THE WORLD BANK
IBRD • IDA | WORLD BANK GROUP

FOR OFFICIAL USE ONLY

Report No: RES57817

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

RESTRUCTURING PAPER

ON A

PROPOSED PROGRAM RESTRUCTURING
OF
NATIONAL HEALTH INSURANCE (JKN) REFORMS AND RESULTS PROGRAM
APPROVED ON DECEMBER 15, 2021

TO THE

REPUBLIC OF INDONESIA

Health, Nutrition & Population Global Practice
East Asia And Pacific Region

Regional Vice President: Manuela V. Ferro

Country Director: Satu Kristiina Jyrintytar Kahkonen

Regional Director:	Alberto Rodriguez
Practice Manager:	Ronald U. Mutasa
Task Team Leader(s):	Zelalem Yilma Debebe, Somil Nagpal

ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
AWPB	Annual Work Plan and Budget
Bappenas	*Badan Perencanaan Pembangunan Nasional* (Ministry of National Development Planning)
BMGF	The Bill and Melinda Gates Foundation
BP	Benefits Package
BPJS-K	*Badan Penyelenggaran Jaminan Sosial-Kesehatan* (National Health Insurance Agency)
BPKP	*Badan Pengawasan Keuangan dan Pembangunan* (Finance and Development Supervision Agency)
CISA	Certified Information System Auditor
COVID-19	Coronavirus disease 2019
DFAT	Department of Foreign Affairs and Trade (Australian Government)
DG	Directorate General
DJSN	*Dewan Jaminan Sosial Nasional* (National Social Security Council)
DLI	Disbursement-Linked Indicator
DLR	Disbursement-Linked Result
DRG	Diagnosis-Related Group
E&S	Environmental and Social
e-Klaim	Information-Technology Based Claims System from MOH
ESCP	Environmental and Social Commitment Plan
F&C	Fraud and Corruption
FKRTL	*Fasilitas Kesehatan Rujukan Tingkat Lanjutan* (Advanced-Level Referral Health Facilities/Hospitals)
FKTP	*Fasilitas Kesehatan Tingkat Pertama* (Primary-Level Health Care Facilities)
FY	Fiscal Year
GA	Grant Agreement
GoI	Government of Indonesia
HSTA	Health System Transformation Agenda
HTA	Health Technology Assessment
IA	Implementing Agency
IBRD	International Bank for Reconstruction and Development
IHCA MDTF	Indonesia Human Capital Acceleration Multi-donor Trust Fund
INACBG	Indonesia Case Base Group
IPF	Investment Project Financing
ISM	Implementation Support Mission
ISR	Implementation Status and Results
JKN	*Jaminan Kesehatan* Nasional (National Health Insurance)

Kemenko PMK	*Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan* (Coordinating Ministry for Human Development and Cultural Affairs)
Labkesmas	Public health laboratory
M&E	Monitoring and Evaluation
MoF	Ministry of Finance
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MTaPS	Medicines, Technologies, and Pharmaceutical Services
PAP	Program Action Plan
P-care	BPJS-K's primary health care information system
PDO	Program Development Objective
PforR	Program-for-Results
PHC	Primary Health Care
Posyandu	*Pos Pelayanan Terpadu* (Integrated Health Service Posts)
PPK	Pejabat Pembuat Komitmen (Commitment Making Cfficers)
PusjakPDK	*Pusat Kebijakan Pembiayaan dan Desentralisasi Kesehatan* (Center for Health Financing and Decentralization Policy)
Puskesmas	*Pusat Kesehatan Masyarakat* (Public Primary Health Centers)
Pustu	*Puskesmas Pembantu* (Puskesmas Helper)
Q	Quarter
RA	Results Area
RETF	Recipient-Executed Trust Fund
RPJMN	*Rencana Pembangunan Jangka Menengah Nasional* (National Mid-Term Development Plan)
SIAF	*Sistem Informasi Akreditasi FKTP* (FKTP Accreditation Information System)
SISMONEV	*Sistem Monitoring dan Evaluasi Jaminan Sosial* (DJSN Monitoring and Evaluation Dashboard)
SISRUTE	*Sistem Rujukan Terintegrasi* (Integrated Referral System)
SOP	Standard Operating Procedure
SORT	Systematic Operations Risk-Rating Tool
TA	Technical Assistance
TB	Tuberculosis
TWG	Technical Working Group
UKPBJ	*Unit Kerja Pengadaan Barang/Jasa* (Procurement Work Unit Goods/Services
US$	United States dollar
USAID	United States Agency for International Development
V-klaim	Virtual Klaim (information-Technology Based Application for Hospitals to Submit Billing Claims to BPJS-K)

DATA SHEET (National Health Insurance (JKN) Reforms and Results Program - P172707)

Project ID	Financing Instrument	IPF Component
P172707	Program-for-Results Financing	Yes

Environmental and Social Risk Classification (ESRC) (IPF Component)

Low

Approval Date	Current Closing Date
15-Dec-2021	30-Sep-2026

Organizations

Borrower	Responsible Agency
Republic of Indonesia	

Program Development Objective(s)

The program development objective is to strengthen the quality and efficiency of Indonesia's National Health Insurance program.

Summary Status of Financing (US$, Millions)

Ln/Cr/TF	Approval Date	Signing Date	Effectiveness Date	Closing Date	Net Commitment	Disbursed	Undisbursed
IBRD-93160	15-Dec-2021	17-May-2022	17-May-2022	30-Sep-2026	400.00	100.00	300.00
TF-B7496	24-Nov-2021	16-Sep-2022	04-Oct-2022	31-Dec-2023	1.80	.72	1.08

Policy Waiver(s)

Does the Program require any waivers of Bank policies applicable to Program-for-Results operations?

No

I. PROGRAM STATUS AND RATIONALE FOR RESTRUCTURING

This restructuring Program Paper proposes three changes to the National Health Insurance (JKN) Reforms and Results Program (PforR): i) extension of the closing date for the Grant Agreement under the Investment Project Financing (IPF) component from December 31, 2023 to June 30, 2025, ii) restructuring of DLI1, and iii) restructuring of DLI 9.

The Program, in the amount of US$400 million, aims to improve the quality of health services and efficiency of JKN. It was approved in December 2021 and became effective on May 17, 2022. The PforR is structured around 3 result areas (RAs) and consists of 9 Disbursement Linked Indicators (DLIs). The first RA is focused on strengthening the quality of care. This includes the development of a) a clinical decision support tool for Primary-Level Health Care Facilities (*Fasilitas Kesehatan Tingkat Pertama;* FKTPs), b) development of clinical pathways for the most common hospital level conditions, c) training frontline providers in utilizing the clinical decision support tool(s), and d) identifying tracer indicators to monitor compliance with clinical guidelines (DLIs 1 and 2). The second RA is about improving the efficiency of the National Health Insurance Program spending. This includes a) incorporating findings from Health Technology Assessments (HTAs) into benefits package (DLI 3), b) improving claims management and fraud detection processes (DLI 4), c) improving primary health care provider payment design (DLI 6), and d) improving implementation of Indonesia's Case Based Group (INACBG) hospital provider payment system (DLI 7). The third RA supports JKN policy formulation and implementation by improving use of data in decision-making (DLI 5), improving policy formulation and oversight of JKN (DLI 8), and improving management and coordination of JKN across stakeholders (DLI 9).

