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Misperception of the benefits and working mechanism of the National Health Protection in the District of Sumba Timur, Indonesia

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ABSTRACT

The National Health Insurance (NHI) of Indonesia covers the health care of nearly the whole population of Indonesia. However, misunderstandings of the benefits and the healthcare access mechanism are still evident. The study aims to identify misperceptions regarding the benefits and working mechanisms of the NHI in Waingapu, Sumba Timur District, Indonesia. A qualitative inquiry identifies the misperception about NHI's benefits and working mechanism. Thirty residents were recruited using the consecutive procedure to participate in the study. The data collections are semi-structured interviews, casual conversations, and inductively analyzed. The qualitative analysis identifies that people perceive that the administrative procedure of health care under NHI is complicated, has unlimited drugs and health care coverage, and the premium contribution is claimable. People perceive the management of NHI to treat them as debtors when they delay paying their contributions. People feel they are being treated unfairly because NHI does not provide all health services, but they ask for a guarantee if NHI does not cover health services. It is concluded that the people are underinformed about NHI's benefits and working mechanism. The management of NHI and associated stakeholders should implement ongoing educational programs and promotional efforts to increase awareness and understanding of the NHI system.

Keywords: *Misperception, Benefits, Working Mechanism, National Health Protection*

1. INTRODUCTION

The World Health Organization (WHO) declares that Universal Health Coverage (UHC) provides the whole population access to full ranges of quality healthcare (i.e., essential healthcare, health promotion, prevention, treatment, rehabilitation, or palliative care) anytime and anywhere needed without financial difficulties. [1]. Implementing UHC is crucial among low-income countries (LICs) and lower-middle developing countries (LMICs) in expanding access to quality health for the poor population. Governments of these regions are responsible for funding healthcare to ensure the whole population's access to healthcare [2]. Poverty is strongly associated with poor health, and medical costs draw the poor deeply to poverty [3]–[6].

In response to the UHC, Indonesia officially implemented the National Health Protection (NHI) in 2014. It adopts a social health insurance method in which financing and managing health care is based on risk pooling, allowing cross-subsidiary among the beneficiaries. Indonesia has achieved remarkable progress on NHI as a cornerstone of Universal Health Coverage (UHC) to protect the health of the population [7]. The membership of NHI has been increasing for years, especially in terms of health protection for poor population groups. The BPJS Kesehatan, the managing board of NHI, reported that 229.5 million people (83.9% of the total population) have enrolled in the scheme. It includes 83.9% of the subsidized-poor population, known as the Non-Contributory Health Insurance (NCHI), and the full- or partly-paying Contributory Health Insurance (CHI)[8], [9].

According to BPJS-Kesehatan, the National Health Insurance (NHI) of Indonesia covers the healthcare of its beneficiaries, from outpatient and inpatient care at primary health facilities (e.g., Community Health Centers/ CHCs, clinics, practitioners) to tertiary healthcare facilities (e.g., hospitals, specialists, advanced diagnostic procedures). Inpatient and outpatient medical care are also available in specific primary healthcare and referral health facilities such as hospitals, sub-specialty and specialty clinics, and supporting healthcare centers like pharmacies, optical shops,

and medical laboratories [10]. The NHI requires all beneficiaries to seek healthcare at the primary level initially. Patients can access healthcare at the tertiary level only if they obtain a referral from the primary level. Emergency situations are exempted, allowing beneficiaries to attend healthcare facilities at the tertiary level directly. However, some health care is not covered by the NHI. According to Presidential Regulation No.18/2018, Chapter 52, health services for aesthetic purposes, services to address infertility, dental alignment services or orthodontics, health disorders or diseases due to drug and alcohol dependence, health disorders resulting from intentional self-harm or engaging in dangerous hobbies, among the health care are not covered [11]. Furthermore, the Ministry of Health of Indonesia issued the National Formulary, which enlisted the medicines or drugs covered by NHI. Medical doctors must prescribe medication according to this standard [12]. The abovementioned regulations imply the risk of people accessing health care and medicines.

