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PROPOSED ADDITIONAL HEALTH INSURANCE SCHEME AS SUPPLEMENTARY EMPLOYEE BENEFIT FOR PUBLIC SERVANTS: CASE STUDY IN INDONESIA

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Abstract

Access to proper health care has been a constant concern in developing countries due to inequitable distribution of economy and development. As demonstrated in industrialized nations with reassuring outcomes, insurance is a true instrument for mitigating these issues. In order to address this issue, Indonesia implemented the BPJS Kesehatan national health insurance plan. Acceptance and contentment with the BPJS Kesehatan, on the other hand, are impediments to the attainment of its goals. Health insurance, which also being the part of employee benefit, is considered essential by increasing employee's productivity at work and reducing absenteeism and turnover. Yet, not all the employers provide employer-sponsored health insurance, and rely more on the BPJS Kesehatan stand alone.The study's goal is to develop and implement suitable health protection for Ministry of Finance personnel via extra health insurance. Previously, a number of comparable initiatives had been made, but they ran into many roadblocks, such as colliding with the regulation. The release of BPJS regulations that enable BPJS members to use additional facilities provides a chance to accomplish this project. Cross-sectional descriptive research was undertaken in Indonesia among government servants who presently use BPJS Kesehatan services. Proposed modelling of employer-sponsored insurance scheme was established as a solution bridging to be elaborated and implemented in the near future.

Keywords**: *Employee Benefit, Health Insurance, Insurance Model, Public Servants***

1. INTRODUCTION

Health is one of the most substantial economic areas in any country. A country with a weak health system and policies is guaranteed to have low economic growth since residents' productivity may suffer when they become ill or die from treatable diseases (Mugo and Nzuki, 2014). The health state of any group of individuals has grown to be seen as critical not just to their well-being but also to their production capacity (Shagaya, 2015). Various reform projects have been implemented, and the administration has stated its willingness to undertake a bold system overhaul. The government's endeavor to guarantee that all residents achieve ideal physical, mental, and social well-being.

Health insurance is a social security scheme that assures the supply of necessary health care to individuals in exchange for recurring payments of token contributions7. Its mission is to facilitate fair financing of health care costs through the pooling and judicious use of financial resources to reduce catastrophic health care costs and disparities in resources, as well as to provide financial risk protection and cost burden sharing for people against the cost of healthcare through various prepayments programs prior to becoming ill8.

The notion of comprehensive incentives for employees comprises remuneration, perks, work-life balance programs, recognition programs, performance management and talent development. Employee benefits are viewed as a broad category in this issue, including traditional, tangible, nonmonetary benefits (such as health insurance, retirement plans, payments for time not worked, and so on); non-traditional benefits (such as scholarship opportunities and financial

support); and intangible benefits (such as flexible work options and workplace environment). This comprehensive approach highlights the current trend toward perceiving benefits as a strategic instrument to enhance employee well-being and retain, recruit and support more productive employees (Block and Davidson 2019). Employers may realize that some benefits must be implemented to stay up with industry norms. However, going beyond industry norms is likely to generally attract and maintain more staff members. Companies that provide superior health insurance and retirement benefits, for example, have higher rates of employee engagement (Bryant and Allen 2013).

Employees who have a comprehensive health insurance plan can consistently maintain higher levels of performance than those who do not. Meuris and Leana (2018) found that employees with financial worries from unpaid medical expenses have reduced cognitive capacity, which undermines the ability to perform their jobs. As a result, financial concerns cause negative emotions (such as fear, sadness, and anger) that divert attention away from information-processing abilities required in the workplace and reduce job performance (Smallwood and Schooler 2006). Sometimes providing a low-quality health insurance plan to employees can lead to greater costs to a company in the long run, in terms of lowered employee productivity

Employees of the Ministry of Finance are state servants who are the backbone as well as the veins of the government. A total of 80,669 Ministry of Finance personnel is required to be professional in providing optimal services to the public, including 625 government agencies at the central and regional levels, even at the border of the country. Most of them, or about more than 75% are in remote area (*kecamatan/kabupaten*) in which they face higher risk of health, due to the demographic condition, conflicted areas, or lack of health facilities nearby. Several jobs also have the potential to affect their health and safety. The presence of adequate health insurance facilities as a very essential aspect will certainly complement the sense of security in completing their mission.

