

HEALTH FINANCING FOR CIVIL SERVANT BEFORE AND AFTER NATIONAL HEALTH INSURANCE IN INDONESIA

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ABSTRACT

Background: The health care subsystem is the amount of funds provided to organize and utilize the various health efforts required by individuals, families, groups and communities. Civil Servants are important element in carrying out tasks in national development. There is a system of health insurance financing for Civil Servants can be seen the difference with the system of Capitation (BPJS) and Non Capitation (Askes).

Materials and Methods: The type of this research is “literature review” with descriptive analysis characteristic done to see capitation and non-capitation financing system by Civil Servant.

Result: Decree of President No. 12 in 2013 explained that the financing system is the dues and is a subsidy from the government. However, for a capitation financing system for civil servants, the capitation fund is the amount of prepaid monthly payments to a first-rate health facility based on the number of registered participants regardless of the type and amount of health services provided.

Conclusion: Overall, Capitation financing system is by making advance payments with the consequences of health care done pre-effort or before the participant (BPJS) fell ill. As for the referral system, the members (Askes) can make a claim if they have used health facilities.

Keywords: Financing system, Civil Servant (PNS), Health Insurance (Askes), Capitation (BPJS)

1.0 Introduction

The Constitution of the World Health Organization (WHO, 1948), the 1945 Constitution of Article 28 H and Act Number 23 of 1992 on Health, establishing health is a fundamental right of every citizen, therefore, the family and society are entitled to protection of their health, and the state is responsible for arranging for the fulfilment of the right to healthy living for its inhabitants, including Civil Servants (PNS), retired civil servants and members of their families.

The main forms of individual health efforts include, individual health efforts (UKP) and public health efforts (UKM) conducted or implemented at the first-level health facilities (Puskesmas). Equitable distribution of individual health efforts consisting of two main factors: equal distribution of services (facilities and infrastructure, human resources health, and health equipment) and financing factors (investment, operation and maintenance).

Excavation funds for individual health efforts (UKP) come from each individual in a single family unit. For vulnerable people and poor families, the source of funds comes from the government through compulsory health care insurance mechanisms. The Government of Indonesia in the frame of advising public health, especially the welfare in the health sector that has a program that is Health Insurance (ASKES) which is addressed to a certain group of Civil Servants, Retired Civil Servants, and their families.

From the above explanation states that there are health insurance for Civil Servants and the system of financing for health assurance (ASKES) and capitation (BPJS). So the author would like to see how financing system ASKES and BPJS on Civil Servants (PNS).

2.0 Materials and Methods

This type of research is library research, which is a series of research related to library data collection method, or research whose research object is explored through various library information (books, encyclopedias, scientific journals, newspapers, magazines and documents).

Library research or literature review (literature review) is a study that examines or critically reviews knowledge, ideas or findings, and formulates theoretical and methodological contributions to a particular topic. Overall, the research is descriptive analysis that is the decomposition of regularly data that has been obtained and then given the understanding and explanation in order to be understood well by the reader.

3.0 Result and Discussion

3.1 Health Financing System

Health costs are the amount of funds provided to organize and or utilize the various health efforts required by individuals, families, groups and communities. From these limitations it is immediately apparent that healthcare costs can be viewed from two angles:

1. Health Service Provider

Healthcare costs from a service provider (health provider) is the amount of funds that must be provided to conduct health efforts. Health from service providers is a major issue of the government and / or private sector, which organizes health efforts (Dewi, 2013).

2. Health Consumers

Healthcare cost from the consumer service point (health consumer) is the amount of funds provided to be able to utilize services. The calculation of the total cost of a country's health depends on the amount of funds issued by both parties. The total cost of health from the government sector is not calculated from the amount of funds spent by the service users, and therefore the government's income, but from the amount of funds spent by the government (expenses) to provide health services.

3.2 Source of Health Costs

1. Source of government funds

In this system, the cost and delivery of health services is fully borne by the government. State with a poor financial condition then, this system is difficult to implement because it requires a very large funds. Examples are funds from the central and provincial governments (Sitorus & Nurwahyuni, 2017).

2. Source of public funds

This system expects the public (private) to play an active role independently in the implementation and utilization. This provides the impact of health services performed by private parties, with facilities and the use of high-tech tools with increased costs of utilization or use by health-care users.

3. Funding from inside and outside the country

Sources of health financing, especially for the management of certain diseases are often obtained from other party's cost assistance, for example by social organization or government of other country. For example, funding from overseas for the handling of HIV and H5N1 virus given by WHO to developing countries (including Indonesia).

3.3 Indonesia Financing System of Individual Health Efforts (UKP) of Civil Servants Before JKN Era

Social insurance is generally grouped for certain people as stated in the legislation that is as follows:

1. All public servants are members of the public health insurance and for that month the salary of civil servants is deducted 2%.
2. All civil servants are required to be members of savings and civil service insurance (TASPEN) under Government Regulation No. 10 of 1963, for which every civil servant must pay dues directly deducted by 3.25% of monthly salary.
3. All employees of private companies and SOEs shall be members of the social insurance (ASTEK) under Government Regulation No. 33 of 1977, this insurance covers work accident insurance, old-age savings and death insurance.

It is from the funds collected that the government finances or pays the claim or claim of any civil servant when they have to pay for his health. So the funds are formed by way of mutual help to help them if in a state of illness and cost.

3.4 The System of Health Financing of Indonesian Civil Servants (PNS) In JKN Era

The social insurance provider body has been regulated by Law Number 24 Year 2011 on Social Security Organizer (BPJS) consisting of BPJS of Health and BPJS of Manpower. For the Health Insurance program organized by BPJS Kesehatan, its implementation has been started since early 2014. The program is hereinafter referred to as National Health Insurance (JKN) program.