Despite the significant improvement in population coverage of NHI in Indonesia, misperception of the principles and benefits of NHI exists. Poor socialization of the NHI working mechanism and its benefits makes potential beneficiaries neglect the enrolment of NHI membership [10]. Adequate knowledge about NHI improves the awareness of enrolling as a member of NHI [11]–[13]. However, awareness of people with low incomes enrolled in health coverage is considerably low [13]. These studies are generally concerned with the association between knowledge and enrolment of NHI membership. Studies about misperceptions and misunderstandings about the benefits and working mechanisms of the NHI are limited. The remaining question is to what extent the beneficiaries understand the NHI's benefits and working mechanism. This study aims to identify the misperception about the healthcare benefits and mechanisms to access healthcare under the protection of NHI. The study results provide information for NHI management and policymakers regarding people's expectations of the NHI program.

2. METHOD

The study adopts the qualitative inquiry to identify the misunderstanding and disinformation about the benefits of NHI. The study is conducted in Waingapu, Sumba Timur, NTT, Indonesia. The district is classified as a poor region, with limited access to social benefits, scarce natural resources, and a lack of transportation from the central government of Indonesia. We argue that such disadvantages cause poor distribution of information and social welfare programs, especially about the NHI scheme. The Statistic Bureau of the NTT Province reported that only 74% of the 255,498 population of Sumba Timur enrolled in the NHI [14]. The statistics suggest that many residents of Sumba Timur are potentially excluded from NHI membership, particularly from the NCHI group. Gathering information directly from the affected individuals would be beneficial in understanding the factors contributing to this exclusion.

We recruited 30 residents from the Waingapu area using a snowball sampling method. Initially, participants were approached in public spaces (such as city gardens and markets) and health facilities (including Community Health Centers and hospitals). This sampling method allowed us to engage potential participants and, upon completing each interview, request recommendations for other individuals interested in participating in the study.

We provided participants with plain language statements, either for them to read or for us to read to them. These statements described the nature of the research, including the study's aims and the implications of participation (both benefits and potential risks). Upon agreement, participants were asked to indicate their voluntary participation by signing a consent form or providing oral consent (audio-taped). We also guarantee that the participants may withdraw their participation without any consequences.

We used semi-structured interviews, casual conversations, and note-taking procedures as the information collection tools. The interviews were audio-taped and transcribed, whereas casual conversations were transcribed a few hours later. Intensive note-taking was conducted during casual conversations for key information uttered by the respondents. Inductive reasoning was used as data analysis by observing the people's misunderstanding of the benefits of NHI, which generated an important pattern of issues.

The Research Ethics Commission of Poltekkes Kemenkes Surabaya has granted the Ethical Clearance of the project, No: EA/828/KEPK-Poltekkes_Sby/V/2022, on 18 March 2022. Before the fieldwork, the researchers obtained permission from the Political and Community Protection Board of both NTT Province and the District of Sumba Timur.

3. RESULTS AND DISCUSSION

3.1. The Research Site

Waingapu is the capital of the District Sumba Timur, Nusa Tenggara Province, Indonesia. It is the biggest and the most populated area of Sumba Island. It comprises 191 km^2 occupied by 39,690 residents with a density of 537.8/ km^2. Most of the population is the indigenous people (*Tau Humba* or Sumbanese), followed by the Savu ethnic, Rote ethnic, Arab ethnic, Chinese, and a small percentage of traders from Sulawesi, Mataram, or Java. Sumba is a hilly island dominated by grassland prone to drought and has poor nutrient soil. It depends on rainwater for growing rice, corn, and cassava crops. Most residents are farmers, traditional livestock keepers, fishermen, government officers, and home businesses. Sumba is well-known for its pony-tough horses (named after the sandalwood fine tree), traditional hand-weaving clothes, and rich traditional cultures (wedding and funeral rituals) that pass through

generations. Boats or ships operated by the PELNI (state-owned enterprise) and private companies from Surabaya and regular flights from Denpasar (Bali) and Kupang (the Capital of the province) are the modes of transportation to connect the island with the central island of the country.