The Program includes an IPF component in the amount of US$2.33 million recipient-executed grant from the Bill and Melinda Gates Foundation (BMGF) through the Indonesia Human Capital Acceleration Multi-donor Trust Fund (IHCA MDTF). A Grant Agreement for US$1.8 million was signed on September 16, 2022 and became effective on October 4, 2022.[1] This initial IPF grant component was envisaged to cover the first two years of the Program's duration and had an original end date of December 31, 2023. The grant resource is meant to support (a) hiring a pool of consultants and specific technical experts for the Secretariat to provide technical support to other stakeholder agencies (including the MoH, BPJS-K, DJSN, MoHA, and Bappenas) for their implementation of the PforR; (b) enhanced coordination for JKN stakeholders, including regular communications and convening of Technical Working Groups (TWG) comprising representatives from all relevant units and departments within the key stakeholder agencies; (c) strengthening the Secretariat's monitoring and evaluation function to track progress, learn, course-correct, and evaluate the program's impact and effectiveness; and (d) generating knowledge and providing lessons learned for other countries for continuous learning, as well as to provide synthesized inputs into Government policy.

There is satisfactory progress in implementation of the Program, particularly accounting for the Program's effectiveness only by May 17, 2022. An advance amounting to 25% of the loan was disbursed on July 28, 2022. Following the effectiveness of the Grant Agreement the IPF component of the Program has, so far, disbursed US$724,400 of the available US$1.8 million (~40%). With the Secretariat Team Leader, M&E specialist and Financial and Procurement specialist now in place, the Secretariate has been executing its coordination role at a rapid pace. However, its function in hiring experts that provide technical assistance to implementing units and generating knowledge and providing inputs to policy making has not yet picked up.

Progress towards achievement of the Program Development Objective (PDO) is satisfactory and the proposed restructuring will not involve changes to the PDO, or to the PDO indicators of the Program. The achievement of the PDO,

[1] The remaining ~US$550,000 has been received by the Bank.

strengthening the quality and efficiency of Indonesia's National Health Insurance program, is measured by the following PDO-level results indicators: (a) provider competence score in FKTPs; (b) member satisfaction rate; (c) percent of outpatient utilization among bottom two quintiles; and (d) more sustainable JKN claims ratio. As of the most recent Implementation Status and Results (ISR) reports, two of the four PDO indicators have shown improvement. JKN member satisfaction rate continues to be used as BPJS-K performance monitoring indicator, and has increased to 89.6%, surpassing the end line target for the program. Claims ratio also stands below the Program target of 98%. This surplus is, to a large extent, due to the COVID-19 induced decline in utilization of services and the upward revision of the contribution rates in 2020. After a significant decline to 68% in 2020, and 78.8% in 2022 (i.e increased surplus), the claims ratio is bouncing back, and stands close to 95% over the initial 6 months of 2023. This suggests a significant need to address the efficiency issues this program set out to achieve. The COVID-19 induced decline in utilization of outpatient care has also affected the utilization of the bottom 40% households in 2022. This is expected to improve as overall utilization rate is improving in the endemic phase of COVID-19. The first PDO indicator, improved provider competency score in FKTPs, is not yet due, as this is supposed to be measured as part of the roll-out of the clinical decision support tool under DLI 1.

Table 1. DLI implementation progress

	DLI Implementation Progress
DLI 1. Improved quality of care in primary care health facilities/ FKTPs	• MoH already developed the clinical decision support tool for primary care (with TA from the World Bank), which was on track to meet the current description of DLI 1. However, the leadership has requested that the tool includes the MoH's new Care Pathway for health promotion and preventive services at Posyandu, Pustu and Puskesmas level. The integration of the two tools and identification of tracer indicators is underway. The change in direction re vision of the tool delayed the achievement of both Year 1 and 2 targets for this DL1 and associated DLI 4 and 6. • This DLI is one of the DLIs proposed for restructuring- though it is expected to be back on track very quickly, despite the enhanced mandate.
DLI 2. Improved quality of care at referral hospitals/ FKRTLs	• MoH has developed 9 hospital clinical pathways. However, the developed pathways are currently not fully compliant with the minimum features set out in the Verification Protocol (VP), a key requirement being the concise algorithmic approach to patient management. There are ongoing discussions with higher level officials to ensure compliance to the original vision. The delay in this DLI has also affected progress in DLI4, which depends on the outputs from this DLI.
DLI 3. HTA findings incorporated into the benefit package (BP)	• MoH has already revised the Health Technology Assessment (HTA) guideline, which is a Year 1 target. The revised guideline has been published on PusjakPDK-MoH website. The revised HTA Guideline was led by the HTA committee at MoH, with close technical assistance and support from the World Bank and its partners International Decision Support Initiative and the Gates Foundation, and also drawing upon support from USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program and DFAT. The Year 2 target is slightly behind schedule, but 7 HTA studies are in the process (3 studies are expected to be completed by September 2023, 2 studies by December 2023 and, another 2 studies by February/March 2024). The pace of HTA production is expected to pick up further and overall the targets for the Program are expected to be on track.
DLI 4. Improved claims management and prevention of ineligible and unnecessary claims	• Year 1 target of revising and adopting manuals/guidelines and/or protocols for claims management, prevention of ineligible and unnecessary claims, and audit processes has been reported as achieved in 2022, and is expected to be submitted for verification in October 2023. • Year 2 target of integrating tracer indicators from DLI 1 and DLI 2 into the claims processing software is delayed due to the delays in outputs from the source DLIs. • Year 2 target of conducting 250 hospital claims audit […] has been reported as achieved, pending verification.

DLI 5. Improved use of data in decision making	• While substantial progress has been made in the integration of data systems for the Year 2 target, a roadmap that meets the requirements of the VP for the Year 1 target has not been developed yet. MoH and BPJS are now coordinating to develop this, with some TA from the grant resource under the IPF component. • Integration of 3 of the 5 data systems required to be integrated in the lifetime of this PforR has been completed (e-Klaim and V-klaim, P-care and V-Klaim, Membership database and V-Klaim). Integration of V-Klaim with SISRUTE and SIAF (accreditation information system) is planned/ongoing.
DLI 6. Improved design & implementation of PHC payment methods	• MoH and BPJS-K have jointly developed and approved the roadmap for revising the primary care payment system (Year 1 target), which includes milestones and the timeline for the introduction of risk-adjusted capitation and piloting for the expansion of indicators under the performance-based capitation reform. • Permenkes 3 of 2023 has already introduced risk-adjusted capitation, revised the supply side readiness criteria for the base capitation (from doctor availability to doctor-to-member ratio) and special capitation tariff for facilities in remote areas. The revision was evidence based. • Progress towards Year 2 target is on track. MoH is planning a pilot in 2023 for the expansion of KBK indicators. BPJS will issue a regulation after the pilot and all 10 indicators will be applied at once. While Permenkes 3 of 2023 is already implemented, it does not include expansion of indicators for performance-based capitation. So, achievement of these targets will have to wait for the pilot implementation of performance-based capitation.
DLI 7. Improved implementation of hospital payments	• Year 1 target is in progress, but a bit delayed. The cost-accounting template has been completed, and an application has been developed to collect cost data from hospitals. A clinical coding audit protocol for tuberculosis (TB) and Pneumonia has been developed and used for coding audit in 11 randomly selected hospitals. This is now being used as a basis to develop the generic audit protocol (supported by TA from the World Bank). The clinical coding training course and the clinical coding guideline are still under revision. The latter will require issuing a Ministerial regulation. MoH plans to draft this and discuss with stakeholders latest by end of 2023. The curriculum revision will include amendments to the certification assessment test. • Year 2 target for the training and certification of at least one coder from 500 hospitals has been partially achieved and will be reported for verification in October. By end of September 2023, 350 will have been trained.
DLI 8. Improved policy formulation and oversight of JKN	• Year 1 target of developing dashboard of key monitoring indicators is almost fully achieved. 10 of the 11 indicators are already included in the dashboard with the corresponding disaggregation. The dashboard is functional and being used by DJSN in briefings and reports. The indicator capturing "% of claims that are rejected […]") is currently not in the dashboard because data is not shared by BPJS and BPJS does not characterize them as rejected claims, but, rather, as pending claims. The latter data has recently been shared and will be integrated in the SISMONEV dashboard. TA from the grant IPF component will be used to improve this dashboard for data management and communication in the coming months. • Year 2 target is delayed, as the externally published annual performance report on JKN has not been produced yet.
DLI 9. Improved coordination, impact, and sustainability of JKN	• Year 1 target is partially achieved. The JKN Secretariat has been established and strengthened by MoF Decree No. 12/KMK.2/2023 regarding the Secretariat Team of the National Health Insurance System Grant Executing Agency (Reforms and Result Project). This decree solidifies the structure and authority of the JKN Secretariat, ensuring its effective functioning and implementation of the JKN PforR. The Secretariat has also been staffed by a Team Leader, M&E specialist, and Finance & Administration specialists. • The Secretariat has requested to restructure DLI 9, by dropping DLR 9.2 and introducing 2 new DLRs.

