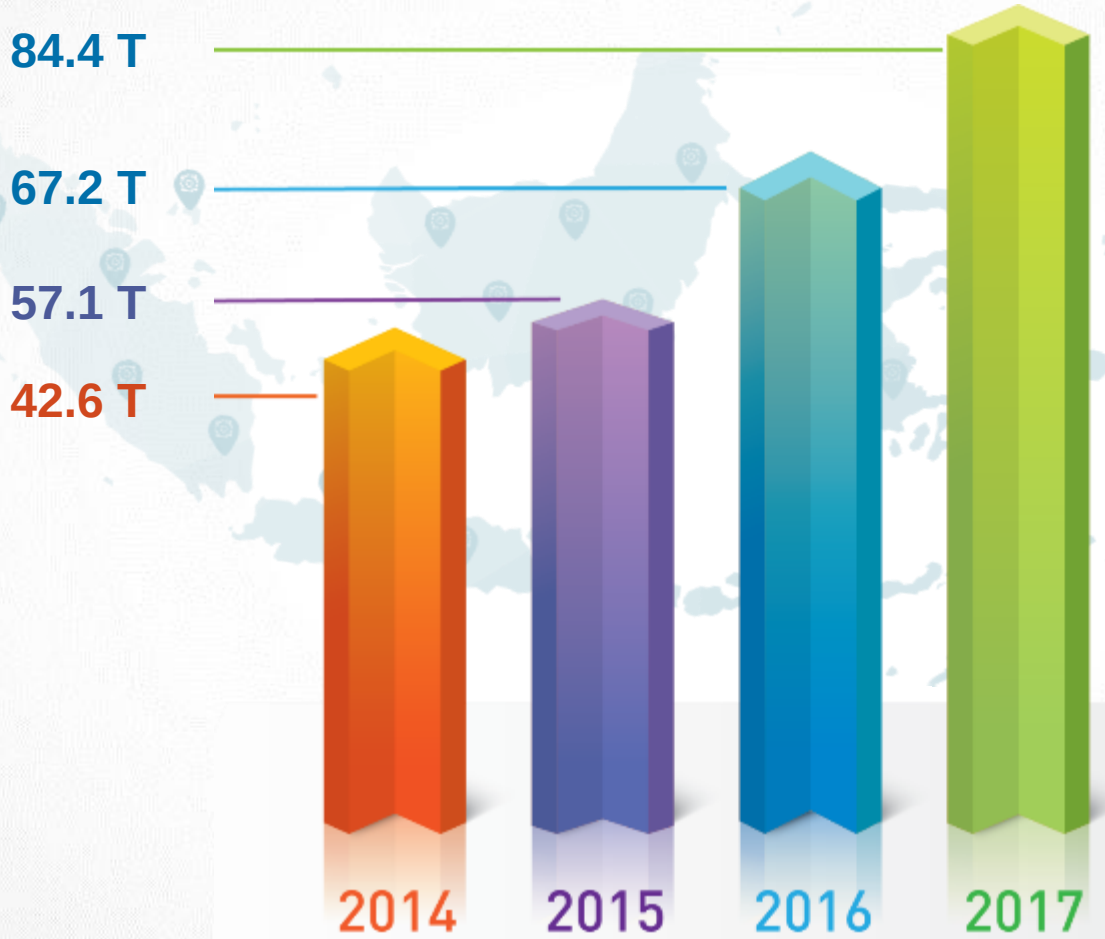
Health Spending of JKN Program 2014 - 2017



Total Benefit Cost
4 years

251,3 T

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Presidential Instruction No. 8/2017

Jaminan Kesehatan Nasional

Background

To ensure the sustainability of the JKN Program as a national strategic program and to improve the quality of services for JKN members

Stakeholders

Coordinate Ministry of Human Development dan Culture, Ministry of Health, Ministry of Home Affairs, Ministry of Social Affairs, Ministry of BUMN, Ministry of Labor, Ministry of Communication and Information, Attorney General, BPJS Kesehatan, Governor, and Mayor.

