

Overcoming the Budget Deficit of the National Health Insurance Implementing Agency to Improve Service, Management and Financial Efficiency

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Abstract. Indonesia has established a universal insurance scheme, known as the National Health Insurance (JKN) since January 2014 under the name BPJS (Social Security Administering Agency). JKN is a merger of four pre-existing public insurance schemes (Askes insurance for civil servants, Jamkesmas insurance for the poor, Jamsostek as insurance for private sector workers and Asabri as Insurance for the armed forces). JKN was designed under the National Social Security law to meet the basic needs of the people and contribute to the realization of a prosperous and just Indonesia. With this insurance, it is hoped that people will not face financial barriers to access health care and hence increase the use of their health services. After running for 5 years the JKN program faces many obstacles that need to be corrected from various aspects, ranging from service procedures, patient handling and payment from the JKN to the Hospital facing obstacles, JKN's debt to the hospital reaches a very large amount that affects the performance of the Hospital, both for the procurement of consumables / medicines and payment for medical services to doctors and other workers in the hospital. The current problems with the existence of JKN are: the flow of referrals from health facilities 1 to the referral hospitals requires quite a long time with a long queue because it is constrained by the administrative readiness needed to be able to receive JKN services. Medical personnel who provide services seem slow in providing action, because doctors do not come or there are activities elsewhere. In addition, patients get drugs that are not according to the control schedule, for example, a monthly control schedule, the drugs that are obtained are only for 10 days due to the limited available drugs. Less optimal services provided to service recipients due to unbalanced incentives received by service providers / medical personnel also make their performance diminished. For health service providers (Hospitals) in collaboration with JKN, it is expected to improve the quality of JKN participant services by increasing the performance of medical personnel working at the Hospital, so that medical staff can provide good services to JKN patients by being given incentives in accordance with their performance. For JKN itself, they must be able to keep the payment time to hospital partners so that they can provide services to JKN participants better, JKN is expected to be able to cover the current deficit by increasing the number of JKN participants, increasing JKN contributions and inviting JKN participants to pay their contributions on time.

Keyword: JKN · BPJS · Hospital · Financial · Budget

1 Introduction

WHO proposes that all member countries implement universal health coverage to help people access high-quality health services without financial barriers. WHO recommendations for universal health coverage are in line with the Alma Ata declaration which aims to provide high quality services that can be accessed by people in primary care. In response to these global recommendations, Indonesia has established a universal insurance scheme, known as the National Health Insurance (JKN) since January 2014 under the name BPJS (Social Security Administering Agency).

JKN is a merger of four pre-existing public insurance schemes (Askes insurance for civil servants, Jamkesmas insurance for the poor, Jamsostek as insurance for private sector workers and Asabri as Insurance for the armed forces). JKN was designed under the National Social Security law to meet the basic needs of the people and contribute to the realization of a prosperous and just Indonesia. With this insurance, it is hoped that people will not face financial barriers to access health care and hence increase the use of their health services.

The role of primary care as a gatekeeper for secondary and tertiary care has been strengthened in JKN implementation. It is hoped that primary care doctors can meet the basic health needs of the community and must be able to manage most of the patient's problems. In implementing JKN, this sector is supported by a capitation payment system. This is a payment concept where private family doctors and Puskesmas (Indonesia Public Care Clinic) as primary care providers are paid a set payment per number of registered patients, whether patients come to seek medical assistance or not. This payment scheme is intended to enable primary care services to focus on health promotion and disease prevention in addition to healing measures. JKN also introduced several new health system regulations compared to the previous insurance scheme. Under the Askes and Jamkesmas schemes in the past, patients are free to access any primary care services. They can also easily get referral letters from their general practitioners to access secondary care at the hospital. However, under the JKN scheme, patients must formally register at the JKN office or practice a designated family doctor or Puskesmas. Conditions guidelines which can be appropriately managed by doctors based on their competency standards have also been published. Referrals can only be made based on appropriate clinical judgment. Therefore, patients must comply with the procedures set by JKN, in which, JKN will not cover the costs of hospital treatment if referrals are made outside the guidelines. On the other hand, the Indonesian government also supports the utilization of primary care under JKN by disseminating information about JKN procedures to the public and preparing practice guidelines for primary care providers. This information was spread by large-scale media campaigns including advertisements on TV and radio; while procedures were made to make registration with JKN easier for patients.

