



Health Securities for vulnerable, elderly, and people with special needs

Health Development Policy Agency
Ministry Of Health - Republic of Indonesia



Translation of Universal Health Coverage through Social Health Insurance in Indonesia – Jaminan Kesehatan Nasional (JKN)

Mutual cooperation

Promotes shared responsibility among the healthy and sick, rich and poor, young and old, and those at high or low risk.

Equity

Participants receive equivalent health services according to medical needs, regardless of the amount of contributions

Mandatory participation

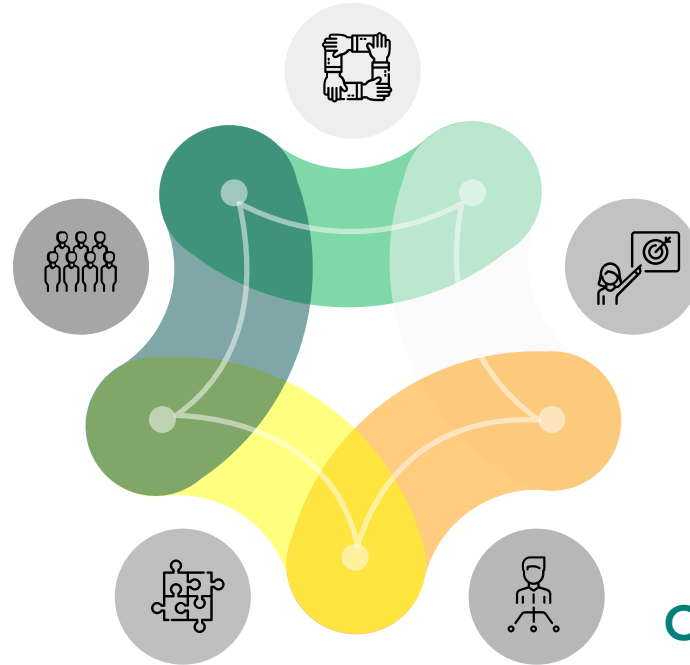
All Indonesian people are required to participate and not selective

Contribution according to ability

Participants pay contributions according to their ability/income percentage/wages

Non-profit

Development of social security funds and surpluses for maximum use by participants



UU 40 tahun 2004 (SJSN)

Health insurance is implemented nationally based on **social insurance principles** and **equity principles**



Perpres 82 Tahun 2018 (JKN)

Implementation of health insurance covering **participants, membership** and **contributions, JKN benefits** and **governance**

Social Health Insurance in Indonesia/JKN

Interaction between JKN Program Components, including Stakeholders for Policy Improvement (MoH, DJSN, MoF, Bappenas, MoS, etc)

Health Facilities

- Receive Payment for Health Service
- Deliver Health Service to JKN member based on benefit

BPJS

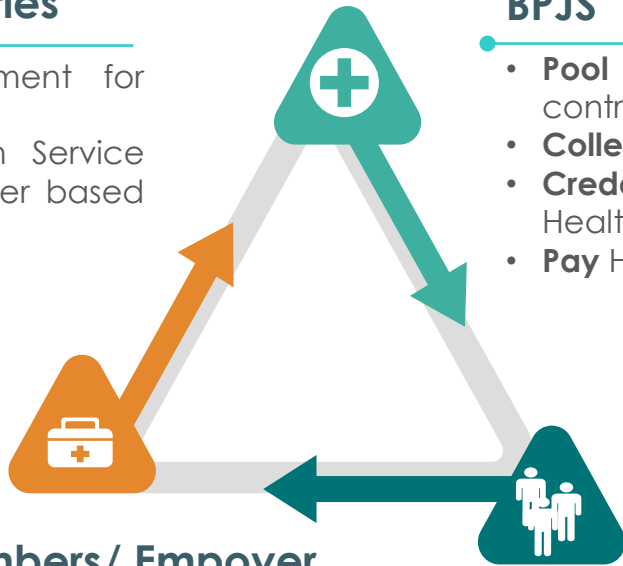
- **Pool & Manage** Premium/contribution
- **Collecting** Premium
- **Credentialing & Contracting** Health Facilities
- **Pay** Health Service Cost

Government (MoH, MOF, DJSN, etc)

- **Tariff Setting**
- **Premium Setting**
- Operational Budget Setting
- **Benefit Package Setting**
- Premium Subsidy Setting for Poor & Near Poor
- Health service and facilities standard

