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# **The Best Practice of Health Insurance Premium Collectability Strategies as Responses to COVID-19: A Study on BPJS Kesehatan**

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## **ABSTRACT**

The challenge in maintaining the sustainability of the JKN program lies in how BPJS Kesehatan can optimize its premium collection. This research, predicated on a case study design, aims to determine how BPJS Kesehatan has implemented its strategy and succeeded in increasing the collectability of premiums from 94.8% in 2019 to 97.0% in 2021, even after the premium hike policy and the damaging impact of COVID-19 crisis. This study uses in-depth interviews with BPJS Kesehatan middle managers who are influential in making strategic decisions. In addition, this study is also based on a literature review and publication of BPJS Kesehatan audit reports. The results of this study revealed that the strategic initiatives implemented by BPJS Kesehatan, such as the relaxation policy, embracing multiple digital platforms, and investing in human resources through JKN cadres, have led to an increase in premium collectability.

*Keywords: BPJS Kesehatan; Premium Collection; Premium Collectability; Health Insurance; Relaxation Policy; Digital Insurance; Insurance Cadre*

## **1. INTRODUCTION**

Many countries have seen Social Health Insurance as a protection against financial and health burdens. By publishing Law No. 40 of 2004 and Law No. 24 of 2011, Indonesia started a new chapter of healthcare reform toward universal health coverage (UHC). The National Health Insurance Scheme (*Jaminan Kesehatan Nasional* or JKN) was launched three years afterward, and BPJS Kesehatan was mandated as the program's social security agency. In August 2022, JKN covered 243.282.029 people, or about 88.35% of Indonesia's population (BPJS Kesehatan, 2022).

Since its launch, BPJS Kesehatan has undergone several improvements in managing the JKN program. These include enhanced regulations, more effective and well-defined information management systems, highly innovative public services, better-calculated premiums, and utilizing modern technology efficiently. However, as Wang et al. (2020) mentioned in their study, the COVID-19 economic crash negatively impacted the insurance business. BPJS Kesehatan faced challenges, such as developing a new strategy for its sustainability and maintaining the level of JKN premium collectability.

Before the COVID-19 pandemic outbreak, the government of Indonesia had admitted that BPJS Kesehatan failed to collect adequate premiums to maintain the JKN program operating smoothly. JKN enrollees are not paying the monthly premiums before becoming sick. Meanwhile, the amount of premiums paid regularly by enrollees is lower than the amount required to sustain the program (Manafe & Yasmin, 2019). Surveys conducted on 1,709 informal sector workers in 2016 found that they stopped paying the JKN premium mainly because of costly premium fees, uncertain income, and changing needs (Muttapien et al., 2021). Based on a recently published study using a primary data survey from June 2015 to February 2017, the increase in premium fees is negatively correlated with regular JKN premium payments (Nurhasana et al., 2022). The sustainability of the JKN program heavily relies on its premium revenue. The negligence of paying the premium regularly and the lapse of membership caused difficulty for BPJS Kesehatan in delivering its services.

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In the same year as the COVID-19 outbreak, the Indonesian government adjusted JKN's premiums by enacting Presidential Regulation Number 64 of 2020 on The Second Amendment of Presidential Regulation Number 82 of 2018 on Health Insurance. First-tier enrollees must pay a monthly premium of Rp 150,000, and Rp 100,000 for the second-tier enrollees. Meanwhile, subsidized JKN enrollees (*Penerima Bantuan Iuran or PBI*) and third-tier enrollees pay Rp 42,000 (Rp 25,500 is paid by the self-enrolled participants, and the government pays the rest). Since January 2021, the amount that third-tier enrollees must pay has been raised to Rp 35,000, and the government subsidizes Rp 7,000. Premiums for wage-earning employment enrollees were modified at 5% of their salary, with Rp 12 million as the wage ceiling from which premiums are deducted. BPJS Kesehatan must take quick, resolute, and effective measures to mitigate the risk during the coronavirus crisis and the hike of JKN premiums so as not to affect premium collectability.

