

# East Java Provincial Commitment in Integrating Regional Health Warranty Program (*Jamkesda*) Towards a National Health Guarantee - *Kartu Indonesia Sehat (JKN-KIS)*

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Abstract: The Minister of Home Affairs of Republic Indonesia has instructed the Regional Government to implement all of the related programs of JKN-KIS in to the national strategy program. This study has used the literature review method. East Java is one of the provinces in Indonesia that has been committed to heeding to the instructions from The Minister of Home Affairs with the policy set forth in the East Java Governor's Regulation No. 35 of 2016 on the Mechanism of Financing and Claiming of Health Service for Participant of Health Insurance Region. The policy set by the governor regulates what governs every city and district in the East Java province, especially concerning the members of "Jamkesda" who should move to the JKN program managed by BPJS (*Badan Penyelenggara Jaminan Sosial*). They should give a report to the Governor through the Public Health Office of the East Java Region. This is important for the East Java Province to prove that they are already participating in the policy that was instructed by the Central Government.

## 1 INTRODUCTION

Resulting from the 58 assembly in 2005 in Geneva, the World Health Assembly (WHA) declared that sustainable health financing through Universal Health Coverage (UHC) should be organised by a social health insurance mechanism. To make this a global commitment and basic constitution, the government is therefore responsible for the implementation of public health insurance through *Sistem Jaminan Sosial Nasional (SJSN)*. *Sistem Jaminan Sosial Nasional (SJSN)* is an Indonesian government program that has the goal to provide protection and social welfare for all of the people of Indonesia. Through this program, it is hoped that the whole community will be able to fulfil the basic need of decent living, in the case of things that result in a loss or decrease of income due to illness or accident. SJSN has multiple programs and principles. SJSN has 3 principles; humanitarian, benefits and social justice for all of the people of Indonesia. The programs contained in the *Sistem Jaminan Sosial Nasional (SJSN)* include health insurance, accident insurance, pensions and death insurance. The principles adopted in SJSN implementation are the principles of mutual cooperation, non-profit principles, the principle of openness, prudential principles, accountability principles, portability principles, compulsory

membership principles, trust fund principles and fund management principles.

One of the programs being enforced by the government is the Health Insurance Program, which is now called the National Health Insurance-Healthy Indonesia Card (JKN-KIS). The existence of *Jaminan Kesehatan Nasional-Kartu Indonesia Sehat (JKN-KIS)* managed by BPJS (*Badan Penyelenggara Jaminan Sosial*) Health is to enforce the regulations contained in Law Number 40 established in 2004 regarding *Sistem Jaminan Sosial Nasional (SJSN)*. This program has given something new for all of the people of Indonesia about the certainty of protection for their rights, especially in relation to health insurance. As mentioned in Article 28 H Paragraph (3) of the 1945 Constitution, every person has the right to social security which enables their complete development as a dignified human being. In accordance with SJSN Law, health insurance is administered nationally using the principles of social insurance and equity. The health insurance aims to ensure that the participants benefit from health care and protection when meeting their basic health needs. This is in line with the 1945 Constitution, Article 34 in an effort to improve the performance of *Jaminan Kesehatan Nasional-Kartu Indonesia Sehat (JKN-KIS)*. The Government, in this case the Minister of Home Affairs of the Republic of Indonesia, instructed the Regional

Government to implement all of its obligations related to the JKN-KIS program including, among others, instructing the Regional Government to integrate the *Jamkesda* program into the JKN-KIS program and the national strategic program.

## 2 METHODS

The type of this study is a literature study. According to *Notoatmojo, S. 2010: "Literature study method is activities related to the method of collecting data library, reading and mecatat, and manage research materials"*. The data used ranged included textbooks, journals, scientific articles and regulations in East Java which contain the concept studied. Journals and scientific articles used that are relevant to this research on integrating Jamkesda towards a JKN KIS. In this case, what is to be studied are the regulations and programs in the eastern Java province that support the central government's instruction to integrate *Jamkesda* in to JKN-KIS.

## 3 RESULT

Since January 1, 2014, the nation of Indonesia has entered a new era of era A National Health Guarantee (JKN), which will gradually cover all Indonesians and is mandatory. JKN is mandate for Undang-undang Number 40 in 2004 that *Sistem Jaminan Sosial Nasional* (SJSN), and implemented operationally after discharge Undang-undang Number 24 in 2011 that *Badan Penyelenggara Jaminan Sosial* (BPJS). Implementation National Health Guarantee (JKN) organized by BPJS Health listed at Government Regulation and Presidential Decree, among others : "Peraturan Pemerintah Nomor 101 Tahun 2012, Peraturan Presiden Nomor 12 Tahu 2013 and Roadmap JKN".