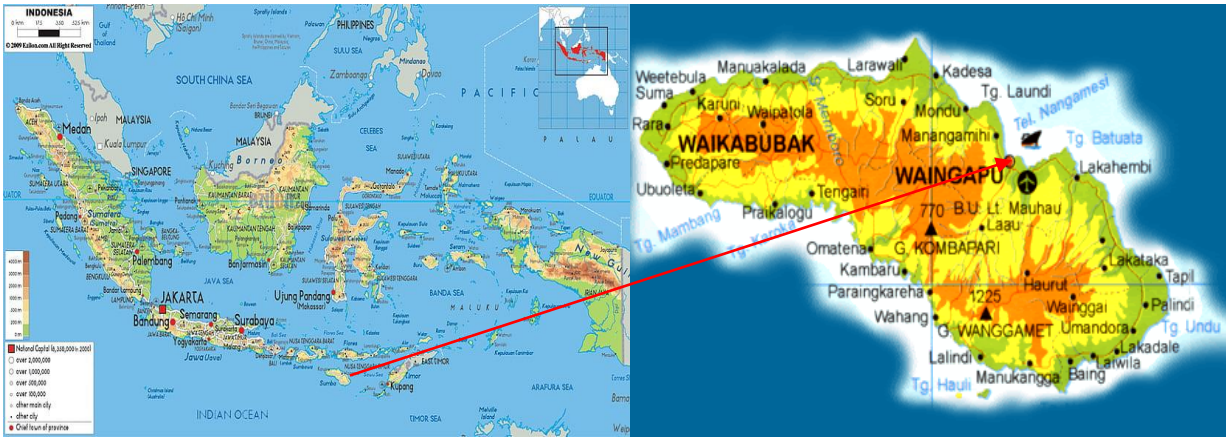

Figure 1. The City of Waingapu (Sumba Island) taken from Google Image.

3.2. The Research Data and Information

The qualitative analysis highlights two key points for implementing NHI in Waingapu, Sumba Timur. The first issue relates to people's perceptions of NHI's working mechanism and misunderstandings about the benefits or health covered by the health plan.

3.2.1. Perception of the working mechanism of NHI

The qualitative analysis generates important perceptions about how NHI works. The residents of Waingapu perceive the NHI differently, ranging from poor information on the working mechanism to the steps of medical procedures, contribution, and the principle of social health insurance. The following are the key points highlighted by the residents of Waingapu.

They "ping-pong" us

The complexity of health care mechanisms, especially referral procedures, is summed up in the phrase, "*They ping-pong us*." Patients feel treated like a table tennis ball hit from one section to another. The referral system is perceived as complicated and a barrier to being treated quickly. Umbu Hnn (male, 53 years old) said:

> *It is more complicated now. Once, when I took my wife to the hospital, the staff asked me to get a referral from Puskesmas. They would not serve my wife at that time. You can imagine how much time I wasted just going back to Puskesmas. And the problem is not finished yet. Puskesmas needs to examine my wife first before they issue the referral letter. They make us like ping-pong balls. I do not know why they make the system complicated.*

The referral system is also unfamiliar for patients who recently enrolled for NHI membership and are using the benefits for the first time. They used to attend medical care in hospitals without direct referral. Rambu Ng (Female, 48 years old) claimed:

> *I just received the NHI membership card two months ago. This is the first time I use it. I was unaware that I should take the referral letter from Puskesmas before coming to the hospital. We need to return to Puskesmas to ask for the paper. Sick people cannot wait for medication. Why don't they serve us first, and I look for the referral letter later? It isn't very pleasant for me.*

I want my money back!

