

The Implementation of National Health Insurance (JKN) in Kediri City

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INFORMASI ARTIKEL

Article history:

Submission date: 18 August 2016

First revision: 29 September 2016

Accepted: 11 November 2016

Available online: 28 November 2016

Keywords: JKN, BPJS, Puskesmas

ABSTRACT

This article aims to implementation of National Health Insurance in Kediri City that was not going smoothly and to know about advantages and disadvantages of the implementation of national health insurance (JKN) in Kediri City. The implementation of JKN was not going well, because participant did not know their first health service and they did not know about procedure of JKN. So every stakeholder like BPJS (Social Security Administrative Bodies), Health Departement, and Health facility must give information to participant about the regulation. The advantages are: the new rules are immediate to implement, Puskesmas has adequate facility, P-care program, Identity card can use to get treatment in Puskesmas. The disadvantages are priority, lack of information, system information, lack information between health facility, and the 40% of capitation fund.

INTISARI

Tulisan ini menelaah pelaksanaan Jaminana Kesehatan Nasional (JKN) di Kota Kediri dimana tidak berjalan dengan baik dan untuk mengetahui apa saja yang membuat pelaksanaan jaminan kesehatan nasional lancar dan kendalanya. Pelaksanaan JKN tidak berjalan baik karena peserta tidak mengetahui penyedia pelayanan kesehatan tingkat pertama dan prosedur pelaksanaan yang kurang diketahui oleh peserta jadi pihak BPJS, dinas kesehatan dan penyedia pelayanan kesehatan harus menyediakan informasi tersebut. Hal-hal yang mempelancar pelaksanaan JKN adalah aturan baru segera dilaksanakan, puskesmas mempunyai fasilitas yang memadai, adanya program P-care, dan pemegang KTP Kota Kediri dapat segera mendapatkan pelayanan kesehatan di Puskesmas. Hal-hal yang menghambat pelaksanaan JKN adalah skala prioritas masyarakat, kurangnya pengetahuan masyarakat akan manfaat JKN, antara penyedia pelayanan kesehatan pertama dan kedua atau ketiga tidak ada informasi dan 40% dari dana kapitasi yang belum bisa dimanfaatkan.

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1. Introduction

There is a growing international interest in the importance of moving all countries towards universal health coverage. The World Health Organization's (WHO) General Director recently described universal

health coverage as "the single most powerful concept that public health has to offer" (Chan, 2012). The argument is that its power is not just for the developed countries, but all nations, including developing countries, should regard this goal as "appropriate, feasible and important" (Yates, 2010: 747). While this

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goal of universal health care has been more realized by the wealthiest nations of the world (apart of the USA), many middle-income and lower-income countries are making great progress. Among these nations include, Brazil, Mexico, Thailand, Philippines, Vietnam, Rwanda and Ghana (Rodin & de Ferrani, 2012).

In Indonesia, the state philosophy, Pancasila number 5, recognizes the rights of citizens in health. This right is also enshrined in the Constitution 45 Article 28H and article 34, and regulated in Law No. 23/1992 which was later replaced by Law 36/2009 on Health. In Law 36/2009 affirmed that every person has the same right to gain access to resources in the field of health and health services.

The private health insurance is not enough to reduce of medical expenses and it is also expensive, so just certain people can pay it. Therefore, there is a need of National Health Insurance (JKN).

Conversely, JKN provides the following benefits. First, it is providing comprehensive benefits at affordable premiums. Second, it is applying the principle of cost and quality control. That means participants can obtain adequate quality services at a reasonable cost and in control. Third, JKN has portability, so it can be used in all regions of Indonesia. Therefore, to protect all citizens, JKN membership is mandatory.

Kediri City is one of the healthiest city in Indonesia (Shafa, 2015). However, the implementation of JKN still has many complaints. For example, when accident victim patient goes to Gambiran General Hospital, he rejected because there was the smell of alcohol from patient and JKN does not guarantee it (Mashudi, 2014). Masyhary (2015) stated that 100,000 of 293,282 people in Kediri City did not register in JKN and there is habit to register when they get sick. Beside of many complaint, BPJS Health in Kediri City still have deficit, they must spend Rp. 221,1 billion in 2015 and their income was only Rp. 28,3 billion (Berita Metro, 2016).

This study will explain the implementation of JKN in Kediri City. Furthermore, this study also explains the advantages and disadvantages of its implementation. In addition, researcher provide some recommendations to the stakeholders for improvement of implementation of JKN. In sum, researcher taken and conducted a research entitled "Implementation of National Health Insurance in Kediri City".