Overall implementation progress is satisfactory. Each of the 4 implementing agencies has made good progress on Program activities spanning across all three RAs of the program, though there are some delays in key DLIs, one of which is being restructured (DLI 1). There has been substantial progress towards achieving Year 1 and Year 2 DLI targets, which will be verified by the third-party verification agency (the National Development and Financing Supervision Agency, or *Badan Pengawasan Keuangan dan Pembangunan*; BPKP) by December2023, with an expected disbursement of US$60.7 million by Q4 of FY24. The disbursement would bring the cumulative disbursement to 40 percent, which is close to projections for the Program at effectiveness. Although MoH has also made a lot of progress on DLI 1 and DLI 2 (the development of clinical decision support tool for primary care and clinical pathways for hospitals, respectively), the progress has been delayed due to two factors. First, the vision of the leadership on the content of DLI 1 has expanded to go beyond a focus on clinical management to also include preventive and promotive services deemed critical to ensure healthy population and ease financial burden on JKN. As such the tool already developed under DLI 1 had to be revisited to cater to this broadened vision (this is one of the proposed restructurings). Second, the referral health service unit of MOH has been pushing back on the vision of developing an algorithmic standardized clinical pathway under DLI 2 and insisted on proceeding with a checklist form which is not aligned to the original vision of the Program and importance of linking these pathways to claims processing software. These technical discussions took time to resolve. Due to the interconnected nature of DLIs, and the centrality of DLI 1 and 2, the progress in DLI 4 and DLI 6 has been delayed slightly.

The program ratings are satisfactory, with the exception of fiduciary systems and E&S systems, which are rated Moderately Satisfactory; all legal covenants are complied with. There is no pending audit report. While all legal covenants are complied with and the technical Program Action Plan (PAP) relating to the establishment of a TWG is in place, the remaining PAP items are either not yet complete, or not yet due. This is mainly because of the delay in the establishment of the Secretariat, as well as in the appointment of a focal person to oversee the completion of the PAPs. The Secretariat has been requested to facilitate the appointment of focal persons to lead and/or oversee the completion/compliance of the PAPs, coordinate the mobilization of technical assistance (TA) and use grant resources to support the implementation of the PAP items (e.g., financing studies, technical workshops, and consultations). Completion of several of the PAP items and status update on all PAP items is expected by the next ISM in December 2023. On the IPF side, the ESCP milestones have been met and will continue to be monitored.

II. DESCRIPTION OF PROPOSED CHANGES

The first proposed change is extension of the closing date of the Grant Agreement (GA) for the RETF under the IPF component from December 31, 2023 to June, 30 2025. This extended timeline is within the existing program duration which is closing September 2026. The original grant for the IPF component was envisioned to support the implementation of the Program for the first two years. However, the Program and grant only became effective in May and October 2022, respectively. While the Secretariat has expedited the necessary coordination of stakeholders to ensure implementation progress, the important functions of facilitating TA needs, monitoring and evaluation of PAPs and knowledge generation activities have not taken off yet. As these are critical for the reform efforts, the grant resource availability beyond December 2023 will be important. In fact, the MoF requested extension till December 2025 (letter dated August 1, 2023). However, given the parent MDTF has an End-Disbursement-Date of December 2025, the RETF is expected to close by June 2025. As such, the longest duration of extension possible is June 2025. This has been communicated and agreed upon with the secretariat.

The second change relates to restructuring DLI 1 to accommodate recent policy priorities in the MoH. The focus of DLI 1 was to develop and implement a clinical decision support tool for primary care services, the core aspect of which was the case management/treatment course for those who present themselves with a symptom and/or healthcare need at FKTP level. However, the MoH's Health System Transformation Agenda (HSTA) in 2022 placed significant emphasis on improving preventive and promotive health services starting from the household level. This renewed focus mandates the strengthening of Puskesmas/FKTPs in carrying out preventive, promotive, and screening services, with the objective of catching diseases before they become complicated. Aligned with this, the Honorable Minister directed the team to expand the vision of the tool developed under DLI 1 to go beyond clinical diseases management of patients who come to the health facilities for curative and preventive services and include Care Pathways for preventive and promotive health services starting from the household level—i.e., Posyandu, Pustu, and Puskesmas—to Referral Services. The proposed restructuring is critical for prevention and early diagnosis of diseases which in turn is expected to reduce the incidence of disease complications and utilization of expensive hospital level care and improve the financial position of JKN. Although a very important step for the achievement of the PDO, this new direction affects the timeline for the development, adoption, and training of providers in the tool, requiring restructuring of the two DLRs under DLI 1 (see Table 2).

The third change relates to restructuring DLI 9 to address the lack of synchronization of timing for the achievement of DLR 9.2 target with the National Mid-Term Development Plan (*Rencana Pembangunan Jangka Menengah Nasional*; RPJMN) it was supposed to inform and put in place an accountability mechanism for MOF to ensure the annual work plan and budget of MOH and BPJS-K reflects activities needed to meet respective DLIs. DLR 9.2 requires the *Program Secretariat to compile and analyze JKN data and provide recommendation on the JKN-related objectives for the new RPJMN in Year 4* of the program. Because RPJMN covering the period 2025-2029 is already under preparation and this is a Year 4 target for MoF, the client has requested to replace this DLR with a more impactful result that MoF can influence, namely ensuring i) the annual work plan and budget of the MoH and BPJS-K reflects activities for the achievement of year-specific JKN program objectives (*revised DLR 9.2 but conceptually new DLR*); and ii) the production and dissemination of evidence and policy briefs to improve JKN implementation and sustainability (*new DLR 9.3 but conceptually similar to current DLR 9.2*). The fact that the Secretariat is placed within DG Budget makes this conceptually new DLR a feasible and crucial result area to ensure budget availability for implementing units to execute activities critical for the respective DLIs. DLR 9.3 maintains the original vision to enable evidence-based decision making. As such, the WB team finds the request for restructuring justified and important for the overall achievement of the PDO.

