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Implementation of National Health Insurance (JKN) Program in Konawe District

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ABSTRACT

National Health Insurance (JKN) is a part of National Social Insurance Systems (SJSN) held through social health insurance mechanism which is required (mandatory) aiming to satisfy appropriate main health need, given to those who already paid the premium or being paid by government. This study aimed to describe implementation of JKN program in Konawe district in 2014 in term of socialization, participation, health facility readiness, and referral system, using phenomenological approach through indepth interview, observation and documentation. The data were gained from 6 key informants and other 7 common informants who directly involved in implementing JKN program. The result of the study showed that implementation of JKN program socialization in Konawe district was already done by BPJS, health department, hospital, and public health center through some mass and electronic media, either directly or indirectly. In term of BPJS participation, it reached 53.31% of inhabitants already both of PBI membership and non PBI membership and will be increasing due to cooperation between central and district government in order all society will be covered by JKN program. The health facility readiness generally all health service providers, either hospital or public health centers supported by health department were ready to implement JKN, including facility, infrastructure, and human resources and keep increasing the quality of service. The referral system used in health services was already referred to health ministry regulation about gradually referral system, where society has to take medical check at primary health services firstly.

Keywords: JKN, BPJS, Socialization, Participation, Health facility readiness, Referral system.

INTRODUCTION

National Health Insurance is increasingly being used in the world such as the UK, Japan, Australia, Netherlands, Philippines and other countries. The Dutch state health insurance system in the Netherlands is mostly following the German patterns with modifications. The Netherlands imposed JKN with a pooling of the expense of a large medical expenses (medical expenses) administered by a national body known as AWBZ. South Korea began social insurance in December 1963 by requiring companies that employ 500 or more employees to provide health insurance for their employees. Health insurance coverage for self-employed workers has been in trial since 1981 and in 1989 the entire population has had insurance. Its operations are managed by over 300 non-profit health insurance agencies that are managed for worker groups or local governments. Given the high population mobility and the low efficiency of the management of the AKN program, reforms were made to one AKN system. Since 2000, JKN in South Korea was managed by a national agency with a maximum contribution of 8% of wages, shared between workers, employers and government subsidies(1).

In Indonesia with the philosophy and foundation of Pancasila State especially the 5th principle also recognizes citizen's right to health. This right is also included in the 1945 Constitution article 28H and Article 34, and regulated in Law number. 36/2009 on Health which affirms that everyone has equal rights in obtaining access to health resources and obtaining safe, quality and affordable health services. Conversely, everyone also has an obligation to participate in the social health insurance program. To overcome this, in 2004 issued Law number 40 on SJSN. Law 40/2004 mandates that social security is compulsory for all residents including JKN through a Social Security Administering Agency (BPJS). Law no. 24 Year 2011 also stipulates, National Social Security will be held by BPJS, which consists of BPJS Health and BPJS Employment. Especially for JKN will be held by BPJS Health which implementation begins 1 January in 2014(2).

Issues at the Primary Healthcare (PPK) level such as public health center should receive extra attention. Therefore, this is where the core system JKN it will run optimally or not. Also, there are still many unresolved agendas at this vanguard level. For example, unmet health facilities, irregular referral systems, unfair health center accreditation systems, and inadequate health personnel, both in number and skill(3). Health facility is a health service facility used to carry out individual health service efforts, either promotive, preventive, curative or rehabilitative by government, local government and society(4). The health facilities available in Konawe district are 2 units of Konawe Hospital, 30 units of public health centers consisting of 4 health centers, 52 units of auxiliary public health centers and 21 ambulance units of mobile health centers, 89 units of health posts, 412 units of integrated service post, village standby 145, government pharmacies/private sector amounted to 10 units and bahteramas 1 unit, which is available in 30 sub-districts of Konawe District(5).

JKN membership data in Konawe district 2014 which has a population of 220,095 people for JKN Recipients of Contribution Contribution (PBI) as many as 98,119 people or 44.60% and for membership of Non-Beneficiary of Contribution (NON -PBI) of 25,515 people or 11.60%. This means that in Konawe regency already registered in JKN participants are 123,634 people or 56.20% and those who have not registered in JKN participants are 96,461 or 43.80% of the people have not registered themselves as JKN participants in Health BPJS KC-Kendari[6].

METHODS

This research used phenomenological approach using indepth about the implementation of JKN in Konawe. This study was conducted in November 2014. Data were collected using indepth interviews, observation, inspection of documents and archives. Data analysis technique used in this research was qualitative data analysis, through three paths that was data reduction, data presentation, and conclusion.