2. Theory

Based on Grindle's idea (180:7), policy implementation is a general administrative process that will be inspected at the level of a particular program. Goggin (1990) introduced the idea that the actor determine a success of policy implementation. At the same time, emerging approach in policy implementation

suggests that the implementation of many policies supported by adaptability of the implementation of the policy.

3. Research Method

This research employed qualitative method, particularly descriptive analysis, aiming to explained the implementation of national health insurance scheme that was applied in January 1st, 2014. In this study, qualitative data mentioned describes of social phenomena that rich description and explanations of process in identifiable local contexts with chronological flow.

For data gathering, researcher did a survey with 137 respondent, visited Puskesmas Pesantren I, Puskesmas Sukorame, Puskesmas Balowerti, health Departement, and BPJS Office. The fieldwork is also for directly capturing or observing the social phenomena. After data gathering and data verifying processes, the conclusion come to the very end of the research and writing activity. For the interview session, researcher made a list of question for each group: government official, BPJS authorities, doctor from puskesmas, survey for customer, and hospital report from Gambiran General Hospital.

4. Results and Discussion

4.1 Implementation of National Health Insurance (JKN) in Kediri City

4.1.1 BPJS

Act No. 24 of 2011 concerning Social Security Agency (BPJS), explicitly states that BPJS formed with BPJS is a public legal entity. BPJS divide into BPJS Health and Employment. Both BPJS basically the mission of the state to fulfill the constitutional right of everyone to social security by organizing assurance program that aims to provide certainty of protection and social welfare for all the people of Indonesia.

Implementation of JKN adequate and sustainable is one of the pillars of the welfare state, in addition to other pillars, namely education for all, jobs are wide open and stable economic growth and equitable.

Given the importance BPJS in organizing social security schemes covering all residents of Indonesia, then BPJS provide limits the functions, duties and authority to BPJS. Thus it can be known with certainty the limits of their responsibilities and also can be used as a means to measure performance of both BPJS transparently.

BPJS determine that BPJS function organized health insurance program. Health Insurance according to the Social Security Law organized nationally by the social insurance principle and the principle of equity,

with the aim of ensuring that participants receive the benefits of health care and protection to meet basic health needs.

The task of the membership registration can be done passively in the sense of receiving a registration or actively in terms of registering participants. The authority to collect payment of dues in the sense of asking for payment in the event of delinquency, congestion, or lack of payment, the authority to supervise and impose administrative sanctions authority granted to BPJS strengthen BPJS position as a public legal entity.

4.1.2 Health Department of Kediri City

- a) The aspects of participation
 - The PBI data accuracy
 - Jamkesda Integration
- b) The aspects of health care
 - Implementation of service standards with:
 - Directing and facilitating every health center to create and implement service notices, SOPs, standard operational procedure and indicators
 - to monitor and evaluate the implementation of service standards
 - Guidance accreditation of health centers
 - Difficulty in drug expenditure. drug expenditure is still dependent on procurement conducted by the health department, so it is necessary to verify the needs of health centers in the service of drug JKN
- c) The aspect of financing
 - Flexibility of use of capitation funds
 - Financing poor people outside PBI and things that are not guaranteed in JKN
 - The organization and management aspects
- d) The aspect of management and organization
 - BPJS have schedule to coordinate with other department like health department.

4.1.3 Gambiran General Hospital

Gambiran Hospital is one of the referring hospitals in the town of Kediri. Information about JKN was known before January 1st 2014 but about the content of JKN still did not know. The impact many patient was sent to a referral hospital that higher than Gambiran. Doctors still afraid to make-decision about diagnosis. For hospital there is INA CBGs (Indonesia Case Base Groups). INA-CBG is a payment system with a "package", based on the patient's illness. Hospitals will receive payments based on the tariff INA CBGs which is the average amount spent by the group for a diagnosis.

The incident does not make people leave Gambiran. Evident from the results of a survey conducted by the hospital stating that they are satisfied with the services

of the hospital Gambiran. The advice given is to pharmacies services, polyclinics and KIA/KB is expected to first come first service, the need for care in facilities such as toilets and showers, the need for additional seating, the complaint facilities and expand the parking area as well as the need for CCTV.

