



# Ayo Sukseskan KIS

## ILLEGAL COST-SHARING FOR HOSPITAL CARE: SURVEY OF INDONESIA'S NATIONAL HEALTH SECURITY MEMBERS

**Novianti Br Gultom**

**R & D staff**

**Indonesia Health Economic Association**

**8<sup>th</sup> April 2015**





# AGENDA

- Background
- Objectives
- Methodology
- Results
- Conclusions
- Recommendations



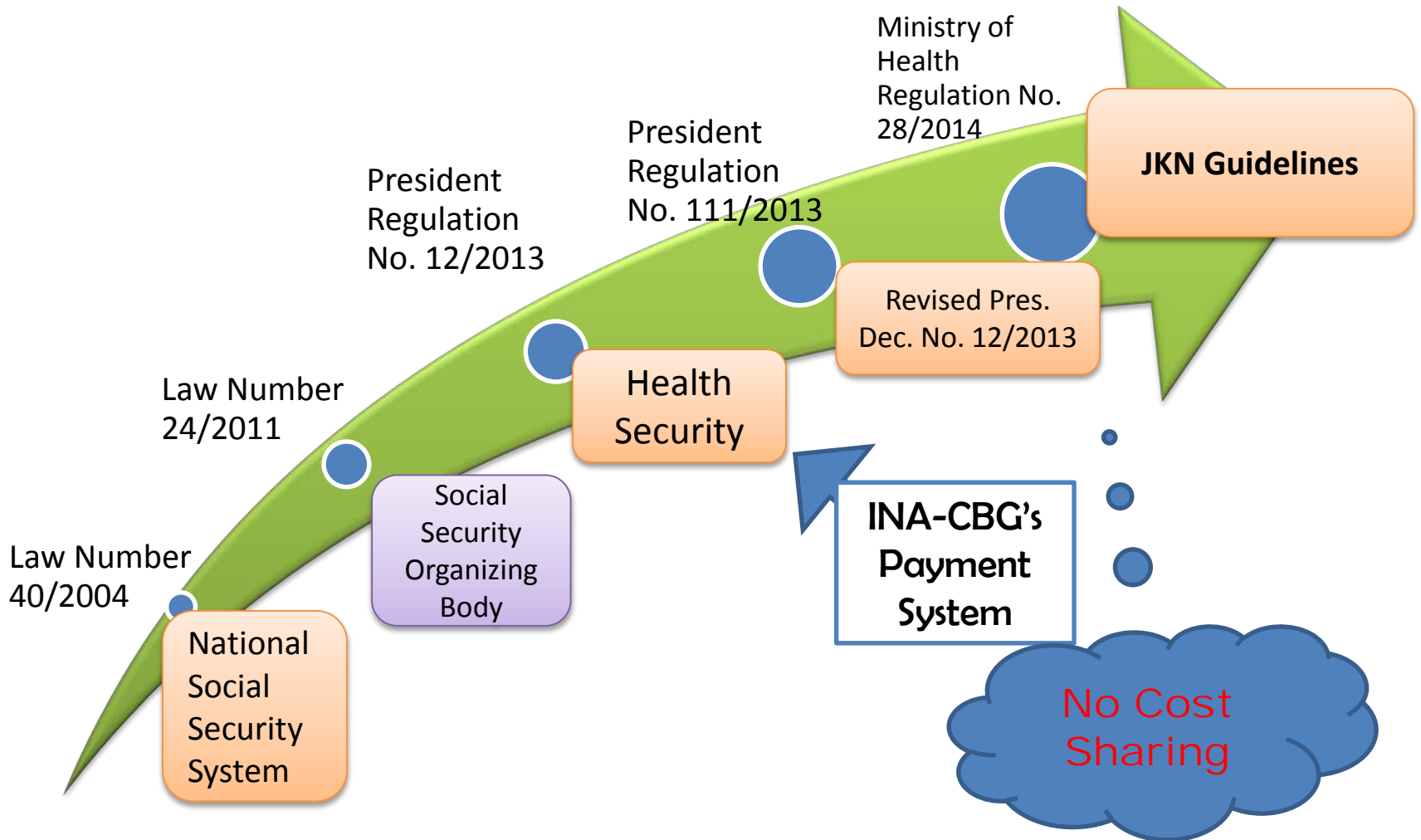
# AGENDA

- Background
- Objectives
- Methodology
- Result
- Conclusion
- Recommendations



# I. BACKGROUND (1)

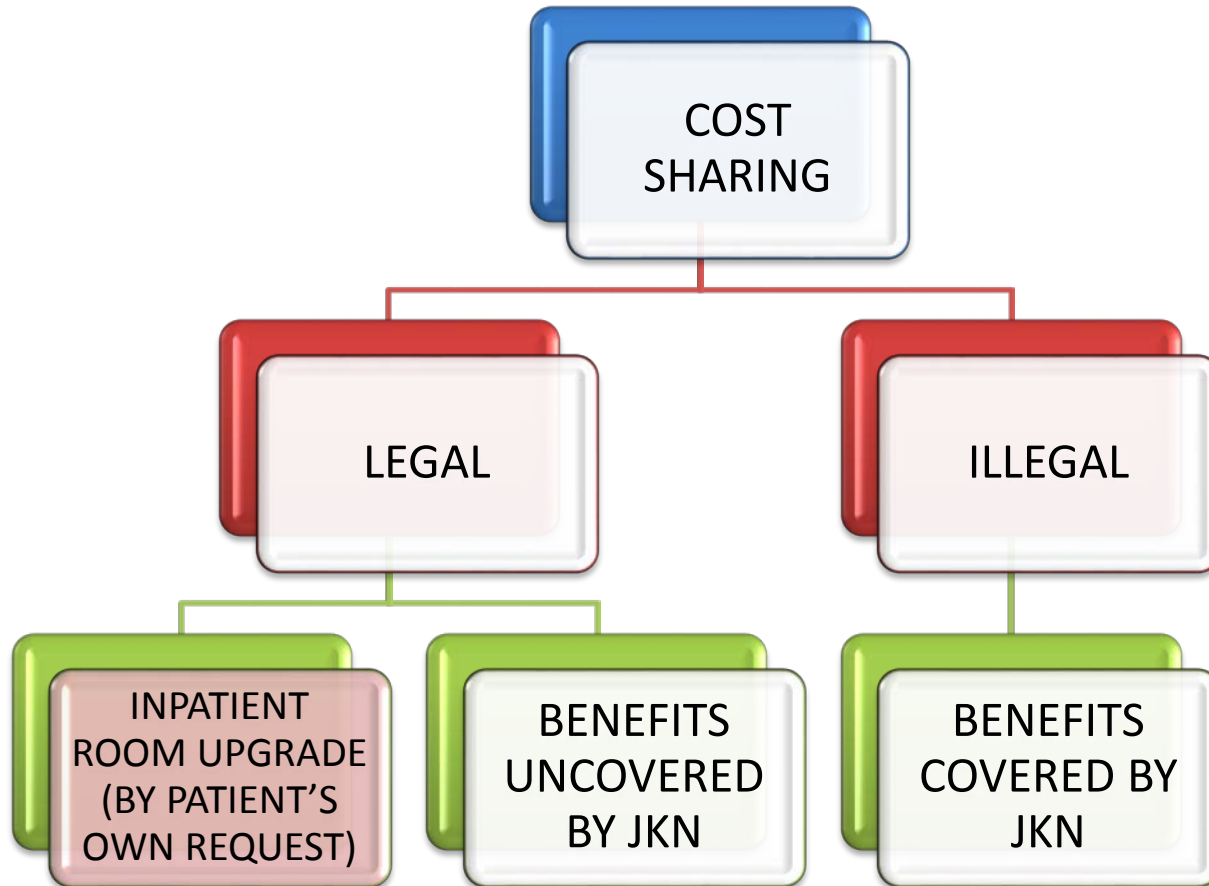
## NATIONAL HEALTH SECURITY/JAMINAN KESEHATAN NASIONAL (JKN)'s REGULATIONS





# I. BACKGROUND (2)

## NATIONAL HEALTH SECURITY/*JAMINAN KESEHATAN NASIONAL (JKN)*'s REGULATIONS





# I. BACKGROUND (3)

## FACTS SUGGEST HOSPITALS STILL CHARGE COST SHARING TO JKN PATIENTS (BOTH LEGAL & ILLEGAL)

<http://mediabanten.com/content/rumah-sakit-dilarang-pungut-biaya-dari-peserta-jkn>

<http://www.harianterbit.com/read/2014/05/13/2163/29/29/RS-Wajib-Kembalikan-Pungutan-pada-Pasien-JKN>

<http://poskotanews.com/2014/03/24/masih-banyak-rumah-sakit-doyan-ngibul/>

<http://www.rmolsumsel.com/read/2014/08/14/11448/Hanya-Alasan-Ini,-Peserta-BPJS-Bayar-Rumah-Sakit->

### Rumah Sakit Dilarang Pungut Biaya Dari Peserta JKN

Post date: 28/04/2014 - 22:26

REPORTER: luthfillah

EDITOR: ovinah

Serang—Seluruh peserta Jaminan Kesehatan Nasional (JKN) harus membayar biaya rumah sakit yang bekerja sama dengan Badan Penyelenggara Jaminan

Hal tersebut sebagaimana tertulis dalam Peraturan Menteri Kesehatan Nomor 12 Tahun 2014. Dalam pasal tersebut disebutkan, peserta JKN berhak mendapat pelayanan kesehatan yang dibutuhkan sesuai dengan indikasi medis yang penanggung jawabnya adalah Badan Penyelenggara Jaminan Sosial (BPJS).