Members/ Employer

- **Get information** about Benefit Package, Health Service Procedur, etc
- **Receive** Health Service according basic health needs
- **Register & Pay Contribution**



- Policy Setting for Social Health Insurance Implementation is coordinated together with BPJS Kesehatan as payer, based on authorities given by law
- Changes of policy setting determined by health priority agenda and financial capacity both government and NHI fund

JKN Overview: Benefit, Scheme, Members & Provider

Indonesia implements National Health Insurance to provide access to health services for citizens without facing financial barrier



Membership

Contributory: Non Poor Population, Including Formal & Informal Workers
Non Contributory: Poor & Near Poor Population (PBI), Premium paid by Government/Local Government



Benefit

Medical Services: Based on Basic Medical Needs, including drug, medical supply, diagnostic examination, service treatment from medical staff etc., both in **Primary** and **Specialistic Health Facilities**

Non Medical Services: Based on Premium Paid (Inpatient Accommodation)



Funding Scheme

Premium/contribution paid by members, employer or Government pooled and managed by BPJS Kesehatan as non-profit Body. Pooled contribution used to pay health service to health facilities



Health Service Provider

BPJS Kesehatan cooperates with public or private health facilities (primary and referral health facilities) to ensure JKN members can easily access health services.

JAMINAN KESEHATAN NASIONAL (JKN MEMBERS)

17_K | 38 | 514 | 652 | 280_{million}

ISLANDS

PROVINCES

CITIES/DISTRICS

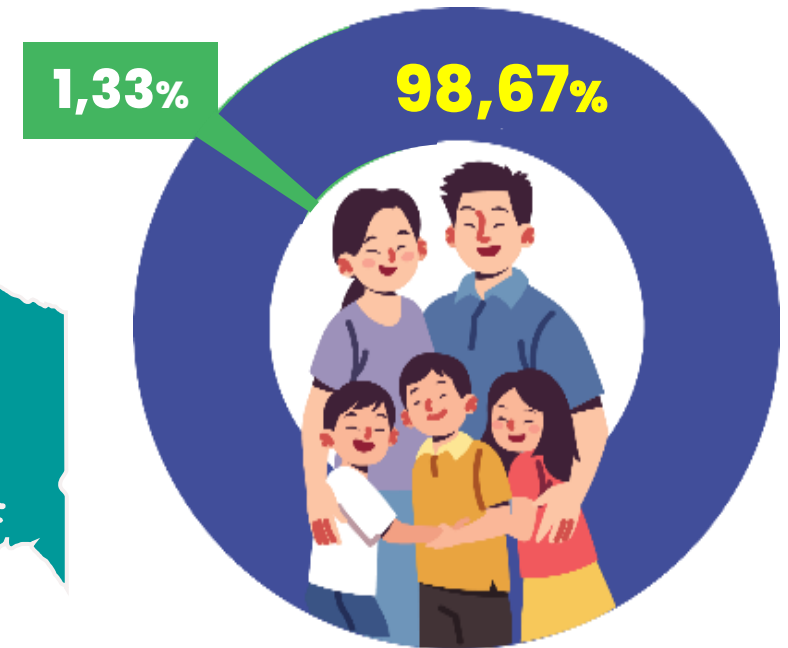
LOCAL LANGUAGES

POPULATIONS



PERCENTAGE OF JKN MEMBERS TO TOTAL
POPULATION IN INDONESIA YEAR 2024

(1 September 2024)



