

Certificate of attendance

This is certify that

Radiyah Umi Partan

Of

Sriwijaya University

Attended and presented paper at

Eastern Regional Organization of Public administration

Shanghai 17 to 21 October , 2015

Free Health Service Policy in South Sumatera, Indonesia (Analysis on the Collaboration between South Sumatera Government and Private Hospital)

Chair Person

Morio Sakamoto

On Sunday, August 2, 2015 4:20 PM, dsfds <eropa2015@163.com> wrote:

Dear Radiyati umi partan,

We are very glad to inform that your abstracts for 2015 EROPA Annual Conference will be held in Shanghai in 17-21th this October are accepted by the Organizing Committee. Thank you very much for your support and attention to EROPA. We would appreciate it very much if you could submit your full papers and Power Point Presentation at your earliest convenience before 25th September ,2015.

Prospective participants please kindly pay close attention to EROPA official website (<https://www.eropa.com>) for information about conference registration( online registration will be closely in 10th October) and then get your invitation in order to apply visa at your earliest convenience. When you register successfully, the registration information will arrive your e-mail as the visa document. If you need special document to apply visa, let us know as early as possible, we could provide the document you need.

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Thank you very much for your kind cooperation and active participation in 2015 EROPA Annual Conference.

We are looking forward to meeting you in Shanghai this October!

Sincerely yours,

The Organizing Committee

## General Programme 2

Saturday 17 October	
08:00-12:00	Advanced Registration
16:00 – 19:00	EROPA Executive Council Meeting
19:00 – 20:30	Dinner for Executive Council Members hosted by the Secretary- General of EROPA
Sunday 18 October	
08:00-09:00	Regular Registration
08:45-09:00	<b>Meeting with Distinguished Guests</b>
09:00-10:00	<b>Opening Ceremony</b> Chair: Bin Hao, Director General of International Cooperation Department, MOHRSS, China 1. Changsheng Kong, Vice Minister of MOHRSS, China 2. Orlando S. Mercado, EROPA Secretary-General 3. Akihide Hirashima, EROPA Executive Council Chairman <b>Speeches by Heads of State Delegations</b> <ul style="list-style-type: none"> <li>- Indonesia</li> <li>- Korea</li> <li>- Nepal</li> </ul>
10:00-10:20	<b>Conference Plenary I + Keynote Address</b> Speaker, Xiaoping Gao, China
10:20-10:40	<b>Tea Break</b>
10:40-11:00	<b>General Assembly I Business Meeting</b> <b>Chair:</b> Orlando S. Mercado, EROPA Secretary-General
11:00-12:10	<b>Asian Leadership Forum</b> Chair: Dr. Akira Nakamura, Professor Emeritus of Meiji University, Japan 1. Wenping Huang, China 2. Nobuyasu Kubo, Japan 3. Irham Dilmy, Indonesia
12:10-13:30	<b>Lunch</b>

14:00-15:40	<b>Subtheme 1</b>	<b>Chair:</b> Manchuan Wang, China 1. Jonel P. Lanada    2. Pratyush Tripathi 3. Andy Fefta Wijaya
	<b>Subtheme 2</b>	<b>Chair:</b> Zhongqi Liu, China 1. Slamet Widodo    2. Akio Kamiko 3. Weena Jade Gera
	<b>Subtheme 3</b>	<b>Chair:</b> Bo Peng, China 1. Emi Nel Jane Alvior    2. Thai Thanh Ha 3. Gayatri Raja Mohan    4. Yi Qin 5. Reiko Arami
	<b>Special Session</b>	<b>Opening Ceremony</b> <b>Chair:</b> Ruixin Zhang, China 1. Orlando S. Mercado    2. Qingsong Guo <b>Speaker:</b> 1. Jiang Wu    2. Karl Lofgren    3. Liang Ma
15:00-17:00	<b>ARPA Editorial Board Meeting</b>	
15:40-16:00	<b>Tea Break</b>	
16:00-17:40	<b>Subtheme 1</b>	<b>Chair:</b> Eilo YU Wing-yat, Hong Kong, China 1. Julie Binaldo-Velasco    2. Peter K.W. Fong 3. Jay Gonzalez
	<b>Subtheme 2</b>	<b>Chair:</b> Kenichi Nishimura, Philippines 1. Radiyati Umi Partan    2. Liguang Liu 3. Manchuan Wang
	<b>Subtheme 3</b>	<b>Chair:</b> Shah Mohammad Sanaul Hoque, Bangladesh 1. Kazuyuki Sasaki    2. Jiangming Ji 3. Ilham Nurhidayat    4. Byeong-Soo Yoon
	<b>Special Session</b>	<b>Chair:</b> Qingguo Meng, China <b>Commentator:</b> Liang Ma 1. Pingan Gu    2. Lei Zheng 3. Joanna Lou Pacio Reponte    4. Dechao Sun 5. Wai-lun Wong
19:00- 21:00	<b>Welcome Dinner hosted by Ministry of Human Resources and Social Security of China</b>	