"Paket harga yang tercantum dalam INA-CBG's itu cukup banyak, dan itu sudah termasuk biaya perawatan di rumah sakit," ujar Kepala BPJS Banten Atmoro.

Eva menambahkan, dalam beberapa kasus memang cukup sering terjadi, sehingga dengan terpaksa peserta JKN harus membayar biaya rumah sakit yang lebih tinggi selanjutnya. "Dalam kurun waktu itu, peserta JKN harus membayar biaya tambahan," katanya.

Yang harus diketahui peserta JKN, lanjut Eva, ketika peserta JKN dirawat di rumah sakit, ruang kelas rawat sesuai haknya penuh. Ada baiknya peserta teliti terlebih dahulu isi

"Karena ada juga surat pernyataan dari RS yang membunyikan biaya rumah sakit, tapi dikarenakan keinginan sendiri yang mengizinkan peserta," katanya.

Hal serupa juga dikatakan Andita, petugas BPJS Kesehatan. Di tempat masalah pungutan biaya yang dilakukan RS kepada peserta JKN ada pungutan, sebaiknya peserta JKN konsultasi terlebih dahulu ke BPJS Kesehatan.

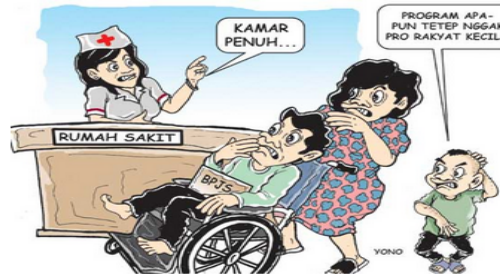
### RS Wajib Kembalikan Pungutan pada Pasien JKN

Harianterbit.com | Selasa, 13 Mei 2014 15:32:00 WIB | Dilihat: 620

### Masih Banyak Rumah Sakit Doyan Ngibul

Senin, 24 Maret 2014 — 2:28 WIB

Twitter: 35 Facebook: 6 Google Plus: 0



NIAT baik pemerintah menggulirkan BPJS (Badan Penyelenggara Jaminan Sosial), khususnya bidang kesehatan, nampaknya masih terus menjadi kendala bagi pasien pemegang BPJS. Seakan bernasib sama dengan pasien pemegang SKTM, pemegang BPJS pun seringkali berhadapan dengan itikad tidak baik dari sejumlah rumah sakit yang mendapat rujukan. Yang paling sering terjadi adalah, pasien ditolak dengan alasan kamar rawat penuh.