The ability to pay (ATP) and willingness to pay (WTP) JKN premiums influence equity, health financing, and utilization of healthcare services which assist the enrollment of more people in the JKN program (Syakhila et al., 2021). The ATP and WTP value of an individual or a community is inextricably linked to the factors that affect it: education, knowledge, occupation, income, expenses, motivation, information about JKN, the premium amount, availability of premium payment locations, the distance to premium payment locations, travel time to premium payment locations, the number of family members, perceptions of health service quality, and catastrophic illness history (Hildayanti et al., 2021).

The adjustment of JKN premiums and the unprecedented COVID-19 economic crisis have caused a polemic within the community. The unemployment rate increased substantially, thus reducing people's incomes and affecting the community's ability and willingness to pay higher JKN premiums (Dewiyani et al., 2021). A study run from August to December 2020 shows that 45.8% of JKN enrollees could not bear the monthly premiums; meanwhile, 71.9% of JKN enrollees were unwilling to pay after the premium hikes in the first year of the pandemic (Agustina et al., 2021). Despite all the findings, this paper learns that the 2020 JKN earned premium was increased by 25.14% compared to 2019, and the 2021 JKN earned premium was increased by 2.83% compared to last year based on BPJS Kesehatan's audited financial statements of the respective year. The premium collectability rate keeps improving from 2019, 2020, to 2021, which is 94.8%, 95.8%, and 97%, consecutively. This information provides evidence of BPJS Kesehatan's effective strategies to maintain sustainability through the economic crash.

Although BPJS Kesehatan has been recognized for its good management practice, its past efforts to increase premium collectability remain undocumented. This study aims to shed light on BPJS Kesehatan's management practice of premium collectability strategy to adapt to the COVID-19 era and is also among the first to use this approach as a case study for health insurance evaluation. While scholars have worked on health insurance loss analysis and COVID-19 effects on the insurance market, this paper emphasizes BPJS Kesehatan's strategies for sustainability. This study intends to contribute to health insurance research literature and provides practical advice to Indonesian health insurance practitioners with its results.

It should be noted that this paper solely discusses BPJS Kesehatan's countermeasures to improve JKN premium collectability during 2020-2021. Whether the policies remain, were prolonged, or modified remains for future studies.

## 2. LITERATURE REVIEW

This section highlights several works of literature that support the understanding of this paper.

### 2.1 Health Insurance Premium

The health insurance premium is the fee that must be expended to cover numerous health activities required by individuals, families, groups, and communities to attain health coverage. The health insurance premium must be solid, stable, and sustainable to ensure adequate, equal, efficient, and effective health financing (Djojosoedarso, 2003). The definition of the premium refers to the following two perspectives:

1. Health service providers, the funds to carry out health efforts through investment and operational funds.
2. Health consumers, the upfront fees paid for having health coverage made on behalf of an individual or their families who have used a health service or potentially use it in the future.

## 2.2 Premium Revenue, Earned Premium, and Premium Collectability

BPJS Kesehatan defines premium revenue as the funds that must be acquired based on the number of registered JKN enrollees (on an accrual basis) and earned premium as the funds that have been received physically as premium payment from JKN enrollees, employers, and the government. Premium collectability signifies the company's ability to collect dues so that the funds received physically are equal to those that should be acquired with the formula shown in equation (1).

$$\text{Premium Collectability} = \frac{\text{Earned Premium}}{\text{Premium Revenue}} \times 100\%$$

A higher premium collectability rate means that BPJS Kesehatan will have sufficient funds to pay for the service benefits. The idle ones can be managed in the form of investment instruments to ensure the sustainability of benefit payments in the long term (H. E. Kusumowardhani, personal communication, July 5, 2022).

## 2.3 Behavioral Changes in Insurance Customers

Research in 2020 showed five COVID-19-driven major trends as potential catalysts for change in the insurance industry (Puttaiah et al., 2020). Increased digital adoption, changes in mobility patterns, changes in purchasing behavior, increased health awareness, and changes in interpersonal behavior are likely to impact JKN enrollees' willingness to pay monthly premiums and affect premium collectability.

## 2.4 ATP and WTP Theory

ATP and WTP are widely used economic theories for healthcare evaluation. Over the last few years, ATP and WTP theories have roots in developing countries' social health insurance studies. ATP is the money people can pay for the health service or program they receive. There are eight determinants affecting ATP: occupation, income, expenses, total household members, the income of each household member, home ownership, vehicle ownership, and health savings (Fauziyyah, 2016).

