

The Dynamics Analysis Of Development And Basic Principles Of Health Insurance In Indonesia

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Abstract.

Healthcare insurance in Indonesia is mandated by the 1945 Constitution, Article 34 paragraph 2. The basic principles of health insurance in Indonesia are based on social justice and broad coverage and support the sustainability of an inclusive and equitable health service system. The health insurance system in Indonesia has transformed into Universal Health Coverage (UHC) through the National Health Insurance (JKN) program. Problems that are still obstacles to the effectiveness of the JKN system include slow payment of claims to health facilities, moral hazard, and gaps in the quality of services between health facilities in big cities and remote areas. This study aims to analyze the basic principles and dynamics of the development of the national health insurance system in Indonesia. The method used is a literature study of scientific sources, public policies, and official reports. The results of the study and review indicate that the principles of solidarity, equity, and sustainability are the main foundations in the implementation of JKN. Although coverage has expanded significantly, challenges such as gaps in access to services, imbalances in contributions and financing, and low public understanding of health insurance still need attention.

Keywords: Basic principle; health services; health insurance and universal health coverage.

I. INTRODUCTION

In carrying out daily activities, humans naturally cannot escape from risks that cannot be predicted by humans themselves, whether in the form of illness, accidents or death. For this reason, humans make efforts to reduce these risks, one of which is through insurance which aims to provide protection if a risk occurs in the future. Insurance is a "promise to provide protection", where the promise provides compensation to members of the community who are customers when they suffer losses caused by an event that has been agreed upon in advance[1]. In Indonesia itself, regulations regarding insurance have been regulated in Law Number 40 of 2014 concerning Insurance. Currently, insurance in Indonesia is still in the process of developing towards a system that can improve the quality of public service. Therefore, there needs to be good cooperation between insurance companies, regulations, and insurance systems. With this cooperation, it is hoped that it can further increase public trust in the insurance company itself[2]. In addition, there needs to be socialization and a deep understanding of the impact of insurance, the importance of informing public policies, industry practices, and individual decisions related to risk management[3]. In its implementation, insurance has basic principles based on social justice and broad reach and supports the sustainability of an inclusive and equitable health service system[4]. The existence of insurance can be a solution to the economic burden due to medical costs that risk causing serious financial difficulties (financial catastrophe) for families[5].

According to the World Health Organization (WHO), an ideal health financing system must meet three main pillars, including: financial protection, equal access to services, and efficiency in resource allocation[6]. Health insurance occupies a strategic position as one of the main instruments to achieve these goals. The Indonesian government has made efforts to build a sustainable and equitable health protection system; in this case the government is targeting the achievement of universal coverage (Universal Health Coverage/UHC) in 2024 through JKN with JKN-KIS participation reaching a minimum of 98% of the total population[7]. In fact, in implementing JKN, the government faces various challenges including limited financing resources, gaps in service quality between regions, and lack of public understanding of the concept and benefits of health insurance[8]. In addition, studies show disparities in the quality of services between

government and private health facilities, as well as challenges in controlling the quality and cost of services. In addition to social insurance managed by the government through JKN, in Indonesia there is also commercial insurance managed by insurance companies[9].

A commercial insurance company is a company that regulates a risk management system, where participants are offered the opportunity to jointly bear the economic losses that may arise, by paying premiums to the insurance company[10]. The existence of insurance companies in Indonesia has been regulated by Law no. 2 of 1992 concerning insurance, where one of its articles states that Life Insurance can also market and sell health insurance products, so more and more insurance companies are working in the Health Insurance sector[11]. There is also sharia-based health insurance (takaful) which also strengthens the health protection ecosystem in Indonesia. Commercial insurance is an alternative for some people who need expanded coverage that is not available in social insurance. Socialization and understanding of insurance literacy have contributed to the development of commercial insurance companies in Indonesia[12]. Based on the 2021 Insurance Statistics data published by the Financial Services Authority (OJK), the total gross premiums of the insurance industry in 2021 reached IDR530.9 trillion, an increase of 5.5% from the previous year of IDR503.3 trillion[13]. In the last five years, the average growth in gross premiums has been around 5.5%[4]. This study with all that background above, aims to examine the history and development of health insurance in Indonesia, as well as the basic principles of health insurance in Indonesia as a basis for designing the strengthening of the national health insurance system in the future[14].

