



Analysis of the Implementation of the JKN Program for Contribution Assistance Participants (PBI) or the Poor Community in Indonesia

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ABSTRACT

One of the state investments that needs attention is the health sector, because it is closely related to the Human Resource Development Process. The fate of the nation really depends on it. The aim of this literature study was to examine the form and outcomes of evaluating health financing policies for the poor in the JKN program in various regions in Indonesia, based on identified concerns and in accordance with their urgency. This article was prepared using the literature review method, namely summarizing and explaining the contents of previously published sources of findings in accordance with the topic of the author's analysis regarding the implementation of the JKN program among contributory assistance (PBI) participants or underprivileged communities in the regions. Articles from 2019 to 2023 are used as references, using Google Scholar, Garuda Journal, and Springer Link. The JKN program does not reach everyone, especially the poor, who cannot obtain fair and adequate health protection. And as those in need, all poor people must be prioritized, because they do not get or qualify for government support. To complement the National Social Security System which is not yet able to cover all underprivileged and; poor communities, regional and central governments must create regional health insurance programs.

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1. INTRODUCTION

One of the investments that the state needs to pay attention to is the health sector, because it is closely related to the process of human resource development. The fate of the nation greatly depends on it. Therefore, the government remains determined to do its best. By making policies, the quality of health can be improved and the necessary facilities can be provided for better health service quality (Agustin et al., 2023). The ability of an individual or family to access healthcare services varies. Many limitations or circumstances may impact this. The community faces various obstacles in accessing and using healthcare services, such as their inability due to social and cultural norms in society, healthcare services that do not meet needs or expectations, low-quality healthcare services, and limited resources. Consisting of resources, capital, labor, and energy (Zelika & As'ari, 2022).

Considering that the National Health Insurance (JKN) is a government program designed to provide comprehensive coverage to all Indonesian citizens, this is necessary so that the community can have a successful and healthy lifestyle. The goal is for the insurance system to cover all Indonesian citizens, thereby enabling them to meet the basic health needs of the esteemed public (Putra et al., 2019).

The National Health Insurance Program (JKN) is a government initiative aimed at providing full health coverage to all Indonesian citizens and helping them lead successful and healthy lives (Social Security Law). Through the Social Security Organizing Agency (BPJS) Health, this program is one of the components of the National Social Security Scheme (SJSN) that is mandatory for the entire community. On January 1, 2014, BPJS Kesehatan began implementing the JKN program in accordance with the 2012 SJSN Law. When the JKN program was first implemented, there were several challenges. For example, not everyone participates; healthcare services are not distributed evenly; the quality of services varies; and the referral and payment systems are not in optimal condition. The health gap between groups of individuals is widening due to differences in geographical distribution, human resources for healthcare services, and access to healthcare services (Rahmat, 2020).

The National Health Insurance Program (JKN) run by the Social Security Agency for Health (BPJS Kesehatan RI) is one of the welfare state social insurance programs offered by the Indonesian government to its citizens. This is based on the welfare state theory. The government then mandated that all residents of participating countries become JKN participants in accordance with Presidential Decree Number 111 of 2013 on Amendments to Presidential Regulation Number 12 of 2013 on Health Insurance Article 6 Paragraph 1. Article 16 Paragraph 1 states that the government will provide contributions to the poor and underprivileged, while those who can afford to pay for themselves are required to do so (Fitriane & Ayuristia, 2022).

This literature review is prepared to examine the forms and outcomes of health financing policy evaluations for the poor within the JKN program in various regions of Indonesia, based on identified concerns and their urgency.

2. RESEARCH METHODS

This article is composed using the literature review method, which involves summarizing and elaborating on the content of previously published sources in accordance with the author's analysis topic regarding the implementation of the JKN program among premium assistance recipients (PBI) or underprivileged communities in the region. For articles from 2019 to 2023, references were used, utilizing Google Scholar, Garuda Journal, and Springer Link. Articles that explain the assessment of health funding schemes for underprivileged communities in the JKN program serve as references in this

method. There are 6 articles that will be used as content references, in accordance with the inclusion criteria used.

3. RESULT AND ANALYSIS

Based on the methods developed in this study, the results of the analysis of previous research on health insurance and health services for the poor can be seen in Table 1.