RESULTS

Socialization

Socialization is the provision of information to the entire community about a program that will be run by the government, with the aim that the objectives of the program to be run can be understood by the target of program. Based on the results of the interviews, it is found that: (1) the implementation of socialization on the National Health Insurance program has been implemented since before BPJS was enacted in 2013 and at the time after BPJS in 2014 by BPJS Kendari branch office and Health Office of Konawe, the public health center socialization is maximally implemented since early 2014. (2) The forms of implementation of socialization is the provision of information directly and indirectly. (3) Direct delivery is done by delivering JKN information directly to the target of socialization that is direct action or face to face with the community by using electronic media in the form of LCD as supporting tool. (4) Indirect socialization is through media such as distribution of leaflets, pamphlets, radio, TV commercials, and word of mouth. (5) Parties involved in the implementation of socialization of the community, community leaders, religious figures, public health center/hospital/BPJS, local government, central government, institutions/organizations & communities. (6) Place of execution at the time of activities such as Integrated service post, village hall, hospital, public health center, office; cross-sector meeting. (7) Evaluation activities conducted by the responsible parties in this case public health center, hospitals, health offices of Konawe are done by directly dismounting the location of socialization, and find out and pay attention to the problems experienced by the community in general, by looking at the indicators success of the number of participants.

Membership

Participation is the participation of the community as a member in a program made by the government in which there is a system of cooperation and agreement between members and providers of the program, with a clear membership will facilitate the community in receiving health services in health facilities. Based on interviews with key informants and based on data obtained that membership in Konawe has reached 53.31% of the total population that has been covered as a participant of Health Insurance. Based on the type of membership divided into two namely PBI and Non PBI. PBI is a Pre-prosperous community group, whose membership is determined by the local government or central government such as the community covered in Jamkesmas and Jamkesda will automatically enter into JKN participants. Non PBI participants are independent BPJS participants through procedures such as providing photocopy of ID card, Family card, Photographs, and completing certain format then managed by branch office BPJS. As for the participation of wage workers among other Business Entities, BUMN, BUMD, PNS, TNI Police, membership will automatically enter into a participant BPJS Health.

At the first level health facility (FKTP) the management of BPJS membership funds has a special treasurer of BPJS. Funds received by the public health center directly to the Public Health Center account, through the coordination of Health Office. Funds received by public health center consist of capitation funds and non-capitation funds.

Based on the results of interviews BPJS parties do not give limitations dependent participants in one family, meaning the whole family can be registered to participant. The number of participants borne by the BPJS is not restricted and even required all family members to enter the membership BPJS, depending on the ability of participants to insure all members of the family with a record of salary deductions and monthly fees. Based on some interview results that the premiums of participants BPJS vary. For participants of PBI with a premium amount borne by the government of Rp.19.225/person. Civil servants with premiums directly deducted from their basic salaries by 2%, and employees whose premiums are deducted from their basic salaries by 4.5% where 4% of the employers in this case the company and 0.5% of the employees themselves, and BPJS Mandiri pay premium in accordance with the class that has been chosen as for class I Rp.59.500, class II Rp. 42.500, Class III Rp. 25.500, payment mechanism through bank that has cooperated with BPJS Health, that there are three banks including BNI, BRI, and Mandiri banks.

Health Facility Readiness

One of the important aspects to be considered in achieving the JKN program is the readiness of health facilities. Health facilities are supporting facilities that must be well prepared in an effort to provide adequate health services to the community. Preparedness of health facilities in the form of decent health facilities, especially in serving patients and the general public that is around the area of PPK. Health Facility Preparedness by PPK is hospitals and public health center and supported by health office in Konawe District in facing JKN program since 1 January 2014 by means of health and human resources and infrastructure ready to cooperate with health BPJS and continuously improve quality service as a

mandate of the law, both in terms of infrastructure and human resources that exist and will continue to make improvements and complete health facilities to provide maximum health services for the community. Based on statements from several informants, basically BPJS health bear almost all types of health services, as long as the illness suffered by the patient referred to in the medical indication. There are 10 indicators of action that can not be covered by BPJS in the form of cosmetic action, accidents due to negligence such as drinking, people with HIV/AIDS, drug users/drugs. For First Level Health Facilities must complete 144 diagnoses of disease as primary health care. All health care services will be served according to the procedures/conditions and have completed the requirements as a participant of the guarantee. Like completing the required files by the BPJS.

Referral System

The referral system is the transfer of mutual responsibility to a case/medic problem that arises, both fertilized and horizontal to the more competent and capable, affordable and rational that the health insurance or social health insurance participant must perform, and all health facilities. Based on the results of this study, the mechanism or procedure of referral in JKN in Konawe District uses a tiered referral system that is the service of BPJS participants starting from the first-level health facility, is public health center, clinic or family doctor, and if the doctor at primary level service should be referred, will be referred to the hospital. JKN participants can get referrals to the hospital after getting a referral introduction from the public health center where the participants are registered. Hospitals in collaboration with BPJS Health will serve participants who use BPJS card. In addition to government hospitals, private hospitals in collaboration with BPJS also receive BPJS participants referred from public health center.

Patients who require themselves to be referred, with no referral indications or no referral from a first-rate health facility, will be denied, except in emergency and emergency cases, otherwise it will not be accepted by the hospital. The referral system should be started from a first-rate health facility, information obtained from Health BPJS says that the philosophy of reference in this JKN era is an effective and efficient service. Effective and efficient services start from a first-rate service facility. Because at first-level health facilities or public health center is the service closest to the community. In the first level, people get promotive, preventive, and curative services. If the patient is in a hospital immediately when the handling can be handled by the general practitioner in the health center, then the hospital will become a large public health center and will be quickly filled by patients who should still be handled at the public health center. Though the hospital is a health facility that handles specialist handling problems, and so the flow of health services can be more focused.