The restructuring of DLI 1 requires adjustment to the Results Framework, but there is no change to the Program boundary and allocation of loan across DLIs. As the roll out of the implementation of the Care Pathway and case management tool (DLI1) is delayed, the provider competence related PDO indicator and intermediate results indicators will be adjusted to reflect that the baseline competency assessment will be established in 2024, rather than 2022. In addition to changes in the results framework due to restructuring of respective DLIs, the client requested to adjust one of the intermediate results indicators during the most recent Implementation Support Mission in June 2023 (i.e. T*he percent of hospital claims that are rejected/not verified…*). The National Health Insurance Agency (BPJS-K) noted that there is no claim that is rejected per se but that it could be pending for more than the duration it is supposed to be settled by. As such, the client has proposed to change this indicator by *' percent of claims that were pending settlement for more than 14 days in a given month'*. This newly proposed indicator is one of the 11 key indicators that are being featured in the National Social Security Council's (DJSN) monitoring and evaluation (SISMONEV) dashboard.

Table 2. Summary of the proposed DLI changes

Changes in…	Current DLR wording	Proposed DLR wording	Comment on the changes	New Verification Protocol
DLI 1 - Improved quality of care in primary care health facilities/ FKTPs				
DLR 1.1	MoH has developed, approved, and adopted a clinical decision support tool for FKTP in Year 1.	MoH has developed, approved, and adopted a care pathway for promotive, preventive and screening services and case management tool (care pathway) for FKTPs by the end of Year 2023	The word "decision support tool" is proposed to be changed to "care pathway for promotive, preventive and screening services and case management" DLR 1.1 is still a time bound DLR but rather than completion by Year 1 it is now expected to be completed by end of Year 2023.	BPKP will carry out a desk review of the Care Pathway in two formats – a hard copy and an electronic copy. At minimum, the case management part of the tool should be searchable both by symptoms and conditions, with additional guidance on how to address general health visits and emergencies. Guidance should be arranged in concise algorithms, with clear guidance on what questions to ask to assess patient history, what investigations or tests to conduct, how to interpret findings, and how to treat and manage patients based on diagnosis. The case management part of the tool should cover all common adult conditions encountered in an FKTP setting as agreed with the GoI. It should include guidance on when and where to refer patients. Finally, it should recommend tracer indicators to monitor compliance with standard treatment guidelines. The care pathway should also include approach to a healthy individual for preventive (including screening) and promotive procedures appropriate to age, sex, and other attributes of the individual. In cases where screening results in the identification of any abnormal findings, or the patient already presents any symptoms, the case management part of the Care Pathway will be followed. The BPKP verification process will review the documents produced are in compliance with the care pathway description above, and include the preventive (including screening) and promotive procedures applicable to different groups of individuals, and the algorithm for evaluation of screening results.
DLR 1.2	MoH has trained 90% (cumulative)	MoH has trained 90% (cumulative) of all	The interim targets are adjusted because	BPKP will review the training agenda, manual(s), and training documentation, including the list of FKTPs and personnel participating

	of all FKTPs on the clinical decision support tool. Target: 2023 – 10% 2024 – 50% 2025 – 90%	FKTPs on the implementation of the care pathway for promotive, preventive and screening services and case management tools. Target: 2023 – 2024 – 30% 2025 – 90%	of the delay in implementation. In 2023, MoH will develop the training curriculum and modules of care pathways	in the training exercise, and the assessment of provider competence carried out before and after the training. At least 2 key front line personnel who have a role in seeing patients (e.g., doctors, nurses, midwives) should participate in the training. BPKP may also verify training registration and receipts from training events, and randomly call participants (e.g., 0.05% of participants) to verify training took place. The percent of FKTPs that are trained to use the clinical decision support tool is defined as: Numerator: Total number of public and private FKTPs (excluding solo practitioners) who had at least 2 of their key front line personnel trained in the use of the clinical decision support tool. Denominator: Total number of public and private FKTPs contracted with JKN (excluding solo practitioners). This DLI is scalable and in accordance to the number of FKTPs trained.
DLI 1 responsible unit	The unit responsible for DLI 1 is Directorate of Primary Care Services.	In addition to Directorate of Primary Care Services, Directorate of Public Health Governance will be added as the responsible unit.	The new unit is added because the focus on promotive, and preventive services would require strong coordination with Directorate of Public Health Governance.	
DLI 9 - Improved coordination, impact, and sustainability of JKN				
DLR 9.2	Program Secretariate compiles and analyzes JKN data and provides recommendations on the JKN-related	The Program Secretariat ensures the Annual Work Plan and Budget of the Ministry of Health and BPJS	The change is required because the current DLR is unsynchronized with the timing for the preparation of the	BPKP will carry out a desk review to verify that the approved Annual Work Plan and Budget of the Ministry of Health and BPJS Kesehatan includes all the activities relevant and necessary for the achievement of the respective year DLI targets (including unachieved DLIs carried forward from previous years) are included and appropriately funded in accordance with the scope of the activity. The verification process will review records and documentation pertaining to the secretariat

	objectives for the new RPJMN in Year 4.	Kesehatan is relevant for the achievement of the JKN Reform PforR objectives.	next release of RPJMN 2025 - 2029.	having undertaken discussions and assessed the activities necessary for the achievement of the upcoming DLIs prior to the budget cycle. It will also review records around the tracking and monitoring of performance during the implementation year vis-a-vis the AWPB.
	The amount allocated for DLR 9.2 is US$ 10,000,000.	The amount allocated for DLR 9.2 is changed to US$ 7,500,000 (i.e., US$2.5 million for each year starting 2023).		
DLR 9.3	N/A	Program Secretariat produces and disseminates with relevant authorities a compendium of evidence and policy briefs to improve JKN implementation and sustainability. The amount allocated for this new DLR 9.3 is US$2.5 million	This is a new DLR	BPKP will undertake a desk review of the analysis undertaken and the synthesis of this analysis and verify that these evidence and policy briefs were produced, and that the dissemination event with participation of the relevant authorities took place through review of documentations. The verification will also examine whether the topic is relevant to JKN sustainability and implementation issues.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Change in Results Framework	✓	
Reallocation between and/or Change in DLI	✓	
Change in IPF Component	✓	
Other Change(s)	✓	
Change in Implementing Agency		✓
Change in Program's Development Objectives		✓
Change in Program Scope		✓
Change in Loan Closing Date(s)		✓
Change in Cancellations Proposed		✓
Change in Disbursements Arrangements		✓
Change in Disbursement Estimates		✓
Change in Systematic Operations Risk-Rating Tool (SORT)		✓
Change in Legal Covenants		✓
Change in Institutional Arrangements		✓
Change in Implementation Schedule		✓

IV. DETAILED CHANGE(S)

ANNEX 1: RESULTS FRAMEWORK

Results framework

Program Development Objectives(s)

The program development objective is to strengthen the quality and efficiency of Indonesia's National Health Insurance program.