Reflecting on these conditions, adequate health protection should be utilised by employees of the Ministry of Finance considering that HR is the main asset that must be maintained. Unfortunately, the end of the Askes card holder's privileges since the enactment of Law Number 24/2011 concerning BPJS resulting the standard of service received also decreases. In addition to the length and tier of administrative procedures, there are several complaints related to BPJS services and facilities so that the current scheme is deemed insufficient. Moreover, as comparison, even the employees of BPJS Kesehatan and several K/L (Kementerian/Lembaga) has double health insurance to protect their employee to perform better. This research aimed to proposed new scheme of health insurance for Ministry of Finance employee as supplementary employee benefit in Ministry of Finance.

Based on some data, some institutions in Indonesia have conducted their health insurance from the APBN, as an extra for their health insurance which they paid themselves (BPJS scheme), as listed below

Table 1 Benchmarking Institution Using Additional Health Insurance

Institution	Legal Basis	Benefit Recipients	Mechanism & Disbursement	Benefit Ceiling
Ministers and or Echelon 1 Officials or equivalents	Peraturan Presiden Nomor 105 Tahun 2013 tentang Jaminan Pemeliharaan Kesehatan Menteri dan Pejabat Tertentu	Ministers and the family members Echelon 1 Officers and family members	Financed by APBN	

Chairman, Deputy Chairman, and Members of DPR, DPRD, BPK RI, Judicial Commission, Constitutional Court Judges and Judges	Peraturan Presiden Nomor 106 Tahun 2013 tentang Jaminan Pemeliharaan Kesehatan Ketua, Wakil Ketua, dan anggota DPR, DPRD, BPK RI, Komisi Yudisial, Hakim MK dan Hakim Agung MA	Members and family	Financed by APBN / APBD	
Komisi Pemberantasan Korupsi (KPK)	Pemerintah Nomor 63 Tahun 2005 tentang Sistem Manajemen Sumber Daya Manusia KPK Penjelasan Pasal 15 ayat (1)	All KPK employees consisting of Permanent Employees; Employed Civil Servants; and non-permanent employees	Financed by APBN Mechanism: Through Tender for Procurement of Goods/Services - LPSE Ministry of Finance	Budget Ceiling for 2021 IDR 50,447,993,828 (KPK Health and Life Insurance Procurement Package)
Badan Pengelola Keuangan Haji (BPKH)	Peraturan Presiden Nomor 49 Tahun 2020 tentang Gaji atau Upah dan Hak Keuangan Lainnya bagi Anggota Badan Pelaksana dan Anggota Dewan Pengawas BPKH	Members of the Supervisory Board, Members of the Implementing Body and Employees of BPKH	Financed by APBN Mechanism: Through Tender for Procurement of Goods/Services - LPSE Ministry of Religion	2019 Budget Ceiling Rp5,294,250,000 (Procurement Package of Sharia Health Insurance for Supervisory Board Members, Implementing Body Members, and BPKH Employees)
Komisi Pengawas Persaingan Usaha (KPPU)	Keputusan KPPU Nomor 161/Kep/KPPU/XI/20 06 tentang Pokok- Pokok Kepegawaian	KPPU's Commissioners and Employees	Financed by APBN Mechanism: Through Tender for Procurement of Goods/Services - LPSE Ministry of Finance	2020 Budget Ceiling Rp4,000,000,000 (Procurement Package for Health Insurance Services at KPPU's Lingkungan)
Badan Pengelola Migas Aceh	N/A	N/A	Financed by APBN Mechanism: Through Tender for Procurement of Goods/Services - LPSE Ministry of Energy and Mineral Resources	2019 Budget Ceiling of IDR 4,554,617,000 (ASO State Budget Health Benefit Procurement Package)
Public Universities	N/A		Financed by APBN Mechanism: Through Tender for Procurement of Goods/Services - LPSE Kemenristekdikti	Example on IPB 2018 Budget Ceiling of IDR 2,715,500,000 (IPB Health Insurance Procurement Package)

2. IMPLEMENTATION METHOD

The study population consisted of Civil Servants in the Ministry of Finance of the Republic of Indonesia who were registered in the BPJS Kesehatan National Health Insurance Scheme. The study was a cross-sectional descriptive study with 218 respondents chosen by a multistage sampling approach.