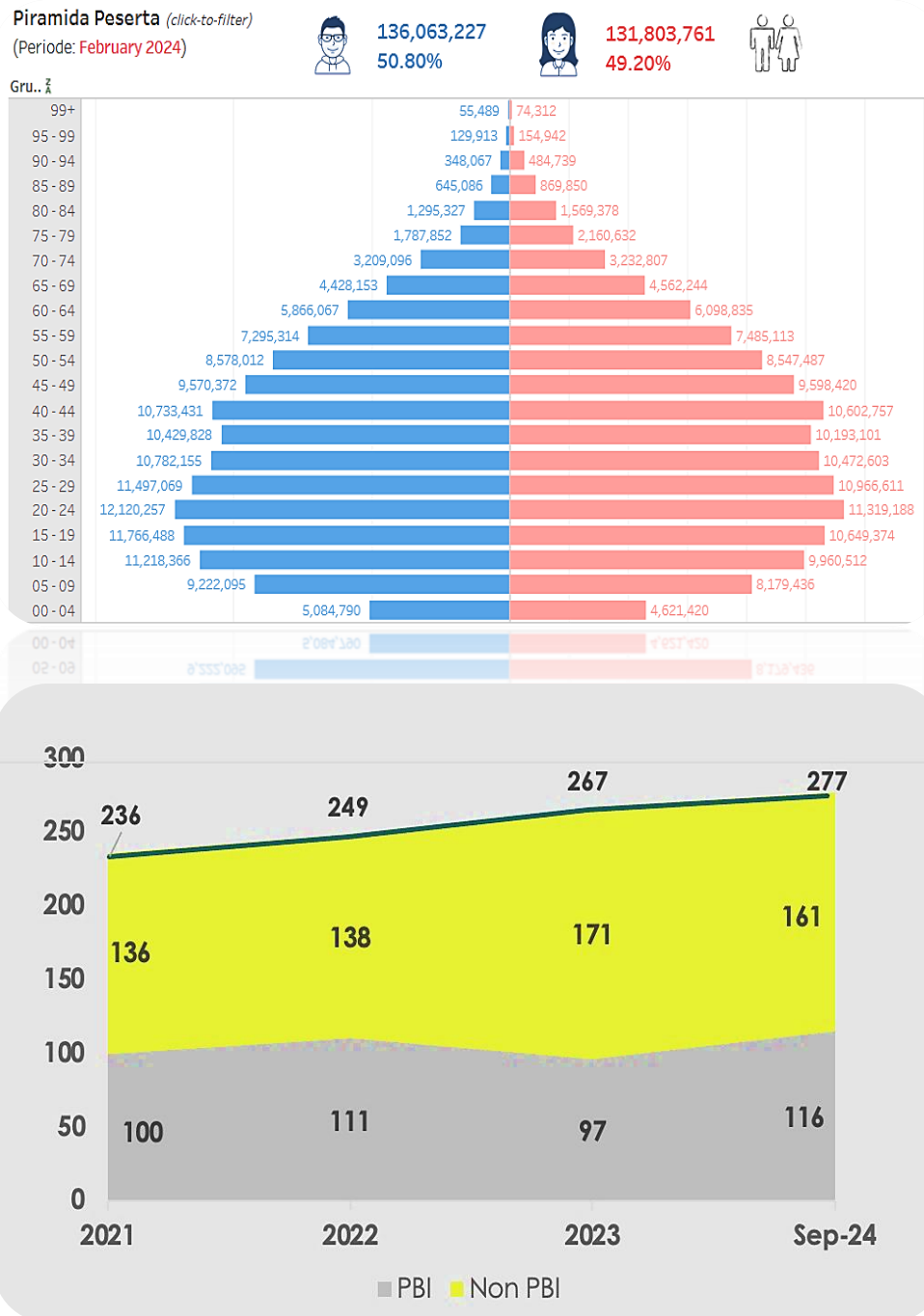
JKN PROGRAM ESTABLISHED IN 2014, UP TO DATE MEMBERSHIP REACH UP TO :

277.000.312 Million people (Sept 2024)

- Registered as JKN member
- Unregistered

People with Vulnerable, Elderly, and Special Needs

who are Registered as JKN Participants are entitled to receive Health Insurance Benefits according to their Medical Needs



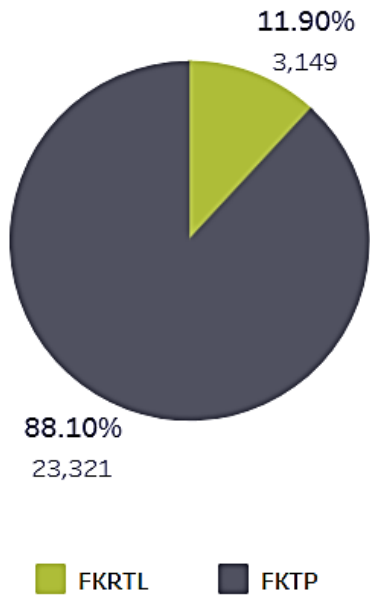
13.8% of JKN participants over 60 years old