The NHI of Indonesia adopts the social health insurance system. Health financing uses a risk pooling system where individuals, employees, employers, and the government share the cost of medical care. Cross-subsidiary is a common practice within the system. They were misinformed about the principle of social health insurance, mistakenly assuming that NHI is equal to commercial health insurance. Some of the respondents questioned the benefits for those who never get sick. A self-employed resident (who has some odd jobs, from car rental to car registration plate making) claimed to pay his family's NHI premium. He complained that he paid nothing for the NHI membership.

I tried to get a free NHI membership. But I cannot use it because the village staff considered me a resident with quite a good life from my odd jobs. That is not a real issue for me. The problem is I keep paying for the monthly premium but never use the service. So, what is the benefit for me? I pay for nothing, though. Some friends told me that we could claim our money back later. But some others told me different things. So, which one is true? (Mr. N, 39 years old).

Another resident compares the NHI and the Social and Insurance Security for Employees scheme (BPJS-*Ketenagakerjaan*). The beneficiaries of social security insurance obtain pension protection, death protection, and working accident protection. An employee in a construction company said:

My company paid for my NHI and Social Security. My boss told me the BPJS-Ketenagakerjaan would pay me back when I retired. There is also a severance payment if I stop working. The NHI should pay us back as we never use the benefits. (Mr. NG, 55 years old)

Why is it like debts?

During the COVID-19 pandemic, millions of people lost their jobs. Consequently, the employers halted the payment of premiums to their employees. It is exacerbated when employees are unable to pay their premiums. Membership and healthcare services are suspended. The healthcare is only accessible if the members pay the overdue premium and 45 days after activation. The residents heavily criticized this procedure. Umbu Ngg (54 years old) stated that:

I lost my job during the COVID-19 pandemic, so I have no income. Our boss didn't pay our NHI. When we recover from the pandemic, the NHI management requires us to pay the overdue premium. I think this is not fair. I never used my NHI card, and my membership was stopped during the pandemic, but now they have asked me to pay the overdue premium. This is what they want from us. The government is not helpful at all.

Some residents are full-paying beneficiaries of NHI. They are classified as having an advanced economic condition because they own a small business, such as a kiosk or small shop. They pay their contribution regularly but intentionally delay it. The following are the reasons for the delay or the inability to pay the contribution.

I am happy and grateful for the NHI program. I fully support it even though I need to pay the premium. After a few years, I realized I didn't get anything in return for my contribution, so I stopped paying. Unfortunately, when my little son needed to stay in the hospital because of severe fever—maybe malaria—the hospital staff refused to cover the medication because my membership was suspended. They asked me to pay my overdue contribution. I am afraid health coverage is not good for people in need. Just think about their business- life is complicated. (Umbu Hp, 47 years old)

3.2.2. Understanding the benefits of NHI

Why should I buy medicine?

Medicine and drugs are essential benefits of NHI. However, prescribed medicines should be based on the National Formulary list. In any specific case, medical doctors may prescribe medicines or drugs other than those listed in the formulary under the recommendation of BPJS-Kesehatan. However, the BPJS-Kesehatan may decline the prescription. Therefore, patients must pay the cost of medicines excluded from the formulary. People are unaware of and underinformed of the formulary mechanism.

The village staff just told us that NHI members may access any healthcare for free. They never said to us that we needed to buy extra medicine. The situation is not helpful for us. The drugs are expensive. We cannot afford them, so we pay for half of the medicine. The nurses tell us they run out of stock and ask us to buy the medicine outside the hospital (Rambu Tn, female, 43 years old).