Table 1 Analysis of Previous Research Literature

No	Author's Name	Article Title	Research Results
1	Irtanto & Slamet Hari Susanto (2019)	Policy on the Quality of Health Services for the Poor in Probolinggo Regency	The Probolinggo District Local Government is developing regional policies to improve healthcare services for underprivileged communities. The policies include: 1) Providing healthcare services to low-income communities participating in BPJS health through PBI (Beneficiary of Contribution Assistance); 2) Providing healthcare services to low-income communities participating in the distribution of Jamkesda funds; and 3) Providing healthcare services through a certificate of poverty or disability (SKTM). The funds needed to implement the improvement project and provide health services to the underprivileged community come from central funds, joint provincial funds, and the regional budget (APBD). In fact, not all poor people are included in Jamkesda.
2	Basuki Rahmat (2020)	The Influence of the Implementation of Regional Health Insurance Policies on the Quality of Health Services for the Poor in the Tasikmalaya City Health Office	Research results show that health provides funding to community health centers and regional hospitals, with criteria set by the Health Office, for those who are truly unable to pay. The qualification referred to is that groups or individuals who meet the official definition of the poor according to the government must have a Jamkesmas card. The goal of this initiative is to improve public health services for low-income communities. By maintaining the health of the poor population, it is hoped that the birth rate, maternal mortality rate, and neonatal and child mortality rate can be reduced. Health facilities are not fully provided to the poor

- and unable communities. This shows that the implementation of Jamkesda is still below standard and targeted at the wrong group. Moreover, although the Mayor of Tasikmalaya has issued a decree stating that the poor do not have to pay any fees related to health services, some health organizations still charge blood management fees to those who cannot afford it.
- 3 Diah Ayu Pratiwi (2019) Analysis of Health Services for Poor Communities Using the Indonesia Health Card in Batam City
- Based on the results of this study, it was found that the program for the health of the poor can alleviate the burden on the community by providing free health services from providers at the nearest community health center. After the validity of their participation is proven, they are referred to the hospital by showing their card, which is verified by the local governor or mayor. In the event that participants require services and possess a Kartu Indonesia Sehat (KIS), the referral health service refers patients, except in emergencies, to medical institutions and is accompanied by the designated participant card from the outset before receiving assistance. For low-income patients using the Analysis of Public Services for Poor Users of the Healthy Indonesia Card in Batam City, the service package includes: insurance for diagnostic support services such as laboratories, X-rays, ultrasounds, etc.; outpatient and inpatient coverage for class III or higher; and treatment provided by BPJS.
- 4 Putri Ruth Ras Meita, Zulfendri, dan Siti Khadijah (2022) Factors affecting the utilization of community health centers by participants receiving National Health Insurance (JKN) contribution assistance in Deli Serdang Regency in 2020
- Research findings indicate that several factors, including perceptions of JKN, information costs, and healthcare services, influence how often the community uses health clinics in Deli Serdang Regency. The utilization of Puskesmas in Deli Serdang Regency is influenced by the educational characteristics of PBI members. Based on the research, JKN PBI participants with a background in secondary and higher education tend to use public health facilities

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| 5 | Wilza Ilhamy &
Rina Veronica
(2023) | Factors Affecting the Utilization of the National Health Insurance at Tarok Health Center, Payakumbuh City | <p>more frequently compared to PBI participants with a background in lower secondary education or no formal education. The community in the Deli Serdang area still relatively underutilizes health services. This is influenced by several factors, such as opinions regarding JKN, perceptions of services, and ease of access to information.</p> <p>Based on the research findings, there is a clear correlation between public perception, healthcare facilities, and knowledge regarding the use of national health insurance, but there is no clear correlation between the use of national health insurance and income. Between poor and good facilities, there is a difference in the percentage of national health insurance utilization (health facilities and national health insurance utilization are significantly correlated). Because they have no other choice, JKN participants who live far from healthcare facilities still want to access health services. In addition to the provision of medicines, complete equipment, and documents related to the availability of city guides in healthcare services, there is also healthcare services.</p> |
| 6 | Feby Oldrista
(2020) | Analysis of National Health Insurance Policy Planning from the Participation Aspect at the Ministry of National Development Planning/National Development Planning Agency (BAPPENAS) | <p>The research findings indicate that the government is exerting a deliberate effort to attain the goal participation percent in the JKN program. Recognizing the dynamics of annual policy execution is crucial, as it reflects the government's dedication to safeguarding public health. The government's pressing requirement for social insurance that withstands market value volatility. Indonesia asserts that the state must ensure universal social security coverage for all members of society without exception, informed by the experiences of other nations. The objective is to eradicate poverty. Between 2014 and 2019, it is anticipated that 95% of the population will benefit from JKN;</p> |