The PBI segment still dominates membership in JKN

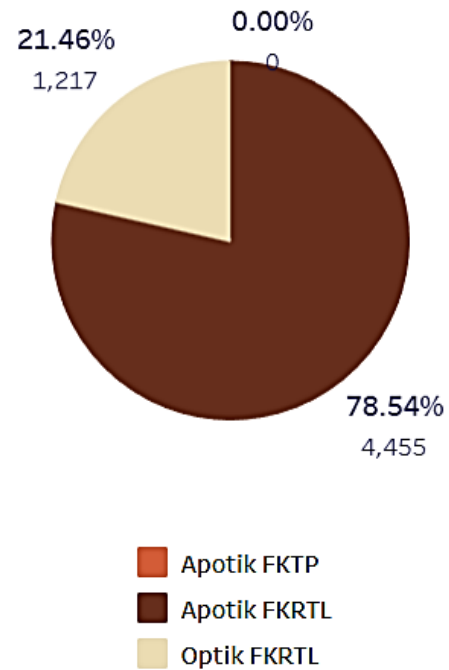
Health Facilities collaborations with BPJS

Primary Health Care and Hospitals

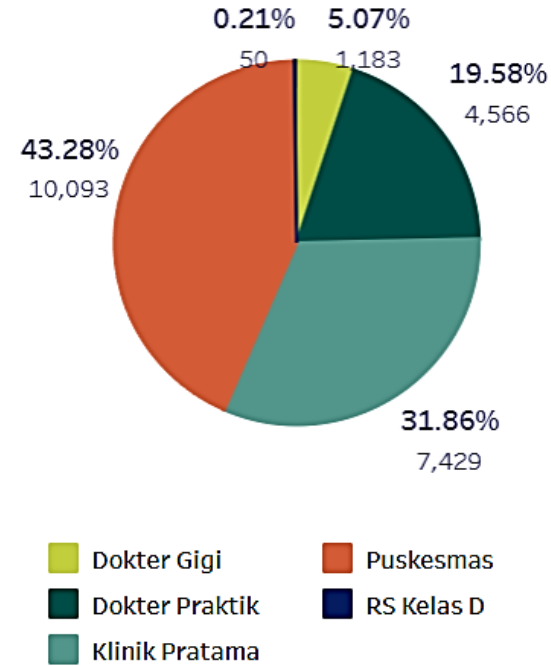
Proporsi Faskes



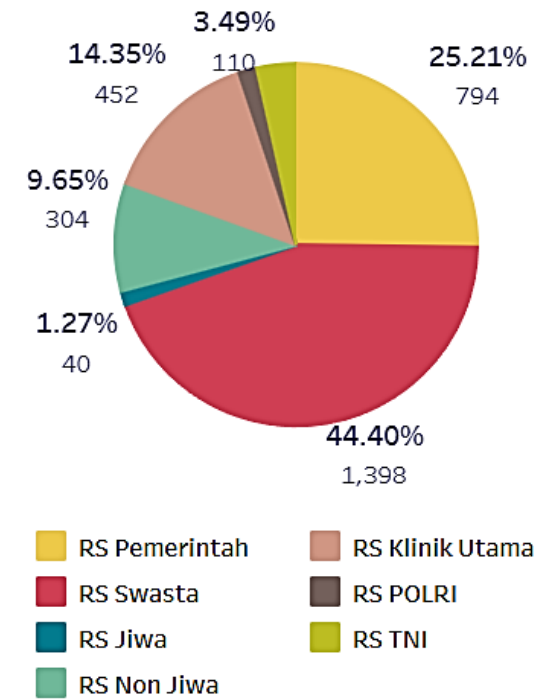