Program Development Objective Indicators by Objectives/ Outcomes

Indicator Name	DLI	Baseline	Intermediate Targets		End Target
			1	2	
Strengthened quality *(Action: This Objective has been Revised)*					
Improved provider competency score in FKTPs (Text)		To be determined in 2024			Increased above baseline values for at least 70 percent of all providers assessed
Action: This indicator has been Revised					
Improved member satisfaction rate and its continued use as a BPJS-K performance monitoring indicator (Text)		0.82	Above 82% (and continued as BPJS performance indicator)	Above 82%(and continued as BPJS performance indicator)	Above 82% (and continued as BPJS performance indicator)
Enhanced Efficiency					

Indicator Name	DLI	Baseline	Intermediate Targets		End Target
			1	2	
Increase in the % of outpatient utilization among bottom two quintiles (Percentage)		13.20	14.20		15.20
More sustainable claims ratio (Text)		1.02	<98%	<98%	<98%

Intermediate Results Indicators by Result Areas

Indicator Name	DLI	Baseline	Intermediate Targets		End Target
			1	2	
Improving quality					
Improved provider competency on maternal care disaggregated (Text)		Baseline to be determined			The competence scores are increased for at least 70 percent of the providers assessed.
Action: This indicator has been Revised					
Share of FKTPs trained in using the clinical decision support tool (Percentage)		0.00	30.00		90.00
Action: This indicator has been Revised					
Number of clinical diagnostic, treatment, or referral guidelines formulated into processes of care for FKRTLs (Number)		0.00	5.00	10.00	20.00
Increase in the % of antenatal care visits in-line with clinical protocols disaggregated by province (Text)		Baseline in Year 2024			To be determined

Indicator Name	DLI	Baseline	Intermediate Targets		End Target
			1	2	
Action: This indicator has been Revised					
Number of maternal deaths caused by hypertension disaggregated by province (Text)		1,066.00			<900
Increase in the % of adults screened for diabetes and hypertension in-line with clinical protocols (Text)		Baseline in year 2024			To be determined
Action: This indicator has been Revised					
Improving efficiency					
Recommended tracer indicators embedded and automated in the claims verification software to monitor compliance with evidence-based care (Text)		0.00	15 FKTP and 3 FKRTL tracer indicators embedded and automated	15 FKTP and 7 FKRTL tracer indicators (cumulative) embedded and automated	25 (15 for FKTP and 10 for FKRTL)
Decrease in the % of claims that were pending settlement for more than 14 days (Text)		To be determined			To be determined
Action: This indicator has been Revised					
Number of additional performance and quality indicators included in primary care payment system (Number)		3.00	8.00		13.00
Cumulative number of FKRTLs with trained and certified clinical coders (Number)		0.00	500.00	1,100.00	1,800.00
Support JKN policy formulation and implementation					

Indicator Name	DLI	Baseline	Intermediate Targets		End Target
			1	2	
Number of information systems integrated as per roadmap target (Text)		0.00			To be determined by roadmap
Improved policy formulation and oversight of JKN (Text)	DLI 9.3	NA	Dashboard for internal policy use in place; Annual report for previous year published	Annual report for previous year published	Annual report for previous year published

Disbursement Linked Indicators Matrix

DLI 1	Improved quality of care in primary care health facilities/ FKTPs			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	47,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	-		0.00	-
Oct 1, 2023 to Sep 30, 2024	-		0.00	-
Oct 1, 2024 to Sep 30, 2025	-		47,000,000.00	NA

DLI 1.1	MOH has developed, approved and adopted a clinical decision support tool for FKTPs in Year 1			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	20,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	Clinical decision support tool to develop			
Until September 30, 2022	A clinical decision support tool for FKTPs has been developed, approved and adopted in Year 1		20,000,000.00	$20,000,000 by the end of Year 1
Oct 1, 2022 to Sep 30, 2023	NA		0.00	NA
Oct 1, 2023 to Sep 30, 2024	NA		0.00	NA
Oct 1, 2024 to Sep 30, 2025	NA		0.00	NA
Action: This DLI has been Revised. See below.				

DLI 1.1	*MoH has developed, approved, and adopted a care pathway for promotive, preventive and screening services and case management tool (care pathway) for FKTPs by end of year 2023*			
Type of DLI	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Output	*No*	*Text*	*20,000,000.00*	*0.00*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*Care pathway tool not developed*			
Until September 30, 2022	*NA*		*0.00*	

Oct 1, 2022 to Sep 30, 2023	*A care pathway tool for FKTPs has been developed, approved and adopted by end of year 2023*	*20,000,000.00*	*$20,000,000 by the end of Year 2*
Oct 1, 2023 to Sep 30, 2024	*NA*	*0.00*	*NA*
Oct 1, 2024 to Sep 30, 2025	*NA*	*0.00*	*NA*

DLI 1.2	MOH has trained 90% (cumulative) of all FKTPs on the clinical decision support tool			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Text	27,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	NA			
Until September 30, 2022	NA		0.00	NA
Oct 1, 2022 to Sep 30, 2023	MOH has trained 10% (cumulative) of all FKTPs on the clinical decision support tool		3,000,000.00	US $300,000 for each one percentage point increase in FKTPs trained, up to the maximum of $27,000,000
Oct 1, 2023 to Sep 30, 2024	MOH has trained 50% (cumulative) of all FKTPs on the clinical decision support tool		12,000,000.00	US $300,000 for each one percentage point increase in FKTPs trained, up to the maximum of $27,000,000
Oct 1, 2024 to Sep 30, 2025	MOH has trained 90% (cumulative) of all FKTPs on the clinical decision support tool		12,000,000.00	US $300,000 for each one percentage point increase in FKTPs trained, up to the maximum of $27,000,000
Action: This DLI has been Revised. See below.				

DLI 1.2	*MoH has trained 90% (cumulative) of all FKTPs on the implementation of the care pathway for promotive, preventive and screening services and case management tools.*			
Type of DLI	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Output	*Yes*	*Text*	*27,000,000.00*	*0.00*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*NA*			
Until September 30, 2022	*NA*		*0.00*	*NA*
Oct 1, 2022 to Sep 30, 2023	*NA*		*0.00*	
Oct 1, 2023 to Sep 30, 2024	*MOH has trained 30% (cumulative) of all FKTPs on the care pathway tool*		*9,000,000.00*	*US $300,000 for each one percentage point increase in FKTPs trained, up to the maximum of $27,000,000*
Oct 1, 2024 to Sep 30, 2025	*MOH has trained 90% (cumulative) of all FKTPs on the clinical decision support tool*		*18,000,000.00*	*US $300,000 for each one percentage point increase in FKTPs trained, up to the maximum of $27,000,000*

DLI 2	Improved quality of care at referral hospitals/ FKRTLs			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Text	40,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-

Oct 1, 2022 to Sep 30, 2023	-	0.00	-
Oct 1, 2023 to Sep 30, 2024	-	0.00	-
Oct 1, 2024 to Sep 30, 2025	-	40,000,000.00	-

DLI 2.1	MOH has formulated and issued at least twenty (20) new clinical diagnostic, treatment, or referral guidelines into processes of care for FKRTLs.			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Text	40,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
Until September 30, 2022	MOH has formulated and issued five (5) new clinical diagnostic, treatment, or referral guidelines into processes of care for FKRTLs in Year 1.		10,000,000.00	$2,000,000 per each clinical diagnostic, treatment, or referral guideline formulated, up to the maximum of $40,000,000
Oct 1, 2022 to Sep 30, 2023	MOH has formulated and issued five (5) new clinical diagnostic, treatment, or referral guidelines into processes of care for FKRTLs in Year 2.		10,000,000.00	$2,000,000 per each clinical diagnostic, treatment, or referral guideline formulated, up to the maximum of $40,000,000
Oct 1, 2023 to Sep 30, 2024	MOH has formulated and issued five (5) new clinical diagnostic, treatment, or referral guidelines into processes of care for FKRTLs in Year 3		10,000,000.00	$2,000,000 per each clinical diagnostic, treatment, or referral guideline formulated, up to the maximum of $40,000,000
Oct 1, 2024 to Sep 30, 2025	MOH has formulated and issued five (5) new clinical diagnostic, treatment, or referral guidelines into processes of care for FKRTLs in Year 4		10,000,000.00	$2,000,000 per each clinical diagnostic, treatment, or referral guideline

				formulated, up to the maximum of $40,000,000
DLI 3	HTA findings incorporated into the benefit package (BP)			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	Yes	Text	35,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	NA			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	-		0.00	-
Oct 1, 2023 to Sep 30, 2024	-		0.00	-
Oct 1, 2024 to Sep 30, 2025	-		35,000,000.00	NA
DLI 3.1	MOH has developed, approved, and formally adopted the Revised HTA Guidelines			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	5,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	MOH plan to develop, approve, and formally adopt the Revised HTA Guidelines			
Until September 30, 2022	MOH has developed, approved, and formally adopted the Revised HTA Guidelines		5,000,000.00	Paid in full upon achievement of DLI target

