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Health Sector Financing Project
Ministry of Health
Republic of Indonesia

THE DEVELOPMENT OF THE JPKM INFORMATION SYSTEM

Report No. 47

Prepared for:
The United States Agency for International Development

May 25, 1992

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LIST OF ACRONYMS AND FOREIGN WORDS/PHRASES

AKEK	Analisa Kibjaksanaan Ekonomi Kesehatan — Health Economics and Policy Analysis Unit (HEPAU)
ASTEK	Ashransi Kesehatan — original name for GOI-sponsored employee health insurance plan for federal, province and district government employees, dependents and civil service and military pensioners. The name of the plan was first changed to BPDPKM and recently to Perum Husada Bakti (PHB).
Balitas	babies under five years of age
Balkesmas	outreach clinics
BAPPENAS	Ministry of Planning
BBP	basic benefits package
BPS	Indonesian Central Bureau of Statistics
BUMD	Coordinating and Regulating Body for Health Insurance
Dana Sehat	Community Health Fund, voluntary health care purchasing cooperatives at the village level which arise through spontaneous initiatives by villages
GOI	Government of Indonesia
HEPAU	Health Economics and Policy Analysis Unit
HSFP	Health Sector Financing Project
Jamsostek	Indonesian Social Security Legislation
JPKM	Jaminan Pemeliharaan Kesehatan Masyaratak (Indonesian managed health care program)
JPKTK	Jaminan Pelayanan Kesehatan Tanaga Kerja — a new private sector company that provides managed care coverage for wage-based private sector employees
Kabupaten	district level
Lembaga Swadana	self-sufficient or self-supporting, especially referring to self-sufficient hospitals being developed under the HSFP
LitBanKes	Health Research Institute within the Ministry of Health (where AKEK was institutionalized)
MOH	Ministry of Health
Paket Dasar	the BBP for the planned health insurance program
Partus Normal	normal delivery
PHB	Perum Husada Bakti — reorganized form of ASKES/BPDPKM, making it a government enterprise (Perum) responsible for GOI revenues and expenditures and having an independent governing board reporting to the Minister of Health and Minister of Finance; a parastatal which provides health insurance for government employees.
PIO (PIO/SF)	Project Implementation Office (Social Finance)
PJPK	Program Jaminan Pemeliharaan Kesehatan — Health Maintenance Assurance Program for the Community
PKTK	Pelayanan Kesehatan Tenaga Keria — health insurance fund for private sector workers, a pilot project jointly administered by the Ministries of Manpower Development and Health
Rp.	Rupiah — Indonesian monetary currency (Rp.2000 = U.S.$ 1.00)
SUSENAS	National Household Survey

EXECUTIVE SUMMARY OF COMPUTER MODELING SYSTEMS CONSULTANCY

OVERVIEW

The JPKM Computer Systems Consultancy created the conceptual framework and analytic methodology required to develop national and provincial computer models depicting the potential impact of JPKM implementation and subsequent operations. The computer models form the basis of the Phase I JPKM information system. The data required for the development of the models come from economic, health service utilization, demographic, and epidemiologic sources. National Socio-Economic Survey (SUSENAS 1987, 1990) data and charge and utilization data from one of Indonesia's few operating capitated health plans (Saint Carolus' PJPK plan) provide the raw data that form the basis of the initial computer modeling efforts. The data were analyzed guided by the conceptual framework and a series of summary tables provided to Saint Carolus staff and members of the Health Sector Financing Project (HSFP) Social Finance staff. Variables from the summary tables have been incorporated into several spreadsheet models. The models will provide the future BUMDs with the analytic framework and methodologies required to develop cost estimates of minimum basic packages and the extent of potential cross-subsidies at national and provincial levels. The computer spreadsheet models have also been used to estimate the monies available to the JPKM Cross-Subsidy program under numerous operating scenarios.

The conceptual model linking nationally obtained expenditure, utilization, visit charge data with facility level utilization and charge data, and the database information contained within the summary tables provide the basis for present and subsequent modeling efforts. Considerable staff and computational resources were involved to guarantee numerical accuracy and a flexible database capable of addressing future modeling needs. To the consultant's knowledge, the present SUSENAS health module utilization, service charge and household expenditure analyses have not been conducted within the Ministry of Health (MOH). Cursory inspection of the tables reveals interesting variations in utilization and expenditures among provinces, and between urban/rural locations and economic groups over time. Further analysis by MOH staff should provide valuable insights into Indonesia's developing health system.

During the consultancy, National Social Security Legislation (Jamsostek) was signed by President Soeharto. In addition to meeting the consultancy's terms of reference, the model developed to estimate the monies available to JPKM was successfully used by HSFP Social Finance staff and the consultant to estimate the potential impact on JPKM. The results of the analyses are being used in ongoing discussions of the newly formed inter-ministerial committee concerning JPKM.

THE JPKM COMPUTER MODEL

The development of the JPKM computer model has been conceptualized to occur in three phases. The inputs required and the outputs achievable differ in each phase and become more sophisticated as experience is gained. Phase I involves the identification, acquisition and preliminary analysis of existing data sources. The inputs needed during Phase I will come from SUSENAS expenditure and utilization data, and facility specific utilization data that have also been stratified by diagnosis. In addition to the development of preliminary computer spreadsheet type models, Phase I activities will document limitations in the currently available data, and suggest additional sources of data for inclusion in the second phase of computer model development. The computer model during Phase I will be used for the following analyses:

1. Determination of National Optimum Premium
2. Distribution of Provinces to National Average

3. Determination of Provincial Optimal Premium
4. Macro Level Subsidy Calculations
5. Basic Benefit Packet (BBP) Modeling

The analyses conducted during the consultancy are associated with Phase I development and have provided the following outputs:

1. Cross Subsidy Pattern
2. National and Provincial Premiums
3. Basic Benefit Form and Cost

During Phase II, additional and improved data identified during Phase I will be incorporated into the spreadsheet models. Part of the currently unavailable epidemiologic and cost data will come from the enrollment and encounter forms of initial JPKM framework providers. The forms will provide disease-specific costs, epidemiologic profiles stratified by age and sex, and treatment costs after medical Standards of Care have been implemented. The more detailed data obtained during Phase II of the JPKM computer modeling efforts will enable the following analyses:

1. Preliminary Market Analysis
2. Benefit Specific Modeling
3. Group Policy Underwriting

The outputs associated with the Phase II computer analyses include:

1. Refined Basic Benefit Cost Estimates
2. Estimation of the Impact of Standard of Care Guidelines
3. Improved Subsidy Calculations

During Phase III, more time series data from pilot JPKM framework providers will enable more accurate estimates of the costs of underwriting JPKM programs. The utilization and cost data will come from JPKM provider enrollment and encounter forms. In addition, disease prevalence surveys conducted by the providers will also be incorporated into the model. The increased sophistication of the model will enable the following analyses:

1. Standard of Care Impact Analysis
2. Epidemiologic Transition Impact Analysis
3. Economic Growth Impact Analysis

The outputs associated with the Phase III computer analyses include:

1. Advanced Insurance Product Modeling
2. JPKM Impact Analysis
3. Strategic Modeling Capability

The current consultancy addresses modeling concerns of the first phase of computer model development. The JPKM Computer model developed during the consultancy merges population input with a benefit matrix to obtain the total product cost of different benefit packages. The population inputs include:

1. Total population
2. Age/sex distribution

3. Epidemiologic pattern
4. Utilization pattern

The benefit matrix describes inpatient and outpatient service coverage. For example, maternity or family planning services may be included in the benefit package. There may be limitations in the number of outpatient visits covered over a specified time period or the coverage of certain elective inpatient procedures. The cost of providing outpatient and inpatient services is estimated at the provider level. The costs are stratified in the same manner as the population input. This enables the model to multiply the number of individuals in a given category by the expected utilization of the category and the cost of providing the services to obtain cost estimates for each service category within the benefit matrix. The individual costs are summed to obtain the total product cost. This cost then may be distributed over the population to be covered by insurance to determine appropriated insurance premiums.

The analysis of existing data and the computer model developed during the course of the consultancy have generated a series of spreadsheets that provide the following pieces of information:

1. Household health expenditures stratified by
   A. Province
   B. Urban/Rural Location
   C. Total Household Expenditure Distribution
   D. Location of Service
2. Individual health expenditures stratified by
   A. Province
   B. Urban/Rural Location
   C. Age
   D. Sex
   E. Location of Service
   F. Provider Type
3. Health Service Utilization stratified by
   A. Province
   B. Urban/Rural Location
   C. Age
   D. Sex
   E. Location of Service
   F. Provider Type
4. Amount Paid for Health Encounter stratified by
   A. Province
   B. Urban/Rural Location
   C. Age
   D. Sex
   E. Location of Service
   F. Provider Type
5. Distribution of Total Household Expenditures stratified by
   A. Province
   B. Urban/Rural Location
6. Distribution of Household Health Expenditures stratified by
   A. Province
   B. Urban/Rural location

7. Health Plan Benefit Costs Stratified by
    A. Age
    B. Sex
    C. Disease
    D. Location of Service
    E. Provider
8. National Cross Subsidy Pattern
    A. Provincial Differences
        1. Total Household Expenditures
        2. Total Health Expenditures
        3. Household Expenditure Distribution
    B. Urban/Rural Differences
        1. Total Household Expenditures
        2. Total Health Expenditures
        3. Household Expenditure Distribution

Finally, the spreadsheets that provide the basis of the JPKM Modeling Phase I efforts and the model itself have been designed to be flexible to facilitate the incorporation of additional data and refinements in model parameter interactions during subsequent phases in the development of the information system.

