

KRIS IMPLEMENTATION PLAN AND ITS IMPACT ON BPJS HEALTH CONTRIBUTIONS

Hartini Retnaningsih*

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Abstract

The government plans to implement KRIS by the mandate of the SJSN Law, which is currently undergoing trials and slated for enforcement in 2025. BPJS Health administers the JKN Program, a national social insurance scheme with a subsidized crossover system (assisting healthy participants and aiding the sick). Three participant classes (I, II, III) have varying fees, resulting in different consequences for healthcare services. This discussion delves into KRIS and its impact on BPJS Health contributions. Implementing KRIS will change fee magnitudes, prompting careful deliberation among relevant stakeholders regarding the revised dues. Commission IX DPR RI is essential to continuously support and oversee the government in realizing KRIS. Additionally, Commission IX DPR RI must thoroughly discuss the application of magnitude dues under the KRIS policy with the Ministry of Health. It is crucial to ensure that the dues remain accessible and manageable for the public, especially for participants in each category.

Introduction

Recent discussions have emerged regarding removing BPJS Health classes (Lestari, 2024). The government intends to replace the existing class system (I, II, III) with the inpatient class standard (KRIS) system. According to Sari (2023), KRIS is a new system to be implemented in BPJS Health's healthcare services at hospital (RS). With KRIS, every public segment will receive equal treatment and service, wheth-

er medical or non-medical. This fosters equality and justice in accessing healthcare for all BPJS Health participants. KRIS aligns with the mandate of Law No. 40 of 2004 on the National Social Security System (SJSN Law). Article 23, paragraph (4) of the SJSN Law states, "In case participants require hospital-based healthcare, the service class shall be determined based on the standard class."



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* Principal Legislative Analyst in the Field of People's Welfare at the Center for Parliamentary Analysis, Expertise Agency of DPR RI, e-mail: hartini.retnaningsih@dpr.go.id

Implementing KRIS involves a lengthy and ongoing process in the trial stage. KRIS is expected to bring about significant changes in the structure of BPJS Health contributions, eliminating the existing class-based fees. BPJS Health services for participants still follow the old patterns, including the existing fee structures. This discussion focuses on the planned implementation of KRIS and its potential impact on the contribution amounts for BPJS Health participants.

BPJS Health Contributions 2024

The Social Security Administration (BPJS) Health is the institution responsible for managing the National Health Insurance Program (JKN). The JKN program operates as a social insurance scheme where each participant must contribute based on their respective classes (I, II, III), as the state subsidizes individuals unable to contribute. The JKN program follows a cross-subsidy model, with contributions from healthy participants supporting those needing medical assistance.

In the year 2024, BPJS Health participants are categorized into six groups with varying monthly fees: (1) Recipient Health Insurance Contribution Assistance (PBI JK) Participants: The government covers Class III fees; (2) Worker Wage Recipient (PPU) Participants: This includes Civil Servants (PNS), National Army members, members of the National Police, state officials, and employees of government non-civil servants. The contribution is 5 percent of salary/wages per month, with 4 percent paid by the provider and 1 percent paid by participants; (3)

Workers Wage Recipients (PPU) in BUMN, BUMD, and the private sector: This group covers individuals working in state-owned enterprises (BUMN) and regional-owned enterprises (BUMD). Contributions are 5 percent of salary, with 4 percent paid by the provider and 1 percent paid by participants; (4) Family Addition PPU participants: The contribution is 1 percent of salary/wages per person per month, paid by the participant; (5) Participants Worker No Wage Recipients (PBPU) and those not working (independent): Contributions per person per month are as follows: Class III (IDR42,000), Class III (IDR35,000, with government assistance of IDR7,000), Class II (IDR100,000); Class I (IDR150,000); (6) Veterans and Pioneers of Independence: Dues are paid by the government, amounting to 5 percent of the salary for the main class of civil servants in room III/a with a work period of 14 years per month (Andari, 2024).

Participant fees are set according to the social insurance policy, with an application system where every participant pays based on their assigned class. These fees are not refundable (no savings involved). BPJS Health administers participant fees to fund the medical treatment and care required by fall-ill participants.

Several times, there have been rumors that BPJS Health's contributions may increase significantly over time. Member of Commission IX DPR RI, Rahmad Handoyo, states that any increase in BPJS Health contributions must be directly compared with the quality of services hospitals provide to the community (Lestari, 2023). It is understandable

that with the removal of the class system for hospital coverage under BPJS Health, the fees may experience changes. However, any fee changes are anticipated to be manageable for the public, especially for independent participants.

Plan for Implementing Inpatient Class Standard (KRIS)

KRIS, designed to replace BPJS Health's current class system (I, II, III), is undergoing trials in 14 hospitals: (1) RSUP Rivai Abdullah; (2) RSUP Surakarta; (3) RSUP Tadjudin Chalid; (4) RSUP Leimena; (5) RSUD Dr. Sardjito; (6) RSUD Dr. Soedarso; (7) RSUD Sidoarjo; (8) RSUD Sultan Syarif Alkadri; (9) RS Santosa Kopo; (10) RS Santosa Central; (11) RS Awal Bros Batam; (12) RS Al Islam; (13) RS Ananda Babelan; and (14) RS Edelweis (Untari, 2023). As suggested by Asih Eka Putri, a member of the National Board on Social Security (DJSN), a phased implementation of KRIS is necessary due to the non-compliance of some hospitals with the indicators set by the government (Putri, 2024). The testing phase for KRIS, initiated in 2023, is expected to lead to its full implementation in 2025 (Lestari, 2023).