The statement above implies that patients believe medicines should be available whenever needed. The unavailability of drugs is heavily criticized, especially when patients are required to pay for them. A patient in a hospital expressed her suspicion by saying:

It is unbelievable if there is no medicine in their stock. I am afraid that they play games with us with medicines. They force us to buy medicine for their business. It is unfortunate; poor people like me need to pay for our medicines. One or two years ago, an incident occurred in which expired medicine was dumped in the backyard of the Health Department building. So, why did that happen? I don't know what to say. (Rambu AT, 51 years old female)

There is no healthcare we need in our city.

The scarcity of specific healthcare in remote areas creates serious problems. Dental service is the most limited care in this area, especially for dental and oral health specialists. It is worsened when no private dental practitioner collaborates with the management of NHI. *Rambu ET (31 years old)* complained that:

> *I have a severe problem with my teeth. They need care from a specialist. The problem is we only have one dental specialist in the town. However, I cannot use my NHI card to access the dental service because there is no working agreement between the doctor and the NHI management. So, what am I paying for every month? I hope the regulation is reviewed to be more flexible for specific health problems.*

The hospital asks for a guarantee.

The NHI covers most healthcare, but many health problems are not part of the benefits. The people believe the NHI protects all health problems regardless of their causalities. Umbu Tt (male, 37 years old) stated that:

> *Once, my little brother had a traffic accident. He came home late from a party in a neighboring village. He hit the metal roadblock, and his leg broke. When his friends took him to the emergency, they asked for a guarantee for the medication. They explained that the NHI does not cover accidents caused by alcohol. Why?? As far as I know, the NHI covers traffic road accidents. So, what is wrong with the staff?*

3.3. DISCUSSION

The NHI of Indonesia has been widely recognized by Indonesia's population. It is popular among the impoverished groups and gradually interested in the well-off population. However, the coverage improvement is not followed by disseminating information regarding the scheme's aims, principles, benefits, and working mechanisms. Consequently, the awareness of the population to enroll and utilize health care is considerably low [13], [15], [16]. The study re-addresses some critical issues regarding NHI's performance, including misunderstandings of the working mechanism and the benefits of NHI.

The procedure of medication management, especially the referral system, is heavily criticized. At the early implementation of NHI, the primary healthcare facilities quickly issued the referral without carefully examining the necessity. The patient obtained referral papers based on request without medical indications. Consequently, the hospitals were crowded, and the workload of the staff in hospitals was increased significantly [17], [18]. Problems emerged when the referral paper was strictly issued, making the patients and their families question the new mechanism. The phrase “They Ping Pong Us” is a common utterance in Indonesians, meaning patients must complete the health care papers to and from different sections. It reflects inconsistency, complicated procedures, and multi-stage procedures the patients follow before obtaining health care.

It is problematic for health staff and patients. The government regulates the health care procedure, and the health staff needs to ensure all steps are sufficiently met. Failures to comply with the administrative procedure may risk or delay their claim to the management of NHI. On the other hand, the patients expect a simple procedure that saves their time and obtains health at the first chance. The situation implies that medical procedures are confused because of poor information about the referral procedures. Different perceptions of emergency situations between patients and health staff also create misunderstanding [19]. The study highlights the poor information on the working mechanism of NHI and socialization to improve understanding and avoid misunderstanding the benefits demanding [20]–[23].

Misunderstanding also emerges in terms of contributory aspects of NHI. The patients assume that paying contributions is not mandatory and claimable. The cross-subsidiary nature of NHO is poorly understood. For example, some respondents are employees whose employers partially or fully paid for their health insurance and superannuation premiums. Due to a poor understanding of the mechanism of NHI, beneficiaries believe that the premium of NHI will be claimable in the future, especially when they have never used health care services. NHI is a social health insurance model where a funding pooling system and cross-subsidiary are widely practiced [24], [25]. The beneficiaries are not entitled to claim their premium as the superannuation for the employees. The regulation of NHI requires the management to provide promotive and preventive programs, especially health and well-being programs [26]. The programs will provide additional benefits, especially for healthy members. Unfortunately, such programs are poorly implemented [27], [28]. In some health insurances, the insurers provide a No Claim Bonus (NCB) for the healthy members, such as a discount for a monthly premium or a free premium for the next month [29]It is useful to maintain the members' loyalty or avoid adverse selection. This is a good example of how NHI management can promote equity in health care.