This large number of participants has an impact on the funding aspect that should be provided by the government. Further implementation of the JKN program is set forth in the allocation of health insurance fund / JKN, amounting to 33 trillion rupiahs or 3.7% in APBNP 2014. Implementation is wide ranging from planning, implementation, to accountability and supervision of national health insurance fund. A guarantee fund is called a Capitation Fund.

3.5 Indonesia Health Financing System Before and In The JKN Era

Provision of subsidies and fees by the government according to Government Regulation no. 28 year 2003 through the system;

- a. Provision of funds directly to the Operator Body used for the payment of health services using advanced medical equipment and / or catastrophic diseases.
- b. Provision of discounted rates on utilization of government health facilities.

The amount of dues as referred to in Article 4 of Government Regulation No. 28 of 2003 shall be 2% (two percent) of the income of Civil Servants and Pension Recipients. The amount of dues gradually granted with regard to the financial capacity of the state. The state's financial capability is the State Budget (APBN) and the Regional Revenue and Expenditure Budget (APBD). The government's contribution to health insurance for civil servants is provided directly to the Operator (PT Askes).

"Capitation" Financing System for Civil Servants (PNS). The National Health Insurance, hereinafter abbreviated as JKN, is a guarantee of health protection to enable the participant to obtain health care and protection benefits in meeting basic health needs provided to everyone who has paid their dues or fees paid by the government.

Capacity payments by BPJS Health are based on the number of participants enrolled in the FKTP in accordance with BPJS Health data. Capitation payments to FKTP are conducted by BPJS Health every month no later than the 15th of the current month (PMK No. 28 of 2014).

Table 1: Differences in Health Financing System in JKN and Before JKN Era in Indonesia

Health Financing (PNS)	JKN Era	Before JKN Era
Target	Service User	Service User
Source of Health Cost	Source of government budget	Source of government budget
Applicable regulation in Indonesia	<ol style="list-style-type: none"> a. PP No. 32 tahun 2014 b. SE MenDaGri No. 900/2280/SJ/5 Mei 2014. c. Permenkes No. 19 tahun 2014 d. PMK No. 21 tahun 2016 	<ol style="list-style-type: none"> a. PP No. 28 tahun 2003 b. PMK No. 29 tahun 2012
Health Financing System	<ol style="list-style-type: none"> a. Capitation funds transferred directly from the state budget funds / BPJS to FKTP Capitation Fund Treasurer's account as a whole. Money is given 	<ol style="list-style-type: none"> a. In the era before JKN, according to PP No. 28 Tahun 2003, explained that the financing system is a contribution and is a subsidy from

Health Financing (PNS)	JKN Era	Before JKN Era
	<p>in advance even though there is no activity. However, the allocation is clear and regulated ie a maximum of 60% for payment of health services and at least 40% payment for operational costs of health implementation.</p> <p>b. Capitation Fund BPJS paid directly to the local government-owned FKTP through capitation fund treasurer's account JKN on FKTP. This capitation fund is part of BUD account which is recognized as income that can be used directly for health service payment of JKN participant to FKTP even though its fund flow is not through BUD account.</p>	<p>the government. Subsidies are a form of assistance provided by the Government for the provision of health insurance for Civil Servants and Pension Recipients. Contribution is the contribution of funds provided by the Government every month for the provision of health insurance for Civil Servants and Pension Recipients.</p> <p>b. The amount of contribution is, amounting to 2% (two percent) of the income of Civil Servants and Pension Recipients.</p> <p>c. Paid gradually by looking at the APBN and APBD that the fee is given directly to PT. ASKES</p>
Use of Funds	<p>a. The Capitation Fund is used for;</p> <ul style="list-style-type: none"> • Payment of Health Services • Support operational costs of health services. <p>b. The capitation payment system is a prepayment or prospective payment with the consequence of health services conducted pre-effort or before BPJS participants fall ill. This system encourages the First Level Health Facility to act effectively and efficiently and prioritizes promotive and preventive activities.</p>	<p>In the referral system for civil servants, according to PMK No. 29 Tahun 2012 on Tariff Health Services For Participants PT. Askes, stated that for Askes participants can be made referrals with some health facilities that have been through cooperation between PPK with third parties who have unit cost higher than tariff as regulated in this Ministerial Regulation, cost difference can be charged to the participant. The services referred to in paragraph (1) may only be made with the consent of the participants by explaining the alternatives referred to other COs that have the appropriate type of service (PMK No.29 Tahun 2012).</p>
Responsible Institution	PT. BPJS Kesehatan (Persero)	PT. ASKES (Persero)

4.0 Conclusion and Recommendation

From the above explanation it can be concluded that, Civil Servants (PNS) is one of the state apparatus which is one member of health insurance (Askes) which have been registered by the state for health insurance and get health facilities. Before 2014 where this civil servant has been covered by PT. Askes which is a body to provide health facilities for its members. Financing system by PT. Askes is a referral system or claim, where a body or government agency that register employees must perform dues in accordance with established costs. Thus, for Askes participants if sick then can make referrals and also claims which will then apply cost. While for capitation system that is by making payment in advance with consequence of health service done by pre effort or before participant BPJS fall ill.

Based on the above explanation it can be suggested that capitation system regulations are more flexible, and regulations are more clarified and systems are made easier for BPJS members to more easily understand the existing capitation system.

Declaration

The authors declare that there is no conflict of interest regarding publication of this article.

Authors' contribution

Author 1: information gathering, preparation, and editing the manuscript.

Author 2: review the manuscript.

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