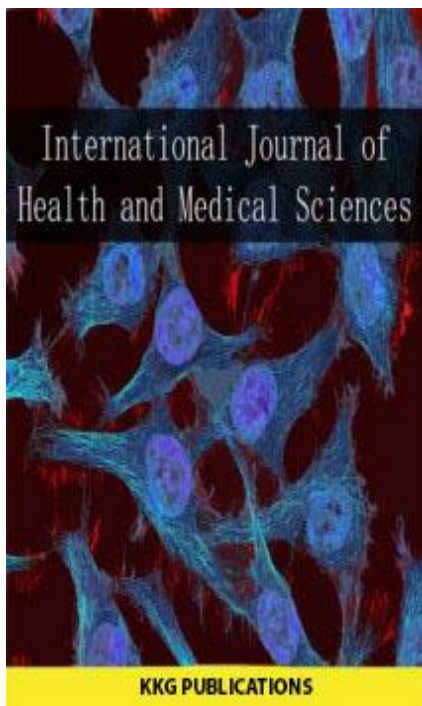


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TRANSFORMATION STUDY OF IMPLEMENTATION OF NATIONAL HEALTH INSURANCE (NHI) AT MAMUJU REGENCY, INDONESIA

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Abstract. The National Health Insurance Program is generally created to facilitate the community in accessing the health services and obtaining the quality health services. Transformation became the important vocabulary since the last seven years in Indonesia, precisely since the enactment of the Social Security Acts on October 19th, 2004. The transformation will present the new identity in the social security program implementation in Indonesia. The Acts of Social Security Organizing Board (SSOB) establishes two Social Security Organizing Boards, namely the Health SSOB and Employment SSOB. The research aimed to identify the implementation of the National Security Insurance program viewed from the program transformation aspect. This was a qualitative research. Informants in the research were the Hospital Head, SSOB Head, Health Office, PHC at Mamuju Regency. Samples were taken by the Purposive Sampling Rational technique namely by selecting the informants who comprehended the problem clearly, were reliable, were able to be the data resources, were prepared and were able to express their opinion well and correctly. The research result indicates that the officials have no idea concerning the regulation of the national health insurance program implementation in the level of health service providers (HSP), participation administration in the online system in the level of HSP, they are not ready, the claim payment model has not been comprehended by the officials of HSP. Observing the transformation setting scope of the social security organizing board regulated in the social security acts and SSOB acts, the research concludes that the transformation success is dependent on the availability of the harmonious and consistent implementation regulation, and it is carried out effectively. The research suggests that the government increases the strong willingness and commitment to perform the transformation at least it is reflected in the seriousness to accomplish the agendas of the regulation, participation administration, budgeting system.

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INTRODUCTION

Background

National Health Insurance abbreviated as JKN,[1] is one form of health insurance. The JKN [1] was organized to provide health care and meet the basic health needs of the participants. The program was launched on January 1, 2014 as an effort to address various issues related to unfairness and low quality of health services. The program was implemented to follow the Law No. 24/2011 on the Social Security Board that would provide health insurance for the all Indonesian society [2]. However, the expectation on the access to health care was still lag behind. So, the objective of the government to provide health insurance to all Indonesian society hadn't reached the target. This happened because there were still many obstacles encountered in the implementation of JKN, for example, currently there was a transformation of the health insurance program.

The law on SJSN and the BPJS [3], [4], [5] issued the word 'transformation' as a change of the BUMN company that organizes social security programs to a new board namely BPJS. The change in the form could mean the change in the characteristic of BPJS as an adjustment to the change in the philosophy of the organization of the social security program. Change in the characteristic could mean the change of legal entity such as the change of the establishment, the change of scope of work and authority of the board, which then followed by the change in organizational structure, work procedures and organizational culture. Transformation became an important vocabulary for the last seven year in Indonesia, Precisely, since the implementation of SJSN law on October ,19th, 2004. The transformation brought a new identity during the implementation of social security program in Indonesia.

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As all we know, the instruction to have institutional transformation of BPJS were arranged at Law No. 40/2004 on National Social Security System [6].

The general explanation of the tenth paragraph of SJSN law explained that BPJS established by the SJSN law was the transformation of the ongoing of social security board and it would be possible to form a new organizing board.