Tasks

To take steps in accordance with their respective responsibilities, functions and authorities to ensure the sustainability and improvement of the quality of services for JKN members

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Presidential Instruction No. 8/2018

01 Ensuring access for JKN members to quality health services through the provision and collaboration with health facilities that meet the requirements

02 Improve cooperation with stakeholders in the context of compliance and implementation of an optimal JKN Program

03 Increase cooperation with Ministries / Institutions or other parties in the framework of the JKN Program campaign

04 Conduct studies and evaluations of regulations related to the JKN Program to ensure the sustainability and quality improvement of the JKN Program

05 Review the implementation of the JKN Program and providing input for improving the policy to ensure sustainability and quality improvement of the Program

06 Increase the number of collaborations with pharmacies that meet the requirements to ensure the availability of PRB drugs with transparent process according to geographical needs and conditions

07 Provide data of the JKN program periodically to the Ministry of Health in order to improve quality.

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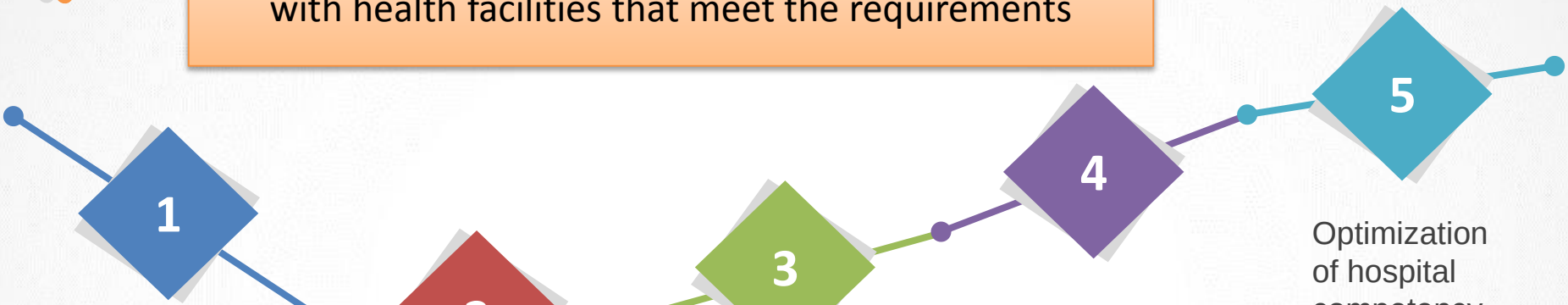
Collaboration with stakeholder

01

Ensuring JKN members to receive access to quality health services through the provision and collaboration with health facilities that meet the requirements



1. Facilitate the transparent registration mechanism for **health facilities** through the HFIS application
2. Coordinate with local governments and stakeholders to fulfill health facility competence standards as required
3. Conduct mapping and profiling of **health facilities** as a basis for calculating health facility needs for JKN-KIS participants
4. Coordination with **local governments, Ministry of Health, hospital associations** for the fulfillment of hospitals in areas that lack hospitals and the availability of specialist doctors / sub-specialists.
5. Optimization of hospital competency-based referral systems to facilitate **participants** to get appropriate services according to medical indications.

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Collaboration with stakeholder

02

Improve cooperation with stakeholders in the context of compliance and implementation of an optimal JKN Program

1. The MoU between BPJS Kesehatan by Deputy Attorney General of the State Administrative Prosecutor RI on the Handling of Legal Issues of Civil Affairs and the State Administration
2. Minister of State-owned enterprise Circular Letter concerning Participation of BUMN in the JKN Program
3. Minister of Home Affairs Regulation No. 138 of 2017 concerning the Implementation of One-Stop Regional Services
4. Issuance of the Attorney General's Instruction to all Prosecutor's Office concerning Optimizing the Implementation of JKN Program
5. Proposed changes in Permenaker No. 23 of 2016 concerning the Procedure for Imposing and Revoking Administrative Sanctions for Receiving Certain Public Services for Employers Other Than State Administrators

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03

Increase cooperation with Ministries / Institutions or other parties in the framework of the JKN Program campaign

1. Coordinate with the Ministry of State-Owned Enterprise
2. Coordinate with the Local Government through BPJS Kesehatan Branch Offices/District Offices, in communication forums
3. Regulation of integrated information policy strategy
4. Campaigning through providing face-to-face information, banners, leaflets, mobile JKN apps, TV ads, radio and websites
5. Carry out efforts to increase the loyalty of the participants by means of a bonding relationship, service canvassing, create moment of truth and words of mouth

