

The Changing Nature of Campus Health Insurance: Testing Portability Issues of National Health Insurance

Nuzulul Kusuma Putri and Ernawaty Ernawaty

*Faculty of Public Health Universitas Airlangga, Mulyorejo, Surabaya, Indonesia
nuzululkusuma@fkm.unair.ac.id*

Keywords: Migrant students, Campus, Health insurance, National health insurance.

Abstract: Before National Health Insurance was implemented, the majority of leading universities in Indonesia already covered their students with a health insurance scheme. They managed their own campus health insurance independently. Both National Health Insurance in 2014 and single tuition policy in 2015 brought huge change to campus health insurance. This study aims to analyse students' needs in health insurance after implementation of these policies. This is an exploratory study with cross-sectional design. The sample was taken by voluntary sample through online questionnaire. There were 83 students across different academic degree participated in this study. Most of the students (65.1%) came from various districts outside the campus district and chose to reside in boarder houses around the campus. There were only 52.9% of the students already listed as National Health Insurance participants. Out-of-pocket risk belongs to 35.5% students who were not covered by health insurance at all. Almost all of the students who already participated in National Health Insurance (93.3%) were registered in the primary healthcare in their hometown. The students are already paying for single tuition which does not accommodate health insurance. A real changing need of migrant students for health insurance coverage exists in the National Health Insurance era.

1 INTRODUCTION

Universal Health Coverage swept many countries in the last decade, including Indonesia. Even though Indonesia is the biggest archipelago country with a widely dispersed territory, National Health Insurance is chosen as the health insurance mechanism rather than region-based insurance. This decision has consequences in the portability challenges of the preferred health insurance scheme. Previous region-based health insurance mechanisms already implemented by local government should be merged into a national scheme. It should enable not only raising the pooling level in local government, but also maintaining the cross-regional participation transfer (Pan et al., 2016).

Previously, the majority of universities in Indonesia had institutionally managed health services for their students before the enactment of the National Health Insurance. The provision of this health service is funded through a student health insurance scheme that is managed independently by the university and which is limited only for students in the university. Student health insurance is regulated through the policy of each rector.

Generally, this fund pooling is collected through a semi-annual contribution in addition to the tuition fee. These funds are managed to finance the health of students during their education. However, in accordance with the mandate of the Ministry of Education, universities are not permitted to collect additional fees outside the national rate. However, the calculation of this national rate does not accommodate student healthcare insurance. The National Health Insurance that was launched one year previously also makes this situation more complicated. The availability of parental health insurance can have significant effects on the probability that a young individual enrolls as a full-time student in university (Jung et al., 2013). Unfortunately, there is no individual student membership in National Health Insurance. To be able to be covered by National Health Insurance, students should be registered with all of their family members.

The huge variations of health insurance mechanisms bring many obstacles to the citizens who wish to temporarily move to another region for some years. In Indonesia, young adults from rural regions who have just graduated from senior high

school compete to be able to enrol in the best universities, which are mostly located in urban regions. According to Callahan (2007), young adults are twice as likely to be uninsured as children or older adults. This specific group is a form of a mobile population with a disproportionate number of unemployed or irregularly employed members who must weigh the financial and time costs of their study and living costs.

Moreover, Pan et al. (2016) explained that a migrant population which is already covered by health insurance is commonly restricted from claiming benefits in the destination region. On the other hand, these migrants consistently underuse services in both their communities of origin and their destination cities. The probability for students to voluntarily register into health insurance is also possibly small. Undergraduate students appear to have formed perceptions on health insurance which is similar to adult including their family (Price PhD, MPH et al. 2010). The unclear identity of civilization is worsen their willingness to participate in a national health insurance program. Study by Ybarra et al. (2017) addressed a gap in the literature on access and use of health insurance and routine medical and dental care among children by including the legal statuses of both parents and children, there are limitations.

Based on those background, this study examines how the portability issue of National Health Insurance in Indonesia has impacted the students' need of health insurance after implementation of the policies.

2 METHOD

This is an exploratory study analysing the implications of National Health Insurance policies affecting a university providing a healthcare service for its students during college. The data were collected by cross-sectional survey in the second year of implementation of National Health Insurance. The sample was taken by voluntary sample through online questionnaire. The questionnaires were broadcast to various student groups on the official social media of the university. At the end of a week of data collection period, there were 83 students across different academic degrees and universities who participated in this study.