WHAT IS THE JPKM FRAMEWORK AND WHY IS IT IMPORTANT?

Before highlighting the findings and recommendations of the consultancy, it may be worthwhile to briefly describe the JPKM framework. This will be accomplished through examination of the differences between JPKM, Jamsostek, and Social Insurance. An understanding of the JPKM framework may then put the requirements of the JPKM information system into a clearer perspective.

The Jamsostek legislation provides only a mechanism to collect health insurance premiums from the wage-based population. If the premium revenues go to a social security-based program, then only the payees and their dependents will benefit. If, on the other hand, the premiums go into a fund where other non-wage groups contribute and may receive benefits, then Jamsostek starts to resemble Social Insurance. Social Insurance is usually funded through general government revenues collected by the income tax system. It covers the entire population. Income may be derived from sources outside wages, increasing the amount of potential revenues available to the Social Insurance scheme. In addition, because Social Insurance is funded through general revenues, rather than as a wage benefit tax, the Social Insurance participant may be less inclined to expect an immediate tangible benefit from his or her contribution as compared to the wage-based contributor.

It should be noted that in both Jamsostek and Social Insurance cases there is usually only one payer for services. The payer may exercise monopsony power over the service providers. However, there is no direct linkage between the financing and delivery of services. This may have several effects. The containment of costs will become an administrative nightmare. The quality of services is not assured. The payer of services does not have any incentive to take into account consumer choice when providing benefits. The consumer has little choice in either system.

The JPKM framework may be viewed as Social Insurance in that it guarantees universal coverage. Unlike Jamsostek or Social Insurance, however, JPKM allows for multiple sources of funding and multiple service providers. In a very real sense Jamsostek and Social Insurance are subsets under the JPKM umbrella. JPKM is different because there is direct linkage between the financing of health care and service delivery. JPKM allows the consumer choice in deciding what JPKM plan to participate in.

This has the effect of reducing the welfare loss inherent in mandatory participation. The JPKM framework encourages increased competition between different potential health plans. The JPKM framework has been designed to reduce cost escalation, and quality and production of care inefficiencies often observed in other countries' national health programs. JPKM uses a series of co-payments to minimize moral hazard. The use of structured services reduces supplier induced demand and the substitution to higher-cost newer technologies, thereby limiting potential cost increases. The use of capitated payment to eligible provider groups forces the provider groups to internalize the costs of managing physicians to provide adequate care. Finally, by allowing numerous provider groups to compete for different consumer groups, consumer welfare is assured through adequate choice. Likewise, the competition among plans increases the chance for quality care and service delivery efficiency, while at the same time contributing to the Indonesian goals of increased social equity and the decentralization and privatization of health services.

The JPKM Cross-Subsidy System takes advantage of the differences in provincial health expenditures and the income elasticity of the demand for health services to finance the provision of health services in a manner that will improve health status while at the same time increase social equity and the access to health services.

In order to be successful the JPKM framework requires the timely acquisition of data and the methodology to transform them into relevant information. The present consultancy guided by the structure of the JPKM information system has identified existing data and developed the methodology, subject to the data's limitations, to provide the information initially required under the JPKM framework. Additionally, in an unforeseen test of the model, it was able to estimate the potential impact of the Jamsostek legislation on JPKM.

THE POTENTIAL IMPACT OF THE JAMSOSTEK LEGISLATION

Recently, interest has been expressed by the Ministry of Planning (BAPPENAS) and the Ministries of Finance and Manpower regarding the impact of Jamsostek legislation on the JPKM framework. The JPKM information system developed as part of the consultancy was used to provide Ministry Health officials with a response to such concerns. The analyses assumed that the formal wage sector, through the Jamsostek legislation, might be required to join an existing employment-based health insurance scheme. This will have the immediate effect of removing the more affluent formal wage sector from the JPKM risk pool. The removal, in turn, will have the effect of greatly reducing the monies available to the remaining population. The people left in the JPKM risk pool will include the urban poor, the young, and the aged. These are high cost groups compared to the younger, healthier wage-based employees. In fact, it is the younger, more affluent Indonesian that the JPKM framework relies on to assist in JPKM's programmatic goal of increasing social equity in the access to health services.

With the removal of the wage-based group it will be much more difficult to encourage JPKM programs to enter the now more limited health insurance/service provision market place. The removal of the young and healthy from the risk pool will eliminate most of the incentives for the private sector to introduce JPKM products. If individuals are unable to enroll in a JPKM program due to the lack of programs then they will continue funding their health care out of pocket. They will more than likely receive care at MOH sponsored health facilities. In short, very little will have changed.

The main impact imposed by the Jamsostek scenario will be felt by the MOH. The increased introduction of market forces through the Lembaga Swadana process is a cornerstone of the MOH's push to change its role from a provider of health services to a guarantor of quality. Health facilities are to improve organizational efficiency and service quality as they become more responsible for generating their own

revenues. The demand for the improved product will be financed through service contracts with JPKM approved entities. The absence of such groups will limit access to patient revenues that are required by the hospital as it moves to become more independent. In summary, the MOH will find its move towards Lembaga Swadana weakened considerably because it will need to make up for the revenues that might have been provided by the JPKM approved programs. The groups will have failed to enter the health financing/service delivery market place because the remaining risk pool did not have the resources to fund a financially viable product.

MAJOR FINDINGS

The development of the JPKM information system's conceptual framework, use of existing national survey data, a capitated health plan's charge and utilization data provide sufficient information to develop the initial spreadsheet models to be used under the JPKM framework. For the first time, expenditure and utilization data have been combined with facility level data to obtain estimates of insurance premium costs. The model has already been used to provide useful and timely data to MOH policy-makers contributing to the ongoing discussions concerning JPKM. The main limitation encountered during model specification is the absence of population-based epidemiologic data. It is anticipated that the data will become available during Phase II of JPKM development. Each chapter of the report describes in greater detail the results from the data analyses and model development. However, some general findings may be highlighted:

1. Using existing data, it is possible to develop a series of spreadsheet models that demonstrate the feasibility of JPKM. The models have the flexibility to analyze different policy options by varying different model parameters. The models also may be refined through subsequent addition of epidemiologic and facility cost data.

2. The examination of SUSENAS data found that even though total household expenditures have declined from 1987 to 1990 in 14 provinces, the amount spent on health services has increased in all but 5. As expected, the demand for health services is highly income-elastic, and there are substantial differences in consumption patterns among provinces and between urban and rural areas over time. The fact that people are purchasing more health services presents a *prima facie* case for the willingness to pay for health insurance.

3. The variation among provinces in total expenditure distributions, as well as the amount of health service expenditures, suggests that the JPKM Cross-Subsidy System can finance health services in a more equitable manner than the current primarily out-of-pocket payment method.

4. The utilization of health services between 1987 and 1990 is not directly comparable because of differences in reporting periods. While this makes comparisons with 1987 data problematic, 1990 data may serve as a baseline to future surveys, if the sampling frame is maintained. The recall period was the same for hospital inpatient services and suggests that the use of hospital inpatient services is increasing.

5. The Saint Carolus PJPK program is one of the few programs that resemble "managed care" in the country. Through previous HSFP technical support the PJPK program has developed an information system that provides most of the relevant information required under the JPKM framework. The PJPK information system has charge information that was stratified by age, sex, and diagnosis. This allowed identification of the most expensive inpatient and outpatient diagnoses. Within the charge data it is possible to determine the charges of drugs, procedures, and consultations. Differences in practice style were observed. The combination of group

demographic data with charge and utilization data allowed the initiation of group policy analysis. The variations observed have led to increased interest within the Saint Carolus administration and further plans to disseminate the analysis results.

6. Standards of Care have yet to be implemented within the Saint Carolus PJPK program (or for that matter, in most government hospitals). The standards will affect the pharmaceutical prescriptions and, hence, have a large impact on the charges or costs associated with treating different diagnoses. Consequently, the costing of BBPs at this time is limited because of the unpredictable provider response resulting from the introduction of Standards of Care. In addition, it is possible to look at the procedures and drugs associated with different diagnoses and then make rough calculations of the savings which might accrue from the introduction of Standards of Care. This has been demonstrated to the staff at Saint Carolus.