The implementation of KRIS is, on the one hand, by the mandate of the SJSN Law. However, there is a need to clarify the mechanisms and ensure compliance with the specified criteria for hospitals. It requires thoughtful consideration to ensure that KRIS can provide optimal health benefits for BPJS Health participants. The hope is that implementing KRIS will uphold the quality of health services.

There are 12 KRIS criteria: (1) building: low porosity level to ensure a clean and secure environment; (2) air ventilation: a minimum of 6 air changes per hour in the maintenance space; (3) room lighting: artificial lighting of 250 lux and sleep lighting of 50 lux; (4) sleeping area: with two contact boxes and nurse call; (5) sleeping area: available health power; (6) room temperature: between 20 to 26 Celsius; (7) stay care room: divided based on gender, age, and disease; (8) room density for stay care: maximum of four sleeping places with a minimum distance of 1.5 meters between the edges of sleeping places; (9) room: equipped with ceiling-mounted curtains/partitions or hangings for privacy; (10) overnight stay care space: with adequate bathroom; (11) bathroom: meeting patient accessibility standards; and (12) stay care room space: with an oxygen outlet to support medical maintenance needs (Sari, 2023).

With the expected 12 KRIS criteria, BPJS Health participants will receive quality hospital treatment and care tailored to their health needs. In addition to ensuring justice and equality in-room care, adequate stay, and standard health treatment, the care process for BPJS Health participants will be conducted with kindness, aiming to achieve optimal results.

The preparation and testing process for KRIS has reached a crucial stage. The government aims to implement it starting in 2025. Commission IX DPR RI must actively encourage, monitor, and oversee every stage of KRIS preparations to ensure the timely realization of the policy regarding removing BPJS Health

participant classes. Commission IX DPR RI should persist in motivating and collaborating with the Ministry of Health and other relevant stakeholders. To optimize KRIS preparation, stringent oversight should be applied to all hospitals, ensuring they promptly enhance their capacity by the established 12 criteria.

The issue of dues, aligned with the forthcoming KRIS policy, will be imperative for future discussions, requiring careful consideration among relevant stakeholders. Logically, BPJS Health participants are expected to contribute equally to implementing KRIS. However, a standardized fee structure has yet to be established. This anticipated change will likely positively impact BPJS Health's financial standing and the APBN, which covers the dues for recipients of health insurance contribution assistance (PBI). Nevertheless, if there are still class distinctions among BPJS Health participants (Class I, II, III), a fair and manageable fee structure must be established to prevent undue burden on participants, particularly those in the independent category.

The potential impact of KRIS on BPJS Health participant dues can be simulated as follows: (1) If the dues amount is standardized, it would result in the majority of the public paying dues equivalent to Class III; (2) Standardizing dues equivalent to Class III might lead to a reduction in the contribution funds received by BPJS Health; (3) If dues are standardized equivalent to Class II or Class I, many individuals in society may find it challenging to afford; (4) A situation where many people are unable to pay may necessitate increased gov-

ernment assistance (PBI participant category), thereby becoming a burden on APBN/APBD; (5) A significant number of individuals unable to pay dues may lead to a considerable backlog in payments, especially from participants in the independent category.

Implementing the KRIS policy without carefully calculating participant dues could lead to significant issues. This could negatively impact the financial performance of BPJS Health, potentially resulting in a return to deficit budgets, as experienced in previous years. According to Kencana (2022), BPJS Health faced a deficit of IDR5.69 trillion in 2020 and IDR51 trillion in 2019.

Commission IX DPR RI needs to engage in discussions with the government and BPJS Health to establish the policy regarding the magnitude of dues under the KRIS system. It is crucial to emphasize that the amount of dues must be reasonable and manageable for the public, particularly for participants in the independent category. The calculation of BPJS Health contributions should be approached carefully and professionally, considering accessibility for the general public.

Conclusion

The government has outlined plans to implement KRIS starting in 2025. This policy will have implications for the magnitude of dues required to be paid by BPJS Health participants. In the year 2024, BPJS Health will continue to apply the same fees for six categories of participants: (1) Recipient Health Insurance Contribution Assistance (PBI JK); (2) Workers Wage Recipient (PPU); (3) PPU for BUMN,

BUMD, and the private sector; (4) Family Addition PPU participants; (5) Workers No Wage Recipients (PBPU) and non-workers (independent); (6) Veterans and Pioneers of Independence.

Commission IX DPR RI is essential to continue encouraging and overseeing the government in implementing KRIS. This includes overseeing and providing input to the Ministry of Health and related institutions to ensure that hospitals adhering to the 12 criteria are utilized. Commission IX DPR RI must also engage in careful discussions regarding the magnitude of dues for BPJS Health participants when KRIS is implemented. Simulations are necessary to formulate a dues policy that is accessible and manageable, particularly for participants in the independent category.

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