The members of NHI are at risk of accessing health care when they do not pay the monthly contribution. There is no penalty for delay in payment, and a pay plan is applicable for the overdue installment. Penalty only impacts when the member seeks medication 45 days after the membership reactivation [30]. The study found that the members complained about how the management of NHI treated them as debtors when they could not pay their premiums on time. Delaying or voluntarily terminating membership is the only option. Poor socialization regarding the payment

delay of premiums triggers misperception and criticism [31], [32].

Besides the misunderstanding of the working mechanism of NHI, knowledge about the benefits covered is also lacking among the people in Waingapu. People understand that NHI covers all medicines and drugs. They suspect that health staff unfairly mistreat them. Respondents of this study confirm that medical doctors require them to buy medicine in pharmacies outside the hospitals, which is believed to be a fraud. They poorly understood that medical doctors only prescribe medication as listed on the National Formulary [33].; therefore, the patients must buy medicines. The patient is unaware of the scarcity of certain drugs as a consequence of geographical conditions that delay the transportation of medications. The complaints reflect the poor information on the working mechanism of FORNAS. They argued that NHI provides quality health care for free, including medicines. Patients are poorly informed that FORNAS excludes some drugs. Adequate promotion of FORNAS is crucial as medicine takes a large proportion of healthcare funding [34], [35]The NHI management must ensure that medical spending does not harm the scheme's financial stability. The National Formulary (FORNAS) of Medicine is a mechanism to maintain the program's funding equity and reduce misconduct in the tender process of medicine stocking and distribution.

The variation of health care in rural areas such as Waingapu and Sumba Timur is limited, especially for medical specialists. The unequal distribution of medical specialists is observable between rural and urban areas or between Java and islands outside Java [36], [37]. One of the respondents is a Sumbanese of origin who graduated from a university in Jogjakarta with a fair comparison of health between Java and Sumba. She expected equal access to health care across the country. Unfortunately, the shortage of dental specialists she needed bears complaints about equality and equity in health care. It is exacerbated when the management of NHI has no working agreement with the only dental specialist in town. Co-payment is poorly disseminated. Speeding up the recruitment and deployment of health workers, especially specialists, in remote areas reduces the gap between health workers in remote and urban areas in Indonesia [38]. The program will improve equity and equal access to health care for the whole population of Indonesia, regardless of geographic differences. The management of NHI has more options for collaborating with medical doctors in the region.

The NHI exists to provide free healthcare for the population the understanding of most members. They are unaware of the regulation that the scheme does not cover several health problems. Cosmetic surgery, drug addiction, alcohol-related illness (including accidents under alcohol influence), and attempted suicide are among the 21 services declined by the NHI scheme [39], [40]Prior knowledge of the regulation is limited, making patients doubt health insurance's benefits. This study's case proves that poor promotion of covered and uncovered health care is evident.

3.4. CONCLUSION

The study summarizes that misperceptions about the working mechanism and benefits of the NHI are identifiable among the residents of Waingapu, Sumba Timur. The residents lack information about the referral system and the principle of social health insurance as a cross-subsidiary and pool-funded health insurance system. In addition, the study concludes that the residents of Waingapu also misunderstood the benefits of NHI, including medicines and health care. They assume that medicines are free and all health care should be available in the area. As a response to the information above, it suggested the management of NHI is not only concentrated on curative but also pays more attention to the socialization of the benefits and policies in health care delivery, including the rights and obligations of the beneficiaries. The study's weakness is the exclusion of the local management of NHI and related stakeholders, such as the Social and Welfare Department, Health Department, and health facilities officer, to cover both sides.

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