DISCUSSION

Socialization

Based on the results of interviews related to obstacles that occur in the socialization in Konawe District can be concluded that the obstacles that occur in the effort of implementation of socialization is no significant obstacles, but more to the geographical location of areas where socialization is difficult to accessed and obstacles are also found in communities less understanding how to write and read. According BPJS in the Ministry of Health (2013) on JKN that JKN needs to be known and understood by all Indonesian people. Therefore, it is necessary to disseminate information through socialization to stakeholders and the public at large[(2)].

Implementation of dissemination of information in this case JKN socialization is not necessarily only done by the government. This is in accordance with research Agnifa (2015) that the actor policy implementation is not just the government. There are three institutions that can be implementers, namely government, government-public private cooperation, or privatized policy implementation. In this case the JKN is a policy that is empowering the community, therefore organized by the government with the community[(7)]. The implementation of socialization depends on the success of the socializers in this case the materials and participants. A good and conducive socialization atmosphere will be better for absorption and increased understanding of socialization participants. The quantity and quality of human resources in the implementation of inadequate socialization, delivery techniques, location access facilities, and lack of public enthusiasm for the JKN program will be an obstacle in the implementation of socialization.

Membership

The results showed that social security system in cooperation with health BPJS include Askes, Jamsostek, Asabri, Jamkesmas, and business entities such as BUMN, and self-employed. This is in line with Minister of Health Regulation number 28 of 2014 on guidelines for the implementation of the National Health Insurance Program, namely the participation of the JKN starting 1th January 2014 consisting of PBI participants (the transition from the Jamkesmas program), TNI and civil servants are covered by the Ministry of Defense and members of their families, Civil servants in the scope of Police and members of his family, Participants of social health insurance from PT. Askes (Persero) along with members of his family, participant health care insurance (JPK) from PT. Persero Jamsostek and members of his family, regional health insurance participants (Jamkesda) who have integrated and independent participants (non-wage earners)[(8)].

Management of BPJS membership fund based on the results of research in accordance with the rules contained in Presidential Regulation No.32 2014; 1(3) on the Management of JKN Capitation funds at a first-level health facility owned by the local government, where health BPJS makes a capitation fund payment at a local government-owned health facility (FKTP) based on the number of registered participants in FKTP data from health BPJS and for fund management at public

health center or in hospital, for payment system by BPJS Health paid directly to account of public health center through coordination from health department. payment system using capitation system that is fund given according to number of registered participant, then fund of which already 70% is used for services and 30% for operations[9].

Health Facility Readiness

Based on data obtained from BPJS KC-Kendari for Konawe District from 24 the number of public health center and 1 unit of Hospital have cooperated with health BPJS. It can be concluded in general First-level health facilities in Konawe District have met the credential requirements. The availability of decent facilities of course will greatly help smoothness in the implementation process of JKN program. In addition supported by the number of health workers and also the health care provided to the community is in accordance with the operational standards of services that have been established by the health facilities concerned. According to BPJS health regulation number 1 year 2014 article 50 on the provision of health insurance, namely health services at first-level health facilities on participants conducted by the first-class health facility registered participants. First level outpatient health services must have a comprehensive health service function in the form of promotive, preventive, curative, rehabilitative, obstetric and emergency health services services referred to as supporting services which include simple laboratory examination and pharmaceutical services[10].

Referral System

According to BPJS regulation No. 1 2014 on health insurance providers that the health care referral system is the provision of health services that regulate the delegation of duties and responsibilities of health services on a reciprocal basis either vertical or horizontal[10]. A horizontal reference is made between health services at one level if the referrer is unable to provide health services in accordance with the needs of the patient due to the limited facilities or temporary or permanent facilities. Vertical references are made between different levels of health services, from the lowest level of service to a higher level of service or vice versa. Based on the research result, the mechanism or procedure of referral in JKN era in Konawe using tiered referral system that is health service of BPJS participants starting from first level health facility, that is health center, clinic, or doctor. If the physician at the primary level service declares to be referred, the participant will be immediately/immediately referred to the hospital. For participants in an emergency situation which means that if they do not get immediate help will result in disability or death, it is not necessary through the referral system. Referral system run by Konawe has referred to the referral system according to practical guidance of tiered referral system issued by Health BPJS.

CONCLUSION

The participation of JKN program in Konawe in 2014 is 128,990 people or 53.31% of the 231.889 people and this number continues to increase. But for the transformation of Jamkesda to BPJS not yet, or still in the process to immediately join BPJS Health. Health facility preparedness by Health Service Provider (PPK) in Konawe district is generally ready in facing JKN era since 1 January 2014 by means of health and human resources infrastructure and ready to cooperate with BPJS Health and continuously improving service quality. With health facilities available in Konawe district is 1 unit of hospital, 24 units of public health center and 50 auxiliary public health center. Referral system run in Konawe district is a tiered referral system. With service at a first-rate health facility based on the general physician's competency standard that handles 145 diagnoses of disease.

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