Unfortunately, there is little evidence available about the factors underlying this problem arising during the initial implementation of JKN in primary care settings. In particular, little is known about patients' views and experiences during JKN implementation, which may be an important factor influencing their decision about

whether to choose JKN. Information about patient views is important because patients are real users of health services, and their views and experiences represent actual conditions in practice settings. The current evidence only shows that there is a different level of satisfaction with the JKN program in Indonesian provinces (Ekawati *et al.*, 2017)

After running for 5 years the JKN program faces many obstacles that need to be corrected from various aspects, ranging from service procedures, patient handling and payment from the JKN to the Hospital facing obstacles, JKN's debt to the hospital reaches a very large amount that affects the performance of the Hospital, both for the procurement of consumables / medicines and payment for medical services to doctors and other workers in the hospital. A number of hospital directors (RS) complained about financial problems suffered due to JKN debt, Dr. Cipto Mangunkusumo Hospital (RSCM), and Sari Asih Hospital Ciledug.

Due to payment arrears from JKN, the Hospital also made changes in the service and amount of drug administration, this greatly affected the patient's satisfaction with JKN services. In addition, it also disrupted the performance of the medical staff at the hospital, because their medical services were also delayed by the arrears of payment from JKN. Whereas in the industrial 4.0 era, the world of health was demanded to improve health services and the completeness of a health service center to become a one stop service. Patients demand to get fast and accurate services.

1.1 Theoretical Background and Discussion

The current problems with the existence of JKN are: the flow of referrals from health facilities 1 to the referral hospitals requires quite a long time with a long queue because it is constrained by the administrative readiness needed to be able to receive JKN services. Medical personnel who provide services seem slow in providing action, because doctors do not come or there are activities elsewhere. In addition, patients get drugs that are not according to the control schedule, for example, a monthly control schedule, the drugs that are obtained are only for 10 days due to the limited available drugs. So that patients feel less satisfied with the services provided by JKN because the system is too complicated. Less optimal services provided to service recipients due to unbalanced incentives received by service providers / medical personnel also make their performance diminished.

Many participants refer to the closeness between services and their homes and the convenience of access to primary care services and choose them as their usual way of health care. In addition, many participants complained that the long waiting times and facilities at the clinic were less comfortable and limited the enjoyment of their services. In some cases, participants chose to leave the clinic or choose to go to a private hospital rather than continuing to queue. Another thing that participants complained about was that they saw a lack of physical facilities in the clinic that affected their ease of seeing a doctor. JKN participants felt that JKN had helped people with affordable medical costs, it still did not resolve inequality and hampered access to high-quality medical care for people living in the area.

Hospital as a service industry, customer satisfaction is always influenced by the quality of interaction between customers and employees who make contact services (Kotler, 2000). Evidence of service quality appears in flawless or perfect performance (Berry and Parasuraman, 1990), a concept similar to what is stated as zero defects in manufacturing. Based on the customer's point of view, service contact (service encounter or known as the moment of truth) occurs when the customer interacts with the organization (company) to obtain the services it buys. Basically, there are two main things related to service, namely hope customers to the quality of customers (expected quality) and customer perceptions of service quality when receiving services (experienced or perceive quality) Customers always assess a service received by comparing it with what is expected or desired. Customer satisfaction in this case is the patient becomes the key to the performance measure that is said to be perfect, in this case does not mean meeting rigid standards, but performance that can give satisfaction approaching 100% from the customer's point of view Customers always assess a service received by comparing with what is expected or desired. n buying from companies that offer the highest perceived value, consumers evaluate the benefits it receives with their sacrifice to obtain the product. Loyal customers are customers who have the characteristics of, among others, making repeated purchases of the same business entity, notifying others of satisfaction that is obtained from the company, and showing immunity to offers from offers from other competing companies. Greater customer loyalty, in turn, can be determined by trust in the airline brand and by the feelings or influences that an airline brand has. With the level of acceptance of product quality (perceive quality) will provide a sense of satisfaction because consumer expectations for company performance can be achieved properly. Impression or a good image of the airline brand, for the experience gained by customers will be the key for airlines there are loyal customers. So the Hospital must pay attention to the satisfaction of JKN participants in getting services provided by medical personnel in the Hospital.

1.2 Perceived Service Quality

Good service quality arises because of the service strategy related to company policies. Service strategies must be continuously developed to be maintained and improved, especially to create customer loyalty. Service strategy must be able to provide the perceive value received by its customers, such as services that must meet the expectations of its customers, then this will motivate customers to remain loyal to the company rather than having to move to a competing company. (Parasuraman 1996)

1.3 Customer Satisfaction

Satisfaction is the level of one's feelings after comparing the performance or results he feels with his expectations. So, the level of satisfaction is a function of the difference between perceived performance and expectations. (Kotler 2008)

1.4 Corporate Image Corporate Image

Loyalty is the result and satisfaction relationship for good product quality. Selnes (1993) suggests that the company's brand reputation can be explained together with shared loyalty and satisfaction. Andreassen and Lindestad (1998) suggested that intrinsic cues such as attitudes toward products are strongly influenced by products or services, whereas extrinsic cues such as corporate image are only part of the product or service.