Monday 19 October		
08:40-10:20	<b>Subtheme 1</b>	<b>Chair:</b> Andy Al Fatih, Indonesia 1. Zhiyong Lan 2. Davis Chau 3. Severo C. Madrona, JR
	<b>Subtheme 2</b>	<b>Chair:</b> Akira Nakamura, Japan 1. Keyong Dong 2. Andries Lionardo 3. Dahai Zhao
	<b>Subtheme 3</b>	<b>Chair:</b> Kazuyuki Sasaki, Japan 1. Feng Liu 2. Zhongqi Liu 3. Rohana Binti Ahmad 4. Zhihong Zhang
	<b>Special Session</b>	<b>Chair:</b> Shah Mohammad Sanaul Hoque, Bangladesh <b>Commentator:</b> Karl Lofgren 1. Jianing Mi 2. Bollempalli Gangaiah 3. Fang Wang 4. Jianbiao Ding 5. Syaifudin Zakir
10:20-10:30	<b>Tea Break</b>	
10:30-12:10	<b>Subtheme 1</b>	<b>Chair:</b> Keyong Dong, China 1. Jeffrey R. Ballaret 2. Zhichao Dong 3. Eilo YU Wing-yat
	<b>Subtheme 2</b>	<b>Chair:</b> Kamiko Ako, Japan 1. Irene B. Antonio 2. Yijia Jing 3. Margarita G Hilario 4. Shi Pang
	<b>Subtheme 3</b>	<b>Chair:</b> Pan Suk Kim, Korea 1. Muhadam Labolo 2. Joan T. Carinugan 3. Maria Fe Villamejor-Mendoza 4. Huan Xu
	<b>Special Session</b>	<b>Chair:</b> Bo Fan, China <b>Commentator:</b> Zhiyong Lan 1. Shah Mohammad Sanaul Hoque 2. Wenshuo Ren 3. Tao Chen 4. Asima Siahaan 5. Dequan Chen
12:20-13:30	<b>Lunch hosted by Philippine Civil Service Commission and EROPA</b>	
14:00-15:40	<b>Subtheme 1</b>	<b>Chair:</b> Yifan Yang, China 1. Sanjay P. Claudio 2. Prapon Sahapattana

		3. Yi Wang
	<b>Subtheme 2</b>	<b>Chair:</b> Heungsuk Choi, Korea 2. Edna C. Tabanda    2. Li Ma 3. John John C. Venus Jr
	<b>Subtheme 3</b>	<b>Chair:</b> Jiannan Wu, China 1.Min Zhang                      2.Alder K. Delloro 3.Kiagus Muhammad Sobri
	<b>Special Session</b>	<b>Chair:</b> Zhigeng Li, China <b>Commentator:</b> Fang Wang 1.Bo Fan                      2.Thai Thanh Ha 3.Jody Cruz Salas            4.Lin Zhu 5.Beier Zhang                6.HMBP Ranaweera
15:40-16:00	<b>Tea Break</b>	
16:00-17:40	<b>Subtheme 1</b>	<b>Chair:</b> Margarita G Hilario, Philippines 1.Abigail Modino    2.Yifan Yang 3.April Dream Rico
	<b>Subtheme 2</b>	<b>Chair:</b> Tao Sun, China 1.Wilhelmina L. Cabo    2.Prijono Tjiptoherijanto 3.Kenichi Nishimura
	<b>Subtheme 3</b>	<b>Chair:</b> Maria Fe Villamejor-Mendoza, Philippines 1. Heungsuk Choi                      2. Bo Peng 3.Mohd Fauzi Mohd Said    4. Xuemei Xu
	<b>Special Session</b>	<b>Chair:</b> Jiang Wu, China <b>Reporter:</b> Qingguo Meng <b>Certificate Awarding Ceremony</b>
17:30-18:30	<b>EROPA Individual Members Meeting and Group Members Meeting</b>	
18:30-20:00	<b>Dinner host by Shanghai Administration Institute</b>	
<b>Tuesday 20 October</b>		
09:30-11:30	<b>Subtheme 1</b>	<b>Chair:</b> Liang Ma, Singapore 1.Ma. Victoria R. Raquiza    2. Jing Ye 3.Victoria P. Valenzuela