Proporsi Apotik dan Optik



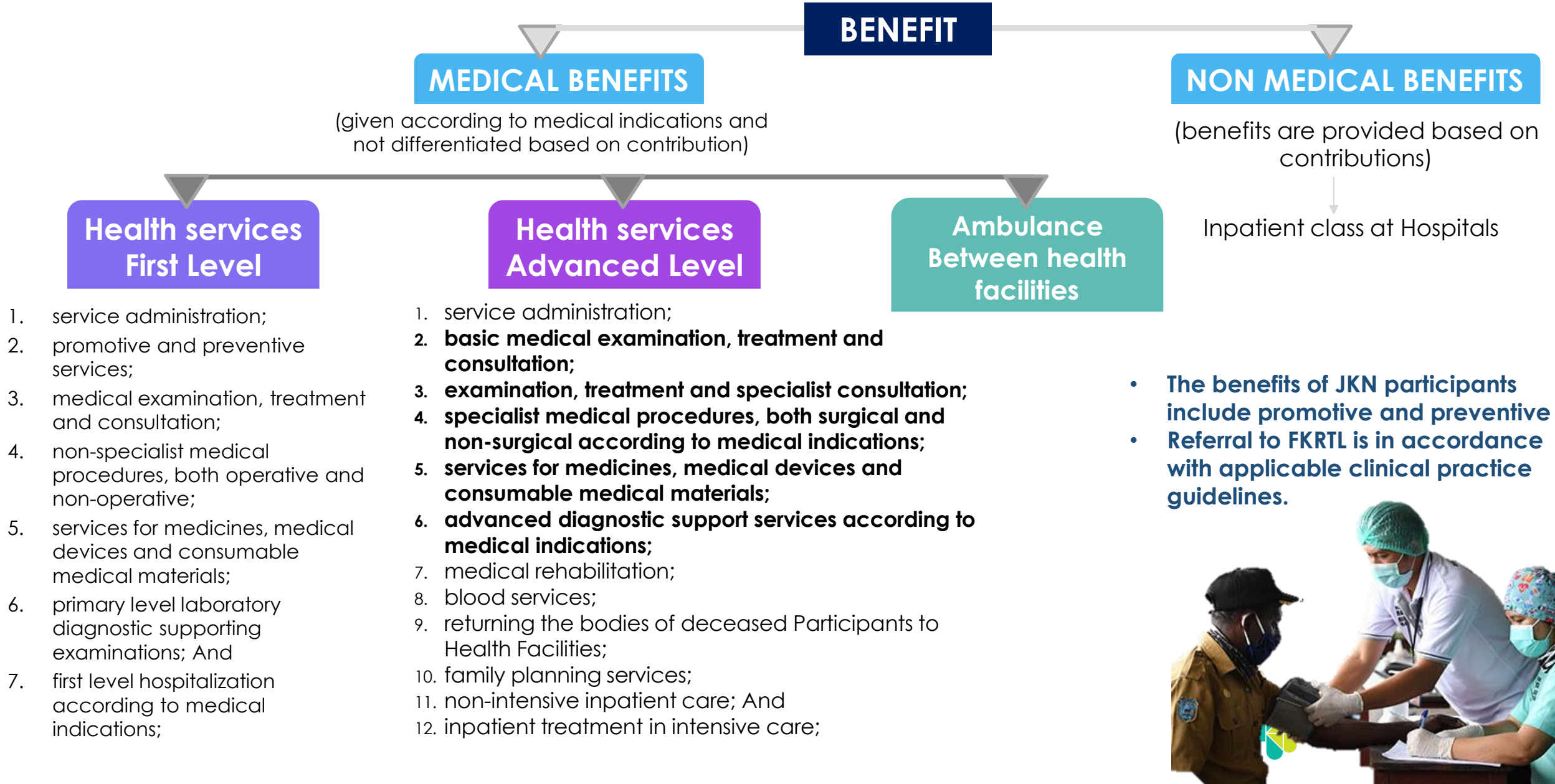
Proporsi FKTP yang Bermitra



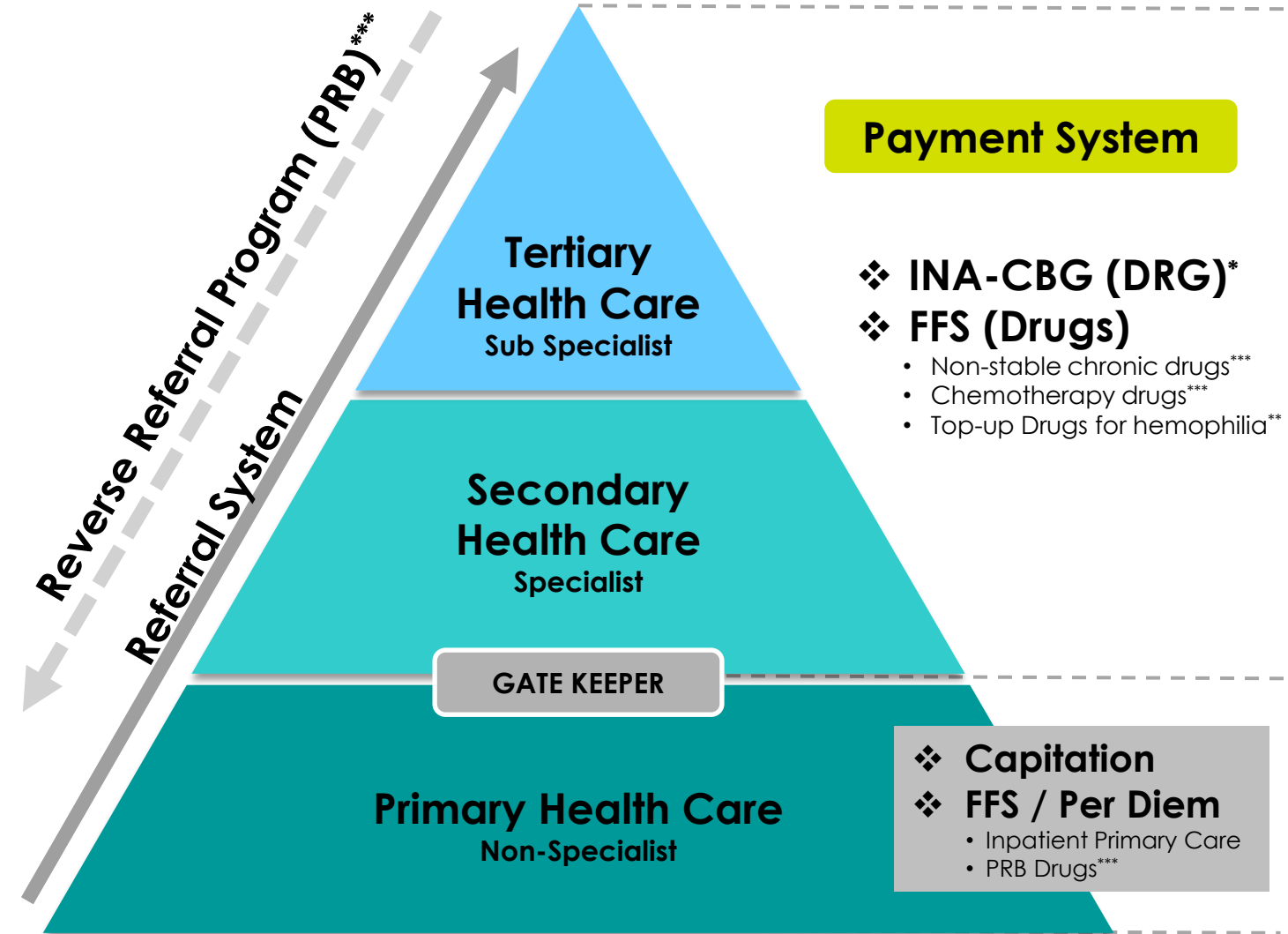
Proporsi FKRTL yang Bermitra



Benefit Package of JKN is very comprehensive based on basic health needs



JKN Health Care Services



Health Promotion *(maintain health status)*

Personal consultation

Disease Prevention *(protect from illness)*

- Immunization, family planning
- Screenings (diabetes, Pap's Smear, IVA)
- Chronic disease management program (diabetes, hypertension)

