Indicators of UHC Achievement
The Universal Health Coverage Dimentions

Health System Financing; the Path to Universal Coverage, WHO, 2010, p.12

Website: www.litbang.depkes.go.id
Roadmap for Achieving UHC in Indonesia

Presented by
Ali Ghuftron Mukti
Membership Roadmap towards Universal Health Coverage

**Activities:**
Transformation, Integration, extention

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2012 – 2019
- Transforming JPK Jamsostek, Jamkesmas, PT Askes to BPJS Kesehatan
- Integration member of Jamkesda/PJKMU Askes comercial to BPJS Kesehatan
- Transforming TNI/POLRI membership to BPJS Kesehatan
- Setting up System Procedure of Membership and Premium
- Companies Mapping and socialization
- President Regulation of TNI POLRI Operational Health Support
- Sinkronizing Membership Data of JPK Jamsostek, Jamkesmas and Askes PNS/Sosial – using citizen ID

**Membership Extention of big company, midle, smal and micro**

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Membership satisfaction measurement periodically, twice a year

2014:
- Citizen has been cover with several scheme 148,2 million
- 90,4 million has not yet being member
- 73,8 million has not yet being member

2015:
- 124,3 million member be managed by BPJS Health Program
- 50,07 million managed by non BPJS Kesehatan

2016:
- 257,5 million (all citizen) manage by BPJS Kesehatan
- Membership Satisfaction level 85%

2019:
- 96,4 million subsidy 2,5 subsidy for people without ID

90,4 million has not yet being member

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Benefit Package and Premium

Consensus Benefit package; stated on President Regulation, by Nov 2011

Various Benefit of various schemes, not yet based on medical needs

- Benefit Package standard is comprehensive as medical need - Differ in hospitality

Premium : Differentiate between PBI from Non PBI

Various premium

2012

2013

2014

2015

2016

2017

2018

2019

Activities

Same Benefit package

Premium Relatively equal in term of proportion for all population

Review periodically on premium, benefit package effectiveness, payment adjusted to regions

Utilization Review to ensure efficiency, reduce moral hazard, improve satisfaction of membership, human resources and health facility

Premium agreed for PBI : Rp. 22,201
Premium for Non PBI still on going discussion : 5% of salary 3% - 2%

KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

11/10/2012

Vice MoH of Indonesia
Health Infra-structures

- Health facility distribution not optimum; various quality of services, referral health system not optimum yet; payment system not optimum yet
- Health facility extension and development including human health resources
- Evaluation and determined payment

Periodically Review of health facility eligibility, credentialing, Quality of care, and payment and adjusted tariff

Implement the roadmap: facility development, HRH, referral system, and other infrastructures.

- Number is enough
- Equal distribution
- Optimal function of Referral System
- Prospective payment system

Designing Standard and payment procedure, and health facility

Implementation, monitoring and referral health refinement and utilization review

Implementation payment mechanism: capitation, INA-CBGs; including payment and adjusted tariff revised every 2 years

Action plan of health facility, HHR, referral health system and infrastructure

KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

11/10/2012

Vice MoH of Indonesia
Scenario of Integration From Existing Management

INFORMAL

JAMKESMAS (For the Poor)

HEALTH PROGRAM

WORK ACCIDENT

LIFE INSURANCE

NON PROGRAM

HEALTH INSURANCE

OLD AGE

JAMKESDA (Local Initiative)

OLD AGE

BPJS 1 (Carrier 1)

BPJS 2 (Carrier 2)

HEALTH PROGRAM

WORK ACCIDENT

LIFE INSURANCE

OLD AGE

PENSION

TNI/ POLRI

HEALTH

LIFE INSURANCE

OLD AGE

PENSION

INFORMAL

JAMSOSTEK

ASKES

TAS PEN

HEALTH INSURANCE

WORK ACCIDENT

LIFE INSURANCE

OLD AGE

PENSION

INFORMAL

HEALTH PROGRAM

WORK ACCIDENT

LIFE INSURANCE

OLD AGE

PENSION

PHASE I

PHASE II
Referral Health System

Tertiary Care

Secondary Care

Primary Care

Hospital type A/ B
Hospital with sub-specialist doctor

Hospital type D/C
Hospital type D: Hospital with GP & 4 basic specialist (Obgyn, pediatrics, surgery, internist)

Health Centers, Private Clinics, private doctors
<table>
<thead>
<tr>
<th>MEMBER</th>
<th>DESIGN OF PREMIUM</th>
<th>AMOUNT OF PREMIUM</th>
<th>FACILITY</th>
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<tbody>
<tr>
<td>Subsidies Premium Member (PBI)</td>
<td>NILAI NOMINAL (per life)</td>
<td>Rp. 19,225,-</td>
<td>Class 3 Bed article 16A, 23</td>
</tr>
<tr>
<td>Gov. Employee/Soldier /Police Officer/Pension</td>
<td>5% (per family)</td>
<td>2% employee 3% employer</td>
<td>Class 1, Class 2 Bed article 16B, 23</td>
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| Worker besides Gov. Employee, etc | 4,5% (per family) and 5% (per family) | Up to 30 June 2015: 0,5% employee 4% employer  
Start 1 July 2015: 1% employee 4% employer | Class 1, Class 2 Bed article 16C, 23 |
| Non Worker and Non Salary Worker | NILAI NOMINAL (per life) | 1. Rp 25,500,-  
2. Rp 42,500,-  
3. Rp 59,500,- | 1. Class 3 Bed  
2. Class 2 Bed  
3. Class 1 Bed article 16F, 23 |
Katalog Harga, Spesifikasi, dan Penyedia Barang/Jasa Pemerintah dengan e-Purchasing

- Kendaraan Bermotor
- Internet Service Provider
- Alat dan Mesin Pertanian
- Obat

Alat Kesehatan

- Katalog harga dan spesifikasi
- Tata cara pengadaan
- Panduan aplikasi e-purchasing Alat Kesehatan (update 29 Oktober 2013):
  1. Untuk Panitia (pdf)
  2. Untuk PPK (pdf)
  3. Untuk Penyedia (pdf)