II. METHODS

This study uses a literature review method or library study by referring to books and journals that are relevant to the topic and focus of the study, which aims to identify, assess, and synthesize scientific knowledge from various literature related to health insurance in Indonesia. The data sources used in this study are secondary data, obtained from various literature including research reports, indexed scientific journals, health insurance textbooks, laws and regulations, and official government documents related to the health insurance system[15].

The study procedure is carried out through the following stages: Topic identification: the author determines the focus on the principles and history of health insurance in Indonesia. Literature search: the search was conducted on the Google Scholar and ScienceDirect databases with the keywords: "Indonesian health insurance", "JKN", "social security system", and "history of health insurance". Literature selection: the literature used was selected based on the suitability of the topic, the credibility of the author, the year of publication (years 2004–2024), and the type of document (peer-reviewed). Thematic analysis for the literature is classified based on themes: principles, history, implementation of JKN, challenges and solutions. Synthesize information from the data obtained are analyzed qualitatively descriptively to find patterns, differences, and relevance between sources[16].

III. RESULT AND DISCUSSION

In Indonesia, the basic principle of insurance refers to the 1945 Constitution, Article 28 letter H paragraph (3), which states that "Everyone has the basic right to receive services to fulfill their basic living needs to develop themselves as a whole as a dignified human being", and Article 34 paragraph (2) which states that "The state develops a social security system for all people and empowers the weak and underprivileged in accordance with human dignity"[17]. In 1947, the government began trying to introduce the principle of health insurance starting with social insurance in the field of accidents and occupational diseases. In 1960, the Government developed a 'Sick Fund' with the aim of providing access to health services for all people. In 1967, the Minister of Manpower issued a Decree on Community Health Care Guarantee (JPKM), which was in the form of a stipulation of a contribution of 6% of wages consisting of 5% borne by the employer and 1% borne by the employee. Furthermore, in 1968, ASKES was also determined as health insurance for Civil Servants (PNS). After that, there was no significant development regarding Health Insurance in Indonesia[5].

Entering the 1990s, insurance in Indonesia had not changed much. At that time, various social security schemes began to be developed, including JPKM (Community Health Care Guarantee), JPS-BK (Social Safety Net in the Health Sector), and Askeskin (Health Insurance for Poor Families) as a form of integration effort towards a national system. In 2004, President Megawati signed Presidential Decree number 20/2002 which formed the National Social Security System Team (SJSN) with the task of compiling the text academic and draft of the SJSN Law (RUU) and then passed into law in the same year. After a decade of running, in 2014 the government launched the National Health Insurance (JKN) managed by BPJS Kesehatan by integrating all health insurance programs into one national system. In the JKN era, the coverage of participants has increased significantly, reaching more than 230 million people in 2023, making it one of the largest health insurance systems in the world[18].

Insurance Principles in Indonesia

In the application of insurance principles in general, there are several preconditions needed so that the insurance concept can be realized (Hasbullah Thabrany, et al. 2005) [19], [20]

1. Uncertainty of Loss

The basic principle of insurance can only be applied if an event contains uncertainty, such as illness, accident, damage and others that involve losses beyond a person's control.

2. Measurability of Loss

The insurer must be able to calculate the loss in the form of money, if the loss cannot be calculated accurately then there must be a way to estimate how much the insurer should compensate for the loss that occurs, for example hospital care costs, surgery costs, vehicle damage costs.