	<b>Subtheme 2</b>	<b>Chair:</b> Jiangming Ji, China 1.Andy Al Fatih      2. Tomi Setiawan 3.Tao Sun
	<b>Subtheme 3</b>	<b>Chair:</b> Prijono Tjiptoherijanto, Indonesia 1.Noel V. Salumbides   2.Ika Sartika 3.Kyoko Ota
12:20-13:30	<b>Lunch</b>	
14:00-15:30	<b>Stories to Share</b> Chair: Orlando S. Mercado, EROPA Secretary-General 1. Yongzheng Lu, Deputy Administrator, State Administration of Civil Service of China 2. Mark Richard Hayllar, Associate Professor and Director, Project Flame, Department of Public Policy, City University of Hong Kong, Hong Kong China 3. Marei Faimanu-Tufuga, Assistant Chief Executive Officer, Public Service Performance and Policy Department, Samoa Public Service Commission	
15:30-15:50	<b>Tea Break</b>	
15:50-17:40	<b>General Assembly 2</b> Chair: Orlando S. Mercado, EROPA Secretary-General Awarding the Plaques <b>Conference Plenary 2:</b> Summary Report of the Conference Rapporteur (Prof. HU Wei) Presentation by Future Host (2016 EROPA Conference): The Philippines <b>Closing Ceremoy:</b> Chair: Haiyang Zhou, Director General, Shanghai Municipal Human Resources and Social Security Bureau, China <b>Speeches by Heads of State Delegations</b> <ul style="list-style-type: none"> <li>- <b>Philippines</b></li> <li>- <b>Thailand</b></li> <li>- <b>Vietnam</b></li> </ul> <b>Closing Remarks</b> 1. Guoping Wang, Vice President of Shanghai Administration Institute,	

	China 2. Xing'an Yu, President of Chinese Academy of Personnel Science, China 3. Awarding Certificates of Honor
18:00-20:00	<b>Dinner</b>
<b>Wednesday 21 October</b>	
09:00-18:00	City Tour Post-Conference Excursion (Optional)



**Market-oriented Reform on Health Insurance  
( A Review on Civil Servant Health Insurance in Indonesia)**

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**Sub Theme**

**Decentralization, Deregulation, Liberalization:  
Market-oriented Reforms and Government Capacity**



**The Faculty of Medicine  
Sriwijaya University  
Indonesia**

**Market-oriented Reform on Health Insurance  
( A Review on Civil Servant Health Insurance in Indonesia)\***

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The Faculty of Medicine, Sriwijaya University, Indonesia**

**ABSTRACT**

Health is one of the most important aspects of life that must be looked after very well. Therefore, Governments pay much attention on it. In order to give quality service on health, Indonesian government makes health insurance available for the people. The government, even, has reformed the policy several times. The basic purpose of reform is improving performance. The Nevertheless, the latest health insurance reform is found unfair for certain people, especially for civil servants. They found the reformed health insurance system impractical. Besides that, the newly reformed policy reduces their rights for quality health service. The uncomforths, among others, are in forms of less quantity of medicine, fewer insurance coverage, and more visit for more medicines. For government, applying the new policy is for the purpose of giving cross subsidy for the poor. As the result, civil servants protest. They are not satisfied with the reform.

This paper tries to review, analyze, and discuss the reformed Indonesian health insurance system. The author would also like to give some suggestions for better quality health insurance policy.

**Key words: Market, Reform, Health, Insurance, Unfair, Quality, Service.**

**Preliminary**

As one of the basic and extremely essential aspects of life, health has become interesting issue for government to promote and for the people to discuss. One of the dimensions of health is insurance.

Health insurance system has become a common approach in serving the health of the people. Health insurance gives many advantages both to provider and service users and applies in many countries.