1.5 Upcoming Customer Loyalty

This model is explaining future loyalty behavior. In the travel and tourism business, loyalty cannot always be made effective in purchasing tickets. The definition of loyalty according to Oliver (1999) is as follows: A deeply held commitment to rebuy or repatronize a preferred product / service consistently in the future causing repetitive same brand or same brand set purchasing, despite situational influence and marketing efforts having the potential to cause switching behavior. (Chaudhuri & Holbrook, 2001). It can be said, loyalty is a deep commitment to repurchase or become a regular customer and a product / service that is favored consistently in the future, where that commitment causes repeated purchases of the same flight services, even has the willingness to recommend service providers to others which are conative aspects.

The Social Security Administering Body (BPJS) or JKN is a legal entity formed to carry out the health insurance program with the aim of protecting the entire community with affordable premiums and with wider coverage for the entire community. Nationally, the number of people as well as the National Health Insurance in Indonesia has been reached 128 million as of August 2014.

According to the Head of the Marketing and Membership Department of JKN Regional Division of South West Sulawesi, Southeast Sulawesi and Maluku, Adi Siswadi, said JKN participants in South Sulawesi who had registered until September 2014 had reached 4.18 million people. JKN health services focus on First Level Health Services (FKTP) / primary health facilities, such as in Puskesmas. For this reason, the quality of these primary health facilities must be maintained, bearing in mind the effects of the implementation of the National Health Insurance going forward, which will result in increased public demand for health services.

Patient satisfaction is an important element in evaluating service quality by measuring patient response after receiving services. The existence of an assessment of these services means the health service facilities are expected to remain standing and growing. Improving the quality of health services for JKN participants, health services are no longer concentrated in hospitals or health facilities (health facilities) advanced level, but health services must be carried out in stages according to medical needs. This principle will enforce the health services to be focused on

First Level Health Services (FKTP) / Primary health facilities such as in health centers which will be the main gate for BPJS Health participants in accessing health services. One of the efforts to strengthen primary health facilities, it is expected that health workers who are at the level of primary health facilities, must have the ability and must master the latest things about predictions, signs, symptoms, diagnosis and comprehensive management of various diseases, because two important elements in

efforts to improve health services are the level of patient satisfaction as a service user and fulfillment of established service standards. Patient satisfaction is an important element in evaluating service quality by measuring the extent of patient response after receiving services.

With a good quality of service, will create satisfaction for patients. One assessment of service quality, namely reliability, responsiveness, and empathy. Reliability, namely the ability of health workers to provide promised services in a timely and satisfying manner. Responsiveness, namely the ability of health workers to help patients and provide responsive services. Empathy includes the ease of having good communication relationships and understanding the needs of patients. Health Center has tried to improve the quality of its services in terms of tangibles by providing clean health facilities, neat care rooms and the appearance of health workers in uniform and neat, as well as from insurance aspects by providing safe services, complete medical records and able to provide information relating to action taken. So that the quality of service that is the focus of research is reliability, responsiveness, and empathy influence opatient satisfaction. With this assessment the health service facilities are expected to continue to stand up and grow.

Patient satisfaction is the customer's response to the discrepancy between the level of prior importance and the performance of the factual felt after use. Expectations are directly proportional to the desire of patients to be able to enjoy the service satisfactorily. If the services provided are as expected, the quality is interpreted as good and satisfying, and so should.

Health services from health workers provided to patients who are JKN participants are expected to provide satisfaction to these patients. The quality of health services must be further improved. Thus, the researcher considers that this needs to be examined regarding the effect of JKN service quality on patient satisfaction in health care. This study aims to determine the effect of JKN service quality on patient satisfaction in health care centers.

In addition to the importance of patient satisfaction in receiving hospital services, care must also be paid to the performance of medical personnel who provide services to JKN participants. Performance is certainly a function of individual performance on specific tasks that consist of standard job descriptions but is also influenced by variables such as success in maintaining good interpersonal relationships, absenteeism and withdrawal behavior, substance abuse, and other behaviors that increase workplace hazards (Murphy & Kroeker, 1988). As such, overall performance is a combined variable that reflects the extent to which individuals engage in work behavior that contributes to, or reduces, the achievement of goals related to their work (Astin et al., 2003).

The government in an effort to improve the quality of human resources to provide health services issued several regulations aimed at maintaining the quality and competence of graduates of the health workforce, but this is not easy because getting a registration certificate or recommendation issued by a collegiate requires a long time, requirements the long one. In addition, the Government standardizes hospitals by holding hospital accreditation that aims to equalize the standard of services provided to patients, including the administrative requirements that must be carried out by nurses. However, this makes nurses spend more time completing administrative data than serving patients. Therefore, hospitals as a place for health services are demanded to

have reliable nurses and high job performance. Here what is meant by Job Performance refers to overall performance and not just the performance of single tasks. Job Performance is a function of individual performance on specific tasks consisting of standard job descriptions but is also influenced by variables such as success in maintaining good interpersonal relationships, absentee and withdrawal behavior, substance abuse, and other behaviors that increase harm in the workplace (Murphy & Kroeker, 1988).