Yang masih hangat terjadi pada pasien di RSUD Kota Bekasi. Minggu, 14, pasien pemegang BPJS terkatung-katung di dua rumah sakit, RSUD Kabupaten Bekasi dan RSUD Kota Bekasi. Di RSUD Kabupaten Bekasi, dia ditolak dengan alasan tidak ada dokter yang bisa melakukan operasi usus buntu yang dideritanya, hingga kemudian keluarga membawanya ke RSUD Kota Bekasi.



Jakarta—Jaminan Kesehatan Nasional (JKN) yang dikelola Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan harus membayar biaya rumah sakit yang bekerja sama dengan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan. Hal ini harus segera dilayani oleh rumah sakit yang bekerjasama dengan BPJS Kesehatan.

### Hanya Alasan Ini, Peserta BPJS Bayar Rumah Sakit

Kamis, 14 Agustus 2014, 22:10:00 WIB

RMOL. Program Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan menanggung semua layanan kesehatan medis dan non medis bagi semua pesertanya. Sehingga, peserta tidak membayar biaya apapun sesuai dengan kelasnya, baik di Fasilitas Kesehatan Tingkat Pertama (F-KTP) maupun pelayanan di Rumah Sakit.

Namun, ada beberapa faktor yang membuat peserta BPJS Kesehatan harus membayar biaya Rumah Sakit.

Menurut Manti, Kepala Departemen Kesehatan dan Kepesertaan BPJS Kesehatan regional Palembang, ada beberapa faktor yang membuat peserta BPJS Kesehatan dibebankan biaya.

"Salah satunya adalah ketika peserta BPJS Kesehatan yang meminta rawat inap di rumah sakit, padahal mereka dibebankan biaya rawat inap," katanya.

Hal ini harus segera dilayani oleh rumah sakit yang bekerjasama dengan BPJS Kesehatan, ia hanya sebagai informasi.

"Kalau misalnya peserta merupakan pemegang BPJS Kesehatan kelas I namun kamar kelas I full, pihak RS wajib memberikan kelas yang tersedia, bisa lebih tinggi, atau lebih rendah tapi harus persetujuan pihak peserta," ucapnya. [nef]





# AGENDA

- Background
- Objectives**
- Methodology
- Result
- Conclusion
- Recommendations



## II. OBJECTIVES

The general objective of this survey is to evaluate the implementation of JKN by seeking the presence/absence of cost-sharing paid by JKN patients.





# Special Objectives...

- % BPJS patient who pay cost sharing
- Diagnosis and functional medical unit (SMF) with cost-sharing
- Type of services charged with cost-sharing
- Reason of cost-sharing
- Amount of cost-sharing
- Acceptance of cost-sharing
- Type of cost-sharing desired by patient
- Respondent's tolerance level of cost-sharing
- Hospital perception on INA-CBG's tariff
- Recommendation



# AGENDA

- Background
- Objectives
- Methodology**
- Result
- Conclusion
- Recommendations



# III. METHODOLOGY

Survey is to identify the % of patients with cost-sharing

Method	Quantitative
Sampling method	<i>Convenience sampling, margin of error 6,9%</i>
Location	Jakarta, Bogor, Depok, Tangerang, Bekasi
Sample size	200
Data Collecting	Survey with questionnaire
Analysis	Descriptive statistics
Period	July 2014