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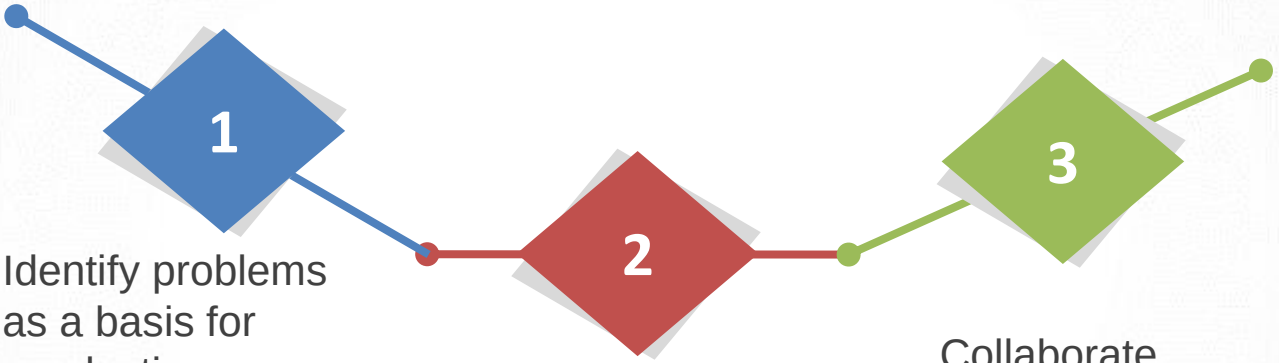
04

Conduct studies and evaluations of regulations related to the JKN Program to ensure the sustainability and quality improvement of the JKN Program



1. Identify problems as a basis for conducting studies to improve service quality and ensure the sustainability of the JKN program
2. Identify regulations that need to be revised to improve service quality and ensure the sustainability of the JKN program
3. Collaborate with other ministries and institutions to get support and together evaluate regulations

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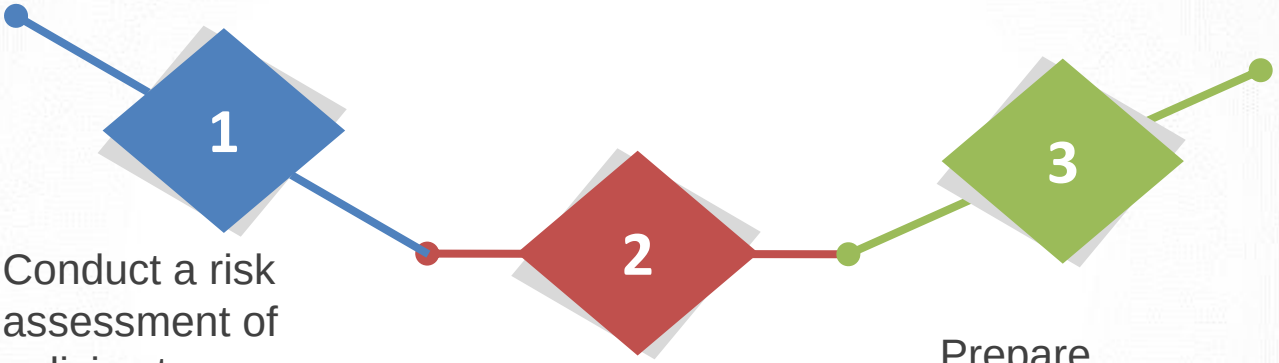
05

Reviewing the implementation of the JKN Program and providing input for improving the policy to ensure sustainability and quality improvement of the Program



1. Conduct a risk assessment of policies to improve the quality of the JKN program
2. Compile a Corporate Risk Profile (every semester) and determine the 10 highest risks that are detained the sustainability of the JKN Program
3. Prepare communication and consultation channels to discuss current issues related to the JKN Program that require risk management