4.1.4 Puskesmas

Puskesmas as first health services responsible for organizing the efforts of health of individuals and society so it has duty to improve public health in the society, such as disease prevention, health promotion, environmental health, maternal and child health and family planning, improvement of public nutrition, prevention and eradication of infectious diseases and treatments. When JKN implemented, government is only responsible for public health efforts and the payment for poor people premium, while for individual health efforts funded through JKN system.

Puskesmas get capitation funds from BPJS. The capitation funds are divided into two, 60% for services, 20% for the purchase of drugs and medical equipment, 20% for the fulfillment of office equipment or physical improvements. Just 60% funds can be used. The others cannot be used, because there is not person that are qualify to do this job. So to the needs of medicine, medical equipment and for the physical needs are still dependent on the health department.

Puskesmas, clinics and doctors is the first door patient examination. So that they have become disseminators of information related JKN. At the beginning of JKN, many patients did not know both about policies and their first health services. Because each health center already has P-Care, the patient will be told where he should have checked out. Patients who do not know their first health facilities, will continue to receive treatment but in the next time they must go to their own first health services.

About referral procedures, patient who want to go to specialist should be given understanding. Because before there JKN (either Jamkesmas, Jamkesda and Askes) first health facility is very easy to give a referral. But this time the first health facility should be able to enforce the 155 diagnosis of the disease. When the disease is already beyond their ability, patients can be referred. If the patient is forced her/himself to ask for a referral, then the first health facilities can provide the contact person BPJS so that they receive the information related to this policy.

There is refer back policy. If patients who have already check up in a specialist at a referral hospital will get further examination on first health facility. First health services just continuing prescription for specialist and after 3 months they can go back to the specialist. Because of 20% capitation for drugs and medical

equipment cannot use so there are not drugs for refer back patient so patients have to be referred to the hospital.

Health promotion and prevention before and after there JKN only differ in terms of report only. Before JKN, Puskesmas must report their promotion and prevention to health department, right no they must report to BPJS also. There are blood pressure and diabetes check activities carried out once a month. Patients who have diabetes and high blood pressure will receive regular checkups and at the same counseling about healthy way of life despite having the disease.

4.1.5 Respondent

Health insurance has become a necessity in certain people. the reasons they put forward are the cost of treatment so more light, the feeling of safety in cases of illness, the necessity of a work, and the high cost of treatment. but for those who do not follow the insurers argue that they have other priorities for funding, have not been sick so do not need insurance, health insurance is usually a bit complicated when they are making a claim, and they do not have desire to have it.

As much as 122 of respondents had heard of the JKN kind of print, electronic, and seminars but only 79 know how to sign up and 38 people who have not joined the JKN states still do not require, have not been sick, their private insurance, do not know the information, the amount of news that is not good JKN.

Most of respondent (79 respondents) chosen the lowest premiums. people who chosen medium and highest one said that quality of services are equal to premiums so they chose it because it is better or because institution has just for them. 97 people chosen to pay in automatic teller machine (ATM).

As much as 60 people do not know about benefit of JKN because they never used it. for some people (30 person) who said no. they said that they got room below it should be, there are other prescription that did not cover by JKN, general hospital still prioritizes other patient who do not have JKN, despite having JKN they choose to be public patient because of complicated administrative.

As much as 74 respondents said that JKN still need to improve, especially in administration area, long line of patient when they need to see a doctor, it cannot use in other area, there is a different treatment between JKN participant and regular patient.

There are 80 persons said that information is still not clear so they still confuse about JKN. They said that BPJS need to spread information in rural area, make some event like sport, and make some cartoon about JKN.

4.2 The Advantages and Disadvantages Implementation of National Health Insurance (JKN) in Kediri City

The implementation of JKN in Kediri City have some advantages and disadvantage.

4.2.1 Advantages

a) Regulation

Rule of law is a tool that is able to force every related department to carry out its mandated tasks. Therefore, BPJS always deliver the regulation to every related department as a legal base of implementation of health insurance activities.

b) Application (P-care)

This application is very beneficial to the Puskesmas to find out whether the patient is registered their Puskesmas or registered in other Puskesmas. With this application, all reporting required by BPJS can be known in real time.

c) The adequacy of health workers

It can be seen that data already meet the standard of health workers to carry out the activities. Puskesmas is spearheading to sensitize the public health importance.

d) Health facility

The availability of 9 clinics have been spread over three districts in the Kediri City easier for participants to access it. The ease to perform primary movement facility from one to another to load the patient can choose the health facility where preferred by him.

e) Social media

WhatsApp presence facilitates communication between the responsible implementation in the clinic with the BPJS. All information can be quickly disseminated and if BPJS parties did not immediately respond, other members who know that information can answer, and problems can be quickly resolved.