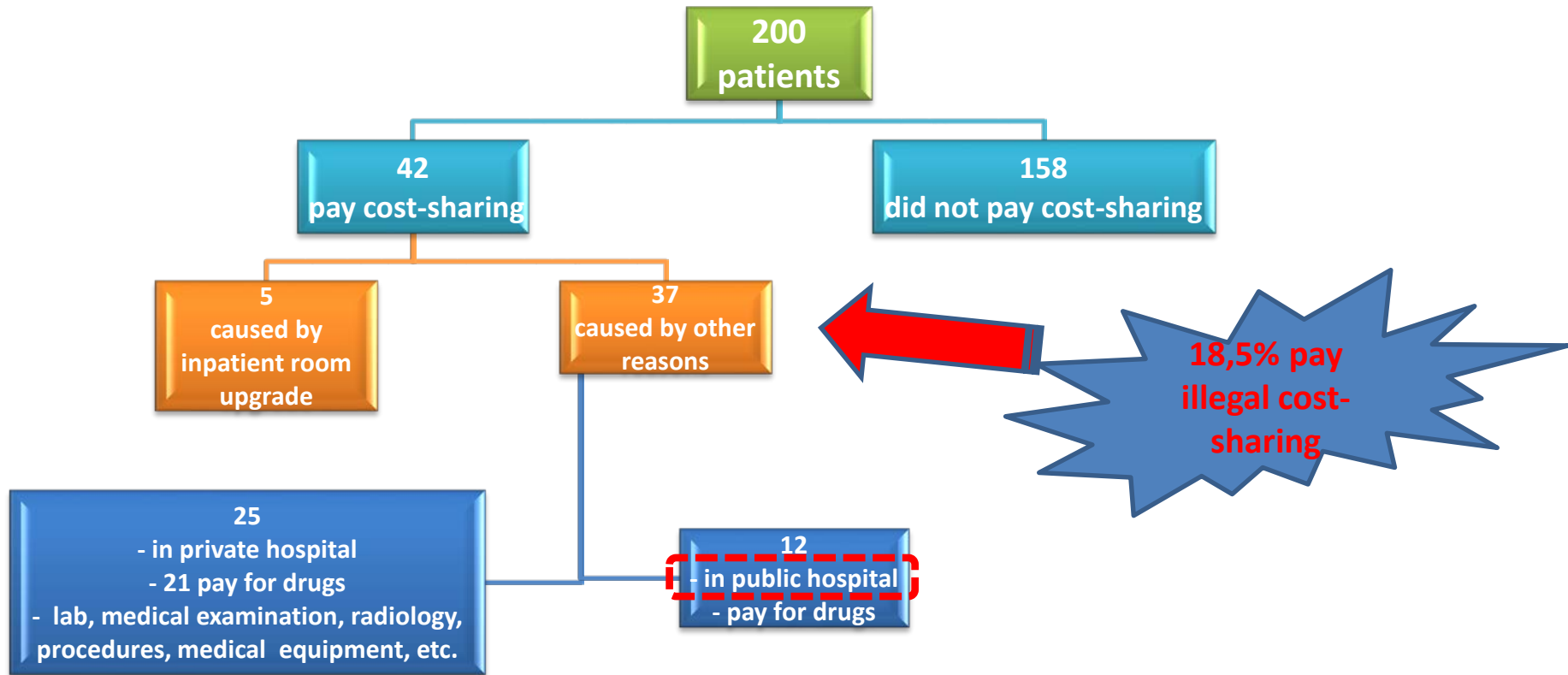
# AGENDA

- Background
- Objectives
- Methodology
- Results**
- Conclusion
- Recommendations



# IV. RESULTS (1)

## The % of patients with cost-sharing

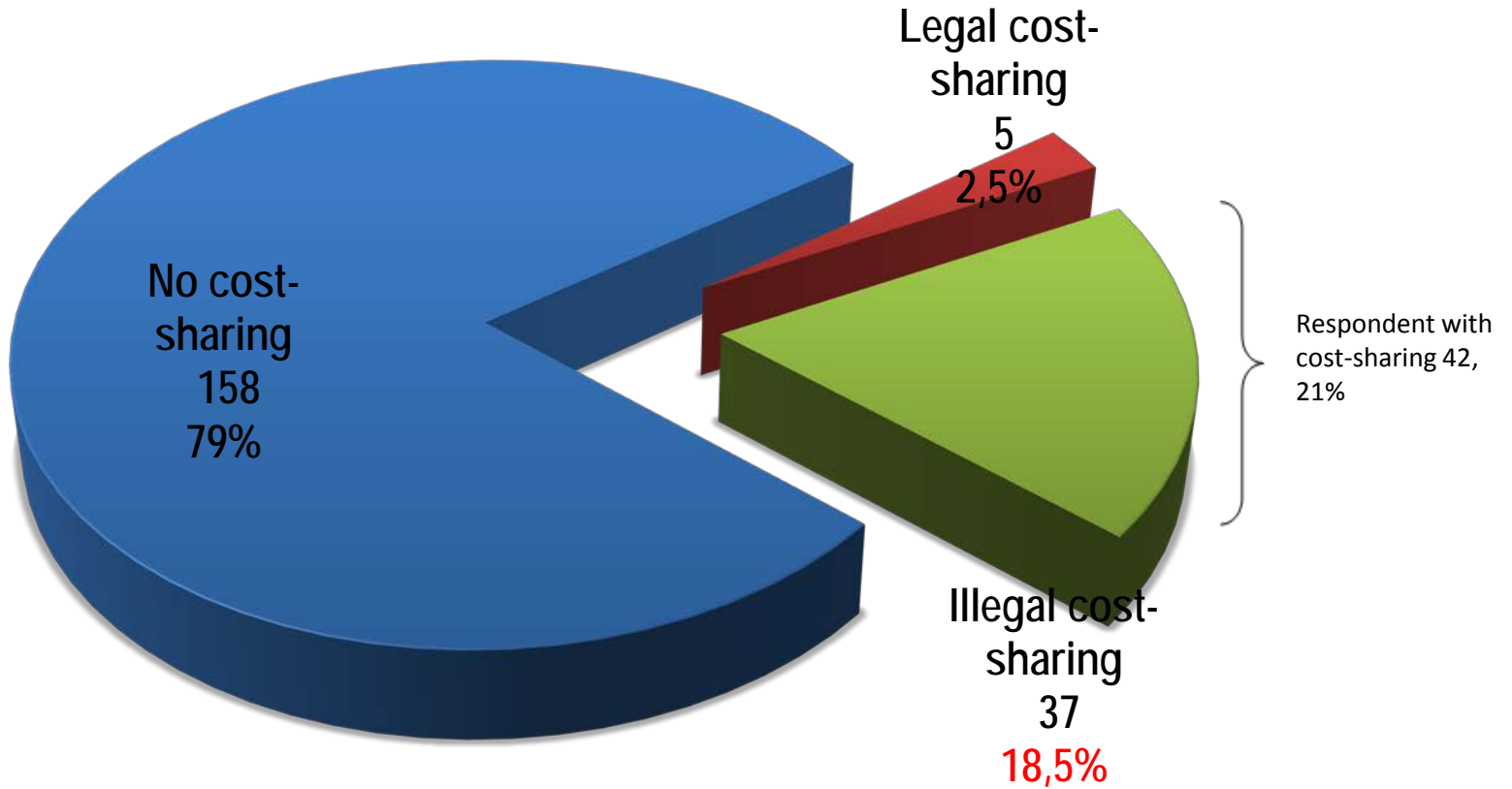


From 200 JKN patients, there are 37 patients must pay illegal cost-sharing for their health treatment. Cost-sharing are also found in Public Hospital.