In Indonesia, health insurance is organized by an agency which is called Badan Penyelenggara Jaminan Sosial (BPJS) or in english Social Security Organizer Agency (SSOA). This Agency is the merger of 5 health insurances, namely: Askes, Jamsoskes, Jamkesmas, Jamsostek, and BPJS Perorangan. SSOA (BPJS) applies all over Indonesia. It is a must for everyone to join this insurance system – regardless whether one has already been a member of another health insurance company. If he/she has, it means this person has become the member of 2 insurance systems: SSOA (BPJS) and another special one.

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The policy on health insurance - SSOA (BPJS) – has many weaknesses and is found unfair for most of its members. Whereas, basically, a public policy is made in order to solve public problem, not vice versa.

### **The Infrastructure**

In the <http://dictionary.reference.com/browse/infrastructure>, infrastructure is defined as the basic, underlying framework or features of a system or organization. Another definition, infrastructure is the fundamental facilities and systems serving a country, city, or area, as transportation and communication systems, power plants, and schools. Public policy is very important for public organization. Therefore, it should be well understood. In order to fully understand infrastructure, the definitions which root from <http://www.merriam-webster.com/dictionary/infrastructure> is going also to be presented here. In that dictionary it is said that infrastructure is an underlying base or foundation especially for an organization or system or the basic facilities, services, and installations needed for the functioning of a community or society, such as transportation and communications systems, water and power lines, and public institutions including schools, post offices, and prisons. the basic equipment and structures (such as roads and bridges) that are needed for a country, region, or organization to function properly.

Full definition of infrastructure: the underlying foundation or basic framework (as of a system or organization). the permanent installations required for military purposes. the system of public works of a country, state, or region; also : the resources (as personnel, buildings, or equipment) required for an activity.

Public policy plays a role as an infrastructure. According to Drs. Irfan Islamy, MPA (1994) public policy is a series of action choosen and legally applied by for the people for the interest of public. William Jenkins, in Hawlett dan Ramesh (2003:6), defines “public policy is a set of interrelated decisions taken by a political actor or group of actors concerning the



selection of goals and the means of achieving them within a specified situation where those decisions should, in principle, be within the power of those actors to achieve". James Anderson, in Hawlett dan Ramesh (2003:7), states "public policy is a purposive course of action followed by an actor or a set of actors in dealing with a problem or matter of concern". Al Fatih (2010:2) - in his book entitling policy implementation and social empowerment (translation) - claims "public policy is purposed to protect public interests, solve public problems, gives empowerment, as well as to bring social prosperity into reality.

As long as health insurance is concerned, Indonesian government has made several public policies to manage this matter. The policies are – as it was mentioned above.

#### **BPJS Health Insurance**

In Indonesia, health insurance – in english, they call it Social Security Insurance – next, the term which will be used is BPJS health insurance – is under the management of Badan Penyelenggara Jaminan Sosial (BPJS) or in english Social Security Organizer Agency. As it has been stated before that this health insurance system is the merger of 5 other health insurances organized by government. They are Askes, Jamsoskes, Jamkesmas, Jamsostek, and BPJS Perorangan. The information in detail about the 5 insurances is as follows.

**Table 1**  
**Public Policies on Health Insurances Mergered to BPJS**

No	The Names of Health Insurance	Organizers	Coverage	Notes
1	Askes	PT. Askes	Any diseases treatment and medicines	The members are all public servants and the pensions
2	Jamsoskes	PT. Jamsostek	Almost every diseases can be covered	for private employees
3	Jamkesmas	Local government	Very limited health service	For poor people and the service is for free
4	Jamsostek	PT. Jamsostek	Almost every diseases can be covered	for private employees
5	BPJS per orang	BPJS	Special health service	For high class



The present BPJS health insurance is more complex in the process and more limited in the coverage. It gives more disadvantage than the advantages of insurance. It is shown in table 2 below.

**Table 2**  
**Complaints on BPJS Health Insurance**

No	Complaining Parties	The Complaints	Notes
1	Patients	Complicated administrative requisites.  Tiered procedure  Medicines covered are very limited	There are so many documents should be available when patients need to make use of the insurance. Patients must go to the closest health centre first for medical examination. Then, if they need further examination or therapy, then go to upper level centre – based on a certificate given.  Chronics and common medicines
2	Hospitals or Health service providers	Premium is very low Expense for inpatient	US\$ 4,5 per patient Follow the diagnosis and it is very limited
3	Doctors	Low remuneration for huge number of Patients	US\$ 50 cents per visit Service is not quality and It makes the doctors is very tired

Sources: Radiyati, 2015.