7. More importantly, the data elements and linkages contained within the Saint Carolus PJPK information system can serve as an example of the minimum data set required of a potential health provider to function under a JPKM framework. Finally, the methodology employed during the analysis of the data contained within the information may serve as an example for future use and refinement.

8. Analysis of the SUSENAS data demonstrates that if the Jamsostek legislation is interpreted to mean the removal of the wage-based population from the group covered under the JPKM framework, then the ability of the JPKM framework to finance the care of those remaining will be seriously constrained.

9. The thinking is still evolving concerning the exact role of the BUMD at both National and Provincial levels. However, the analysis methodology and results derived as part of the consultancy will be used by National and Provincial BUMDs during the initial stages of operation.

10. The summary tables derived from the JPKM information system Phase I models provide the baseline information concerning an area's economic, health, and utilization data. The data will be essential to the development of pilot JPKM activities through the integration of the HSFP activities. In addition, the data will also be useful to private sector entities when making entry and product pricing decisions.

RECOMMENDATIONS

Population-based epidemiologic data are the major missing piece required by the JPKM information system. As the JPKM program moves into pilot testing, it is anticipated that the limitations in the existing data will be reduced through the collection of JPKM enrollment and encounter data. The ten main recommendations include:

1. The use of nationally collected health expenditure and utilization data is a helpful first step in estimating the demand for health services. However, as the BUMDs evolve, there will be a need for more specific and more frequently collected data. The whole notion of risk-adjusted premiums requires epidemiologic data for the population that are not readily available. The utilization data only tell us who sought care, not what the unmet demand might be. A province's disease profile adjusted by age and sex would provide useful information. To accomplish this, more focused surveys will need to be initiated, probably by potential market entrants, to provide the BUMD with information to more accurately estimate the risk of the

population they oversee. Baseline data should be collected in the areas where the JPKM framework will initially be tested.

2. In general, the Saint Carolus PJPK information system accurately represents the activities of the program. There needs to be some variable range checks incorporated into data entry to ensure accuracy in recording diagnoses and procedure information. There also needs to be increased emphasis placed on recording diagnostic information. In addition, there needs to be a more explicit linkage to the Saint Carolus financial system which will facilitate the estimation costs for different BBPs.

3. The Saint Carolus PJPK program needs to increase the staff working on the analysis of the data contained within the information system (currently only standard reports are generated). The current computer hardware and software are not sufficient to provide timely and relevant analyses. This may become even more problematic as the PJPK program expands.

4. Analysis of the Saint Carolus PJPK program has developed the methodology required for subsequent BBP analysis. In addition to the dissemination of the methodology to evaluate a benefit plan, the list of variables required to carry out any subsequent analysis should be made available to groups wishing to develop health products under a JPKM system.

5. Data from R.S. Sutomo should be analyzed. This data set is larger and evidently standards of care have been employed over some time. It is important to have data from several hospitals when making preliminary estimates of the costs of providing the BBPs.

6. The information system currently being designed for use in government hospitals in the Hospital component of the HSFP should incorporate many of the design features of the Saint Carolus PJPK program. Increased communication between the HSFP Project Implementation Office (PIO)/Hospitals staff, the local information systems contractor, and the Saint Carolus PJPK staff is encouraged. The data generated from the PIO/Hospitals activities should be integrated with future JPKM analyses.

7. As more information becomes available concerning the contents of the BBP, the analyses should be updated. More accurate utilization and epidemiologic data also need to be acquired. This might be an initial task of the BUMD.

8. Further discussion is needed to develop the exact relationship of JPKM to the new Jamsostek legislation. As this relationship becomes clearer, the analyses should be updated to take into account the monies and potential market available to entities operating under the JPKM framework. Different scenarios will have different implications to the fiscal viability of JPKM. As these scenarios are developed, the data as provided to the Social Financing staff should be able to provide first approximations concerning potential impact.

9. When the role of the BUMDs is better defined, the Social Finance staff should be able to use the methodologies employed during the consultancy to develop the mechanisms required to estimate Kabupaten (district level), PHB, PKTK, and private contributions to the JPKM Cross-Subsidy System.

10. The analyst who was assigned responsibility for the files provided to the Social Finance staff no longer has a long-term contract with the project. Unless someone is assigned to the files, there is the danger that, no matter how well they are documented, they will not be used. In

addition, Social Finance resources must be devoted to the maintenance and use of the tables and spreadsheet models developed as part of the consultancy.

CONCLUSION

The main task accomplished by the consultancy was development of the conceptual framework for the JPKM information system. This, in turn, guided the analysis of existing data to produce a series of tables that provide the basis of the JPKM information system. The various spreadsheets then were combined to form the Phase I computer model. The development of a series of spreadsheet models incorporating SUSENAS and Saint Carolus data represent the completion of Phase I of the JPKM information system. The process of data acquisition and analysis and development of computer models identifies limitations in the available data and suggests ways they might be overcome. During Phase II, data from government hospitals and from pilot JPKM programs will be collected and analyzed, resulting in further development of the information system's predictive capabilities.

In addition to the reports required in the Scope of Work, the consultant provided the HSFP Social Finance Consultants and the PJPK staff at Saint Carolus Hospital numerous summary tables, computer programs, and data files produced as part of the consultancy. All of the raw files provided by either the MOH or Saint Carolus have been returned or erased.

The consultant wishes to express his gratitude to the HSFP PIO/Social Finance (PIO/SF) staff and Dr. Maryono, in addition to the PJPK staff of Saint Carolus Hospital who were indispensable in providing the data needed to fulfill the objectives of the consultancy. The development of computer models by the consultant required close collaboration with the PIO/SF staff, hopefully resulting in the transfer of computer modeling and analysis skills.

CHAPTER 1
1987 AND 1990 NATIONAL HOUSEHOLD SURVEYS

1.1 INTRODUCTION

There are two critical bits of information required to develop the JPKM Cross Subsidy program. The first is the amount the consumer spends on health services. The second is the expense to the providers to produce the services. The latter will be discussed at length in the section concerning the Saint Carolus hospital. The current chapter provides a brief overview of the SUSENAS data sets analyzed as part of the consultancy. Later chapters will go into greater depth concerning the actual analyses performed.

Detailed household consumption surveys specific to health have not been conducted in Indonesia at a national level. Smaller surveys are being conducted that should allow the estimation of the price elasticity of the demand for health care in several provinces. The results of these surveys will provide important insights into the potential welfare implications of changes in the pricing structure for either public or private health services.

The fact that the smaller studies are not yet available and may not be nationally representative necessitated the exploration of other sources of data. The 1987 and 1990 SUSENAS data sets provide information concerning the utilization, and to a limited extent, the prices paid for health services. The data available allow for provincial and urban/rural differences in the amounts and types of services purchased to be explored at a household level, and provincial age/sex specific utilization to be explored at an individual level. To the extent that there are regional and economic differences in health consumption, a JPKM cross-subsidy program can exploit these differences to increase the overall access to care and potentially reduce government health outlays.

1.2 THE 1987 AND 1990 NATIONAL HOUSEHOLD SURVEYS

The SUSENAS is a nationally representative household survey conducted every year by the Indonesian Central Bureau of Statistics (BPS). In addition to a standard set of demographic indicators, BPS administers specific modules on a regular basis. About every three years there has been a health module included in the SUSENAS.

1.2.1 1987 SUSENAS

In 1989 the HSFP purchased the health related portions of the 1987 SUSENAS from BPS. The data files provided by BPS included both individual and household level data. The household data reported the amounts spent on different types of providers over a one-month and three-month period, while the individual files reported utilization of services for one week and three month periods.

The 1987 SUSENAS was obtained from the Health Economics and Policy Analysis Unit (AKEK). The files had previously been developed and partially analyzed with the assistance of USAID. However, for the purposes of the current set of analyses, the raw data as originally provided to AKEK served as the basis for all subsequent analysis. The raw files consisted of over 130 megabytes of individual and household observations in the ASCII format. The analyses were conducted using PC SAS 6.04 on a 80486 PC Clone. The computer code used to develop the main household expenditures and individual utilizations files is provided in the appendices. The data were converted into SAS prior to initiation of file construction and analysis. A number of summary files were later provided to Social Finance staff in Dbase and Excel.

The individual files contain variables indicating age, sex, province, and urban/rural status. There is a weighing variable which allows the aggregation of urban and rural observations to obtain provincial estimates. The two sets of pertinent outpatient utilization questions have a one-week and three-month time frame. The questions ask whether or not the person was sick during the time in question, and if so, where he or she sought care and/or spent the night in a health facility. The responses where recorded and derived variables created to estimate rates per thousand of sickness; seeking care; obtaining care from a hospital, health center or practical doctor; and spending the night at a health facility. Age was initially recorded into five groups: 0-5, 6-13, 14-49, 50-65, and 65+ years. Age was also stratified in five-year groups for additional expenditure and utilization analyses.