WTP is the enrollees' willingness to pay for their health efforts (Sihaloho, 2015). Factors related to WTP are income level, health services quality, apprehension about health insurance, education level, and the total number of household members (Hardika & Purwanti, 2021). Community participation in paying health insurance premiums is reflected by their ability and willingness to make payments (Hildayanti et al., 2021; Kusuma, 2021).

## 2.5 Conceptual Framework

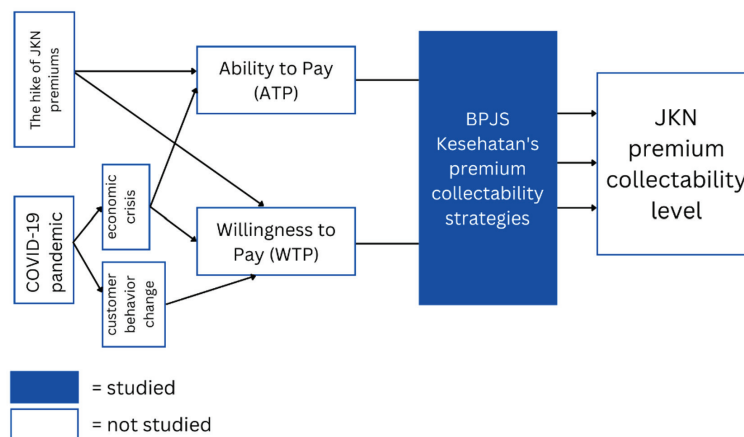


Figure 1. Simplified Schematic Figure of The Impact of The Constructs Involved in The Study on JKN Premium Collectability

### 3. RESEARCH METHODOLOGY

The research method employed in this study is a qualitative design emphasizing a top-bottom approach to focus on the success of the premium collectability growth due to a desire for deeper insights. As top executives tend to look outward, middle managers play an active role in strategy formulation and spend considerable time aligning different functions with the strategic goals of large organizations. These roles position middle managers as the hub for the flow of information up, down, and throughout the organization (Kaiser et al., 2011). Based on the article, this study's inclusion criteria were middle managers working in BPJS Kesehatan at the contribution management department. Middle managers involved in this study were selected for their knowledge and experience with BPJS Kesehatan's premium collecting issues.

A qualitative approach was chosen for this study based on the problems studied. Mapping BPJS Kesehatan's strategies to raise its health premium collectability in response to COVID-19 requires several actual and conceptual field data. In addition, the qualitative approach is more sensitive and adaptable to influences and changing situations encountered during the research (Sugiyono, 2019).

Data and information were collected through direct interviews with two BPJS Kesehatan analysts of the informal sector and government beneficiaries' contribution management and analysis documentation related to BPJS Kesehatan's premium collecting strategy. Two types of data were used in this study. The authors obtained primary data through interviews with informants relevant to the management strategy for improving BPJS Kesehatan's premium collectability. In contrast, secondary data are documents, records, archives, reports, and related articles. Result analysis was conducted using content analysis, and efforts were made to review organization records to find supporting data. The study results were considered to be validated through triangulation. The data is then presented in tables and narrative text, with a final summary.

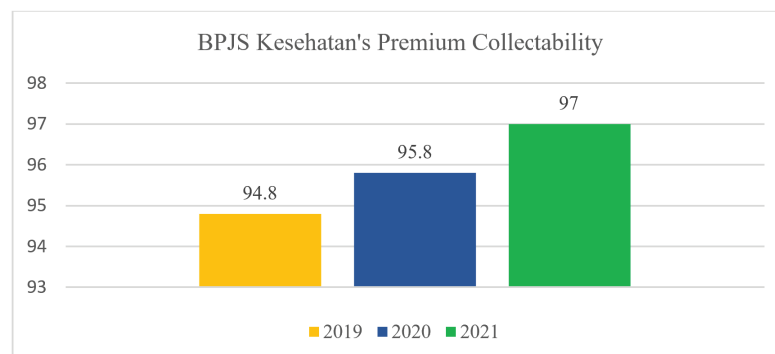
### 4. RESULTS AND DISCUSSION

BPJS Kesehatan's strategies and efforts in raising the JKN premium collectability rate have seen a notable development in the most recent three years (2019-2021), as shown in Table 1 in trillion Indonesia Rupiahs and represented graphically in Figure 2.