#### Health Service Insurance Coverage

The implementation of health insurance will sound inappropriate is that the one applied in Muhammadiyah private hospital.

According to Radiyati (2013) health insurance related to free health service program in Palembang city, South Sumatera province is regulated by the Decree of The Governor of South Sumatera. It says that free health service is available for the needy with some conditions. The kinds of medical services available for the the poor for free can be seen in table 3.

**Table 3**  
**The Kinds of Medical Services Covered in Free Health Program**  
**in Muhammadiyah Hospital**

No	The Kinds of Medical Services	Notes
1	Internal medicine treatment	All the services are delivered everyday during working days.
2	Pediatric Service	Every working days
3	Ear, Nose, and Throat Therapy	Every working days
4	Obstetric and Geneccology	Every working days
5	Dentistry	Every working days
6	General Surgery	Every working days but there will be a long wait for the service.
7	Urology Surgery	Every working days
8	Oncology Surgery	Every working days
9	Orthopedic Surgery	Every working days
10	Digestic Surgery	Every working days
11	Neurologic Surgery	Every working days
12	Orthodensic Surgery	Every working days
13	Pediatric Surgery	Every working days
14	Estetiic Surgery	Every working days but there will be a long wait for the service.
15	Neurology service	Every working days
16	Ophthalmology service	Every working days
17	Skin Desease service	Every working days
18	Heart Desease service	Every working days but quite long wait
19	Lung Desease service	Every working days

21	General practice service	Every working days
22	Physio Therapy	Every working days
23	Psychiatric service	Only on Monday untill wednesday

**Source: Radiyati, 2013**

The table above shows kinds of treatments available for the participants of free health service program. It seems that – in terms of disease therapies – the medical services are quite complete. It is good that Muhammadiyah hospital can make various medical treatments available. There are 23 kinds of treatments available for the patients. If a participant of free health service program suffers from anyone of those diseases, he/she can get the service because all of the services are covered in the program. It means more sick people can make use of the program for their health. At the same time, it also means the hospital – especially for the treatment coverage – can serve more patients suffering from diverse sicknesses. The hospital is quite reliable. The services are obtainable during the working days because the clinics are open only during that time for outpatients.

For inpatient therapy, service has also been ready, especially in terms of rooms availability. The rooms are various by the class. See table 4 for detail.

**Table 4**  
**Classes Available for Inpatients of Free Health Service Program**  
**in Muhammadiyah Hospital**

No	The Classes	Remarks
1	Class I II A	For general inpatients
2	Class III B	For inpatients of Free Health Program
3	Class IIA	For general inpatients
4	Class IIB	For general inpatients
5	Class I A	For general inpatients
6	Class I B	For general inpatients
7	Class VIP	For general inpatients
8	ICU/ICCU	For general inpatients and inpatients of Free Health Program

**Source: Radiyati, 2013**

There are 7 III B rooms for inpatients of Free Health Program at Muhammadiyah hospital. One III B room consists of 8 beds. Altogether, there exists 56 rooms. The number of inpatient is quite many. It is, for example in May 2013, there are 642 inpatients of free health services program. On average, the inpatients stays in the hospital for the treatment range from 2 to 15 days depending on the kind of the disease and the severity.

Referring to the theory of policy, and the implementation of the policy, the implementation is measured with the degree of compliance. In General, all patients from Free Health Services Program are treated with medicines, and some medicines for free. It means the implementor of the policy, Muhammadiyah hospital, only, is responsible for the implementation of the policy.

The next measurement of the idea is the smoothness of routine functions. The fact that every day, the hospital is functioning smoothly, and the hospital is available for the patients from Free Health Services Program. The doctors, paramedics, and other employees of the hospital are working every day. The hospital does its duties. Those things keep on functioning every day. This second idea is the smoothness of routine functions.