Oct 1, 2022 to Sep 30, 2023	-	0.00	-
Oct 1, 2023 to Sep 30, 2024	-	0.00	-
Oct 1, 2024 to Sep 30, 2025	-	0.00	-

DLI 3.2	MOH has completed fifteen (15) additional HTA studies in accordance with the Revised HTA Guidelines and disseminated the findings of such studies to the public			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Text	15,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	MOH has completed five (5) additional HTA studies during Year 2, in accordance with the Revised HTA Guidelines and disseminated the findings of such studies to the public.		5,000,000.00	$1,000,000 per HTA study up to the maximum of $15,000,000
Oct 1, 2023 to Sep 30, 2024	MOH has completed five (5) additional HTA studies during Year 3, in accordance with the Revised HTA Guidelines and disseminated the findings of such studies to the public.		5,000,000.00	$1,000,000 per HTA study up to the maximum of $15,000,000
Oct 1, 2024 to Sep 30, 2025	MOH has completed five (5) additional HTA studies during Year 4, in accordance with the Revised HTA Guidelines and disseminated the findings of such studies to the public.		5,000,000.00	$1,000,000 per HTA study up to the maximum of $15,000,000

DLI 3.3	At least five (5) of HTA studies completed under DLR 3.2 have informed the revision of the Benefit Package			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	15,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	-		0.00	-
Oct 1, 2023 to Sep 30, 2024	-		0.00	-
Oct 1, 2024 to Sep 30, 2025	At least five (5) of HTA studies completed under DLR 3.2 have informed the revision of the Benefit Package		15,000,000.00	Paid in full upon achievement of DLI target

DLI 4	Improved claims management and prevention of ineligible and unnecessary claims			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Text	70,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	-		0.00	-

Oct 1, 2023 to Sep 30, 2024	-	0.00	-
Oct 1, 2024 to Sep 30, 2025	-	70,000,000.00	NA

DLI 4.1	BPJS-K has revised and adopted the specified manuals, guidelines, and/or protocols for claims management, prevention of ineligible and unnecessary claims, and audit processes			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	20,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	NA			
Until September 30, 2022	BPJS-K has revised and adopted the specified manuals, guidelines, and/or protocols for claims management, prevention of ineligible and unnecessary claims, and audit processes		20,000,000.00	Paid in full upon achievement of DLI target
Oct 1, 2022 to Sep 30, 2023	NA		0.00	NA
Oct 1, 2023 to Sep 30, 2024	NA		0.00	NA
Oct 1, 2024 to Sep 30, 2025	NA		0.00	NA

DLI 4.2	BPJS-K has embedded and automated the recommended tracer indicators into the claims verification software within 12 months of MOH's issuance of the relevant tool/pathway			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Text	30,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	(a) Based on the FKTP's clinical decision support tool developed under DLR 1.1, BPJS-K has embedded and automated fifteen (15) of the recommended tracer indicators into the claims verification software within 12 months of MOH's issuance of a clinical decision support tool for FKTPs under DLR 1.1; and (b) Based on the FKRTL's processes of care formulated under DLR 2, BPJS-K has embedded and automated 3 of the recommended tracer indicators in the claims verification software within 12 months of MOH's issuance of guidelines under DLR 2;		16,000,000.00	(a) $10,000,000 Paid in full upon achievement of target (b) $2,000,000 per tracer indicator embedded and automated within 12 months
Oct 1, 2023 to Sep 30, 2024	(b) Based on the FKRTL's processes of care formulated under DLR 2, BPJS-K has embedded and automated 4 more of the recommended tracer indicators in the claims verification software within 12 months of MOH's issuance of guidelines under DLR 2;		8,000,000.00	(b) $2,000,000 per tracer indicator embedded and automated within 12 months of MOH's issuance of guidelines
Oct 1, 2024 to Sep 30, 2025	(b) Based on the FKRTL's processes of care formulated under DLR 2, BPJS-K has embedded and automated 3 more of the recommended tracer		6,000,000.00	(b) $2,000,000 per tracer indicator embedded and automated within 12

	indicators in the claims verification software within 12 months of MOH's issuance of guidelines under DLR 2;		months of MOH's issuance of guidelines

DLI 4.3	At least 250 FKRTL claims have been subjected to the detailed claims audit in each calendar quarter of Years 2-4, using the revised claims audit protocol developed under DLR 4.1.			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Text	20,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	NA			
Until September 30, 2022	NA		0.00	NA
Oct 1, 2022 to Sep 30, 2023	At least 250 FKRTL claims have been subjected to the detailed claims audit in each calendar quarter of Years 2-4, using the revised claims audit protocol developed under DLR 4.1.		8,000,000.00	4 quarters @ $2,000,000 for each calendar quarter
Oct 1, 2023 to Sep 30, 2024	At least 250 FKRTL claims have been subjected to the detailed claims audit in each calendar quarter of Years 2-4, using the revised claims audit protocol developed under DLR 4.1.		8,000,000.00	4 quarters @ $2,000,000 for each calendar quarter
Oct 1, 2024 to Sep 30, 2025	At least 250 FKRTL claims have been subjected to the detailed claims audit in each calendar quarter of Years 2-4, using the revised claims audit protocol developed under DLR 4.1.		4,000,000.00	2 quarters @ $2,000,000 for each calendar quarter

DLI 5	Improved use of data in decision making			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	30,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	NA
Oct 1, 2022 to Sep 30, 2023	-		0.00	NA
Oct 1, 2023 to Sep 30, 2024	-		0.00	NA
Oct 1, 2024 to Sep 30, 2025	-		30,000,000.00	NA

DLI 5.1	(a) Roadmap for better data use for decision making including plan for data system integration developed & approved; (b) Information systems are integrated as per the targets identified in roadmap			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	30,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	MOH has ensured that roadmap for better data use for decision making, including plan for data system integration is developed and approved;		10,000,000.00	Paid in full upon achievement of DLI target

Oct 1, 2022 to Sep 30, 2023	MOH has ensured that information systems are integrated and better data use for decision making is undertaken as per the target identified in the roadmap for Year 2	10,000,000.00	$10,000,000 for each year in which information systems are integrated as per the targets identified in the roadmaps
Oct 1, 2023 to Sep 30, 2024	MOH has ensured that information systems are integrated and better data use for decision making is undertaken as per the target identified in the roadmap for Year 3	10,000,000.00	$10,000,000 for each year in which information systems are integrated as per the targets identified in the roadmaps
Oct 1, 2024 to Sep 30, 2025	-	0.00	-