# IV. RESULTS (2)

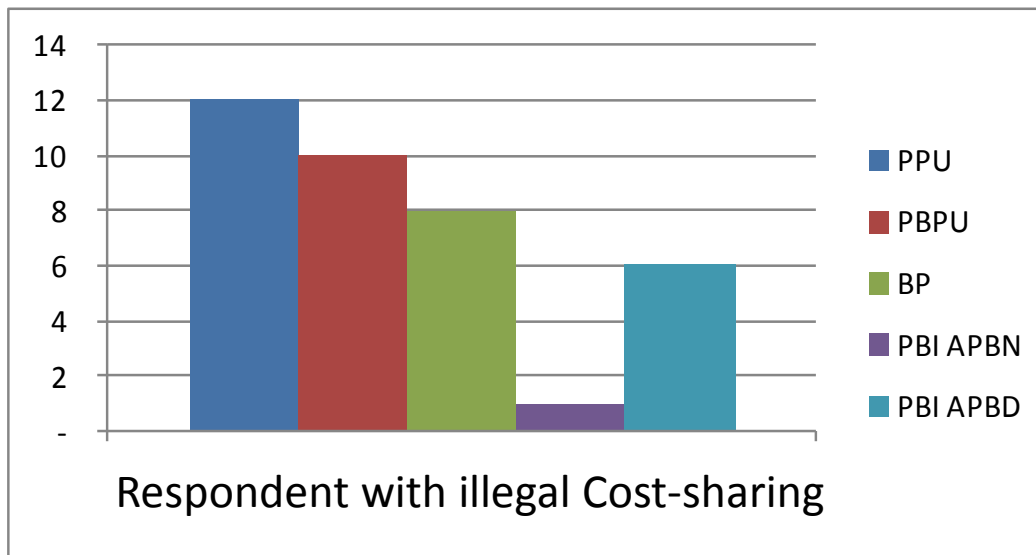
Patient with and without cost-sharing (n=200)





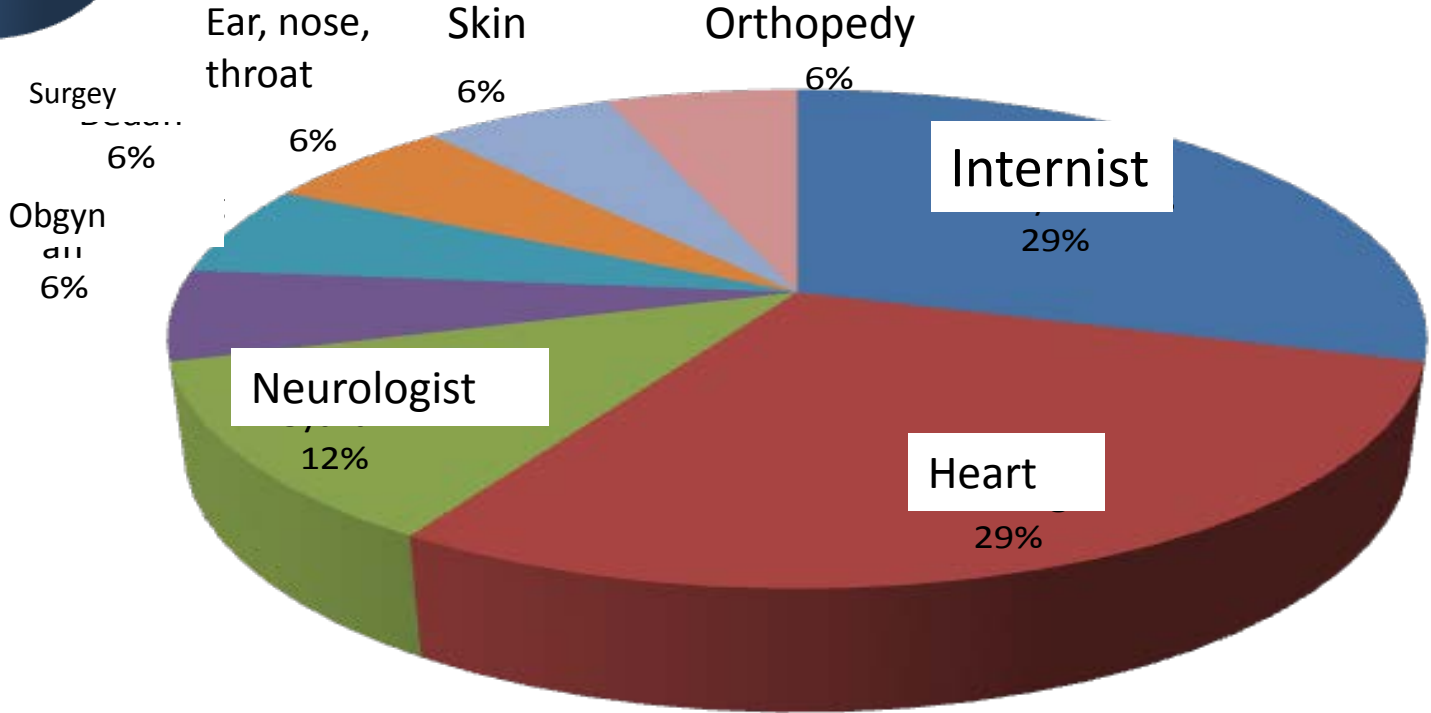
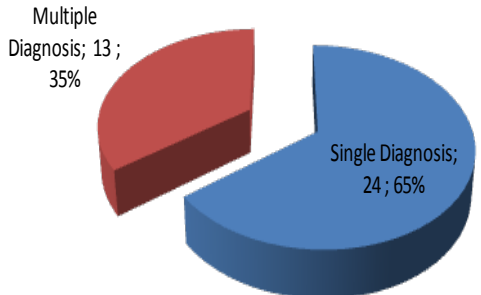
## IV. RESULTS (3)