Curative Care *(restore health)*

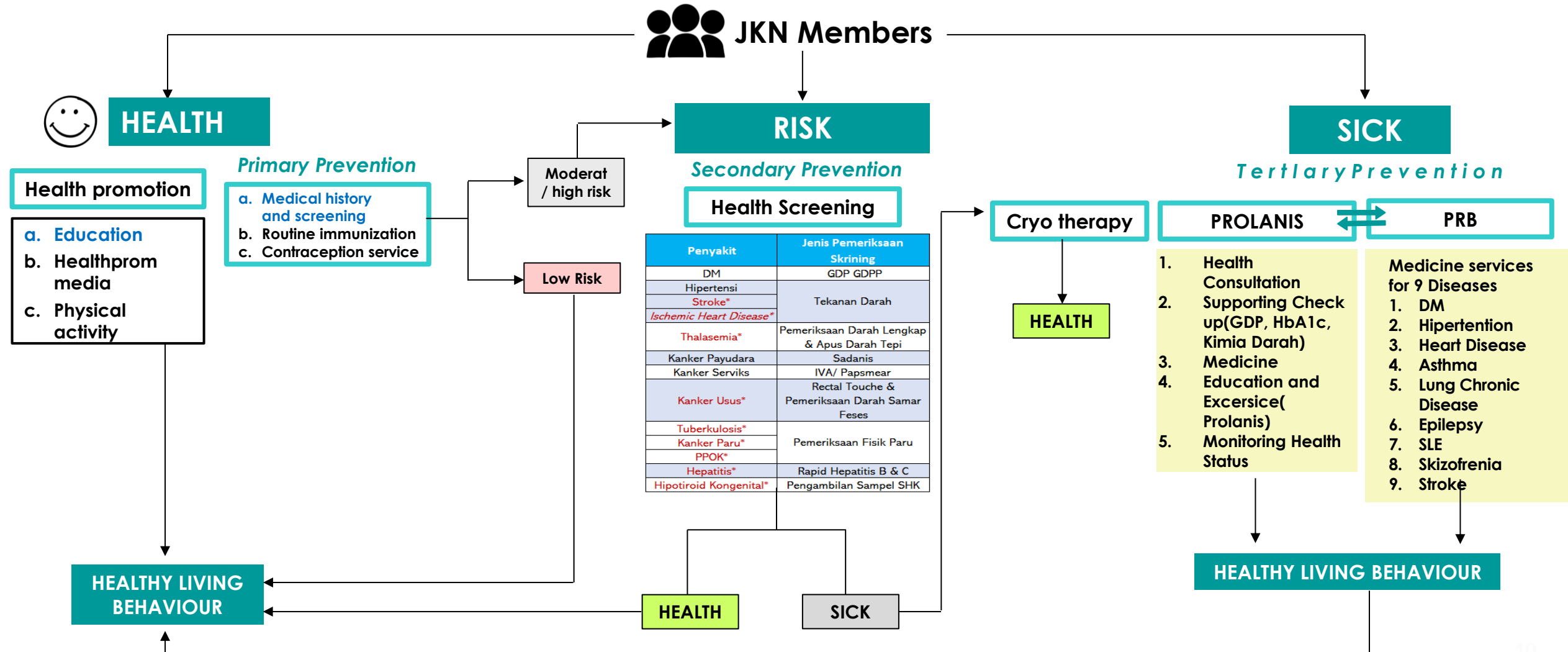
- In-patient, out-patient
- Intensive care, emergency
- Health appliances

Rehabilitative Care *(restore function)*

Medical rehabilitation

Promotif - preventif care of JKN

Perpres 82 Tahun 2018 - PerBPJS No 2 Tahun 2019 - Permenkes No 3 Tahun 2023



Easy access to JKN services in Health Facilities

One of the **promotive and preventive benefits** for JKN participants is knowing the potential risk of chronic disease as early as possible.

Carried out periodically once a year via Mobile JKN application, web, or at FKTP

2. Health Screening

1. Teleconsultation

Remote health consultation services participants can use without come to FKTP. Teleconsultation services can accessed via Mobile JKN application

3. Online queue

Online queuing via JKN mobile application provides service certainty and reduces queues at health facilities

4. Service simplification

Simplification referral for Hemophilia and Thalassemia

Routine referral extensions are carried out through the V-Claim application at the hospital, so participants don't need to return to the FKTP for the next 90 days to extend the referral

Medication Prescribing Iteration

Medication iteration policy for JKN participants who have chronic diseases and the Refer Back Program (PRB)

5. Information displays

Operation Schedule and Bed Availability to provide certainty of service for JKN participants as well as transparency of information