Transformation of the organizing body was set in more detail in Law No. 24/2011 on Social Security Board (BPJS) [2]. The law of BPJS was the implementation of the Constitutional Court Decision on Case Number 007/PUU-III/2005. General Explanation of the fourth paragraph of BPJS law argued that the law of BPJS was the implementation of Article 5, paragraph (1) and Article 52 of the law of SJSN after the decision made by of the Constitutional Court. These two articles mandated the formation of BPJS and institutional transformation of PT Askes (Persero), PT Asabri (Persero), PT Jamsostek (Persero) and PT TASPEN (Persero) to BPJS [3], [4], [5]. Institutional transformation followed by the transfer of participant, program, asset and liability, as well as the right and obligation.

The implementation of law of No. 24/2011 [2] on the Social security board (BPJS), therefore, on November 25th, 2011, PT Askes (Persero) was transformed into BPJS on Health. The transformation included the changes in the nature, organ and management principles, or in other words, there was a change in the structure and the culture of the organization.

The law of BPJS [3], [4], [5] stated that PT Askes (Persero) was closed without liquidation, at the time of BPJS on Health operation on January 1st, 2014. The transformation of PT Askes (Persero) into a public legal entity, then BPJS was managed by the Board of Commissioner and Directors of PT Askes (Persero) up to the operation of BPJS on Health.

The period of preparation for the transformation of PT Askes (Persero) to BPJS Health would be for two years starting from November, 25th, 2011 until December 31st, 2013. In the preparation period, the Board of Commissioner and Director of PT Askes (Persero) had a duty to prepare BPJS operation, and prepare the asset transfer and liabilities, employees and the right and obligation of PT Askes (Persero) to BPJS Health.

Based on the literature-review on both journals and articles stated that transformation referred to change or as a form of transferred to a better system and supported the public welfare. Maybe that was the will of the government to ensure the health of their citizen. Public health insurance previously fragmented into parts that were considered less precise and minimal benefit as well as misdirected. For example, Delivery of birth insurance (Jampersal), Community Health Insurance (jamkesmas) and in the region usually named Jamkesda (Regional Health Insurance). Jampersal was an insurance of birth delivery, for any woman who was about to give-birth for free of charge could use this alternative pathway.

This program was not only for the poor, but rich people could also get it. The same with Jamkesmas and Jamkesda, if you had a letter from the head of the neighborhood as well as a letter from the head of the sub district, anyone could get health care for free. Therefore, through the National Health Insurance Scheme (JKN), then the government decided to unify the various health program to optimize to get the right target.

Objective

The objective of this study was to identify the implementation of National Health Insurance from the program of transformation aspect in Mamuju regency between Provider, BPJS and the patient.

RESEARCH METHOD

Research Design

This study used qualitative approach. This approach concerned with the decomposition of the observed phenomenon and the context surrounding the meaning of a reality. A qualitative approach took place in a natural setting, the researcher was the main instrument. The data collection was in the form of descriptive data. It was more concern with the process rather than the result, and it used inductive data analysis [7].

Research Location

The research was conducted at the Hospital, Health office in the regency, BPJS office, Health Center, and patient in Mamuju West Sulawesi Province.

The subject of the research

The selection of informant was conducted by using purposive sampling technique i.e. by selecting the informant with the criteria: he/she had to understand the problem deeply, he/she would become a reliable source of data, and he/she would be able to express his/her opinions accurately.

The target of data collection used triangulation of source:

- 1) The Hospital (The hospital director, medical services director, and medical record officer/coder).
- 2) The district health office (head of the district health office, head of the section of the JKN program).
- 3) The BPJS office in Mamuju (The head of BPJS, the head of primary care unit and referral-unit).
- 4) The health center (The head of health center, doctor, nurse and claim officer).
- 5) The Patient at the health center and hospital (In-patient and out-patient service).

Data Collection

Literature-review, the method was used to collect secondary data especially the basic concept or theories related with the object of study.

Field study

The researcher observe directly to the object of study to collect primary data. The data collection used a set of instrument, such as observation, interview. The data collection used triangulation, i.e., in-depth interview, observation and document review.

Data Analysis

The data analysis used qualitative analysis to analyze the problem. The qualitative analysis technique analyzed the problem descriptively i.e., the study that emphasized the analysis of inference process on the dynamic between the observed phenomenon by using logic and argumentative by using formal way of thinking [8].