The 1987 SUSENAS also contains household monthly and annual expenditures data. In addition to the usual sociodemographic indicators, the files contain data on eight types of health expenditures. These are: doctor, inpatient care, nurse, paramedic, family planning, prescription and nonprescription drugs and miscellaneous. The individual monthly expenditure variables were summed to obtain total household expenditures, as well as the amounts spent on inpatient and outpatient care. The individual categories were not examined further, because there was nothing comparable in the 1990 SUSENAS at the time of the consultancy. It should be noted that after conversations with BPS analysts and review of relevant enumeration manuals, the consultant could still not determine with any degree of certainty the definitions of several of the categories. For instance, nurse or doctor care might take place in either an inpatient or outpatient setting.

The 1987 SUSENAS was analyzed to provide a basis of comparison with the 1990 SUSENAS. As a result, only a limited number of analyses were conducted. There has been and still is a need for further analysis of the SUSENAS data. This task, however, is outside the scope of the consultancy. Nonetheless, discussions were held with AKEK staff suggesting topics which might be successfully explored.

1.2.2 1990 SUSENAS

In 1989 the HSFP negotiated with BPS to include a series of health expenditure questions in the 1990 SUSENAS. The data were collected for each individual in the surveyed household and questions were included regarding expenditures on inpatient and outpatient services, as well as questions on accidents and pregnancy. The focus of the questionnaire was on the location and the expenditures for the health services purchased. In addition, the amount of health services paid for by a third party was included for the first time.

In August 1991 the purchased set of partially completed SUSENAS files was delivered to the Health Economics and Policy Analysis Unit (HEPAU), within the MOH's Bureau of Planning. The current set of files provided to the consultant have not been finalized by BPS. Nor has BPS provided files that include additional matching sociodemographic data. It should be noted, however, that for the purposes of the consultancy, the lack of complete or finalized data will have very little impact on the overall estimates.

The 1990 data came in the form of 44 ASCII formatted files occupying some 50 megabytes. The structure of the files was provided by BPS. The analyses were conducted using SAS 6.04 on a 486 PC Clone. All computer codes used to generate the results may be found in the appendices.

1.3 DATABASE CONSTRUCTION AND ANALYSIS

In general, the same analysis strategy used for the 1987 SUSENAS was employed throughout the analysis of the 1990 SUSENAS. However, there are significant differences in the variables collected, and the reporting time frames. The differences make comparisons between the two surveys problematic. This is particularly true when comparing utilization rates. In 1987 the time frames were one week and three months. In 1990 they were one month for outpatient services and one year for inpatient care. In 1987 expenditures were recorded based on the type of individual providing care. In 1990 it was facility-based.

The first step was to transfer the data from ASCII into SAS. The files included both individual and household data. The data were separated into individual and household files. It should be noted that during the transfer of the data from ASCII into SAS, several out-of-bounds values for the Province and Urban variables were detected. The occurrences were few relative to the number of observations. In addition, BPS was not expected to provide a further update on the data files until early 1992.

The analysis was conducted using the SAS software package. National utilization rates and provincial estimates were obtained. In addition, at the provincial level the analysis was stratified by age, sex, and urban status. Finally, the provincial and urban utilization rates were further broken down by age and sex. The analyses were then rerun, stratifying by region rather than province. The results were output into SAS, DBase and Excel formats. The computer code, output tables and discussion can be found in later chapters and appendices.

It should also be noted that the SUSENAS made available to the consultant should not be considered the final version. The first set of analyses identified out-of-bounds values for both province and urban status variables. Since many of the analyses are stratified by these two variables, it is important that these errors be corrected before any further in-depth analyses are conducted by AKEK. For the purposes of this consultancy, this is not a problem, as the number of potential errors was substantially less than 1 percent of the observations. In addition, the 1990 Urban observations of North Sumatra were not included in the data set provided to the consultant and should be obtained by AKEK at the earliest possible time. Furthermore, it is important to consider provincial sample size prior to drawing any conclusions from the data. For instance, in 1987, 30 households in Timor Timur were recorded, of which only 4 reported health household expenditures. In 1990, 837 were sampled. It is not possible to discuss accurately the differences over time in this province.

Once the data set was constructed, the first set of analyses were conducted. National estimates were obtained for most of the variables. In some cases, there were too many observations for the computer to analyze. For instance, initially the mean level of total household expenditures in Java/Bali could not be estimated due to insufficient computer memory (PC SAS 6.04 can only use 2 megabytes of RAM). This was solved by reducing some variation by rounding household expenditures to the nearest thousand and repeating the analysis. Once the national estimates were obtained, the data were further stratified by either province or region. Mean household health and total monthly expenditures were calculated. Ideally, because of the skewed nature of the health expenditures distribution, the median is the preferred indicator. However, in both the 1987 and 1990 SUSENAS data, more then 50 percent of the households surveyed spent nothing on health over the period of a month. Two additional analyses were conducted to partially circumvent this problem. The first compared the mean spent on health for those in the lower 90 percent of the health expenditure distribution, to those in the upper 10 percent. If there was little difference in the two means, then households across the distribution spent very little on health. If, on the other hand, there was a difference between the two, then some households spent substantial portions of their resources on health. These households would benefit the most from insurance. The results of

these analyses may be found in the chapter describing the JPKM Cross-Subsidy Program and discussing the impact of the removal of the upper 10 percent of the income distribution on the JPKM risk pool.

A second set of analyses examined the economic equity in the consumption of health. The mean level of household monthly health expenditures for the lower 90 percent of the total expenditure distribution was compared to that of the upper 10 percent. A large difference could suggest that health consumption might be income-elastic and a luxury good. If the upper 10 percent were indeed consuming a large amount of health services, then any insurance plan might be able to take advantage of this to provide monies to cover other members in the risk pool.

Table 1.1

1987 SUSENAS Households Sampled
by Province

Province	Number	Percent	Cumulative Number	Cumulative Percent
Aceh	947	2.7	947	2.7
N.Sum	1505	4.2	2452	6.9
W.Sum	1066	3.0	3518	9.9
Riau	779	2.2	4297	12.1
Jambi	691	1.9	4988	14.1
S.Sum	1713	4.8	6701	18.9
Beng	380	1.1	7081	20.0
Lampung	1335	3.8	8416	23.7
Jakarta	1640	4.6	10056	28.4
W.Java	3366	9.5	13422	37.9
C.Java	3842	10.8	17264	48.7
Yogya	1544	4.4	18808	53.0
E.Java	3892	11.0	22700	64.0
Bali	1122	3.2	23822	67.2
NTB	963	2.7	24785	69.9
NTT	3854	10.9	28639	80.8
E. Timur	30	0.1	28669	80.9
W.Kal	1093	3.1	29762	83.9
C.Kal	439	1.2	30201	85.2
N.Kal	1032	2.9	31233	88.1
E.Kal	622	1.8	31855	89.8
N.Sul	936	2.6	32791	92.5
C.Sul	257	0.7	33048	93.2
S.Sul	1059	3.0	34107	96.2
SE.Sul	355	1.0	34462	97.2
Maluku	240	0.7	34702	97.9
I.Jaya	754	2.1	35456	100.0

Table 1.2

1987 SUSENAS Households Sampled (weighted)
by Province

Province	Number	Percent	Cumulative Number	Cumulative Percent
Aceh	373568	1.4	373568	1.4
N.Sum	1227737	4.7	1601305	6.1
W.Sum	451452	1.7	2052757	7.8
Riau	309504	1.2	2362261	9.0
Jambi	338862	1.3	2701123	10.3
S.Sum	940585	3.6	3641708	13.8
Beng	129485	0.5	3771193	14.3
Lampung	1004643	3.8	4775836	18.2
Jakarta	1413680	5.4	6189516	23.5
W.Java	5462528	20.8	11652044	44.3
C.Java	4514314	17.2	16166358	61.5
Yogya	669330	2.5	16835688	64.0
E.Java	5510788	21.0	22346476	85.0
Bali	412842	1.6	22759318	86.6
NTB	403599	1.5	23162917	88.1
NTT	407500	1.5	23570417	89.6
E.Timur	12300	0.0	23582717	89.7
W.Kal	349684	1.3	23932401	91.0
C.Kal	202519	0.8	24134920	91.8
S.Kal	353176	1.3	24488096	93.1
E.Kal	236022	0.9	24724118	94.0
N.Sul	389142	1.5	25113260	95.5
C.Sul	134433	0.5	25247693	96.0
S.Sul	621934	2.4	25869627	98.4
SE.Sul	141775	0.5	26011402	98.9
Maluku	138692	0.5	26150094	99.5
I.Jaya	144353	0.5	26294447	100.0