The survey captures the student characteristics related to National Health Insurance membership requirement and student utilisation of healthcare service during college. The need of college students

for health insurance after implementation of National Health Insurance was analysed by comparing the gap between both sections.

3 RESULT & DISCUSSION

The majority of respondents (65.1%) are migrant students whose home is not in the same city as the campus location. Most of the students choose to live near the campus by moving to the city in which campus is located. Many of the students who participated in this study are of undergraduate level. This means that most of the students are of young adult age. This age group is dominantly dependent on their parents for all their living costs. Based on the membership conditions in the National Health Insurance policy, this age group is still able to be covered by parental health insurance by showing that they are still not financially independent. The possibility of parental health insurance is high due to fact that more than half of the parent population are wage earners. The National Health Insurance policy officially regulates that the wage earners must be registered by their employers in National Health Insurance. The majority of migrant students (52.9%), who are basically at some distance from their parents' authorisation during college, are already protected through the National Health Insurance mechanism. Unfortunately, the rest of the migrant students are barely covered by any health insurance during college. Moreover, there are still 30.1% of students who are not covered by health insurance at all.

Table 1: Student characteristics

	n	%
Student origin		
Not migrant student	29	34.9
Migrant student	54	65.1
Home base while study		
Move to campus location	73	88.0
Stay in hometown	10	12.0
Education level		
Diploma	1	1.2
Undergraduate student (extension)	11	13.3
Undergraduate student (regular)	57	68.7
Post Graduate	14	16.9
Parents' job		
Civil servants	25	30.1
Unemployment	20	24.1
Informal workers	15	18.1
Private company employee	14	16.9

	n	%
Pensioner	9	10.8
Health Insurance		
National Health Insurance	44	53.0
Commercial Health Insurance	10	12.0
Both	4	4.8
None	25	30.1

Those characteristics impact the health insurance utilisation. Migrant students who are not covered by health insurance should be able to set aside their living cost for healthcare purposes when sick. In this case, a university health insurance scheme is very much needed to ensure accessible healthcare service during college. In 2019, when the National Health Insurance is targeted to reach universal health coverage, the university health insurance scheme should be considered as another option to crawling the niche market of students that are left behind by the implementation of National Health Insurance.

A second alignment that should also be considered is the existence of students who are already registered as National Health Insurance participants, but still choose primary healthcare in their hometown. Based on the National Health Insurance regulations, participants should choose one primary healthcare to be the patient's first contact in using the healthcare facilities. By choosing the primary healthcare facility, participants can only be treated by that chosen primary healthcare. Participants are not be allowed to access other primary healthcare, except for the emergency room. The portability issue has become the main problem in this case.

3.1 The Chosen Primary Healthcare: A Matter of Portability Issues

In the term of National Health Insurance implementation, participants cannot directly utilise the referral hospital without appropriate medical indications. There is a strict referral mechanism which has been created to ensure that there will be no unnecessary treatment which potentially disembugues high treatment cost.

National Health Insurance participants should choose only one primary healthcare facility. This primary healthcare facility is responsible for treating the registered participants. This will be paid for by a capitation mechanism based on the number of National Health Insurance participants registered in the primary healthcare facility. Participants do not need to pay anything to the primary healthcare facility when accessing the services. Vice versa, the primary healthcare facility is prohibited to take a fee

for its service to the participants. Unfortunately, participants cannot access the other primary healthcare facilities freely. If participants want to access a different one, they must change their primary healthcare facility. Table 2 shows that most of the students who already registered as National Health Insurance participants are varied according to the primary healthcare facility type chosen.

Table 2 The chosen primary healthcare facility by students

	n	%
Location		
Hometown	40	90.9
City of present campus	4	9.1
Type		
General practitioner	13	29.5
24-hour clinic	4	9.1
Company-affiliated clinic	2	4.5
Public health centre	25	56.8

Most of the primary healthcare facilities chosen by students are located in the student's hometown. Even though these students realise the long period of study in college, they have decided to not change their primary healthcare facility to a primary healthcare facility located near their present college. This means that this group of students will be face difficulties when assessing a primary healthcare facility using the National Health Insurance. Students either need to return to their hometown to access primary healthcare without charge or pay to get treatment in their current city.