3. A Large Number of Insured

Insurance is based on risk sharing among participants whose numbers are large enough so that an estimate can be made of how many of them might experience an event.

4. A Significant Size of Potential Loss

The loss that may arise must be large enough and its impact on a person's finances is also large enough. For example, someone buys insurance for their car, because if their car is lost or badly damaged it will have an impact on that person's finances.

5. An Equitable Method of Sharing The Risk

The premium rate applied is in accordance with the risk to be borne, the greater the risk, the greater the premium and vice versa.

Principles of Insurance Law

Insurance in the legal aspect has several principles, according to Vaughan & Vaughan, 2004, there are seven legal principles in insurance contracts, namely:

1. Contract Of Indemnity

In this principle, the insurer provides compensation according to the losses suffered by the insured. This principle prioritizes the balance of the losses suffered with the compensation provided by the insurer.

2. Personal Contract

A person has the right to agree to an insurance contract that covers the risk of loss from another person.

3. Unilateral Contract

In this principle, one party (insured) has taken action even though the incident/loss has not occurred in the form of premium payments to the insurer. The insurer promises to bear the risk when the insured experiences a loss. Thus, the insurance contract is unilateral because only one party (namely the insurer) makes an agreement to pay, while the insured party cannot be required to pay the premium.

4. Conditional Contract

This principle is a consequence of the unilateral contract principle where the insurer will provide compensation if the insured party has fulfilled the obligation to pay the premium.

5. Contract Of Adhesion

There is a contract made by the insurer when the insured buys an insurance product. This contract is binding including the terms of the written contract that they sign or agree to, regardless of whether they have read or not read the contract.

6. Aleatory Contract

Aleatory contract, namely compensation for losses in health insurance contracts depends on events that are uncertain (aleatory) so that the benefits obtained by customers are not necessarily in the form of monetary benefits

7. Contract Of Utmost Good Faith

This principle is better known as the principle of mutual trust, the insurer believes in all statements and information provided by the insured, likewise the insured believes that if a loss or disaster occurs the insurer will provide compensation. Both parties have good faith in a binding agreement.

Principles of Sharia Insurance

The principles of sharia insurance can be explained as follows:

1. The Principle of Tauhid

It is a fundamental principle for all Muslims, namely believing in the oneness of Allah SWT, and believing that Allah is all-seeing, so that all activities carried out are solely because of Allah SWT.

2. The Principle of Justice

In insurance, justice must be reflected between all parties involved in the insurance transaction, be it premium holders, insurance companies or other stakeholders.

3. The Principle of Mutual Assistance

In insurance, policy holders must have the intention from the start to help each other with other policy holders when experiencing a disaster or loss.

4. Cooperation

Parties cooperating in insurance enter into an agreement that becomes a guide for both parties, namely the insured and the insurance company.

5. The Principle of Amanah

In insurance, the insurance company is obliged to carry out its duties to manage insurance funds and distribute them in accordance with the rules and agreements between the insurance parties.

6. The Principle of Willingness

The investment funds are intended voluntarily to be partly social funds.

7. The Principle of Prohibition of Usury

In trading or making transactions, a Muslim is prohibited from enriching himself in an unjust way, including Usury, this is based on the word of Allah SWT: "O you who believe, do not consume each other's wealth in a false way, except by way of business that is valid between you by mutual consent" (Surah An-Nisa: 90).

8. The Principle of Prohibition of Maisir

Maisir in this case has the meaning that one party experiences a profit while the other party experiences a loss.

Principles of Implementing Health Insurance

The implementation of health insurance in Indonesia, especially within the JKN framework, refers to the principles set out in the SJSN Law and its derivative regulations[21]. These principles include:

1. The Principle of Solidarity: Through a mandatory contribution system for all Indonesian citizens, it is hoped that the healthy can help the sick, the able can help the unable. This is a reflection of the spirit of mutual cooperation that is a characteristic of Indonesian culture.
2. Principle of Equality and Non-Discrimination. Every citizen has the same right to access quality health services regardless of socio-economic status.
3. Principle of Sustainability The management of JKN funds is managed based on the principles of prudence and efficiency. This system is based on funding from participant contributions, whether paid independently, through companies, or borne by the government for PBI (Contribution Assistance Recipients).
4. Principle of Portability JKN participants have the right to receive services throughout Indonesia, both at primary and referral health facilities, without having to be bound by an administrative area.