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Table 1.3

1990 SUSENAS Households Sampled
by Province

Province	Number	Percent	Cumulative Number	Cumulative Percent
Aceh	2196	4.6	2196	4.6
N.Sum	1442	3.0	3638	7.5
W.Sum	1438	3.0	5076	10.5
Riau	1111	2.3	6187	12.8
Jambi	840	1.7	7027	14.6
S.Sum	1484	3.1	8511	17.6
Beng	719	1.5	9230	19.1
Lampung	1605	3.3	10835	22.5
Jakarta	1558	3.2	12393	25.7
W.Java	6211	12.9	18604	38.6
C.Java	5625	11.7	24229	50.2
Yogya	1672	3.5	25901	53.7
E.Java	6607	13.7	32508	67.4
Bali	1429	3.0	33937	70.3
NTB	1680	3.5	35617	73.8
NTT	1437	3.0	37054	76.8
E.Timur	837	1.7	37891	78.5
W.Kal	1544	3.2	39435	81.7
C.Kal	840	1.7	40275	83.5
S.Kal	1319	2.7	41594	86.2
E.Kal	837	1.7	42431	88.0
N.Sul	985	2.0	43416	90.0
C.Sul	837	1.7	44253	91.7
S.Sul	1680	3.5	45933	95.2
SE.Sul	840	1.7	46773	97.0
Maluku	778	1.6	47551	98.6
I.Jaya	690	1.4	48241	100.0

Table 1.4

1990 SUSENAS Households Sampled (weighted)
by Province

Province	Number	Percent	Cumulative Number	Cumulative Percent
Aceh	960144	2.5	960144	2.5
N.Sum	30966	3.4	2291110	5.9
W.Sum	857802	2.2	3148912	8.1
Riau	661243	1.7	3810155	9.8
Jambi	426840	1.1	4236995	10.9
S.Sum	233428	3.2	5470423	14.1
Beng	243910	0.6	5714333	14.7
Lamp	1226025	3.2	6940358	17.9
Jakarta	1712242	4.4	8652600	22.3
W.Java	8034276	20.7	16686876	43.0
C.Java	6360597	16.4	23047473	59.4
Yogya	726936	1.9	23774409	61.2
E.Java	7864754	20.3	31639163	81.5
Bali	591246	1.5	32230409	83.0
NTB	755760	1.9	32986169	84.9
NTT	611820	1.6	33597989	86.5
E.Timur	145758	0.4	33743747	86.9
W.Kal	630280	1.6	34374027	88.5
C.Kal	297840	0.8	34671867	89.3
S.Kal	587229	1.5	35259096	90.8
E.Kal	386994	1.0	35646090	91.8
N.Sul	542837	1.4	36188927	93.2
C.Sul	339981	0.9	36528908	94.1
S.Sul	1385760	3.6	37914668	97.6
SE.Sul	256200	0.7	38170868	98.3
Maluku	337042	0.9	38507910	99.2
I.Jaya	324435	0.8	38832345	100.0

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Table 1.5

1987 and 1990 SUSENAS Mean Household Size

Province	1987	1990
Aceh	5.41	4.89
N.Sumatra	5.37	4.95
W.Sumatra	4.94	4.57
Riau	5.19	5.08
Jambi	5.20	4.59
S.Sumatra	5.22	5.14
Bengkulu	5.05	4.74
Lampung	5.20	5.03
Jakarta	5.11	4.81
W.Java	4.73	4.39
C.Java	4.75	4.49
Yogyakarta	4.45	3.94
E.Java	4.44	4.21
Bali	4.88	4.56
NTB	4.66	4.49
NTT	5.53	5.20
E.Timur	4.18	5.14
W.Kalimantan	5.36	5.05
C.Kalimantan	5.10	4.59
S.Kalimantan	4.56	4.37
E.Kalimantan	4.99	4.67
N.Sulewesi	4.67	4.46
C.Sulewesi	5.11	5.02
S.Sulewesi	5.29	4.96
SESulewesi	5.21	5.13
Maluku	5.36	5.28
Irian Jaya	4.96	4.69

CHAPTER 2
UTILIZATION OF HEALTH SERVICES

2.1 INTRODUCTION

To estimate the future demand for health services under a JPKM framework, a useful place to start is the examination of existing health service utilization data sets. The SUSENAS data sets of 1984, 1987 and 1990 are the only extant data sets which provide individually reported health facility utilization on a national basis. The availability of the later two surveys on magnetic media dictated the nature and extent of the current analyses.

The SUSENAS health modules only measure visits to health facilities. There is no assessment of the underlying epidemiology of the population. To the extent that utilization of services is correlated with the population's pattern of disease, utilization statistics may provide a first approximation of the epidemiology of the population. To be sure, economic considerations, physical access to facilities, and the population's beliefs concerning medical efficacy all affect subsequent health facility utilization. As more entities provide services under the JPKM framework, there will be a greater need to collect and analyze more detailed epidemiologic data. The new data will then provide a second approximation of the risk of the population and, hence, be essential in determining the health insurance premium.

The purpose of the analysis of the SUSENAS utilization files is to generate a series of tables that may be used by different groups to provide initial estimates of the demand for health facility services. The tables are to provide part of the data required to estimate the financial implications of differing JPKM framework scenarios. The computer source code has been provided to the members of the Social Finance staff should they desire to replicate the analyses or generate utilization estimates based on different stratifications. However, this might prove problematic given the limited computer resources available to the HSFP.

The tables following the current chapter are examples of the tables forwarded to the Social Finance staff. In addition, the graphs provide illustrations of several ways to depict the data. It must be stressed that the information contained within the data sets has yet to be fully analyzed within a research framework. Many questions may be addressed concerning the utilization differences found within the data sets. However, these are outside the scope of the current consultancy. It is hoped that as the tables are reviewed by members of AKEK, interest will be generated for further examination of the 1990 SUSENAS data set.

2.2 ANALYSIS

The individual observation files of the 1987 and 1990 SUSENAS were analyzed to estimate health facility utilization and reported sickness rates. Direct comparison between the two surveys regarding outpatient utilization and care-seeking behavior is impossible due to differing recall periods. In 1987 there were one-week and three-month recall periods, while in 1990 it became one month. Fortunately, inpatient visits were counted over a one-year period in both surveys.

The data were initially stratified by province. Provincial level data will be useful to the national BUMD, as it estimates the monies required to provide services to different provinces, and the extent to which one province might provide additional monies to another. Provincial BUMDs may use the data to estimate the initial demand for services. However, in order to be useful to any nascent provider group, further subdivisions are required. The analysis was first stratified by provincial and urban status. Urban and rural differences in the consumption of Indonesian health services have been well documented. As some

of the first demonstrations of the JPKM framework will be in urban areas (in part because of the increased affluence of the population), it is important to have an estimation of urban and rural utilization levels and differences.

Health facility utilization is affected by demography. Accordingly, the data were stratified by age and sex separately, and age and sex combined. Utilization rates were then estimated. Age and sex specific utilization rates are essential when developing forecasts of future demand for services. Data from several points in time are required. Unfortunately, the difference in recall periods in the SUSENAS surveys complicates the analysis. The differing recall periods led to a cross-sectional rather than a time series approach to the analysis. Rates were calculated for both 1987 and 1990 surveys. No attempt was made to link the two to develop a forecasting model. The presence of only two data points makes the results of any time series approach somewhat problematic at best. However, the data files generated as part of the consultancy provide cross-sectional data needed by national and provincial BUMDs as well as providers wishing to compete under the JPKM framework. The data provide a first approximation of the demand the providers might face and the initial basis for premium setting. The data provide a baseline for the subsequent assessment of changes in the population's health-seeking behavior under insurance. These determinations are expected to become more refined as the JPKM framework evolves.

Visits to government and private hospitals were combined and rates per thousand were calculated. The combination of hospital ownership types made comparisons between 1987 and 1990 possible (such distinctions were not made in 1987). Likewise, visits to hospital outpatient clinics and health centers were counted as health center visits. Visit rates to practical doctors were also estimated. As previously noted, hospital inpatient utilization rates were calculated from a yearly time frame, since hospitalization is a relatively rare event.

2.3 EXAMPLES OF CURRENT UTILIZATION PATTERNS

Provincial utilization rates per thousand for 1987 and 1990 were estimated for outpatient visits to the hospital, health center, and practical doctor, and inpatient hospitalization. The estimates may be found in Tables 2.1 and 2.2. 1990 visits to the hospital outpatient clinic per month range from 1.21/1000 in Central Kalimantan to 13.14/1000 in East Timur. The national average is 4.96/1000. Visits to the health center range from 13.95/1000 in Central Kalimantan to 41.84/1000 in NTT. The national average is 26/1000. The rate of practical doctor visitations ranged from 1.66/1000 in East Timur to 26.67/1000 in Jakarta. The national average is estimated to be 12.8/1000. Finally, the inpatient utilization rate ranged from 6.67/1000 in Riau to 42.21/1000 in North Sulewesi. Again, it should be stressed that 1990 outpatient utilization rates are based on a recall period of one month. To the extent that care-seeking behavior or the underlying epidemiology is not evenly distributed over the year, the utilization estimates may not accurately reflect annual utilization.