**Table 5**

No	The Names of Hospitals	Fund Claim (in IDR Per Month	Remarks
1	Muhammad Hoesin	9 Billions (Milyar)	The biggest and the main public hospital in Palembang city
2	Muhammadiyah Palembang	1 – 1,5 Billions (Milyar)	Islamic Private Hospital
3	Bari	900 Millions (Juta)	Local government hospital
4	Siti Khadijah	400 – 500 Millions (Juta)	Islamic Private Hospital



5	Cipto Mangun Kusumo	200 – 300 Millions (Juta)	public hospital in Jakarta city
6	Harapan Kita	200- 300 Millions (Juta)	Hospital, especially for Heart disease

**Source: Sumatera Ekspres, June 13<sup>th</sup>, 2013.**

The data indicate that Palembang Muhammadiyah hospital is the second top payment claimer among the six hospitals. It means that this hospital is populer and committed to help the needy.

The last dimension of the theory is the desired performance, it seems that the goal can be achieved for the health service is accessible for more (poor) people. This situation fits also to the idea of Francine Rabitnovitz, et al in which policy implementation must be able to fulfill public's wish. Public wishes to have access to health service and it gets it, even, for free.

It can be concluded that the collaboration between the government of South Sumatera Province and Muhammadiyah hospital in implementing free health service program is quite successful.

#### **The Quality of The Service**

As it has been stated before that the number of, especially, outpatients of Free Health Service Program at Muhammadiyah hospital increases significantly from time to time. It can be proved, for example, in internal medicine Clinique. See table 6.

**Table 6**  
**The Description of Health Service for Internal Medicine in Muhammadiyah Hospital Palembang By The Kind of Insurance**

No	Kinds of Insurance Service	Number of Outpatients	Remarks
1	General Patients	107	Those who do not deserve health service for free
2	Government Officers Health Insurance ( Askes PNS)	549	Government officers have their own health insurance called ASKES
3	Society Health Guarantee Insurance (Jamkesmas)	935	Health insurance from Central government for

			poor people. The members must have the cards.
4	<b>Free health service program (Askeskin)</b>	<b>1.885</b>	<b>The policy of South Sumatera Governor for the people. They do not have to have any card.</b>
5	Health service insurance (JPK)	102	General health insurance (private)
6	Health service insurance (ASL)	16	General health insurance for VIP (private)

**Source: Radiyati, 2013**

Data above show the number of outpatients served by means of various insurances. As a whole, there are – in general – 3.594 patients per month taken care in internal medicine clinique. If that number is divided by 25 (working days). It means an internal medicine specialist serves 143 patients a day in internal medicine clinique – one day only one internal medicine specialist available. The ideal ratio for a specialist doctor is 1:25. It means a specialist doctor must serve more patients, far beyond than she/he should be.

In specific, especially, the number of outpatients making use of free health service program (Askeskin) is 75 patients per day (1.885: 25). It means the ration is 1:75. It is also far beyond the ideal ratio.

In terms of quality health service, with that ratio, it is certainly not close to the ideal ratio. That the people get health service for free is certain. However, for the quality one, it seems uncertain, The service quality is questionable because with that number, a specialist doctor cannot look after the outpatients very accurately.

Some other barriers to the quality service are that some medicines, primarily, those which are very needed by the patients and some laboratory and examination actions are not available for the the patients. The reasons are that the medicines are quite expensive and the tools are not available in the hospital.

It seems that in terms of quality service, the health performance or the public's wish is not fulfilled yet.

### **Analysis On BPJS Insurance**

This kind of insurance seems worse than previous insurance system, especially than Askes insurance. There are some unnecessary weaknesses. Namely,

1. More limited refers system
2. More tricky administration
3. Inappropriate remuneration.

Those items will be analyzed one after another as follows.

#### **1. More Limited Refers System**

The members of BPJS insurance have more limited access to refers system. Only are certain patients who are accordance with BPJS insurance standard and intend to have (better) therapy allowed to refers. Outside the provisions of that standard, patients are not able to have refers for , for instance, supporting examinations, such as rongent, ECG, and laboratorium tests. That is why, some patients who are suffering from lupus disease have been in complicated condition when they go to see a docter. They need medication. For that, a docter needs to have the results of supporting examination to ascertain the condition. Because those patients have no access for preliminary examinations, so when they go to see a docter for treatment, their condition has become worse.

The policy that is applied by BPJS insurance of present is not necessary to be that because it is the obligation of government – based on 1945 constitution – to be responsible for the health of citizens. In their campaign for a President, Governor, or Mayor, a candidate always refer to the constitution for his political gain. They gurantee a beautiful future for the people. They promise to provide the best health care system. But in reality, they only reduce its burden. It is busy to lessen its responsibility rather than trying hard to improve the health care system. This system makes the people more suffer from the disease.