What if there is an emergency situation? National Health Insurance accommodates emergency situations, but with specific medical indications for each disease or accident. Students with National Health Insurance can use emergency treatment only in the emergency room of a hospital without consideration of where their primary healthcare facility is situated. Even though students can access it without any fee, incidence of emergency situations is commonly rare. Most of the illnesses among students are not considered as emergency cases. As such, primary healthcare still becomes the first need of students.

In spite of decentralization which promises to bring health equity among citizens, the implications of decentralised governance of health systems on health-related equity are varied and depend on pre-existing socio-economic and organisational context (Costa-Font & Moscone 2008). It also argued that decentralization results in ambiguous consequences on efficiency; equity consequences are controversial and address the relevance of redistribution

mechanisms (Alves et al. 2013). Whereas decentralization is pointed to responsible financing the mobile citizens across the district area.

3.2 Students' Need of Healthcare during College

Normally, undergraduate students spend 3-4 years of their life struggling to graduate from college. During this period, there are many possibilities of students getting sick or having accidents. Table 3 shows how students deal with these conditions during college.

Table 3: Health-seeking behaviour of students during college

Health-seeking behaviour	n	%
Self-treatment	24	28.9
Utilise private healthcare (OOP)	18	21.7
Utilise health facility with commercial insurance	2	2.4
Utilise campus clinic	32	38.6
Return to hometown	7	8.4

Most of the students choose to utilise the healthcare facility that is provided by their university. This shows that the most accessible healthcare treatment for students during college is the campus clinic. Students also tend to cure their sickness by self-treatment. Self-treatment is commonly found in Indonesia due to the ease of obtaining over-the-counter (OTC) medicine. As educated people, students are confident in guessing what their illness is and what kind of medicine they should buy.

Surprisingly, none of students who participated in this study utilised a healthcare facility using the National Health Insurance scheme in the college location. Students who were registered as National Health Insurance participants chose to return to their hometown to get treatment. This indicates that portability issues still exist in the implementation of National Health Insurance among migrant members. Private health providers, including private healthcare facilities and commercial health insurance providers, could take advantage through this situation. There are 21.7% of students who prefer to utilise the private healthcare facility. Most of the students spent Rp150,000 (\$11) each time in utilising this private healthcare. They pay this through an out-of-pocket (OOP) mechanism.

Experience of how China finances its health insurance system shows that the behaviour management and purchasing mechanisms of

National Health Insurance perform poorly (Liu et al., 2014). National Health Insurance participation has a weak negative or even no significant association with the OOP of hospitalised patients. National Health Insurance seems to fail to reduce people's OOP. This also happens in our study. The trend of students using OOP is high even though National Health Insurance is already implemented.

There are emerging healthcare needs of migrant students considering the location of the primary healthcare facility they choose. The majority of migrant students (93.3%) registered as National Health Insurance participants still belong to the primary healthcare facility in their hometown. Vietnam's experience clearly suggests that health insurance strongly increases the access and reduces the financial burden in healthcare utilisation (Sepehri et al., 2009). In the case of migrant students in Indonesia, rural-to-urban migrants should be given increased portability. Pan et al. (2016) suggest that the government should think about raising the level of pooling or develop specific policies on cross-regional transfer of entitlements. Our findings show that National Health Insurance simply cannot promote the students' ability to access healthcare in the campus location if the portability issue still exists.

3.3 Inefficiency of Healthcare Service among Students

This study provides evidence that portability is something that should be rethought in providing insurance for college students. Different from other levels of education, students in college are commonly separated from their parents during study. They must take care of their health by themselves. Rising et al. (2007) explained that even though health insurance facilitates access to care, enrolment alone is not enough to ensure the receipt of preventive health care. Study by Jung et al. (2013) revealed that the availability of parental health insurance can have significant effects on the probability that a young individual enrolls as a full-time student. College enrolment policy is the first screening effort to capture the ability of each student in protecting their life during college. A study about the health need of college students also shows that they learn to manage their own health, gain their health knowledge and begin to start health habits during study period (Nguyen et al. 2016). These findings imply that campus student health centres should be better evaluate and facilitate health education.

Before National Health Insurance implementation, the college enrolment system in Indonesia never prescribed that such students should be covered by health insurance. By 2019, Indonesia is targeted to achieve Universal Health Coverage. Considering this roadmap, since 2017, the National Health Insurance provider has cooperated with universities to ensure that all new students are already registered. Unfortunately, a university cannot push their students to change their primary healthcare facility to the campus clinic. This potentially causes inefficiency in campus clinic management. Universities should finance their clinics in providing healthcare service for students. On the other hand, students still have to pay the National Health Insurance dues.