5. Principle of Accountability and Effectiveness BPJS Kesehatan as the program organizer is required to report fund management to the public in a transparent manner and audited by an independent institution.
6. These principles aim not only to provide health insurance, but also to create a fair, equitable, and sustainable health financing system in the long term.

Developments and Strategic Challenges in the Implementation of JKN in Indonesia

The National Health Insurance (JKN) Program as part of the national health insurance system in Indonesia has shown significant progress[22]. However, there are still a number of strategic challenges that must be overcome. A detailed explanation of these issues is presented below:

1. Inequality of Health Services in Various Regions: there are still differences in the quality of services in remote and urban areas. In addition, limited infrastructure causes access to health services to be hampered. This is contrary to the principle of effective JKN portability. Data from the Indonesian Ministry of Health (2023) shows that the ratio of general practitioners in eastern Indonesia is still less than 1 per 5,000 population, far from the WHO standard which recommends 5 per 10,000 population.
2. Moral Hazard from Participants and Service Providers: participants utilize services excessively, this right is because participants feel they do not bear the costs directly. This can lead to an increase in the volume of services and result in a claim burden that is not balanced with participant contributions.
3. Imbalance between Contributions and Claim Expenditures: the value of claims submitted exceeds the amount of contributions collected. Although the government has increased contributions to improve this condition, the imbalance is still a major concern to ensure the sustainability of the system.
4. Data and Information System Problems: this is related to data integration, participant updates and inconsistencies in participant information that have an impact on problems in the integration and updating of participant data, such as inconsistencies in information membership and domicile, become obstacles in claim verification, capitation distribution, and program evaluation. BPJS Kesehatan (2023) revealed that efforts to strengthen digitalization are being carried out through the Health Insurance Information System (HIIS) as part of a national policy to increase efficiency and transparency.
5. Low Payment Compliance and Participant Literacy: the still low level of compliance of independent participants in paying contributions causes insurance protection to be unsustainable for some people, while also burdening the financial stability of JKN. In addition, the lack of public understanding regarding the rights and obligations as JKN participants often gives rise to complaints and dissatisfaction with the services received.

The Role of Private and Sharia Health Insurance

Private and sharia insurance play a complementary role in the JKN program. Upper middle class people generally use private insurance as additional insurance (top-up). Sharia insurance offers a profit-sharing system and the tabarru' principle that is in accordance with Islamic values. The development of the health insurance system in Indonesia is a reflection of the long process towards universal health insurance. The principle of solidarity is a strong foundation in financing carried out through a contribution scheme from participants that can eliminate financial barriers for vulnerable communities[23]. The implementation of JKN by BPJS Kesehatan has succeeded in increasing access to health services. This is evidenced by the increase in participant coverage to more than 80% of the Indonesian population in 2023. On the other hand, problems that are still obstacles to the effectiveness of the system, such as slow payment of claims to health facilities, moral hazard, and the gap in service quality between health facilities in big cities and remote areas[24]. In addition, the limited health workers and inadequate infrastructure in remote areas have an impact on access and quality of services. This also creates gaps and injustice in the implementation of the portability principle. Commercial or private health insurance companies still have an important role in insurance in Indonesia, especially for the middle-class community, formal workers, and companies.