A cursory inspection of Tables 2.1 and 2.2 reveals that outpatient utilization appears to decrease between 1987 and 1990. One would expect the opposite to be true with an overall increase in national income. It is suspected that the time frame differences are responsible for the apparent decrease. It is not possible, however, to divide the 1987 estimates by three and then compare them to 1990. At present, lacking further analysis, it is unreasonable to comment on any changes over time in outpatient utilization. Of course, more in-depth analysis by members of the MOH will be able to further clarify the nature and extent of the observed outpatient differences, though such analysis is outside the scope of the current efforts.

A slightly more positive view is obtained by examining inpatient visits. Both surveys employed a one - year time frame. As expected, in most provinces utilization increased. We cannot determine if this can

be attributed to increased morbidity, facility access, or disposable income. There appears to be a decrease in the variance on utilization among the provinces. This tentatively suggests that access may be improving in some of the less developed provinces. It is envisioned that more detailed data addressing these issues will be collected as operation of the JPKM framework proceeds.

The estimates found in the appendices provide 1987 and 1990 utilization rates that have been stratified in a number of ways: province, province by sex, province by age, province by urban/rural, province by urban/rural by sex, province by urban/rural by age. There are also a series of tables that provide the same secondary stratifications but on a regional basis.

There are a series of graphs depicting provincial differences in inpatient, practical doctor, health center, and reported sickness rates between 1987 and 1990. Utilization differences stratified by age over time for selected provinces are also depicted in a series of graphs. The provinces examined include: East Java, Bali, East Kalimantan, Lampung, North Sulewesi, NTT, West Java, West Kalimantan, West Sumatra, and Yogyakarta.

2.4 RECOMMENDATIONS

Uniformity of variable definitions across surveys and over time is required before any meaningful comparisons or forecasts can be made. The absence of such uniformity in the SUSENAS data sets limited the use of time series forecasting methodologies initially planned as part of the consultancy. Thus, if BUMDs or provider groups are to make use of SUSENAS data, it is critical that consistent definitions be employed in the next SUSENAS.

The JPKM framework appears to be progressing at a rate that may generate demand from the BUMDs and provider groups sooner than the administration of the next SUSENAS health module. Therefore, it is important that any future data collection efforts by the BUMDs be standardized. In addition, the promulgation of suggested survey variables and definitions to provider groups will increase the comparability of surveys. One way to collect some of this data is through the JPKM encounter form which will be required of all JPKM approved providers.

Utilization rates have served as a proxy for the underlying epidemiology of the population. The JPKM framework eventually will take into account the population's epidemiology when setting insurance premiums. Some epidemiologic data may be collected from the JPKM encounter forms. However, such information would only pertain to utilization. It is therefore important that some attempt be made to assess membership epidemiology at the time of individual enrollment into a JPKM approved plan. Guidelines need to be developed concerning the content and methodology for such assessment. This should be coordinated through the national BUMD to ensure data uniformity from the provincial BUMDs.

Table 2.1

1987, 1990 Provincial Health Services Utilization Rates I
Per Thousand (1987 — 3 months, 1990 — 1 month)

Province	87sek[a]	90sek[a]	87sik[b]	90sik[b]	87ho[c]	90ho[c]
Aceh	138.8	90.94	147.1	89.62	10.8	2.67
N.Sumatra	116.6	73.65	119.8	73.51	6.85	2.38
W.Sumatra	127.8	92.19	132.1	90.25	9.39	6.37
Riau	102.1	93.85	108.3	93.14	3.21	3.08
Jambi	155.8	94.42	160.3	93.96	8.81	4.05
S.Sumatra	144.3	74.56	147.5	73.51	8.85	5.38
Bengkulu	122.0	84.46	125.5	84.27	2.66	3.90
Lampung	82.96	85.88	87.29	85.11	3.48	2.58
Jakarta	75.07	91.20	77.22	90.93	9.04	7.47
W.Java	156.4	122.0	162.2	121.4	9.01	5.35
C.Java	112.6	117.5	117.0	110.9	6.91	3.46
Yogyakarta	94.33	140.4	97.12	137.8	8.72	7.92
E.Java	114.9	143.0	119.1	142.0	5.96	5.41
Bali	156.9	112.3	160.8	111.9	13.6	6.86
NTB	150.3	100.6	161.2	99.13	5.47	2.92
NTT	218.3	138.9	237.9	137.4	14.6	7.32
E.Timur	199.9	79.28	245.6	77.88	6.19	13.14
W.Kaliman	135.5	96.34	140.7	95.06	5.51	5.44
C.Kaliman	161.2	89.69	165.1	88.78	1.88	1.21
S.Kalimanta	132.5	139.6	138.1	138.9	7.60	2.21
E.Kalimant	160.4	127.6	162.7	126.7	14.4	10.69
N.Sulewesi	165.3	124.9	170.6	123.1	14.9	5.40
C.Sulewesi	201.8	128.4	214.3	126.9	6.16	4.75
S.Sulewesi	77.28	79.04	90.14	77.93	6.04	4.60
SESulewesi	116.0	106.8	125.9	103.1	3.77	5.45
Maluku	145.0	70.47	151.6	69.02	15.6	5.40
Irian Jaya	238.9	80.55	254.9	79.83	15.6	10.27

[a] 87sek, 90sek is the rate/1000 for those who sought health services

[b] 87sik, 90sik is the rate/1000 for those who reported being sick

[c] 87ho, 90ho is the hospital outpatient utilization rate

Table 2.2

1987, 1990 Provincial Health Services Utilization Rates II
Per Thousand (1987 — 3 months, 1990 — 1 month)

Province	87hc[a]	90hc[a]	87doc[b]	90doc[b]	87inp[c]	90inp[c]
Aceh	48.90	26.97	8.10	7.93	4.96	13.98
N.Sumatra	34.18	15.12	7.14	2.24	5.18	14.28
W.Sumatra	33.34	18.34	16.61	11.71	4.16	8.48
Riau	30.07	15.35	4.65	7.88	1.51	6.67
Jambi	45.18	23.00	7.64	11.64	4.05	28.14
S.Sumatra	52.51	14.19	13.08	10.83	5.43	7.95
Bengkulu	45.15	19.45	2.92	8.23	1.78	14.64
Lampung	30.21	17.23	9.64	7.27	2.44	8.76
Jakarta	27.01	18.67	22.80	26.67	3.49	8.67
W.Java	50.68	30.47	20.53	15.13	4.82	9.13
C.Java	39.81	28.41	13.87	12.89	5.38	12.72
Yogyakarta	34.88	40.52	16.98	17.96	6 50	17.13
E.Java	38.50	27.74	16.90	14.61	3.24	11.85
Bali	45.47	20.78	31.38	26.00	8.28	11.98
NTB	69.86	30.20	9.48	8.79	3.45	10.36
NTT	105.8	41.84	4.01	2.52	15.70	25.04
E.Timur	142.4	28.52	****	1.66	6.97	8.58
W.Kaliman	51.31	21.94	9.26	8.46	8.68	15.29
C.Kalimann	53.47	13.95	3.42	2.87	16.19	23.03
S.Kaliman	32.48	23.58	6.13	7.08	6.61	10.20
E.Kaliman	68.42	37.37	9.42	16.07	2.32	16.26
N.Sulewesi	52.55	25.32	29.56	16.35	13.77	42.21
C.Sulewesi	27.65	23.33	10.71	12.56	11.15	13.34
S.Sulewesi	17.82	19.30	4.87	4.30	6.06	11.72
SESulewesi	20.79	21.16	2.47	5.85	3.02	18.83
Maluku	31.75	21.89	5.29	8.07	10.01	19.93
Irian Jaya	136.1	24.77	10.19	5.47	14.55	15.12

**** no visits to practical doctor

[a] 87hc, 90hc are visits/1000 to health center

[b] 87doc, 90doc are visits/1000 to practical doctors

[c] 87inp, 90inp are inpatient visits/1000 over one year period

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Figure II.1 1987, 1990 Provincial Sickness rates per thousand