A semi-structured interviewer-administered questionnaire was used to gather data, which was then coded and placed into an excel spreadsheet for analysis. The mean and standard deviation were used to describe continuous variables, whereas frequency and percentage were used to summarize categorical data. Differences between proportions were determined using the chi-square test.

The independent variables are age, gender, working duration, working location, range of salary, marital status, hospital visit during the last quarter, general knowledge on BPJS Kesehatan and knowledge of financial contribution. Other factors are waiting time, quality of care and medication while the dependent variables are acceptance and satisfaction. Each correct response of acceptance criteria was scored one point (1) while zero (0) was given for the wrong answer or no response; the respondent's acceptance is graded as yes or no. Eight criteria were used to classify acceptance into accepted for five correct points and above while less than five points as not accepted. This grading method was adopted and modified. 48 The satisfaction was on five points Likert scale ordinal response on six criteria. The responses were converted to percentage scale response as follows: Very Satisfied = 5 points (100%), Satisfied = 4 points (80%), Not Satisfied= 3 points (60%), dissatisfied = 2 points (40%), very dissatisfied = 1 point (20%) with the following operational percentage range definitions: very satisfied (81%–100%), satisfied (61%–80%), not satisfied (41%– 60%), disatisfied (21%–40%), and very disatisfied (0%--20%).

3. RESULTS AND DISCUSSION

Characteristics	Frequency	Percentage
Age Group		
Less than 20 years	-	-
20 – 25 years	17	7.8
26 – 30 years	52	23.9
31 – 35 years	107	49.1
36 – 40 years	29	13.3
41 – 45 years	6	2.8
Above 45 years	7	3.2
Gender		
Male	155	71.1
Female	63	28.9
Marital Status		
Single	39	17.9
Married / Divorced/Widowed	179	82.1
Working Length		
0– 5 years	41	18.8
6 – 10 years	110	50.5
11– 15 years	43	19.7
More than 15 years	24	11
Working Placement Location		
Headquarters (Jakarta)	79	36.2
West Area (Sumatera & Java)	109	50
Middle Area (Kalimantan, Sulawesi, Bali, Nusa Tenggara)	26	11.9
East Area (Maluku & Papua)	4	1.8
Total Minimum Salary (in IDR)		
5 – 7.5 million	7	3.2
7.6 – 10 million	54	24.8
10.1 – 15 million	103	47.2
15.1 – 20 million	42	19.3
More than 20 million	12	5.5

Based on the data above, in this study 218 respondents participated with the mean age of 31-35 years, in which depicts the productive age.

Analyzed from the supporting factors, which is regulation, BPJS has issued regulations related to the coordination of benefits in the Jamkesnas program through BPJS Health Regulation Number 4/2020 concerning Technical Guidelines for Guaranteeing Health Services with Additional Health Insurance. The basis for the issuance is the provision regarding increased benefits and/or higher treatment than their rights through additional health insurance. Furthermore, technical synchronization is also regulated between Health Insurance Participation (premiums and existing BPJS contribution benefits) with Additional Health Insurance Participation packaged via the CoB (Coordination of Benefit) system. In addition to increasing benefits (health services) that will be felt by participants, another advantage is efficiency in the collectivity of premium contributions for insurance companies that have CoB cooperation with BPJS.