6. Compensation on DBTFMS

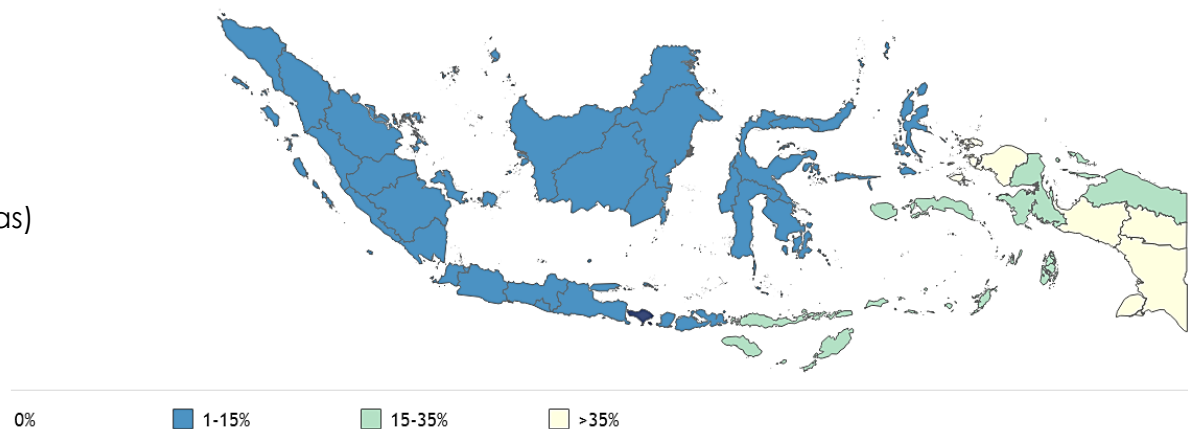


Compensation in areas where qualified health facilities (DBTFMS) are not available through mechanisms for sending health workers, collaboration with mobile health facilities or with certain criteria

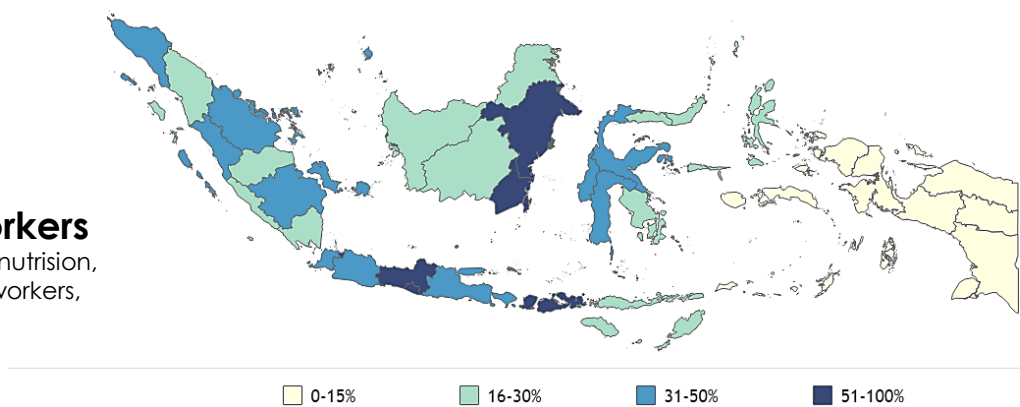


Indonesian government efforts to meet the distribution of medical and health workers to support UHC (Health Workers Profile in Indonesia)

9.533
FKTP (Puskesmas)
with Doctors
(92,40%)



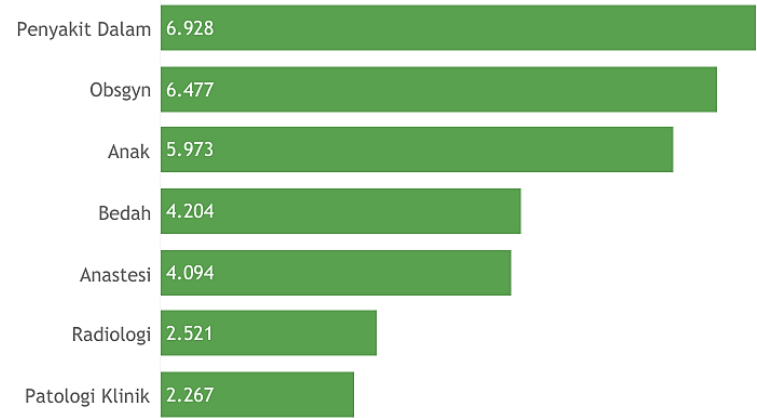
3.712
FKTP (Puskesmas)
with 9 type of Health Workers
(Nurse, midwife, doctor, pharmacist, nutrition, ATLM, dentist, environmental health workers, public health)
(35,98%)



with equal distribution of health workers in primary health care and hospitals, supporting easy access to health services especially for vulnerable, elderly and special needs

Data by SISDMK : November 2024

DISTRIBUTION OF SPECIALIST DOCTORS IN HOSPITALS (based on 7 basic specialist doctors who should ideally in a hospital)



DISTRIBUTION OF SPECIALIST DOCTORS ACCORDING TO HOSPITAL CLASS (number of specialist doctors based on type of specialization)

