

# **NATIONAL SOCIAL SECURITY PROVIDERS LAW -MOVING TOWARDS UNIIVERSAL HEALTH CARE**

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# THE SCOPE OF DISCUSSIONS

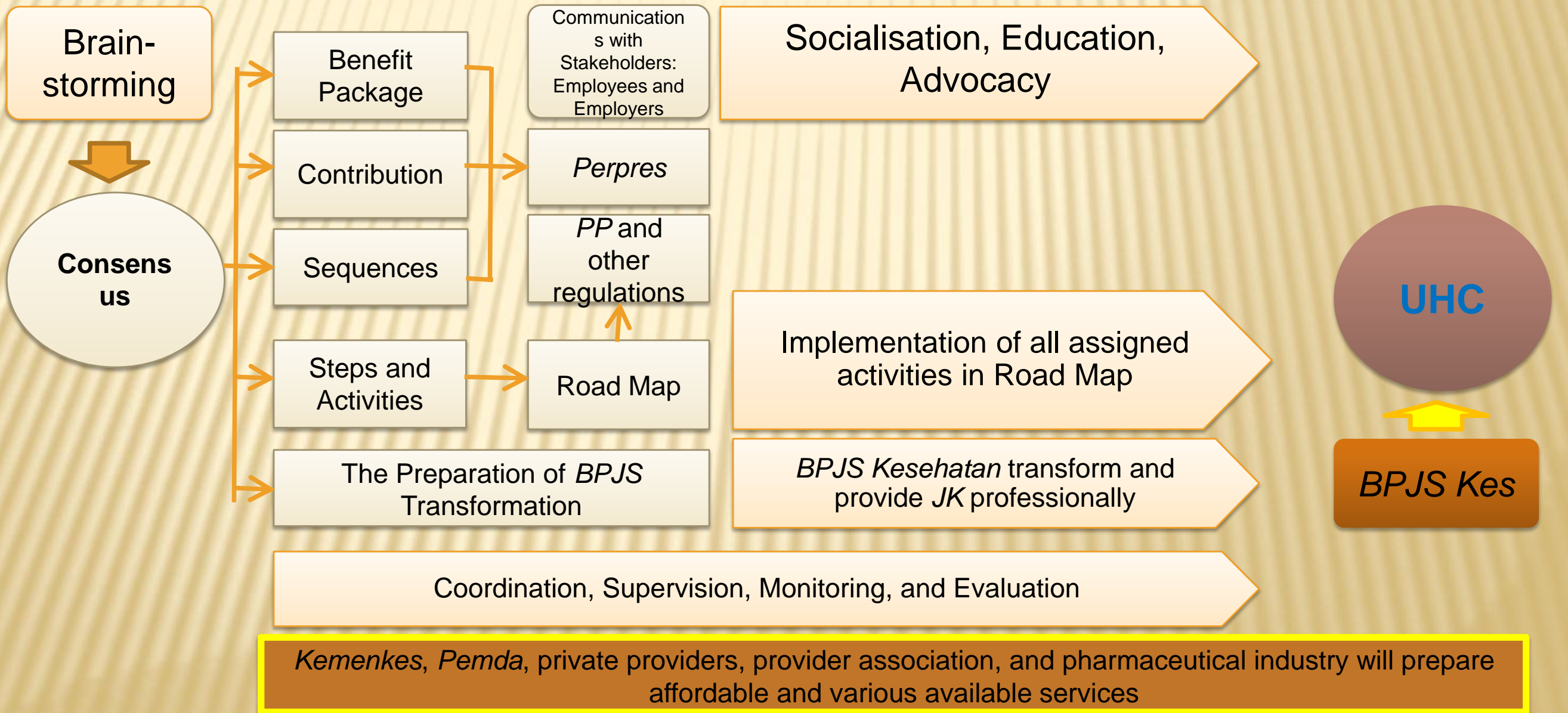
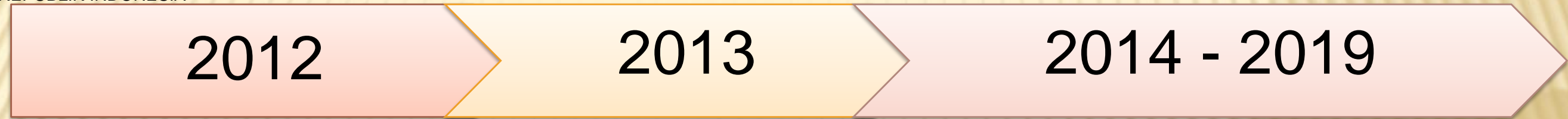
- Background History and Milestones
- New Paradigm
- Universal Health Coverage (UHC) Road Map
  - Membership Aspect
  - Benefit Aspect
  - Funding Aspect
  - Health Care Facilities Aspect
  - Institutional Aspect
- The Role of Government





# HEALTH CARE BENEFIT ROAD MAP FRAMEWORK 2012-2019

KEMENTERIAN  
KESEHATAN  
REPUBLIK INDONESIA



# MEMBERSHIP ASPECT

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- From 139.4million members to cover all citizens within the period 2014-2019
- Membership transfer from *JPK Jamsostek* to *BPJS Kesehatan* at 1 January 2014
- IT system to prevent double counting in membership
- Large proportion in informal sector membership, which is around 70million people
- Private sector employees that already join private insurance scheme, what if they retire?
- Skilled private sector employees and approaching retirement starting January 2014, how is the continuation of their health insurance?



- *PBI* members, based on *PPLS* 2011 data, are around 96.7million (latest confirmation from TNP2K)
- 20million increase from Jamkesmas members
- *Jamkesda* is no longer necessary as it's already included in *PBI* membership and borne by National Government



# BENEFIT ASPECT

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- Until now, there are various type of benefits, such as *Jamkesmas*, *TNI/Polri* health care facilities, private providers, *Askes*, and *Jamsostek*.
- Until now, cost sharing does happen.
- Not following the reference pattern of *BPJS Kesehatan*. It could lead to bankruptcies.
- Starting 1 January 2014, comprehensive health care services for medical indications will be available in all health care facilities (public/private) that already reached an agreement with *BPJS Kesehatan*.
- Health care services must be free of charge for all members.



- **Cost sharing** may be necessary for health care services that potentially create moral hazard and treatment class preference.
- The front line of services are going to be the *PHC* as the gate keeper (*PKM*, private clinics, private General Practitioners) and categorised as *PPK I*.
- The reference pattern will apply *PPK II* and *PPK III*'s Regionalisation Reference Pattern



# FUNDING ASPECT

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- There are economic calculations to create incentive for private sector to participate in *BPJS Kesehatan*
- The current calculation is to provide capitation for *PPK I* and *INA CBGs* packages for *PPK II* and *PPK III*
- The contributions for *PBI* is suggested to be for Rp22,200 (*DJSN*: Rp27,000)
- *TNI/Polri* will be 4% of salary, and skilled private sector employees will be 5% of wages (3:2 pattern)



# THE ROLE OF GOVERNMENT

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- Providing fund from national fiscal budget (*APBN*) to support the social insurance scheme for *PBI*.
- Enacting any necessary regulations as a derivative of the legislations.
- Supervision and monitoring through some government agencies: *DJSN*, *BPK*, and *OJK*.
- Encourage private sector to assist the development of health care facilities by providing quick process to create the licencing and land use permit.

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**THANK**

**YOU**