4.2.2 Disadvantages

a) Priority

People still think that health is not a top priority, especially for people who are still healthy or in productive age and middle class economy. In the majority of participants, they consider that a specialist is a doctor who should be found so that the desire to make a referral to hospital.

b) Lack of information

Socialization has been done by BPJS but people do not fully understand the benefits that accompany their participation in this program. Public confusion forced to undergo treatment time. Because the notion and the reality is different. The public does not like to read brochures first, only after experiencing the problems of the brochure read.

c) System information

System error often had anticipated but the health center by recording everything that has been done so that the current system time back they can immediately perform data input.

d) Lack information between health facility

System error often had anticipated by recording everything that has been done so that the current system time back they can immediately perform data input.

e) The 40% of capitation fund

Capitation funds that would otherwise be used to add medications, change their damaged health equipment and add other facilities that can make participants comfortable and the clinic can operate should not be withdrawn because the health center is not BLUD. So it is still dependent on the availability of the budget in the health service.

It is possible to change the management regarding the implementation of National Health Insurance, while in other side government must encourage the system to run well and better. Government must have a big effort in managing and pushing the driving force so the implementation will be run effectively and efficiently.

5. Conclusion

Based on the research that has been conducted and the analysis that has been presented in previous chapter, the conclusion that can be drawn are as follows:

a) National Health Insurance (JKN) Implementation in Kediri City:

- JKN has been well established in the Kediri City. This is due to health resources in health centers already meet the standards set by BPJS. Those standards include the number of medical personnel, facilities, and completeness infrastructure;
- Programs conducted by health insurance are the continuation of the programs in previous years, there is no new program. Such as immunization programs, education to the people with diabetes and hypertension;
- P-care run well despite still frequent problems, especially at the time of service. This is understandable because the p-care accessed by all health centers in Indonesia;
- Participants did not know their first health facilities, so they often come to the clinic directly, not health facilities first. But it gets respite from BPJS that they will still be served, but when they come to the clinic again then they will not get services;
- There is social media group (for example Whatsapp) for reporting complaints from customers in health centers made the decision to speed up the handling of the complaints; and

- There are five stakeholders related to implementation of JKN, namely: BPJS, Health Department of Kediri City, Gambiran General Hospital, puskesmas and respondent.

Implementation of JKN is still constrained in membership. Participants complained transferred to another health facility without their knowledge. Participants do not understand what benefits of being participant of BPJS. Quote complain that they often do not receive the services they want. doctors have not memorized 155 the disease should be treated by doctors in primary health facilities.

Services in health facilities smoothly and run well. All the activities mandated by BPJS been running. Promotive, preventive and activities such as diabetes can be run in accordance with the mandate. But there are constraints on participants BPJS because sometimes it takes time to explain to the participants about the rights they have acquired. The problem is the reconciliation and forth from the hospital to the clinic because sometimes the drug is not yet available in the clinic or pharmacy that has worked with BPJS. So patients need to refer back to a specialist doctor. The lack of communication between health facilities with subsequent health facilities are opinions that the participants have to find their own availability of specialist doctors in the hospital who want to target.

Puskesmas has not been able to utilize 40% of capitation funds, so as to meet the drug, medical equipment and physical needs such as computers, ac, paper, printers cannot be done directly by the health centers. PHC is still dependent on the health service in meeting those needs. Whereas in the proposal may not necessarily be in effort this year also depend on the budget available at health department.

b) Advantages of the Implementation of National Health Insurance (JKN) in Kediri City are:

- Rules that support the implementation of BPJS. BPJS immediately apply when there are new regulations related to their services and health related facilities will soon undergo changes;
- Basic health facilities such as health centers in the town of Kediri have been provided with adequate facilities;
- The p-care application that provides real time data on the user both in health centers and in office BPJS so it can immediately see the number of patient visits, a disease that in the suffering and the number of referrals they do; and
- Identity card (KTP) of Kediri city can be used for free medical treatment at health centers facilitate the implementation of health.

c) Disadvantages of the implementation of National Health Insurance (JKN) in Kediri City are:

- Priority;
- Lack of information;
- System information;
- Lack information between health facility; and
- The 40% of capitation fund.

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