### Patient with illegal Cost-sharing (n=37)



# IV. RESULTS (4)

## Diagnosis and functional medical unit (SMF) with cost-sharing



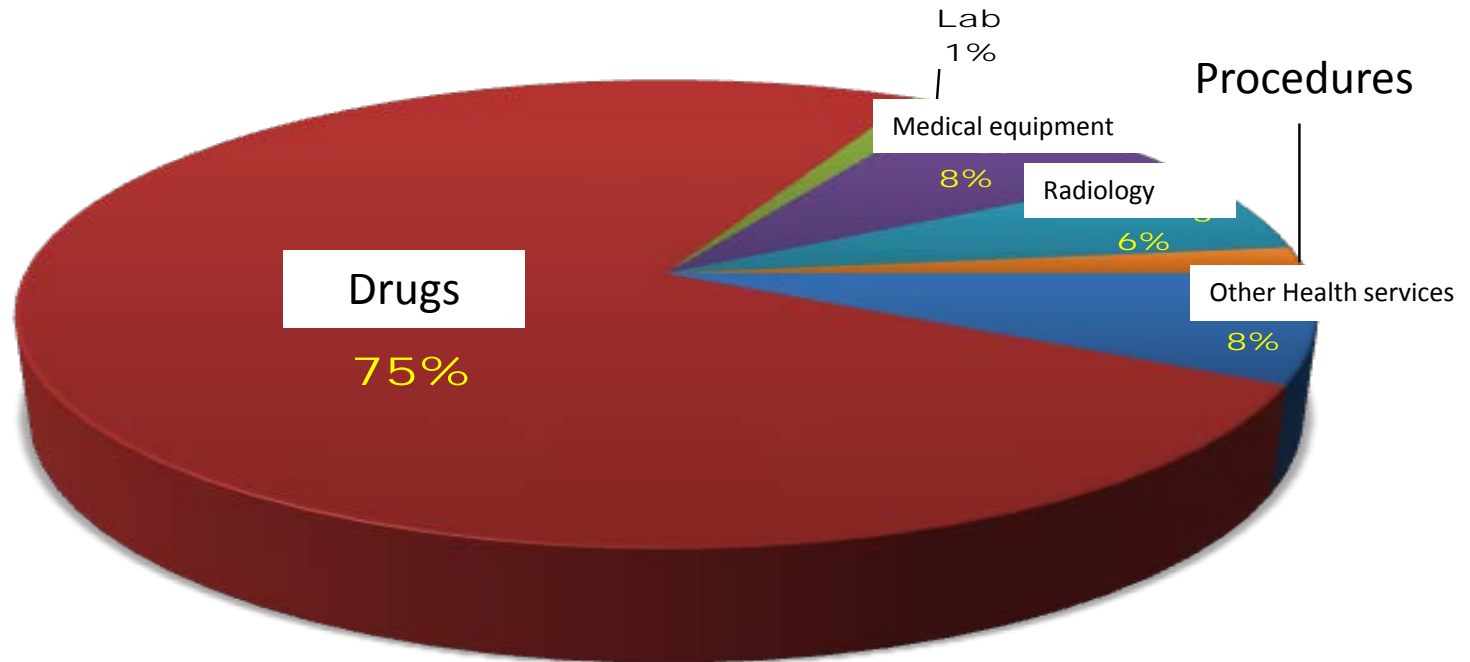
Diagnosis is dominated by disease associated with circulatory system (I) and infectious and parasitic disease (A). The highest illegal cost –sharing happen in Internal and Heart Disease Units.





