



# Social Protection in Action: Building Social Protection Floors for All

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## Indonesia: Easing access to the national health insurance scheme through a mobile application

### Summary

In an effort to expand coverage and improve the quality of its services, Indonesia’s national social health insurance scheme (Jaminan Kesehatan Nasional, JKN) has launched a mobile application for the scheme. The application improves accessibility for participants while at the same time reducing the workload for the administrator.

Indonesia is developing one of the biggest single-payer social health insurance systems in the world, aiming to cover its entire population of over 260 million. JKN unified the previously segmented health insurance schemes into one organization under BPJS Kesehatan. Since its implementation in 2014, JKN has extended health insurance coverage from less than 50 per cent to more than 80 per cent of the population.

In an effort to further expand membership and improve services, the National Health Insurance Administrator (BPJS Kesehatan) launched Mobile JKN, a mobile application that

allows people to register, view billing information, pay monthly contributions, select or change the primary healthcare provider, set appointments with healthcare providers, and file complaints, all from their cellular devices.

The development of the Mobile JKN contributes to the provision of high-quality public service that enhance the delivery of social security systems and helps to reach efficiency and accessibility of complaint and appeal procedures, both core principles of the Social Protection Floors Recommendation, 2012 (No. 202).

### Main lessons learned

- ▶ The JKN scheme has achieved notable progress in extending coverage in a relatively short amount of time. However, reaching the last mile towards universal health coverage proves to be a significant challenge, particularly in ensuring coverage for workers in informal employment and their families, who do not qualify for contribution subsidies.

### Social Protection Floors Recommendation, 2012 (No. 202)

SDG 1.3 aims to implement nationally appropriate social protection systems and measures for all, including floors, and by 2030, achieve substantial coverage of the poor and the vulnerable.

Social protection floors (SPFs) guarantee access to essential health care and basic income security for children, persons of working age and older persons.

187 countries have adopted the Social Protection Floors Recommendation, 2012 (No. 202), to achieve universal social protection.

This brief presents a successful experience of a country in extending social protection.

- Reaching universal health coverage and providing sufficient services require a concerted effort using various innovations. In a vast country like Indonesia, an innovative mobile application has not only helped people to access services, but also significantly reduced the administrator’s workload.
- BPJS Kesehatan’s collaboration with local governments and service providers is essential for improving outreach and usability of Mobile JKN. For this, clear guidelines, sound monitoring and data protection measures are required.

## Easing access to JKN in Indonesia

Indonesia is developing one of the biggest single-payer social health insurance systems<sup>1</sup> in the world, aiming to cover its entire population of over 260 million. The national social health insurance scheme JKN started implementation in January 2014 by consolidating previously fragmented health insurance and assistance programmes at national and provincial levels. These included those for public sector employees, formal private sector workers, low-income people and a pilot programme for workers in the informal economy, which covered 121.6 million (47 per cent of the population) in January 2014 (TNP2K 2015).

As of October 2022, JKN has covered over 246.46 million people or around 89 per cent of the population, a significant stride towards reaching Universal Health Coverage (UHC) (BPJS Kesehatan 2022) (see figure 1).

**Figure 1. Coverage of Indonesia’s JKN, 2014–2019**

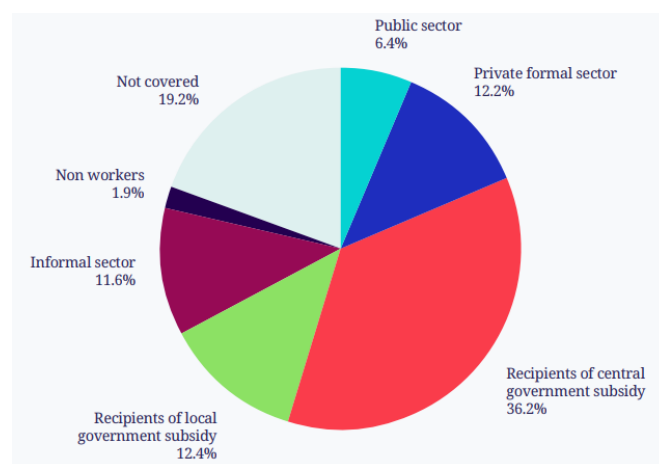


► Source: BPJS Kesehatan Monthly Report, 2019.

Expansion of the social health insurance, however, was not without challenges. A big gap existed (and remains) in

covering the non-poor informal sector population. Figure 2 shows that in 2018 public and private formal sector workers and their dependants registered in JKN made up 18.7 per cent of the population. Only 11.6 per cent of the population was registered under the non-wage earner segment, despite nearly 60 per cent of the Indonesian workforce belonging to the category of self-employed workers (Statistics Indonesia 2018a).

**Figure 2. JKN membership and non-membership among the Indonesian population, 2018**



► Source: BPJS Kesehatan Annual Report, 2018.

About half of JKN members receive government subsidies for their contribution payments. 36.2 per cent of the population is considered poor or near poor according to the national poverty database and receives full contribution subsidies from the Central Government. In addition, some district and provincial governments provide contribution subsidies, either universal or means-tested, to their residents, comprising 12.4 per cent of population. The non-working member category constitutes 1.9 per cent of the population and is composed of pensioners, veterans, investors and other non-employees.

While membership for formal sector workers is compulsory and the poor are automatically enrolled in the scheme, non-poor self-employed workers are expected to join voluntarily and pay monthly contributions on their own. The lack of a legal obligation to register accompanied by time and financial costs of registering at the assigned BPJS

<sup>1</sup> A single-payer health insurance system is defined here as a system where one entity, usually public or partly-public, pools all healthcare revenues and manages the payment to the service providers for the whole population.

Kesehatan offices were preventing further expansion among workers in informal employment.

