KPK’s Prevention Program
for Jaminan Kesehatan Nasional (JKN)

Niken Ariati
Research And Development Directorate
Prevention Division of KPK
2016
After JKN era, Indonesia allocate budget 3 times higher for the poor ➔ coverage more people

USA spent 5% of GDP for Health Care in 1960 to 17.5% in 2014
Institutional Scheme Of Indonesia National Health Insurance

Regulatory
- Ministry of Health (MoH) → program regulation: Covered scheme, tariff mechanism, Pharmacy National Scheme for NHI Program
- Ministry of Finance → Allocating state budget for poor NHI participants, including regulate the proportion of budget allocation for BPJS operation

Supervision Institution

BPJS Kesehatan (Social Security Administrative Body)

Supervisory Board

Board of Director

Participants:
165 million people: Consist of 103 million people (90 funded by state budget, 13 govt local budget)

Services and Claim

Total Cost (Claim/Services):
2015: Rp. 57 Trillion

Healthcare Facilities:
- 1856 hospitals (only 859 are public hospitals) and +20000 primary health care (Owned by: State Government hospitals) Local Government and Private)

Who is monitoring the payment?

OJK (Indonesia Financial Service Authority)
Audit on BPJS investment

BPKP (State Development Audit Agency)

DJSN (National Social Security Council)

OJK (Indonesia Financial Service Authority)
Audit on BPJS investment

BPK (Indonesia Supreme Audit); Financial and Performance Audit on BPJS

How about KPK?
KPK at A Glance

- Created by Law No 30 in 2002 to answer public demand during 1998 reform after the toppling of Soeharto Administration
- As an agency of the state, KPK is independent from the executive and is empowered to carry out:
  - **Supervision and Monitoring** across government agencies
  - **Corruption Prevention** measures through bureaucratic system reform in all level of government agencies
  - Investigation and Prosecution of corruption cases committed by public and private perpetrator
  - Have a role as trigger mechanism or catalyst to stimulate anti-corruption reforms in the government

LAW NO. 30 OF 2002

- Coordination (Article 7)
- Supervision (Article 8)
- Pre-investigation, Investigation, Prosecution (Article 11)
- Prevention (Article 13)
- Monitoring (Article 14)
KPK’s Prevention Program in National Health Insurance (NHI) 2013-2016

2013
- Study on National Health Care Program: Mapping on Potential Corruption (1)
- Provide recommendations to the stakeholder

2014
- Monitoring the Implementation recommendation
- Anti Corruption campaign on Health Sector
- Study of Capitation Fund Management on Government Clinics

2015
- Monitoring the Implementation recommendation
- Anti Corruption campaign on Health Sector

2016
- Study of Drug Management in National Health Insurance (2)
- Monitoring payment from local government to the NHI budget
- Studi International Supervision Best Practice on National Healthcare (3)
(1) STUDY ON NATIONAL HEALTH CARE PROGRAM (2013):

Financial flow:

- Government (MoH, MoF and Local)
- Industry (pharmacy/medical devices)
- Providers (Hospital, Clinics)
- Payers (BPJS)
- Patients (Individual/corporate)

1. Bribe/Fee for services
2. Fraud in Procurement
3. Unethical marketing
4. Power Abuse
5. Fraud in Claim Reimbursement
6. Drugs embezzlement
1. Ketidaksesuaian FORNAS dan *E-catalogue*
2. Aturan Perubahan FORNAS Berlaku Surut
3. Tidak Akuratnya Rencana Kebutuhan Obat (RKO) Sebagai Dasar Pengadaan *E-Catalogue*
4. Mekanisme Pengadaan Obat Melalui *E-Catalogue* Belum Optimal
5. Ketidaksesuaian Daftar Obat pada PPK FKTP dengan FORNAS FKTP
7. Belum Optimalnya Monitoring dan Evaluasi Terkait Pengadaan Obat
8. Lemahnya Koordinasi Antar Lembaga

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(2) STUDY ON DRUG MANAGEMENT IN NHI (2016)
2016
- Studi International Supervision Best Practice on National Healthcare
- Preparation for establishing Initial Task Force (KPK, Kemkes, BPJS kes, Police/Prosecutors) → Setting plan, scope of work etc

2017
- MoU for Task Force establishment
- Data Analysis
- Strengthening/Improving the Regulation (Permenkes, PP etc) especially for determining sanction
- Setting Piloting Agenda

2018
- Imposition sanctions (civil or crime)
Conclusion

• KPK will develop Integrated System between Prevention and Repression in order to monitoring JKN Program

• Most Important Factors to Prevent Fraud/Corruption in JKN :
  • Comprehensive and Acurate Data
  • Comprehensive and Clear Regulations
  • Coordination among Institutions
  • Effective Law Enforcement