Data Presentation

Data presentation would be in narrative form with some explanations.

RESULTS AND DISCUSSION

Transformation was the change in the shape i.e., the form, nature, and function. Transformation changed the shape, appearance, and character dramatically. Similarly, the transformation of social security institution in Indonesia. The transformation of four state-owned (Persero) to BPJS was very basic. The changes were the philosophy, legal entity, organization, administratio and organizational culture, as follow:

1. The philosophy of the implementation of social security as an effort to realize the constitutional right of the citizen to social security,
2. The legal form was converted into a public legal entity with public and private authorities, and the state managed directly under the President,
3. The administration of the new board would be transform into, Supervisory Board and Board of Directors with an open recruitment process,
4. Rearrangement of the administration of the program by the principle of social insurance, management segmentation into two groups of program (health insurance program and non-health insurance program), the separation of BPJS assets with the Social Security Fund's asset, as well as the inclusion of government fund,
5. organizational culture reflects the effort to achieve the aim of the society to ensure protection and social welfare for all Indonesian people.

The instruction to have institutional transformation of BPJS were aranged at Law No. 40/2004 on National Social Security System (UU SJSN) [6]. The general explanation of the tenth paragraph of SJSN law explained that BPJS established by the SJSN law was the transformation of the ongoing of social security board and it would be possible to form a new organizing

board. Transformation of the organizing body was set in more detail in Law No. 24/2011 on Social Security Board (BPJS) [2]. The law of BPJS was the implementation of the Constitutional Court Decision on Case Number 007/PUU-III/2005. General Explanation of the fourth paragraph of BPJS law argued that the law of BPJS was the implementation of Article 5, paragraph (1) and Article 52 of the law of SJSN after the decision made by of the Constitutional Court. These two articles mandated the formation of BPJS and institutional transformation of PT Askes (Persero), PT Asabri (Persero), PT Jamsostek (Persero) and PT TASPEN (Persero) to BPJS. Institutional transformation followed by the transfer of participant, program, asset and liability, as well as the right and obligation.

Law of SJSN and BPJS defined the meaning of 'transformation' as a change in the form of State-Owned Company that organized social security program to BPJS. The change in the form was the change in the characteristic of social security board as an adjustment to the philosophical change of the organization of the social security program. Changes in the characteristic was the change of legal entity such as the establishment, the scope of work and authority of the board followed by the change in organizational structure, work procedure and organizational culture.

There were some differentiation between ASKES and BPJS such as increasing the volume of work, change in organizational structure, payment mechanism was changed from fee for service to INA CBGS on FKTL, institutional status was changed from public legal entities (benefit) to social service agencies (non-benefit), filing a claim would be easier and was included in the management jamkesmas BPJS lately. As stated by some of the informant as follow:

"If the transformation program has been prepared prior to the implementation of the program JKN on January 1st, 2014 [9], [10], [11] of course, here there will be a process of transfer from the era before JKN to the era of JKN including the transfer of membership, program, and even the right and obligation of the participant. Basically, institutions will be different from state-owned enterprise to a Public Legal Entity that will be directly responsible to the president. Regarding the financing system (benefit package, price setting, how to contract the profider, a payment mechanism to PPK, filing a claim), Mechanism of action, the PPK recruitment system and credentialing, as well as a cost control and quality control which has the same principle before JKN era"(CPM).

"Yes... the hospital should be ready to provide health services, institution remains the same, there are regulations about the financing system and INA CBGs tariff [12], provider contract is implemented from December 2013.

"Filing a claim made by a coder is due on date, 10th, every month. Related to cost and quality control, each employee performs duties properly and responsibly. The development plan,

which is preparing to improve the hospital class to type C, and the BLUD hospital. Collateral management is almost no different from the era before JKN, except for transport costs for the referral must be paid first by the participants, then it will be reimbursed "(RSJ).

"Yes, of course, with this program all system will be changed but the principle is still the same, so that all health care unit have to adjust to a change, which is obviously just the same from the existing system, but the problem lies in the implementation at the field, therefore there is a need to socialize JKN program continuously "(JAC)

"If the transformation program for JKN run, then it would influence the number of participants so that the work is also increased" (PKA).