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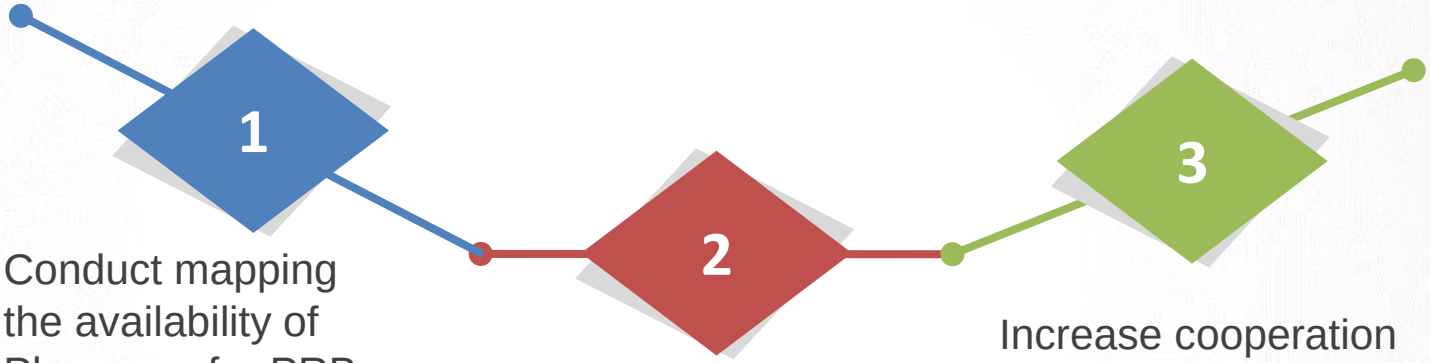
06

Increase the number of collaborations with pharmacies that meet the requirements to guarantee the availability of PRB drugs with transparent process according to geographical needs and conditions



Conduct mapping the availability of Pharmacy for PRB per Regency / City

Hold a meeting with the Indonesian Pharmacy Association (Asapin), PT Kimia Farma and the Indonesian Pharmacist Association (IAI)

Increase cooperation with PRB Pharmacy and consider the number of PRB participants' growth with the ability of PRB Pharmacy in serving drug Referral Program

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07

Provide data of the JKN program periodically to the Ministry of Health in order to improve quality.

BPJS Kesehatan has followed the standards and provisions for the submission of JKN Program Management Report and data to the Ministry of Health

The Management Report of the JKN Program is submitted monthly, every semester and yearly

Management Report of the JKN Program in accordance with the format of the Financial Services Authority (OJK) Regulation Number 19 of 2014 which is submitted monthly.

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Challenges

- Appropriate premium setting
- Benefit package setting
- Tariff setting
- Health facilities distribution
- Health professional distribution
- Beneficiaries distribution

Thank You

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Presidential Decree no 82/2018

multi stakeholders' collaboration in ensuring JKN sustainability and quality of service

- Ensuring Sustainability of the program
  - Commitment of local gov't, business entities and all citizens to **enroll in the JKN** program by January1, 2019, including newborns.
  - Law enforcement to ensure all business entities to enroll their employees → penalties and sanctions incurred if otherwise.
  - Ensuring the employers' of spouses to enroll and pay contribution for each.
  - Obligation of BPJS to **collect overdue contributions** up to 24 months and to ensure the accuracy of contribution → particularly important to enforce commitment from local gov't and business entities.
  - Commitment of all stakeholders against fraudulence and moral hazard.
  - Commitment of local gov't to ensure the achievement of UHC, contribution compliance, improving the quality of care and **contribution from cigarette tax for JKN (75% out of 50% of cigarette tax revenue for health)**

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Presidential Decree no 82/2018

Ensuring JKN sustainability and quality of service with stakeholders' collaboration

- Ensuring Quality Improvement
  - Commitment of all government bodies (MoH, BPJS TK, Jasa Raharja, local gov't, Taspen, BKKBN, etc) to ensure eligible citizens to receive their rights in healthcare not covered by BPJS Health → further regulated by MoF
  - Commitment of health providers (including local gov't owned providers) to ensure the optimum implementation of referral and reverse referral system
  - Commitment of govt and local govt to ensure the **availability of drugs** and other health necessities
  - Commitment of all stakeholders to support the development of **performance based payment system**
  - Commitment to **comply to credentials standard** of health providers