DLI 6	Improved design and implementation of primary health care payment methods			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	58,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	-		0.00	-
Oct 1, 2023 to Sep 30, 2024	-		0.00	-
Oct 1, 2024 to Sep 30, 2025	-		58,000,000.00	-

DLI 6.1	MOH and BPJS-K have jointly developed and approved the roadmap for revising primary care payment system design			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	20,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	MOH and BPJS-K have jointly developed and approved the roadmap for revising primary care payment system design		20,000,000.00	Paid in full upon achievement of DLI target
Oct 1, 2022 to Sep 30, 2023	-		0.00	-
Oct 1, 2023 to Sep 30, 2024	-		0.00	-
Oct 1, 2024 to Sep 30, 2025	-		0.00	-

DLI 6.2	MOH has ensured that ten (10) additional performance and quality indicators are included in the primary care payment system in line with the roadmap approved under DLR 6.1			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Text	20,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-

Oct 1, 2022 to Sep 30, 2023	MOH has ensured that five (5) additional performance and quality indicators are included in the primary care payment system in line with the roadmap approved under DLR 6.1	10,000,000.00	$2,000,000 paid for each additional performance and quality indicator included in the primary care payment system
Oct 1, 2023 to Sep 30, 2024	MOH has ensured that five (5) additional performance and quality indicators are included in the primary care payment system in line with the roadmap approved under DLR 6.1	10,000,000.00	$2,000,000 paid for each additional performance and quality indicator included in the primary care payment system
Oct 1, 2024 to Sep 30, 2025	-	0.00	-

DLI 6.3	MOH has ensured that 90% of FKTPs are implementing the revised primary care payment system as per the roadmap approved under DLR 6.1 by Year 4			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Percentage	18,000,000.00	0.00

Period	**Value**	**Allocated Amount (USD)**	**Formula**
Baseline	0.00		
Until September 30, 2022	0.00	0.00	-
Oct 1, 2022 to Sep 30, 2023	30.00	6,000,000.00	$200,000 paid for each additional percentage point of FKTPs which are implementing the revised primary care payment system
Oct 1, 2023 to Sep 30, 2024	60.00	6,000,000.00	$200,000 paid for each additional percentage point of FKTPs which are implementing the revised primary care payment system

Oct 1, 2024 to Sep 30, 2025	90.00		6,000,000.00	$200,000 paid for each additional percentage point of FKTPs which are implementing the revised primary care payment system

DLI 7	Improved implementation of hospital payments			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	78,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	-		0.00	-
Oct 1, 2023 to Sep 30, 2024	-		0.00	-
Oct 1, 2024 to Sep 30, 2025	-		78,000,000.00	-

DLI 7.1	MOH has developed and adopted (a) clinical coding guidelines and audit protocol; (b) clinical coding training course; and (c) standardized cost accounting template			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	25,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	MOH plan to develop and adopt (a) clinical coding guidelines and audit protocol; (b) clinical coding			

	training course; and (c) standardized cost accounting template		
Until September 30, 2022	MOH has developed and adopted (a) clinical coding guidelines and audit protocol; (b) clinical coding training course; and (c) standardized cost accounting template	25,000,000.00	(a) 10,000,000 (b) 5,000,000 (c) 10,000,000. Amount allocated to the respective DLR sub-target paid in full upon achievement.
Oct 1, 2022 to Sep 30, 2023	-	0.00	-
Oct 1, 2023 to Sep 30, 2024	-	0.00	-
Oct 1, 2024 to Sep 30, 2025	-	0.00	-

DLI 7.2	MOH has arranged for training and certification of at least one coder in each of 1,800 FKRTLs (cumulative) by Year 4;			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Number	18,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
Until September 30, 2022	0.00		0.00	-
Oct 1, 2022 to Sep 30, 2023	500.00		5,000,000.00	$ 10,000 per each FKRTL where the coders are trained and certified
Oct 1, 2023 to Sep 30, 2024	1,100.00		6,000,000.00	$ 10,000 per each FKRTL where the coders are trained and certified
Oct 1, 2024 to Sep 30, 2025	1,800.00		7,000,000.00	$ 10,000 per each FKRTL where the coders are trained and certified

DLI 7.3	MOH has randomly assessed 40 FKRTLs for coding accuracy during Years 3 and 4			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Text	10,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	-		0.00	-
Oct 1, 2023 to Sep 30, 2024	MOH has randomly assessed 20 FKRTLs for coding accuracy during Year 3		5,000,000.00	$250,000 for each one of FKRTLs randomly assessed during Years 3 and 4, up to the maximum of $10,000,000
Oct 1, 2024 to Sep 30, 2025	MOH has randomly assessed 20 FKRTLs for coding accuracy during Year 4		5,000,000.00	$250,000 for each one of FKRTLs randomly assessed during Years 3 and 4, up to the maximum of $10,000,000

DLI 7.4	MOH has revised, adopted and published on its website INACBG tariffs in line with cost accounting data and any other relevant evidence.			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	25,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	NA			
Until September 30, 2022	-		0.00	-

Oct 1, 2022 to Sep 30, 2023	-	0.00	-
Oct 1, 2023 to Sep 30, 2024	-	0.00	-
Oct 1, 2024 to Sep 30, 2025	MOH has revised, adopted and published on its website INACBG tariffs in line with cost accounting data and any other relevant evidence.	25,000,000.00	Paid in full on achievement of the DLI target

DLI 8	Improved policy formulation and oversight of JKN			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	22,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	-		0.00	-
Oct 1, 2023 to Sep 30, 2024	-		0.00	-
Oct 1, 2024 to Sep 30, 2025	-		22,000,000.00	-

DLI 8.1	DJSN has developed a dashboard of key monitoring indicators from JKN and other relevant data sources, and such dashboard is in use by DJSN			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	10,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**

Baseline	-		
Until September 30, 2022	DJSN has developed a dashboard of key monitoring indicators from JKN and other relevant data sources, and such dashboard is in use by DJSN	10,000,000.00	Paid in full on achievement of the DLI target
Oct 1, 2022 to Sep 30, 2023	-	0.00	-
Oct 1, 2023 to Sep 30, 2024	-	0.00	-
Oct 1, 2024 to Sep 30, 2025	-	0.00	-

DLI 8.2	DJSN has produced and published on its website an annual performance report on JKN in each of Years 2-4			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	Yes	Text	12,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	NA			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	DJSN has produced and published on its website an annual performance report on JKN in Year 2		4,000,000.00	$4,000,000 for each report published in Years 2-4, up to the maximum of $12,000,000
Oct 1, 2023 to Sep 30, 2024	DJSN has produced and published on its website an annual performance report on JKN in Year 3		4,000,000.00	$4,000,000 for each report published in Years 2-4, up to the maximum of $12,000,000
Oct 1, 2024 to Sep 30, 2025	DJSN has produced and published on its website an annual performance report on JKN in Year 4		4,000,000.00	$4,000,000 for each report published in Years 2-4, up to the maximum of $12,000,000

DLI 9	Improved coordination, impact, and sustainability of JKN			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Process	No	Text	20,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	-		0.00	-
Oct 1, 2023 to Sep 30, 2024	-		0.00	-
Oct 1, 2024 to Sep 30, 2025	-		20,000,000.00	-
Action: This DLI has been Revised. See below.				