In addition, there is also sharia health insurance which is a solution for people who want a financial system according to Islamic principles. Sharia insurance also contributes to expanding financial inclusion[25]. The presence of commercial and sharia health insurance is an alternative choice for those who want additional protection. Private insurance answers the needs of the upper middle class. While sharia

insurance answers needs based on religious principles. Therefore, comprehensive reform is needed in terms of regulation, financing, and quality of service monitored and evaluated to ensure sustainability and fairness in the national health insurance system. Another thing that needs attention is the imbalance in contributions and claims that still occurs today[26]. This is related to the low public understanding of insurance which has the potential to hinder the sustainability of JKN itself. Although adjustments to contribution rates have been made, the budget deficit in the past shows the need to strengthen the cost control system and compliance with contribution payments. Currently under development of the Health Insurance Information System (HIIS), BPJS Kesehatan is trying to improve participant data integration, claim validity, and service transparency. The effectiveness of the program and digitalization of the JKN information system are expected to be strategic solutions. A number of previous studies have shown that although the implementation of JKN has shown significant progress in participant coverage, this system still faces challenges that require serious attention from policy makers[22].

Research by found that there is still inequality in access to health services in eastern Indonesia compared to western Indonesia, which strengthens the findings of BPJS regarding the low distribution of primary health facilities and medical personnel. This has implications for the imbalance in the quality of services in the national system that upholds the principles of justice and equity[27]. According to [28]moral hazard is a significant problem, both from the participant side (adverse selection and overutilization) and the provider (upcoding and excessive claims). This study emphasizes the importance of information technology-based supervision and increasing participant literacy. The study showed that although JKN dominates the national health insurance system, the existence of private health insurance remains important as a complement (top-up insurance), especially for participants from the middle to upper classes who want services outside the basic benefit package[29]. Meanwhile, a study shows that sharia insurance is growing quite rapidly in Indonesia. The factor of Muslim community trust in the tabarru' principle and the halalness of products makes sharia insurance an important alternative in expanding access to health insurance in Indonesia. Several literatures also highlight the importance of a sustainable financing system. The BPJS Kesehatan report (2023) shows that the claim ratio to contributions (claim ratio) which is too high in the Non Wage Worker (PBPU) and Contribution Assistance Recipient (PBI) segments is still a fiscal challenge, which is exacerbated by low contribution compliance from independent participants[30].

IV. CONCLUSION

In its implementation, there are still challenges in financing, service quality, and public literacy. The implementation of JKN is a major milestone in providing national health insurance. The principles of solidarity, justice, and sustainability are the basis for the implementation of this system. However, various improvements are still needed, especially in terms of financing, service quality, and strengthening the information system. Reforming the Indonesian health insurance system requires not only a technical and administrative approach, but also socio-political support, public education, and cross-sector collaboration including the involvement of the private sector and religious-based institutions.

- a. The government needs to increase the effectiveness of supervision and evaluation of the implementation of JKN.
- b. BPJS Kesehatan is advised to accelerate the claims process and increase financing efficiency.
- c. Health facilities must be strengthened, especially in remote areas so that there is no gap in services[31].
- d. The community needs to be given continuous education regarding rights and obligations in the JKN system.
- e. The synergy of the private and sharia sectors needs to be improved to cover the protection gaps that are not yet covered by JKN.

Health insurance is one of the efforts to ensure access and health protection for the entire community. The health insurance system in Indonesia has undergone various transformations since the old order era until now with the existence of JKN has shown significant progress[32]. Indonesia has built a national health insurance system through JKN which upholds the principles of solidarity, equity, and sustainability. The results and conclusion of the study and review show that the principles of solidarity,

equity, and sustainability are the main foundations in the implementation of JKN. Although coverage has expanded significantly, challenges such as gaps in access to services, imbalances in contributions and financing, and low public understanding of health insurance still need attention. These findings provide a basis for formulating a strategy for reforming a health insurance system that is fairer, more efficient, and more sustainable. Reforming the Indonesian health insurance system requires not only technical and administrative approaches, but also socio-political support, public education, and cross-sector collaboration including the involvement of the private sector and religious-based institutions.

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