Moreover, most students in university in Indonesia are regular undergraduate students who have used the single tuition system for college payment. In the single tuition system, the university only permitted to collect funds from students once in one education year. The amount of this fund is determined by the Ministry of High Education. A university should be able to manage this fund for all education processes. Unfortunately, in the single tuition fee policy, the amount of funds for students' healthcare during college is unclear. University clinics have difficulty in managing the health portion that is embedded in the single tuition fee. The benefit package received by students at the university clinic is highly dependent on the university's ability in financing the campus clinic.

4 CONCLUSION

Indonesia faces big challenges regarding its portability issues. The wide area of Indonesia brings consequences in the application of National Health Insurance across different primary healthcare facilities across the country. Migrant college students are one of the vulnerable groups of population that have high risk in this case. The portability issue regarding health insurance for college students not only disadvantage them, but also induces inefficiency in the campus clinic management. The campus enrolment system should be designed to accommodate this portability issue in order to guarantee that all students will be able to access a qualified healthcare service during study.

ACKNOWLEDGEMENTS

We would like to send our appreciation to the management of Airlangga University Healthcare Centre (AHCC) for intensive discussion about campus clinic management in the National Health Insurance scheme.

REFERENCES

- Alves, J., Peralta, S. & Perelman, J., 2013. Efficiency and equity consequences of decentralization in health: An economic perspective. *Revista Portuguesa de Saude Publica*, 31(1), pp.74–83. Available at: <http://dx.doi.org/10.1016/j.rpsp.2013.01.002>.
- Callahan, S.T., 2007. Bridging the gaps in health insurance coverage for young adults. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 41(4), pp.321–2. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/17875456>.
- Costa-Font, J. & Moscone, F., 2008. The impact of decentralization and inter-territorial interactions on Spanish health expenditure. *Empirical Economics*, 34(1), pp.167–184.
- Jung, J., Hall, D.M.H. & Rhoads, T., 2013. Does the availability of parental health insurance affect the college enrollment decision of young Americans? *Economics of Education Review*, 32(1), pp.49–65. Available at: <http://dx.doi.org/10.1016/j.econedurev.2012.09.010>.
- Liu, K., Wu, Q. & Liu, J., 2014. Examining the association between social health insurance participation and patients' out-of-pocket payments in China: The role of institutional arrangement. *Social Science and Medicine*, 113(2014), pp.95–103. Available at: <http://dx.doi.org/10.1016/j.socscimed.2014.05.011>.
- Nguyen, J. et al., 2016. Use and interest in complementary and alternative medicine among college students seeking healthcare at a university campus student health center. *Complementary Therapies in Clinical Practice*, 24(2016), pp.103–108. Available at: <http://dx.doi.org/10.1016/j.ctcp.2016.06.001>.
- Pan, X.-F., Xu, J. & Meng, Q., 2016. Integrating social health insurance systems in China. *The Lancet*, 387(10025), pp.1274–1275. Available at: <http://www.thelancet.com/article/S0140673616300216/fulltext>.
- Price PhD, MPH, J.H. et al., 2010. College Students' Perceptions and Experiences With Health Insurance. *Journal of the National Medical Association*, 102(12), pp.1222–1230. Available at: http://proxygw.wrlc.org/login?url=http://search.proquest.com/docview/822764203?accountid=11243%5Cnhttp://findit.library.gwu.edu/go?ctx_ver=Z39.88-2004&ctx_enc=info:ofi/enc:UTF-8&rft_id=info:sid/ProQ:sciencejournals&rft_val_fmt=

info:ofi/fmt:kev:mtx:journal.

- Rising, J.P. et al., 2007. Healthy Young Adults: Description and Use of an Innovative Health Insurance Program. *Journal of Adolescent Health*, 41(4), pp.350–356.
- Sepehri, A., Sarma, S. & Serieux, J., 2009. Who is giving up the free lunch? The insured patients' decision to access health insurance benefits and its determinants: Evidence from a low-income country. *Health Policy*, 92(2–3), pp.250–258.
- Ybarra, M., Ha, Y. & Chang, J., 2017. Health insurance coverage and routine health care use among children by family immigration status. *Children and Youth Services Review*, 79(2016), pp.97–106. Available at: <http://dx.doi.org/10.1016/j.childyouth.2017.05.027>.