DLI 9.1	Program Secretariat is strengthened with additional technical experts and consultants in accordance with the Operations Manual;			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	10,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	Program Secretariat plan to strengthen its capacity with additional technical experts and consultants in accordance with the Operations Manual;			

Until September 30, 2022	Program Secretariat is strengthened with additional technical experts and consultants in accordance with the Operations Manual;	10,000,000.00	Paid in full on achievement of the DLI target
Oct 1, 2022 to Sep 30, 2023	-	0.00	-
Oct 1, 2023 to Sep 30, 2024	-	0.00	-
Oct 1, 2024 to Sep 30, 2025	-	0.00	-

DLI 9.2	Program Secretariat compiles and analyzes JKN data and provides recommendations on the JKN-related objectives for the new RPJMN in Year 4			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	10,000,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	-			
Until September 30, 2022	-		0.00	-
Oct 1, 2022 to Sep 30, 2023	-		0.00	-
Oct 1, 2023 to Sep 30, 2024	-		0.00	-
Oct 1, 2024 to Sep 30, 2025	Program Secretariat compiles and analyzes JKN data and provides recommendations on the JKN-related objectives for the new RPJMN in Year 4		10,000,000.00	Paid in full on achievement of the DLI target
Action: This DLI has been Revised. See below.				

DLI 9.2	*The Program Secretariat ensures the Annual Work Plan and Budget of the Ministry of Health and BPJS Kesehatan is relevant for the achievement of the JKN Reform PforR objectives.*			
Type of DLI	***Scalability***	***Unit of Measure***	***Total Allocated Amount (USD)***	***As % of Total Financing Amount***
Output	*No*	*Text*	*7,500,000.00*	*0.00*
Period	***Value***		***Allocated Amount (USD)***	***Formula***
Baseline	*-*			
Until September 30, 2022	*-*		*0.00*	*-*
Oct 1, 2022 to Sep 30, 2023	*The Program Secretariat ensures the Annual Work Plan and Budget of the Ministry of Health and BPJS Kesehatan is relevant for the achievement of the JKN Reform PforR objectives.*		*2,500,000.00*	*Paid in full on achievement of the DLI target for the year*
Oct 1, 2023 to Sep 30, 2024	*The Program Secretariat ensures the Annual Work Plan and Budget of the Ministry of Health and BPJS Kesehatan is relevant for the achievement of the JKN Reform PforR objectives.*		*2,500,000.00*	*Paid in full on achievement of the DLI target for the year*
Oct 1, 2024 to Sep 30, 2025	*The Program Secretariat ensures the Annual Work Plan and Budget of the Ministry of Health and BPJS Kesehatan is relevant for the achievement of the JKN Reform PforR objectives.*		*2,500,000.00*	*Paid in full on achievement of the DLI target for the year*

DLI 9.3	Program Secretariat produces and disseminates with relevant authorities a compendium of evidence and policy briefs to improve JKN implementation and sustainability.			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Output	No	Text	2,500,000.00	0.00
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	NA			
Until September 30, 2022	-		0.00	
Oct 1, 2022 to Sep 30, 2023	-		0.00	
Oct 1, 2023 to Sep 30, 2024	-		0.00	
Oct 1, 2024 to Sep 30, 2025	Program Secretariat produces and disseminates with relevant authorities a compendium of evidence and policy briefs to improve JKN implementation and sustainability		2,500,000.00	Paid in full on achievement of the DLI target
Action: This DLI is New				

ANNEX 2: PROGRAM ACTION PLAN

Action Description	Source	DLI#	Responsibility	Timing		Completion Measurement
Develop data protection and record management measures, data system integration and digitization, in line with international good practices. This includes data sharing protocols, routine updates, oversight, sanctions and secure access to records.	Environmental and Social Systems	DLI 4.1	BPJS-K	Recurrent	Continuous	Assessment of data security status and interventions to address it have been undertaken, including SOPs for data protection, system debug report etc. Director Decree on record management regulating secure access, retention, preservation and disposal.
Ensure representativeness of sampling analyses in terms of geographical coverage, demographic characteristics, and disease burdens to inform select reforms (i.e., reforms to capitation, revisions in DRG tariffs, development of clinical pathways etc.	Environmental and Social Systems	DLI 2	MOH	Recurrent	Continuous	Evidence of inclusivity of sampling in forms of analysis, reports etc
Technical Working Group (TWG) comprised of technical-level focal points from the stakeholder teams and units responsible for implementing DLIs is set up, including	Technical	DLI 8	MOF	Due Date	31-Jan-2022	Minutes of the first meeting of the TWG are available.

from different teams within MOH, BPJS-K, MOF, DJSN, Bappenas, Kemenko PMK, and MOHA						
Enhance public communication on patients' rights and responsibilities through: - production of communication materials, protocols, and training of staff. - increasing availability and accessibility of information to JKN members etc.	Environmental and Social Systems	DLI 7	DJSN, BPJS-K	Recurrent	Continuous	Production and dissemination of communication materials on patients' rights and responsibilities and relevant capacity building
Enhance stakeholder engagement and public participation processes under JKN, incorporating the following measures: - Inclusive public engagement - Public disclosure of relevant information - Development of a mechanism to solicit public perceptions	Environmental and Social Systems	DLI 7	BPJS-K, DJSN, MOH	Recurrent	Continuous	evidence of public consultations
Periodic evaluation of the existing JKN complaint handling channels through	Environmental and Social Systems		BPJS-K, DJSN, MOH	Recurrent	Continuous	Publication of periodic review of JKN complaint handling mechanism(s)

consultative processes to inform relevant system enhancements and disclosure of grievance reports and settlements						
Promote inclusivity of the delivery of frontline provider training, including development of alternative media and training modalities as relevant.	Environmental and Social Systems	DLI 1	MOH	Due Date	31-Dec-2023	Post-training evaluation report
All the Program IAs to require Procurement Service Working Units (UKPBJs)/Procurement Officers and Commitment making officers (PPK) to check the Bank's debarment (www.worldbank.org/debarr) and temporary suspension lists and record in bid evaluation	Fiduciary Systems		All IAs	Recurrent	Semi-Annually	Semi-annual reports provided to the Bank on the verification checks and the results to ensure that guidance provided to UKPBJ/Procurement Officers/PPK is implemented and no such contract under the Program is awarded
All the Program IAs to inform the Bank promptly of all credible and material allegations or other indications of Fraud and Corruption in connection with the Program that come to its attention, together with the investigative and other actions	Fiduciary Systems		All IAs	Recurrent	Semi-Annually	Semi-annual reports provided to the Bank on allegations of F&C under the Program received or registered during such period, as well as any related investigations and actions taken
MoH to report on a semi-annual	Fiduciary Systems		MOH	Recurrent	Semi-Annually	Results of the internal audit received

basis the results of the internal audit conducted by its Inspectorate General on health insurance subsidy as the main expenditure of the Program						
BPJS-K will take action to remove any regulatory obstacles that would interfere with the requirements of the existing Indonesian law on public information disclosure	Fiduciary Systems		BPJS-K	Due Date	31-Dec-2022	The requirements of the law are confirmed to be complied with.
BPJS-K to improve the capacity of internal audit unit for better internal control: (a) assessment on capacity needed for CISA certified internal auditor; and (b) competency in conducting continuous audit on BPJS-K information systems	Fiduciary Systems		BPJS-K	Due Date	31-Dec-2023	Measures to improve the capacity of the internal audit unit are reported.
BPJS-K to improve its records management practice and regulation to ensure secure access to records and retain, preserve and dispose of records appropriately	Fiduciary Systems		BPJS-K	Due Date	30-Jun-2023	Measures taken to improve records management are reported.