The interview excerpt stated that during the implementation of JKN in Mamuju, there was a tremendous change such as increasing the work volume because the membership had grown to serve not only civil servant but also the whole community that became the management of BPJS. The effect to BPJS was the increasing the task to serve the participant at the membership section. This condition had not yet solved because lack of qualified human resources, so that the effect would be a high workload, a dual position, poor service, including the lack of socialization.

There was a change in organizational structure i.e. service unit would be increase, the function, method and structure of employment were also change, its effect on BPJS and PPK would be to adjust with changes by adding more work units, facilities, workforce including training to increase institutional capacity. But in reality, changes in organizational structure had not been followed by the readiness of the institution. The change in the payment mechanism from fee for service to INA CBGS would have an impact on reducing medical incentive, and would lower the morale of the medical officer because of the low incentive. The change of the institutional status from legal entity to social institution would have an impact on the utilization of JKN fund, for-profit company turned to non-profit institution, the budget would be maximize on the for services and development program. The change in the claim system that became easier would improve financial performance and the utilization of JKN fund. The increasing number of Jamkesmas members joined the BPJS would centralize the JKN management into one integrated administration and service.

Transformation had run well even before JKN was introduced, therefore all the resources was ready to provide good services when the JKN was implemented. As a matter of fact, not all aspect of the transformation had been well-implemented, although there were a lot of health centers in mamuju district, but the health services had not run optimally. The preparation in FKTP was carried out by coordinating with district health office to identify the readiness of its resources. This action would

identify the extent of preparedness as well the problem that need to be solved. The hospital was not ready on the change from Jamkesmas to JKN, especially on the steps that had to be prepared to face the JKN. The Local Government had converted the Jamkesda program to JKN program for the poor people since 2014, the budget came from local district budget of Mamuju regency.

In general, the program transformation of JKN had been implemented by the local institution but still not adequate, due to internal and external factor faced by the institution.

Board of Commissioners and Directors of PT Askes (Persero) were faced with two problems i.e., First, the face of resistance from those who got benefit from the status quo. Second, to convince the stakeholder that the transformation would provide efficiency and effectiveness of the health insurance program.

To overcome the main problems in the transformation of BPJS on Health, there were four strategies that could be carried out i.e. :

1. Health Insurance should be agreed as one way to achieve the objective on the right to access the health service to all people, as one of the programs of the national social security.
2. Use a multi-dimensional approach in the implementation of the transformation, given the relevant concept and the broad method. The narrow analysis by ignoring the main issue could produce error that significantly affect the transformation. The flow of money and incentive are very important in understanding the Health Insurance Program by BPJS on Health. Therefore, the economic analysis had to be combined with the approach on organizational theory, social theory and psychology to strengthen the support of the health facilities, participant, employer, association and other actors.
3. Get the support from the local government and the political elite so that it would produce a strategic political policies, that would make the transformation to move forward. Therefore, those who resistance to the transformation had less opportunities , and they would be convinced on the benefit of transformation to improve the system.
4. Provide logical evidence that the transformation would improve the quality of health care and would have real benefit for the participant. Attention should not be focused only to technical issues to understand the complexity of the problems. Transformation of BPJS on Health was not merely the technical implementation of the Health Insurance program, but the problem of institutional structure, working procedure and cultural change that had to be carried out simultaneously.

Based on those strategy, the Board of Commissioners and Directors of PT Askes (Persero) prepared a road map of the transformation in detail, who would do what, when, how and what would be the result. Of course, there should be an assessment to evaluate the achievement periodically and there should be an adjustment agenda to ensure that the transformation

was on the right track. Transformation must be transparent and accountable. The stakeholder would have an easy access to obtain information on the development of the transformation, so that they could perform social function effectively.

CONCLUSION

Based on the description above, it can be concluded that the success of the transformation of JKN program depended on the availability of the regulations which was harmonized, consistent and carried out effectively and efficiently, because of the scope of transformation was arranged by SJSN Law dan BPJS Law[3], [4], [5]. In general, the program transformation of JKN

had been implemented by the local institution but still not adequate, due to internal and external factor faced by the institution. Therefore, there was a need of support and cooperation from all stakeholder.

RECOMMENDATIONS

Based on the conclusion above, the recommendation of this study would be: the need for socialization of the regulation on the implementation of JKN program continuously so that health provider, community and local government could understand the road map of JKN program effectively and efficiently.

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