Furthermore, the informal sector members do not pay their contributions on a regular basis. At any given time, more than 40 per cent of members in this category may be lagging in their monthly premium payments or may have stopped paying completely.

## A mobile application to improve accessibility and reduce administrative burden

Mobile JKN, launched in November 2017, provides a much-needed alternative to the physical BPJS Kesehatan offices, where administrative activities are performed at branch offices or health facilities during business hours. Indonesia is an archipelago of more than 16,000 islands, and the vast distances between people's homes and BPJS Kesehatan offices make it difficult for people to approach the office and hinder access to health insurance for many. As membership increased over the years, many BPJS Kesehatan offices have been overwhelmed with the increased demand for services. This initiative, hence, also aims to reduce the administrative burden of existing BPJS Kesehatan offices.

This initiative takes advantage of the rapid growth in the use of mobile devices in Indonesia. The number of smartphone users in the country was estimated to be more than 100 million people in 2018, nearly double from 2015, with more than 90 million people using various mobile applications (Tempo 2018).

Mobile JKN can be downloaded from Google Play or App Store. With the application, users can register to become JKN members and existing members can log in to make use of the available features, which are described below.

**User profile** contains the participant's electronic membership card, availability and selection of the primary healthcare provider, selection of membership class (ward types in case of hospitalization), and the participant's contact information. The membership ID is linked to the national ID system, so information such as the member's address and household composition can be automatically updated. The electronic membership card, known as KIS Digital, allows patients to receive timely services at healthcare providers without having to carry the physical card.

**Billing information** provides the payment history, amount of premium to be paid, possible methods of payment, and links to electronic payment mechanisms.

**Service information** has the participant's medical service history with JKN which is visible only to the participant. It provides an option to participate in a personal health screening and will in future allow participants to make appointments with healthcare providers (currently in pilot stage).

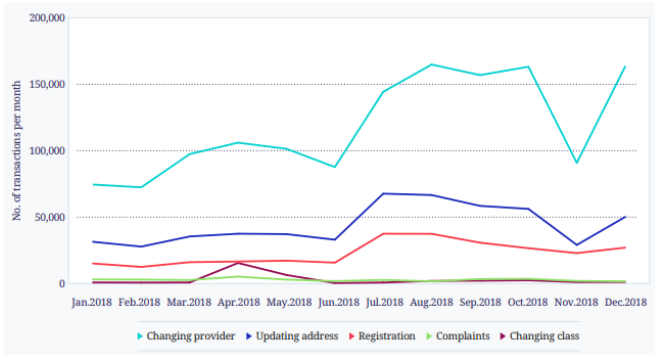
**General information** provides information regarding the JKN programme, member's rights and obligations, relevant regulations, procedures to access services, and complaint platforms. Mobile complaints along with complaints from other channels (call centre, website and branch offices) are channelled to the central BPJS Kesehatan office and forwarded to the relevant branch or service provider. Unresolved complaints are flagged in the system and the member receives a call-back from the call centre.

## Impact on JKN members and administrators

Since its launch in November 2017, Mobile JKN has been used by nearly 3.5 million users. Most app users belong to the non-poor informal sector (1.2 million users) and the private formal sector (1.5 million users). This is in line with the programme's objective, as the two categories have the most need for the app due to the nature of their membership (having to individually check and update their membership status, class, personal information, and so on). These segments are also most likely to own and use smart phones.

Throughout 2018, the highest utilisation of the app was for selecting and switching the primary healthcare provider (around 80,000 to 160,000 transactions per month) followed by updating personal address (27,000 to 70,000 transactions per month) and registration (12,000 to 28,000 transactions per month). Complaints made through the application are still relatively low at around 1,500 to 5,000 transactions per month but expected to increase as BPJS Kesehatan intends to promote this function (see figure 3).

Figure 3. Usage of Indonesia's mobile JKN, 2018



► Source: BPJS Kesehatan.

The impact of the application in reducing administrative workload has been particularly felt in big branch offices in cities where Mobile JKN usage is high. For instance, the branch office in Surabaya received an average of 800 visitors per day prior to the launch of the application and currently receives around 500 visitors per day.

The highest number of users is currently concentrated in big cities such as Jakarta, Surabaya and Medan. However, more and more users are signing up all over Indonesia, all the way to sparsely populated areas such as West Papua.

The utilisation and awareness of the application still need to be improved, although significant progress has been made on this front. Surveys to check JKN awareness among Indonesians demonstrated that in 2017, only 5 per cent of respondents knew about Mobile JKN as a medium to register in the health insurance scheme, whereas in 2018, 23 per cent were aware of it.

## Challenges and way forward

BPJS Kesehatan realises that improving coverage and service quality requires a concerted effort, using various approaches for different problems. The Mobile JKN initiative, therefore, needs to be further integrated with other initiatives. For instance, to increase the number of actively paying members among informal sector members, Mobile JKN intends to facilitate an auto-payment mechanism using e-wallet accounts to facilitate payments and ensure regular payments for members who do not own bank accounts. Making use of the national ID system, BPJS Kesehatan will also work with the Ministry of Interior to map and identify informal sector workers who lack the ability to pay, to be proposed to local governments to receive premium subsidies.

Mobile JKN will continue to be developed, to include other necessary features such as for changing employment categories (for example a previously formally employed worker who wants to continue membership as a self-employed worker), updating number of dependants, and linkage to the online referral system.

BPJS Kesehatan is exploring ways to improve user engagement through the application, including by providing regular healthcare related information and preventive measures on the app, improving user interface (such as by adding an interactive chat booth), and working with local governments and service providers to promote the use of Mobile JKN. For this, clear guidelines, sound monitoring and data security measures are necessary.

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