## **2. More Tricky Administration System**

If patients need a health examination or therephy in a Type A hospital, they must go through stages, a hospital type C, then type B first. After, they can go to the indent hospital. This procedure makes patient frustrating. It applies for patients in any condition.

Health department should not have strictly enforced this policy. It is obliged for it to give exception, especially to those patients who have been in severe circumstances. Due to this policy, some patients who come to a doctor have been in worse condition. It is right that a policy is for all and it must be strict, but it is also right and better if a policy accomodates a special need. The condition of some patients cannot be exactly equated with others. There is always a space for wisdom. A policy always needs a wisdom to be able to well applied for satisfying result for all. It is the obligation of government to make all the people, not some of them, happy.

## **3. Inappropriate Remuneration.**

Not only are patients unhappy with the service of BPJS insurance, but also the health service providers. Health service providers include public health service centre on sub sub district level (Puskesmas > it belongs to local government), supporting clinic (klinik pratama > it belongs to private sector) and main clinic (klinik utama> it belongs to private sector), and hospital – types D, C, B, and A - as well as.

The standards of premium set by BPJS insurance for those sides above are very low. For Puskesmas, BPJS insurance spends IDR 2.000 (about 20 Cents US\$) per patient. Klinik Pratama and type D hospital get IDR 8.000 (about 55 cents US\$) per patient. It costs IDR 100.000 (about US\$ 9) per inpatient for type C hospital, IDR 150.000 (about US\$ 14,5) for type B hospital , and IDR 200.000 (about US4 18) for type A hospital. That amount of money for the providers is for every thing, such as medicines, supporting examinations, doctors, and hospital operational.



The remuneration for doctors is also dispirit. For inpatient with typhoid fever, a provider is only paid IDR 1.500.000 (about US\$ 100) for a 5 day service. That money is for room, meals, and doctor. From that sum, an internist who looks after the inpatient gets only IDR 100.000 (about US\$ 9) per inpatient.

At supporting clinic (klinik pratama) - it belongs to private sector - a general physician is paid amount to IDR 2.000 (about 20 Cents US\$) per patient by BPJS insurance. If that doctor serves 1.000 patients per month, so he/she gets paid only IDR 2.000.000 (about US\$ 200) per month. It is not worthy.

A specialist doctor who works for type C hospital, he/she get paid as much as IDR 20.000 (about US\$ 1 30 cents) per patient. If in one day, this specialist doctor treats 15 patients, it means he/she will get paid amounts to IDR 300.000 (about US\$ 27) per day. This is also very low.

If a doctor medicates more patient. He/she will be more tired. It results in low quality service. This is not a right choice either.

If BPJS insurance system is not well improved, more sides will be disappointed with government. Moreover, it is a must for Indonesian people to join this insurance. Although, one has already been a member of a certain health insurance system, still he ought to be a BPJS insurance participant. Only government is happy with policy because this way its burden in terms of subsidy and budget set aside is lesser.

Based on the analysis above, there are some recommendations for better service which will be proposed. They are as follows.

### **Recommendations**

As it has been stated before that through this paper, there are some recommendations will be suggested to government to implement. This is in order to get better off, both for the

people of Indonesia and the providers. It is also good for government's credibility. The recommendations are:

1. Payment to hospitals depends on the usage of medicines supplied by BPJS insurance.
2. Remuneration for doctors is in accordance with the number of patients they treat.
3. Remuneration for doctors obliges to follow formula that suggested by Directorate of public health. In where a spealist doctor had better minimal be paid IDR 50.000 (about US\$ 4,5) per patient. While for a general prationer deserves minimal IDR 7.500 (US\$ 50 cents) per patient (Kompas, September 21, 2015).
4. The need for medicines must be verified corresponding to diagnosis on patients.
5. Refers system ought to be simplified and accordant with the patient's need. It is not necessary to apply tiered refers system.

This is what Askes insurance (one of the previous insurance systems) applied before,.

#### **Conclusion**

The new health insurance – BPJS insurance, is not satisfying very much. The coverage is very limited and the procedure is more complicated. The pay for boh providers and doctors is very much less worthy. Many stake holders are not happy with system.

Government should change and improve the health insurance system. Unless, it will be the losers since the people do not trust it anymore for having no accountability.

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