For the planning, the implementation of this program basically does not result in the allocation of new additional costs. This innovation idea is carried out through refocusing the existing budget. In calculating this aspect, we use a benefit simulation as the basis for calculating health insurance premiums, with the following steps:

A. Calculating the composition and total number of employees

The company using the varied workforce can supply a greater variety of solutions to problems in service, sourcing, and allocation of their resources. The current labor market mentions four generations that are living and working today: the Baby Boomers generation, the Generation X, the Generation Y and the Generation Z.

According to the Center for Generational Kinetics (2016) and Knight (2014), the four generations are as follows:

- iGen, often known as Generation Z, refers to those born between 1996 and now.
- Millennials, often known as Generation Y, were born between 1977 and 1995.
- Generation X was born between 1965 and 1976.
- The Baby Boomers were born between 1946 and 1964.

Please note at the beginning the target number of participants who will be insured as the basis for paying participant premiums. Participants were grouped into employee generation composition (Gen). Currently, Gen-Y dominates, followed by Gen-X, Gen-Z and Baby Boomers, respectively

B. Performing the Model

The premium calculation in this research is calculated on an annual basis and is singular in nature, that is, it is paid at the time the policy is approved. Furthermore, the premium is adjusted according to the age of the participant.

C. Gaining the result

The benefit simulation is used as the basis for calculating premiums. For example, a health insurance policy provides basic level benefits with compensation of Rp200,000/day for room and Rp75,000/day for doctor's visits (maximum 180 days) and Rp4,000,000 for outpatient costs per period/year. With the calculation formula above, the results are: (calculation details are attached)

Gen	Age Range	Annual Premium Paid
Z	<26 years old	IDR 183.767 – Rp207.085
Y	27 – 42 years old	IDR 208.750 – Rp599.047
X	42 – 57 years old	IDR 634.024 – Rp2.331.787
Baby Boomers	>57 years old	IDR 2.605.494 – Rp8.000.250

By above calculation, we can project that the budget allocation for all employees within the Ministry of Finance is:

Gen	Average of Premium	Number of Employees	Total Annual Premium Paid
Z	195.426	23.243	IDR 4.542.286.518
Y	403.899	32.514	IDR 13.132.372.086
X	1.482.906	22.964	IDR 34.053.453.384
Baby Boomers	5.302.872	343	IDR 1.818.885.096
		79.064	IDR 53.546.997.084

The total premium value is still relevant and more efficient when compared to the contract for the procurement of health insurance and life insurance for another institution's employees with a budget ceiling of Rp50,447,993,828.00 in 2021.

D. Budget Shifting

In almost every Echelon I unit at the Ministry of Finance, there are departments and organizations that handle employee welfare. Some of them have responsibility in managing the unit/health center. In addition, there is also a need for the support of health workers to support this responsibility. Based on the data obtained from the questionnaire, only 17.3% stated that this Health Center is beneficial for them. Meanwhile, the new way of working (work from home arrangement) leads the fact that employee using the service of Health Centre are plunging drastically. Hence, the form of Health Centre is no longer effective.

4. CONCLUSION

Healthcare is essential, especially for employees. Based on the study in the Ministry of Finance, around 94% of respondents stated that need the implementation of double health insurance. This phenomenon is triggered by some reasons, there are increased motivation, concentration, and being peaceful/secure at work because the employees are not "burdened" with possible health costs, or occupational risks, especially for those who are in a remote area, the service of BPJS Kesehatan is considerably un-optimal, and comparability that in other institution getting double health insurance. The health insurance scheme is proposed for the Headquarters to be implemented as a pilot project.

This research mainly discussed proposed innovation, which focused on human capital management in a government institution. The result may be only applicable to a civil servant in the Ministry of Finance, and the proposed scheme is still focused on the Headquarters. Future studies may impose on another institution that may have a different characteristic of human resources, budgeting system, and policy-making process. Broadening the scheme to all employee also may be impactful, as the first system has been established well and have been monitored and evaluated thoroughly. Next, the research regarding the comparison between before and after double health insurance being implemented related to job satisfaction or productivity could be assessed later. Also, in the future study may propose also life insurance adding Jamsostek which cover "Kecelakaan Kerja"

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