Conceptualization of performance has been expanded in recent years to include core Task Performance, citizenship performance, and counterproductive performance. Core Performance Task refers to the basic tasks required of a particular job. Citizenship performance refers to the extra behavior carried out by employees (eg, assisting coworkers), exceeding and above the requirements of their core tasks, which actively promote and strengthen organizational effectiveness (Hunt, 1996; Organ, 1988). Counter-productive performance refers to the behavior carried out by employees who intentionally endanger the welfare of the organization (Bennett & Robinson, 2000). Rotundo and Sackett (2002) find that each of these three behavioral categories contribute to overall performance rankings, with the core Performance Task given the greatest weighting, followed by counterproductive performance and citizenship performance.

So based on the results of the concept study above, it can be synthesized that performance is the behavior or actions of employees in their work at the individual level which measures the achievement of employees in the organization and the process by which the employee reaches the target given and even surpasses it. In addition to the problem of satisfaction from JKN participants, there is news that has become JKN's problem, arrears of payments to the hospital for months, amounting to approximately Rp. 9.1 trillion in mid-2019, so this disrupts the performance of hospitals in providing services to JKN participants, and also the hospital late to provide medical services to its medical personnel.

Many efforts have been made to overcome all existing problems in various ways, one of them to JKN stakeholders has been conveyed that the Health BPJS has signed Memorandum of Understanding (MoU) with several banks to overcome short-term liquidity problems through supply chain financing. The Social Security Administering Body (BPJS) assesses the Minister of Finance Regulation (PMK) number 33 of 2019 regarding Amendments to PMK No.10 / PMK / 02/2018 concerning Procedures for Provision, Disbursement and Accountability of Health Insurance Fund Contributions Recipients of Contribution Aid to provide liquidity certainty for BPJS.

In PMK No33 / 2019 it is stated in article 7 that in the event of liquidity problems, BPJS Health can submit bills for a maximum of the next three months. The bill was intended for contribution funds for Recipient Assistance (PBI). PBI contribution funds will be the responsibility of JKN in this case BPJS Health both formally and materially. The use of funds will also be audited by an independent auditor. Disbursement of these funds is expected to help the JKN partner hospitals to continue to operate to function as a servant of JKN participants. What has been done to overcome the problems of debt and BPJS Health deficits, the government has tried to finance the JKN-KIS program by paying contributions for poor and disadvantaged people. In addition, the government

also becomes an employer for the state apparatus and pays contributions in a timely manner.

The government's commitment beyond those two obligations is to inject additional state budget funds that have been done continuously as the government's commitment to close the deficit so far while continuing to evaluate JKN. The government is looking at whether there are other things that can still be done so that the process of increasing fees becomes a last resort. So that it can be more understood by the community if the choice to increase the fee is taken.

At this time the Presidential Regulation of The Republic of Indonesia Number 75/2019 Concerning Amendment to The Presidential Regulation Number 82/2018 Concerning Health Warranty which states the adjustment of JKN participant contributions, which is expected to increase the contribution of these participants to cover the deficit that has occurred so far, hope there will be no future health guarantees. the delay in JKN payments to the Hospital, so that Hospitals that have collaborated with JKN can provide maximum service to JKN participants.

2 Conclusion

With many obstacles experienced by JKN, both by JKN participants, health service providers (Hospitals) and JKN as health funders, there must still be a lot of improvements to the JKN service system so that JKN participants have the convenience of receiving services without going through more efficient procedures, can get treatment faster and get appropriate treatment so that the goal of JKN to improve the health status of Indonesian people can be achieved and JKN participants are satisfied with the services provided by JKN partner hospitals.

For health service providers (Hospitals) in collaboration with JKN, it is expected to improve the quality of JKN participant services by increasing the performance of medical personnel working at the Hospital, so that medical staff can provide good services to JKN patients by being given incentives in accordance with their performance.

For JKN itself, they must be able to keep the payment time to hospital partners so that they can provide services to JKN participants better, JKN is expected to be able to cover the current deficit by increasing the number of JKN participants, increasing JKN contributions and inviting JKN participants to pay their contributions on time. Also if possible JKN can look for donors outside the existing provisions with supporting provisions. JKN is expected to improve the flow of JKN participant services to be more efficient, more open about the financing of medical services provided to partner hospitals, so that the medical staff understand the services provided by JKN whether it is in accordance with the service rates set by the Hospital.

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