thus, recalibration is essential. The disparity between benefits and contributions affecting the JKN deficit is a concrete consequence of the endeavors to attain that objective.

4. DISCUSSION

Hospital utilization shows that the majority of underutilized individuals possess various forms of health insurance assets. Meanwhile, insurance holders are monitored by the government. The average age is higher compared to other health categories, especially concerning gender; women dominate both in government-managed insurance and in the uninsured status. It seems that most health insurance companies in Indonesia avoid impact analysis due to concerns about the low statistical power of inpatient care (Nisa, 2018).

According to the research by Irtanto & Slamet (2019) and Rahmat (2020), the poor community who should be included in the health insurance program are not all registered, and some are mis-targeted. This means it has not been fully implemented, even though the government has issued JKN for the PBI community using APBD funds. This is in line with Munawarah et al. (2023), who state that individual benefits are offered by the National Health Insurance Scheme in the form of health services, such as preventive, curative, promotional, and rehabilitative services, as well as essential prescription medications and disposable health supplies. The implementation of JKN is a necessity, and everyone must participate in JKN, which is carried out gradually and automatically.

JKN membership is divided into two groups, namely Non-PBI Contribution Assistance Recipients (Non-PBI) and PBI Contribution Assistance Recipients (COR). PBI participants are individuals who are considered poor and in need; the government will cover their monthly contribution costs. On the other hand, those who do not meet the criteria of being poor or in need, such as breadwinners and household members, as well as those who are unemployed, are not considered non-PBI participants. Beneficiaries of Contribution Assistance (PBI) are participants in health insurance for the poor and underprivileged as referred to in the Social Security System Law (UU SJSN), whose contributions are paid by the government as participants in the health insurance program. PBI participants are the poor and underprivileged who are designated by the government and regulated through government regulations.

Based on Pratiwi's (2019) research, health insurance for the poor has been implemented well, thereby alleviating the financial burden of healthcare for the lower-middle class. The services provided by the hospital and community health center are also good with adequate facilities. This is in line with the research by Munawarah et al. (2023) that a positive attitude among healthcare workers will improve the public's perception of using BPJS Kesehatan at Puskesmas. The pleasant and communicative approach of the staff towards patients is one of the factors that might make the community more interested in using health services.

In the research by Putri (2020) and Wilza (2023), it is explained that healthcare services are still difficult to access for the lower-middle-class community. This is due to the difficulty of accessing transportation facilities, making the community prefer not to use health services at hospitals and community health centers. Many elements, both from the perspective of the community and health infrastructure, impact the quality of medical services. Even though there are enough healthcare facilities, focusing on access to these facilities is very important because if these facilities are difficult to reach, their effectiveness as

healthcare services will be compromised. Due to various factors, such as inaccessible locations, long waiting times, transportation issues, household constraints, inconvenient schedules, and inaccessible services, fewer and fewer people are visiting medical institutions. Everyone is entitled to health insurance, and every community has the right to live, thrive, and prosper. Everyone has the right to receive the healthcare they need, both physical and mental. The community has the right to access safe, high-quality, and affordable healthcare services. Whether in good health or sickness, the quality of human growth and development is enhanced through access to quality healthcare services.

5. CONCLUSION

The JKN program fails to encompass all individuals, particularly the impoverished, who are unable to secure equitable and sufficient health coverage. All individuals in need, particularly the impoverished, must be prioritized. due to their ineligibility for government assistance. To augment the National Social Security System, which has yet to encompass all disadvantaged and impoverished communities, both local and national governments must establish regional health insurance schemes.

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