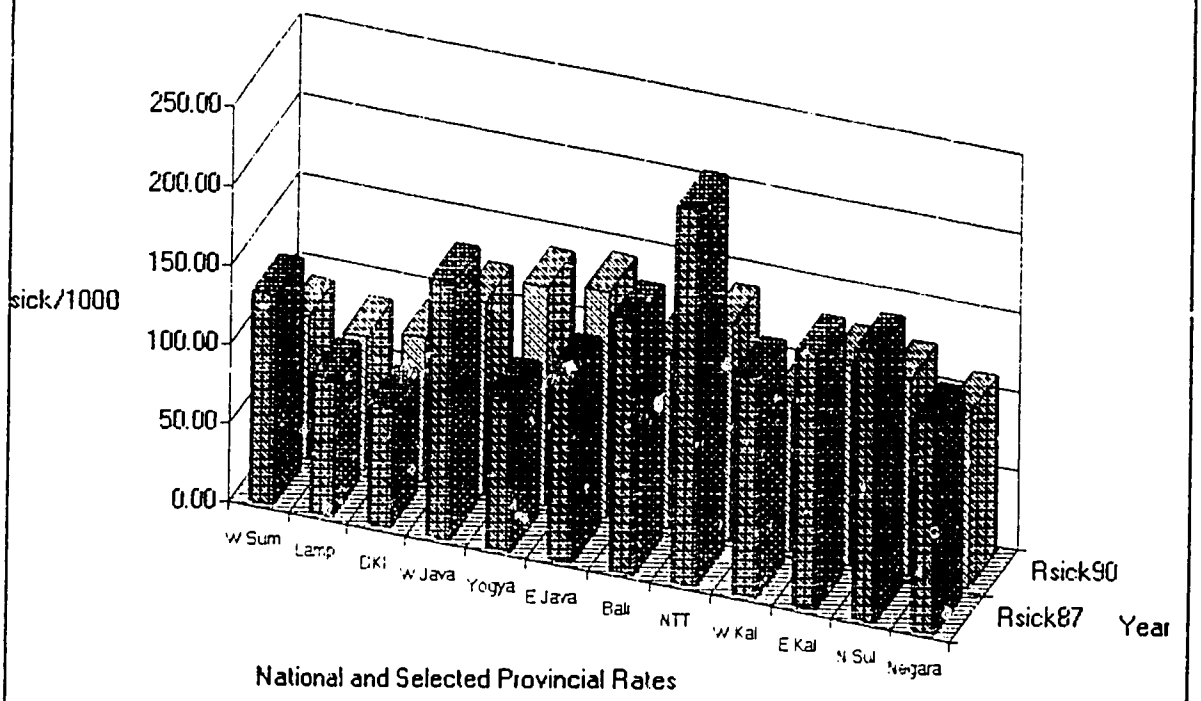

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Figure II.2 1987, 1990 Provincial Health Center Utilization rates per thousand

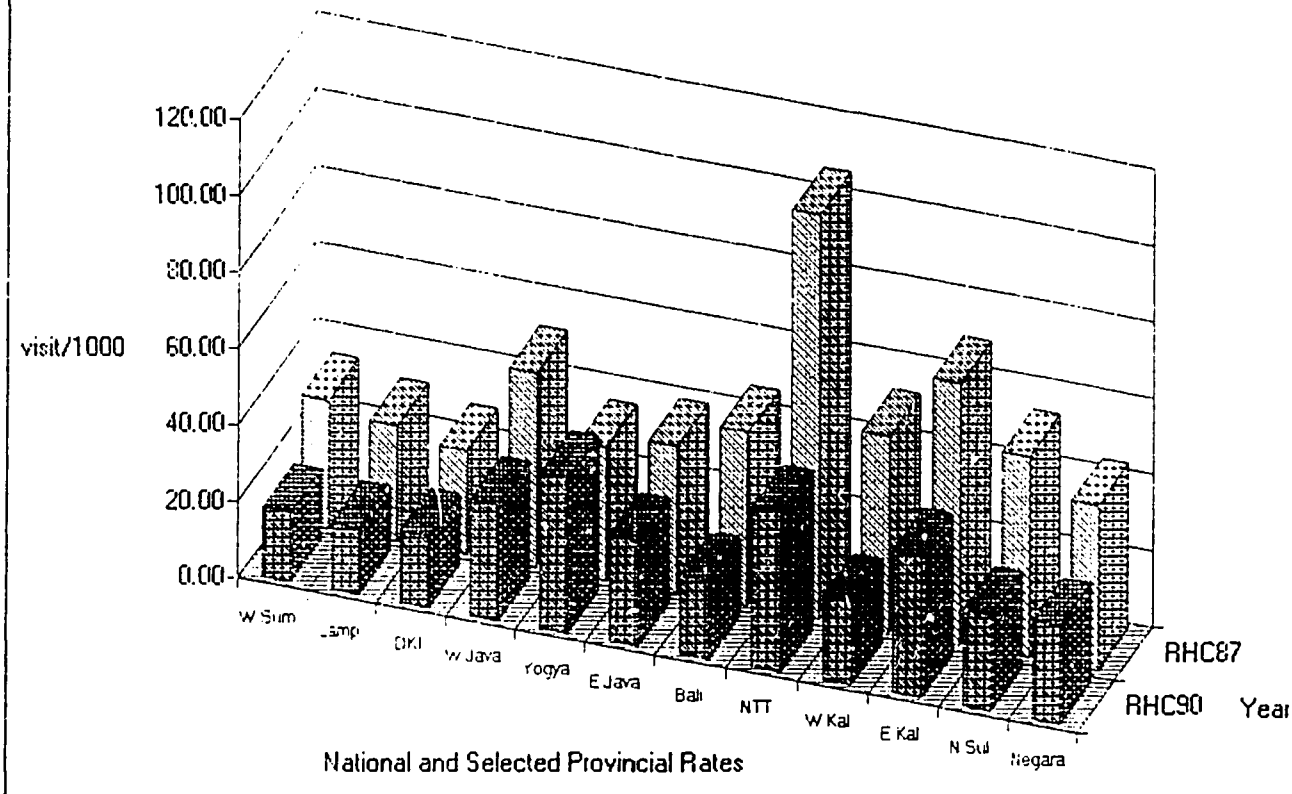

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Figure II.3 1987, 1990 Provincial Practical Doctor Utilization rates per thousand