The benefits of National Health Insurance also involve promotive, preventive, curative and rehabilitative services including medicine and medical consumables in accordance with any medical needs. In order to realise the Universal Health Coverage that started 2015, BPJS Health activities focused on the integration of the membership of *Jamkesda* in to JKN-KIS. In line with the instructions from the Minister of Home Affairs of the Republic of Indonesia, the Regional Government is obliged to perform its obligations related to the JKN-KIS program, including the Regional Government integrating Regional Health

Insurance (*Jamkesda*) into the JKN-KIS program. The law that strengthens this is stated in Article 67, Law Number 23 from 2004 regarding the Regional Government, as it is one of the obligations of the Regional Head and the Deputy Head of the region that is implementing the national strategic program. The Government began to follow up on the instructions by the Ministry of Home Affairs with local government regulations or programs that supported the integration of *Jaminan Kesehatan Daerah* into *Jaminan Kesehatan Nasional-Kartu Indonesia Sehat* (JKN-KIS). One of the Regional Governments that followed up the instructions was the East Java Province.

The East Java province followed the instructions from the Ministry of Home Affairs by issuing the governor's regulation of the East Java number 35 of 2016 laws on the mechanism of financing and the submission of health service claims for regional health insurance participants. As for several matters discussed in this regulation, among others in Article 3, Paragraph (1), it is explained that the district/city government that has integrated JAMKESDA participants into JKN programs managed by BPJS (*Kesehatan*) shall report to the governor through the provincial health office; paragraph (2) explained that if the district/city government does not provide the report as referred to in paragraph (1), then the district/city government shall pay the claims of the participants of the *Jamkesda* card holders who are receiving health services in PKK.

In addition to the existing regulations, the commitment of the program run by the East Java provincial government is to integrating the policies of the participants of the national health insurance program with the data of the poorest in society as in *Penerima Bantuan Iuran* (PBI).

## 4 DISCUSSION

Integrating Jamkesda towards JKN KIS is local government register the poor and unable to BPJS Health and pay their dues as defined in Presidential Decree Number 111 in 2013 that health insurance. Local governments may register a number of poor and disadvantaged former Jamkesda participants who are either sick or healthy according to the adequacy of the budget and will register again the poor and incapable as followers. The population will benefit as regulated in the presidential regulation on health insurance. Residents will get uniform health services according to medical needs.

Current regulations in East Java are in response to the instructions from the government on the obligations of local governments concerning integrating *Jamkesda* in to JKN in East Java. It is the issuance of the East Java governor, regulation number 35 in 2016 about the mechanism of financing and the claims of health services for the participant's health insurance. In the regulation, it reviews the obligations of the district or municipal governments that have integrated JAMKESDA members in to the JKN-KIS program.

In addition to these regulations, East Java also executes policies in terms of the governance of the national health insurance program participants in relation to data collection from the poorest of society as relates to *Penerima Bantuan Iuran* (PBI). This is also the way that the East Java Province proves their commitment to carry out central government instructions to do with integration obligations throughout Indonesia.

In a study conducted by M. Ali Imron Rosyadi, his findings stated that the implementation of the national health insurance program policy in East Java Province is standard and that the target has been clearly regulated according to the Decree of the Minister of Social Service No. 146 / HUK / 2013. This is in accordance with the stated criteria both from the criteria of the participants and the amount set aside for the task.

In an article on the official page of BPJS, there are several cities or districts that have not integrated *Jamkesda* in to the JKN-KIS program such as the Trenggalek Regency, Pasuruan City, Batu Town, the Sumenep Regency and the Sampang Regency. The factors affecting some areas that have not integrated *Jamkesda* are constraints to do with APBD. The province of East Java remains determined to achieve the 100% integration program by 2019

To support the implementation of the policies that have been established by the provincial government of East Java, the provinces have also prepared resources for the success of this integration. Starting from human resources and financing from the Ministry of Social Service, the Social Services, BPS, Health Offices and BPJS (*Kesehatan*) are ready to participate in the involvement of PBI data so that the process of the integration with *Jamkesda* runs well and on target.

The Governor of East Java has a high level of commitment when it comes to realising the success of the JAMKESDA integration. By listing the poorest of society into the PBI, it makes it easier for the government to execute the central government's

instruction concerning the obligation of each region to integrate *Jamkesda* into the JKN-KIS program.

The policy regarding JKN participants receiving the PBI has been regulated in Government Regulation Number 101 in 2012 that PBI and decision social minister of Indonesia Number 146/HUK/2013 that the determination of the criteria and data collection of the poor and the needy. But this activity is not implemented maximally. It is still evident that many poor people are not included in the PBI. In 2015, PBI 14.001.871, Jamkesda or PBI Non Kuota 707.305 and SPM 70.000.

But the head of East Java Province has a high commitment to realize the success of this JKN, poor people who are not included in the PBI Jamkesda in charge of the budget, also the community has the motivation to become participants independently.

## 5 CONCLUSIONS

As seen in the East Java governor's regulation number 35 in 2016, there is substantial proof that the East Java Provincial Government is committed to the instructions of the Central Government in terms of the obligations the integration of *Jaminan Kesehatan Daerah (Jamkesda)* in to the *Jaminan Kesehatan Nasional – Kartu Indonesia Sehat (JKN-KIS)*, managed by BPJS (*Kesehatan*).

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