## IV. RESULTS (5)

### Type of services charged with cost-sharing



n = 37

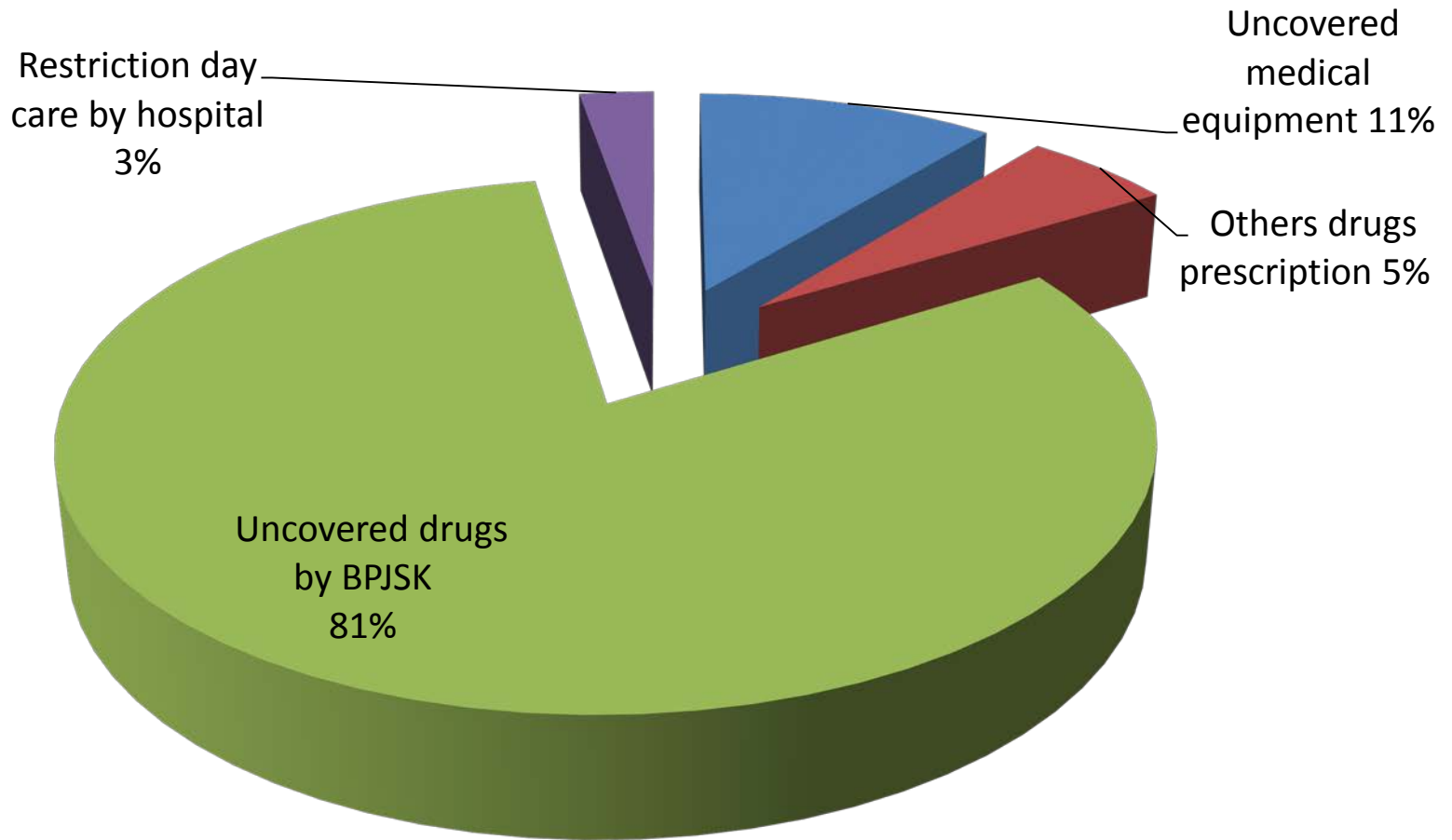
Total Rp 13.883.050

The most frequent cause cost-sharing is drugs. While other cost-sharing are for laboratory , medical equipment, radiology, procedures and other health services .



# IV. RESULTS (6)

## What for the cost-sharing that you paid?





# IV. RESULTS (7)

## Amount of cost-sharing

Cost-sharing	Inpatient		Outpatient		Total	
	#	Average (Rp.)	#	Average (Rp.)	#	Average (Rp.)
< Rp 50.000	5	20.000	6	19.498	11	19.726
Rp 50.000 - Rp 249.999	4	157.500	6	110.825	10	129.495
Rp 250.000 - Rp 499.999	4	308.125	3	383.537	7	331.889
Rp 500.000 - Rp 749.999	1	545.000	1	700.000	2	637.957
Rp 750.000 - Rp 999.999	3	893.333	-	-	3	893.333
Rp 1.000.000 - Rp 1.249.999	-	-	1	1.063.000	1	1.063.000
Rp 1.250.000 - Rp 1.499.999	-	-	-	-	-	-
> Rp 1.500.000	3	1.666.667	-	-	3	4.491.668
<b>TOTAL</b>	<b>20</b>	<b>509.375</b>	<b>17</b>	<b>217.385</b>	<b>37</b>	<b>375.218</b>

Range of cost-sharing → Rp.4,000 – Rp.2,000,000



## IV. RESULTS (8)

Do you think the amount of cost-sharing that you pay creates financial burden?

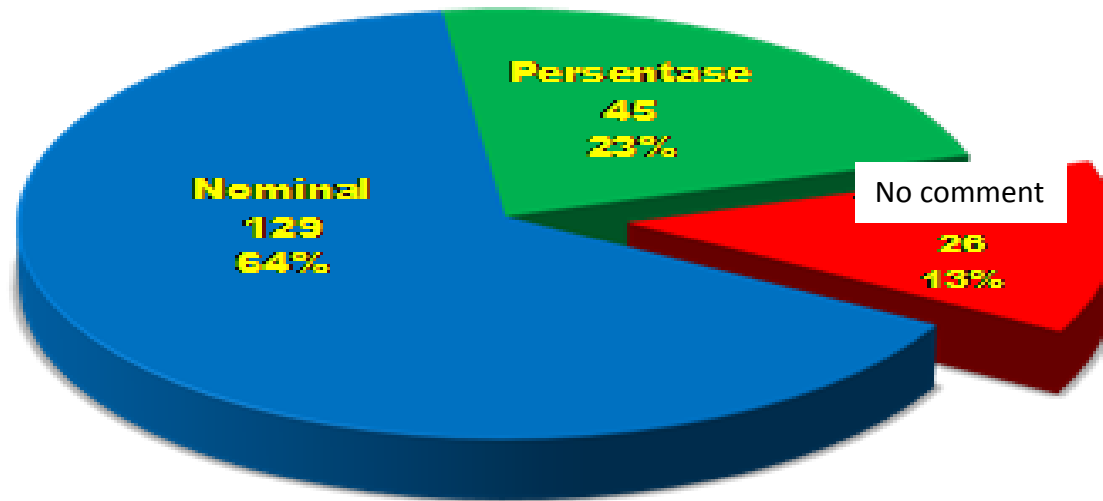
No.	Responses	$\Sigma$	%
1	Strongly Disagree	13	35%
2	Disagree	3	8%
3	Neutral	2	5%
4	Agree	17	46%
5	Strongly Agree	2	5%
	Total	37	

51%



## IV. RESULTS (9)

Which type of cost-sharing would you prefer?



# IV. RESULTS (10)

To what extent would you tolerate cost sharing for outpatient and inpatient care?