*Table 1. BPJS Kesehatan's Premium Collectability for the Last Three Years*

Year	Premium Revenue	Earned Premium	Unearned Premium	Premium Collectability
2019	111,754.163	105,977.577	5,776.587	94.8%
2020	139,852.375	133,943.283	5,909.092	95.8%
2021	143,805,332	139,552.754	4,252.578	97.0%

It is observed that BPJS Kesehatan is advancing with growing revenue, and it came up with a satisfactory premium collectability rate compared to the previous year. Looking several years into the future and planning accordingly has been the fundamental strength of the organization. So, whatever strategy they take, relaxation policy, digitalization, or cadre training, has a clear vision of the future.



*Figure 2. BPJS Kesehatan's Premium Collectability 2019-2021 Chart*



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#### 4.1 Relaxation Policy

Relaxation must be conducted to cope with enrollees' ability to pay during the COVID-19 pandemic. After the government of Indonesia announced drastic JKN premium hikes, BPJS Kesehatan followed by launching the PRAKTIS program as a commitment to improving the quality of services while simultaneously providing effortless administrative services for JKN enrollees. PRAKTIS is an acronym of *Perubahan Kelas Tidak Sulit*, or literally "changing JKN's tier is not difficult." Any JKN enrollee registered before January 1, 2020, can lower their tier according to their ability to pay without needing to wait a year after enrollment, and so do enrollees with the lapsed program to avoid more enormous premium arrears. Those with premium arrears can participate in the REHAB (*Rencana Pembayaran Iuran Bertahap*/Gradual Premium Payment Plan) program, which allows JKN enrollees with more than three months of arrears to make payments in installments.

PRAKTIS and REHAB programs can be accessed through BPJS Kesehatan's digital service (mobile application) and call center. By relaxing its policy, BPJS Kesehatan hopes adjustments to JKN premiums will not decrease the enrollees' sense of responsibility to pay their monthly premiums regularly. Enrollees who want to join the relaxation programs must set up auto-debit premium payments to ensure premium collectability.

#### 4.2 Going Digital

BPJS Kesehatan pursues collaboration models to adopt new insurance technologies with a combination of internal innovation and partnering with startups. By 2021, BPJS Kesehatan had several platforms connecting the organization and healthcare facilities with the JKN enrollees. These platforms ensure Indonesian citizens get any administrative service online, from new enrollment and data modification to premium payment. Last year, the Whatsapp platform called "Pandawa" had 4.3 million utilization, the call center platform "Care Center 165" had 1.9 million utilization, and the mobile application "Mobile JKN" had the most usage of 17.4 million.

Besides providing online administrative services, BPJS Kesehatan integrates health functions and a communication channel for primary healthcare facilities with JKN enrollees into the Mobile JKN application. JKN enrollees can see which hospital has empty beds, register on the online queue for a doctor visit, and have teleconsultation with the primary healthcare facilities' physicians via mobile JKN. 20,894 primary healthcare facilities gave teleconsultation via Mobile JKN, with 12.8 million utilization in 2021.

To assist any JKN enrollee in paying the monthly premium regularly, BPJS Kesehatan has increased access to the premium payment. There were 694,731 payment channels in 2020, but they multiplied to 696,569 in 2021. These include local government-owned (BUMD) and private banks, retail networks, traditional outlets, and e-commerce to facilitate any JKN enrollee from Indonesia's diverse population. Investing in multiple digital platforms enables a company to serve numerous markets all at the same time. This will provide personalized experiences to customers and bring more meaningful customer engagement.

#### 4.3 Investing in Human Resources through JKN Cadres

An organization must find enough human resources with the right skills to meet increasing demand. BPJS Kesehatan collaborates with numerous cadres all around Indonesia to assist in premium collecting without adding expenditure. These cadres are local people tasked with collecting 12 to 24 months of premium arrears from their respective fostered enrollees. They are not given any salaries but performance-based incentives, as shown in Table 2.