NOMINAL	Outpatient		Inpatient	
	Fair	Ability	Fair	Ability
< Rp 4.999	9	11	2	2
Rp 5.000 - Rp 19.999	21	30	4	6
Rp 20.000 - Rp 49.999	45	42	10	10
Rp 50.000 - Rp 99.999	41	35	37	43
Rp 100.000 - Rp 199.999	10	8	42	38
Rp 200.000 - Rp 299.999	2	1	21	16
Rp 300.000 - Rp 499.999	1	1	6	9
Rp 500.000 - Rp 999.999	0	1	5	3
> Rp 1 juta	0	0	2	2
Total respondent	129	129	129	129

60%

63%

## IV. RESULTS (11)

To what extent would you tolerate cost sharing for outpatient and inpatient care?

PERCENTAGE	Outpatient		Inpatient	
	Fair	Ability	Fair	Ability
< 0,99%	0	1	2	4
1,00% - 2,49%	8	10	6	8
2,50% - 4,99%	4	3	6	6
5,00% - 9,99%	16	14	17	15
10,00% - 14,99%	10	9	6	5
15,00% - 19,99%	2	5	0	0
20,00% - 29,99%	5	3	6	0
> 30%	0	0	2	7
Total respondent	45	45	45	45

51%

64%



## IV. RESULTS (12)

### Hospital Perception on INA-CBG's tariff

Hospital Area	Services	Hospital Average	BPJS Average	+/-	Average
DKI JAKARTA	Outpatient	378.438	599.976	221.538	148.333
	Inpatient	6.849.118	5.476.417	(1.372.701)	304.917
BODETABEK	Outpatient	326.058	183.012	(143.046)	409.575
	Inpatient	6.693.523	4.486.875	(2.206.648)	716.636

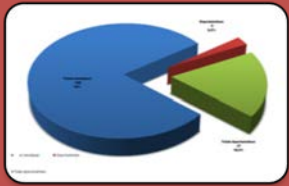




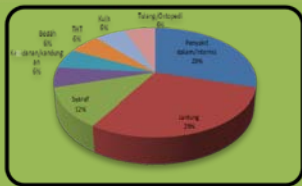
# AGENDA

- Background
- Objectives
- Methodology
- Result
- Conclusions**
- Recommendations

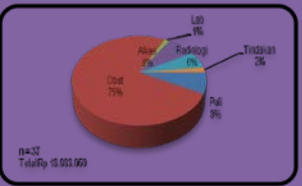
# V. CONCLUSIONS (1)



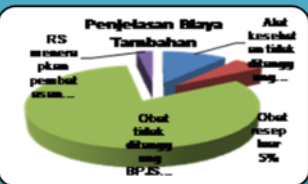
Despite the claim that JKN is free of charge, illegal cost-sharing still exist. Illegal cost sharing is also found in public hospital. Even the poor must pay illegal cost-sharing.



Diagnosis is dominated by disease associated with circulatory system (I) and infectious and parasitic disease (A). The highest illegal cost –sharing happen in Internal and Heart Disease Units.



The most frequent cause cost-sharing is drugs. While other cost-sharing are for laboratory , medical equipment, radiology, procedures and other health services .



The highest reason of cost-sharing is because of drugs not covered by BPJS Health. The rest are because of medical equipment not covered and restriction day care.

# V. CONCLUSIONS (2)

Skala Biaya	Rawat Inap		Rawat Jalan		TOTAL	
	#	Rata-rata Rp	#	Rata-rata Rp	#	Rata-rata Rp
< Rp. 10.000	5	20.000	5	20.000	10	20.000
Rp. 10.000 - Rp. 24.999	4	300.000	4	300.000	8	300.000
Rp. 25.000 - Rp. 49.999	4	100.000	2	100.000	6	100.000
Rp. 50.000 - Rp. 99.999	3	140.000	1	70.000	4	105.000
Rp. 100.000 - Rp. 199.999	3	400.000	-	-	3	400.000
Rp. 200.000 - Rp. 399.999	-	-	1	3.000.000	1	3.000.000
Rp. 400.000 - Rp. 1.499.999	-	-	-	-	-	-
Rp. 1.500.000 -	3	3.000.000	-	-	3	3.000.000
TOTAL	22	500.000	13	3.170.000	35	3.670.000

Cost-sharing are paid by patients in the range of Rp.4,000 – Rp.2,000,000 or in average Rp.375,218

Despite reluctance to the amount of cost-sharing they paid in this survey, most respondent support JKN’s plan to implement cost-sharing for certain services.

From those who supported legal cost-sharing, 65% prefer a fixed-price cost sharing.


PERSENTASE TERHADAP TOTAL TAGIHAN	Rawat Jalan		Rawat Inap	
	Wajar	Mampu dibayarkan	Wajar	Mampu dibayarkan
<0,99%	0	1	2	4
1,00%-2,49%	8	10	6	8
2,50%-4,99%	4	3	6	6
5,00%-9,99%	16	14	17	15
10,00%-14,99%	10	9	6	5
15,00%-19,99%	2	5	0	0
20,00%-29,99%	5	3	6	0
>30%	0	0	2	7
TOTAL RESPONDEN	45	45	45	45

a. Toleration by nominal: Outpatient → Rp.20,000 – Rp.99,999 (60%), Inpatient → Rp.50,000 – Rp.199 999 (63%)

b. Toleration by percentage: Outpatient → 5% - 14.99% (51%), Inpatient → 1% - 9.99% (64%).



## V. CONCLUSIONS (3)



Under the INA-CBG's tariff, Hospitals in Jakarta experience surplus for outpatient care. However, Hospitals in other cities experience deficit.



# AGENDA

- Background
- Objectives
- Methodology
- Result
- Conclusion
- Recommendations



# VI. RECOMMENDATIONS

We order BPJS regional and branch office to inform patients and hospitals about legal, illegal cost-sharing and the ministry of health regulation no. 28/2014

We recommend a nationwide study to identify, measure and solve illegal cost-sharing problems.

We recommend to add 'illegal cost-sharing' in hospital credentialing indicators.



**THANK YOU**