*Table 2. JKN Cadre's Incentive Formula*

Premium Arrear	Incentive	Formula
12-15 months	7%	7% * premium amount collected
16-19 months	10%	10% * premium amount collected
20-24 months	15%	15% * premium amount collected

As a disease outbreak response in 2020-2021, JKN cadres are allowed and facilitated to collect premium arrears via online means, such as texts, chats, and phone calls. They are required to submit any screenshot of their online engagement to claim incentives. This helps them to meet the target without risking themselves with the COVID-19 infection spread.

In line with the results of this study, several types of research have been done to address the favorable impacts of relaxation policy implementation in banking (Karim, 2021) and small and medium enterprise (SME) sectors (Setyowati, 2021). A relaxation policy decreases gross and net profit margins but improves company and SME performance (Reftiana et al., 2020). BPJS Kesehatan needs to conduct these relaxation programs to manage the hampered ATP of JKN enrollees. These programs allow the insured's to select a more efficient tier based on their current abilities to pay and grant relief for enrollees who have more than three months of premium arrears to pay in installments. BPJS Kesehatan exerts an effort to increase the regularity of payments from the relaxation policy participants by requiring them to set up an auto-debit payment.

From the perspective of the insured, insurance customer expectations have changed. They are looking for an insurance company that offers a faster and more convenient digital experience. They desire to connect with their insurers anytime, anywhere. Because of the COVID-19 disruptions and global digitalization, insurers have been looking for different ways to reach consumers through digital means. Businesses are expected to acquire customers and provide services through chat, text, websites, voice-controlled assistants, and mobile applications (Pisoni, 2021). Over the last few years, with the fast growth of digitalization and fintech, online insurance marketing operations can reasonably offset the damaging effect of the pandemic-induced lockdown (Wang et al., 2020).

Based on the recommendations of previous studies, BPJS Kesehatan should invest more in human resources by optimizing the JKN cadres' premium collecting strategies (Ardica & Samsir, 2020; Heldiyani, 2018; Shaliha, 2018). The success rate of collecting premiums via tele collecting was relatively low, particularly on 12-month arrears and above, which made them the JKN cadres' target. Thirty percent of sales are generated with the help of cadres in the public sector general insurance companies in India (Forker et al., 2017). Changes in mobility patterns due to work-from-home and lockdown policies also open more opportunities for JKN cadres to meet these people with arrears at their respective homes.

As a result of the analysis, taking force majeure clauses in the COVID-19 crisis into consideration, the relaxation policy, digitalization, and investment in adding a workforce with performance-based incentives are currently needed in the Indonesian health insurance system. Improving the health insurance premium collectability level is not only on the financial aspect but also includes the expected permanence of habit changes in the COVID-19 era.

## 5. CONCLUSION

Through three strategic initiatives implemented during the 2020-2021 period, BPJS Kesehatan could significantly increase its premium collectability even during the COVID-19 pandemic and after the premium hike policy. Based on interviews with internal BPJS Kesehatan middle managers, strategic initiatives such as policy relaxation, the use of digital technology, and optimizing JKN cadres have contributed to the collectability of premiums. BPJS Kesehatan implements policy relaxation through the PRAKTIS and REHAB programs, setting an auto-debit payment as their requirement. Going digital is implemented by utilizing digital applications such as Mobile JKN and expanding contribution payment channels. The organization is implementing online premium collecting by hiring JKN cadres with performance incentives and adjusting the incentive formula obtained by them. Through these



strategies, during 2020-2021, the collectability rate of premiums has increased from 94.8% to 97.0%.

In conclusion, the strategies that need to be discussed and reviewed when improving revenue through premium collectability in health insurance industries were analyzed, focusing on the issues of BPJS Kesehatan. It isn't easy to ascertain the degree of impact of each strategy on the ATP and WTP values of JKN enrollees, thus improving the premium collectability level. Therefore, there is a need for additional research on measuring their significance, and it is difficult to completely rule out the issue of discretionary decision-making by management. More diverse policy implications can be presented if historical considerations and comparisons of the causes are conducted.

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