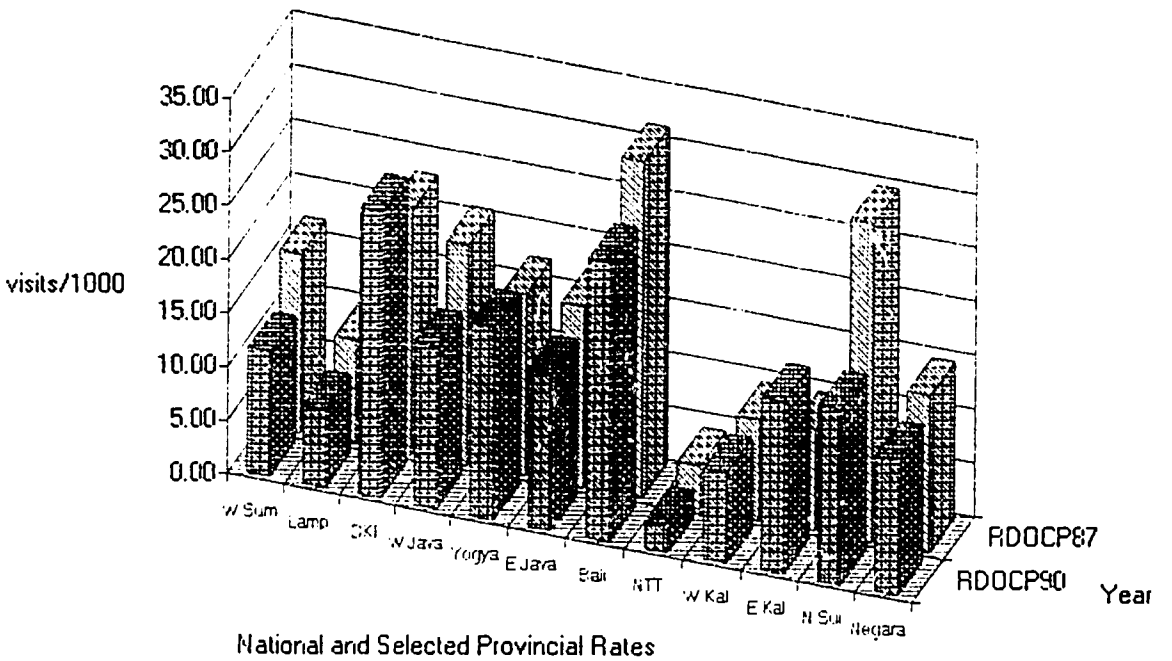

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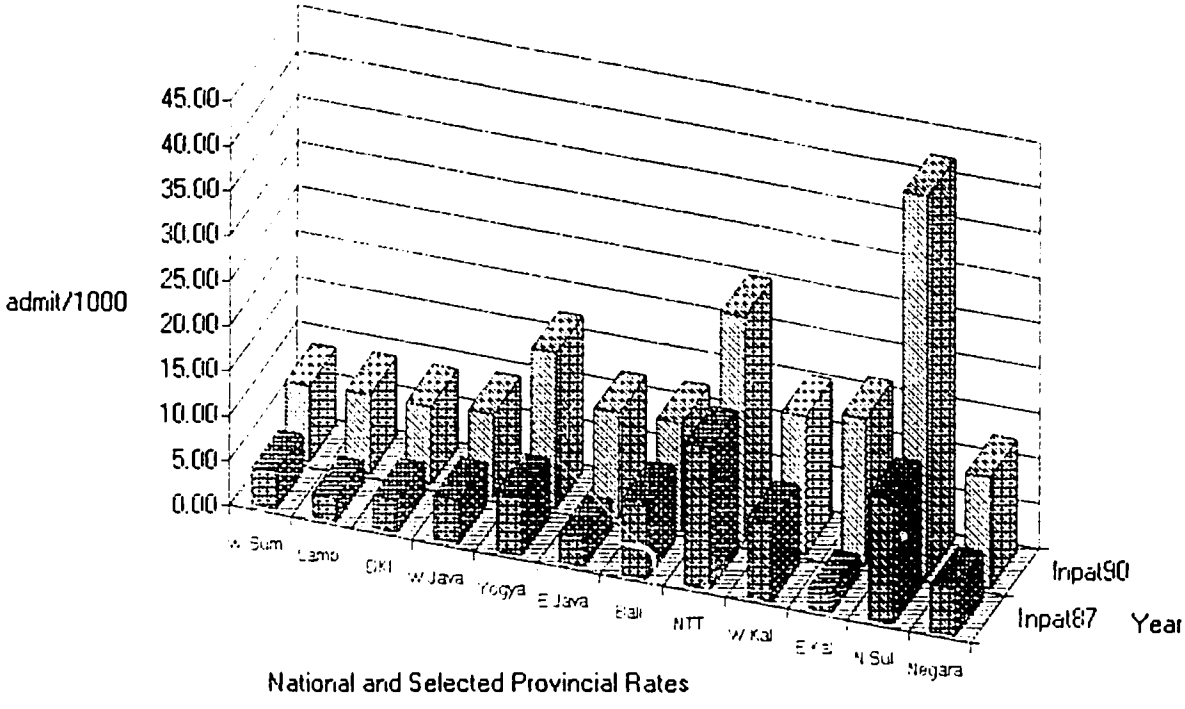
Figure II.4 1987, 1990 Provincial Inpatient Utilization rates per thousand



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CHAPTER 3
HOUSEHOLD AND PER CAPITA HEALTH EXPENDITURES

3.1 INTRODUCTION

Knowing the amount that individuals or households consume and the items they purchase is critical in estimating the costs of financing different programs under a JPKM framework. The previous chapter (and to a lesser extent, the present one) describe the rate at which individuals purchase health services. The present chapter presents estimates on the amount of population health expenditures, both in the aggregate and on a per visit basis. The data sets are stratified in the same manner as the utilization tables. This is to allow further analysis as the JPKM Cross-Subsidy system is developed.

The examination of differences in health expenditures across provinces may provide insight into current consumer behavior. The amount consumed in a particular province may provide a rough first approximation of what might be consumed under the JPKM framework. Obviously, individuals behave differently under the condition of insurance, but for the most part Indonesian data are lacking. Estimating total provincial health expenditures and then combining the estimates with age/sex specific utilization rates, provides the basis for setting the premium required to finance service delivery. As experience is gained, the model may include epidemiologic data, as well as differing cost savings associated with the introduction of Standards of Care and the structuring of the benefit packages. Finally, the extreme income elasticity of the demand for health services may be exploited so that more affluent provinces or groups of individuals may provide monies to finance other provinces or groups. This later point is discussed in the next chapter.

3.2 ANALYSIS

The 1987 and 1990 SUSENAS health module individual and household data files provided the basis of the analysis. The way the surveys are constructed makes it impossible to determine what an individual paid for a specific outpatient visit. For instance, in 1990 the individual is asked to report the amount, if any, that was spent on outpatient services over the past month. The individual also reported where he/she purchased the service. It is not possible to report more than one service visit type. To the extent that individuals purchased different services or purchased one service repeatedly over the recall period, the average visit price paid will be underestimated in the former case and overestimated in the latter. When individual data were aggregated to the household level it was found that very few households reported more than one visit for all of the household members. In fact, over 50 percent of the households in most of the provinces reported no visits at all.

The household level data allowed the analysis to be stratified by total household expenditures. For the purposes of the analyses both in this and subsequent chapters, total household expenditures are taken as a proxy for household income. To the extent that the savings rate does not change between the surveys, the changes in household expenditures may be compared over time.

The mean is a good measure of a distribution, provided the observations are normally distributed. This is not the case in the present data sets. Both the skewness and kurtosis are quite large. This suggests that there are a number of households with sizeable amounts of expenditures. This is also reflected by the fact that in most provinces the median level of health expenditures is estimated as zero. As a result, it is not useful to compare medians across provinces. The mean is examined subject to the previous limitations. Differences in the distribution of health expenditures are explored in greater depth in the next chapter.

3.3 SUMMARY OF THE ANALYSIS OF HEALTH EXPENDITURES

As in the previous chapter, the purpose of the expenditure analysis is to provide another series of tables that will be incorporated into the model describing the economic and financing implications of the JPKM Cross-Subsidy System. The source code along with the table results has been provided to the Social Finance staff in both hard copy and on diskette. It must be stressed that cursory inspection of the tables generated as part of the analyses reveals differences that from the MOH's perspective should be explored further. This task is outside the current scope of work.

Data in Table 3.1 depict mean values and changes in total monthly household and health expenditures for 1987 and 1990. When examining changes over time, one finds that the 1987 expenditure estimates were inflated at a 9 percent annual rate. The change in Aceh reported in column three of Table 3.1 reveals that adjusted monthly household health expenditures increased by 50 percent between 1987 and 1990. It is interesting to note that the only provinces with decreased health expenditures were West Sumatra, Lampung, Bali, NTT, North Sulewesi, and Irian Jaya. In a similar fashion, column six displays the adjusted change in total household expenditures. The fact that 14 provinces are spending less in 1990 than in 1987 is an unexpected result, given the widely reported increase in Indonesia's economy. The decrease may also result from an increase in the savings rate or from using too large an inflation adjustment.

The last column in Table 3.1 reports on the relative change in health consumption, given changes in total household consumption. For instance, in Aceh, health expenditures increased 61 percent relative to total expenditures between surveys. On the other hand, in Bali there is a 19 percent decrease in health expenditures relative to total household expenditures. In fact, only North Sulewesi shows a similar pattern. The results clearly reveal that people are spending more on health services in 1990 than in 1987. The reasons underlying provincial differences should be further explored within the MOH.

Table 3.2 explores differences in health consumption stratified by levels of total health expenditures. Health expenditures of the upper 10 percent of the total expenditure distribution are compared to the lower 90 percent. Bali and North Sulewesi are the only two provinces in which the lower 90 percent spent less on health services in 1990 than in 1987. In contrast, 8 provinces showed declines in health expenditures in the upper 10 percent group. The last column in Table 3.2 shows the gains and losses that the lower 90 percent made compared to the upper 10 percent. In Aceh, for example, both groups reported increases in the amount spent on health services, but the upper 10 percent reported a greater increase. This suggests that in Aceh the lower expenditure group's rate of increase in health consumption was 72 percent of the upper one. In Bali, where health consumption dropped for both groups, the decrease in health expenditures was 49 percent greater for the upper total household expenditure group than the lower. Again, further analysis might provide useful insights into causes of these changes.

A casual inspection of the data suggests that the greatest health expenditure increases of the poor, relative to the wealthy, occurred in the less affluent provinces such as the Kalimantan provinces. It is unclear whether this is the result of increased income, increased access, increased morbidity, or some combination of these factors. Further investigation into the variations of health expenditure levels might identify provinces where increased MOH expenditures have resulted in positive changes in access, or provinces which might benefit from further budget increases. The combination of SUSENAS health services utilization and expenditure data with AKEK's MOH Expenditure data set might answer questions concerning the relationship of government to private health expenditures.

While Tables 3.1 and 3.2 looked at changes in household expenditures over time and across provinces, Tables 3.3 through 3.5 look at 1990 per capita differences across provinces for the entire population and

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the two high/low total expenditure groups. The tables also report the proportion of total expenditures devoted to health services. One is immediately struck by the low percentage spent on health. In Central Kalimantan only 1 percent of total expenditures is devoted to health services, and in South Sumatra, East Timur, and West Kalimantan the population spends an average of 4 percent of its total expenditures on health services.

In 12 provinces, the upper portion of the expenditure distribution group spends more of their total expenditures on health than the lower group. In six provinces the reverse is true. Subsequent analyses might develop estimates for non food and housing expenditures to develop a measure of the households' disposable expenditures devoted to health care.

Table 3.6 reveals 1990 provincial differences in mean expenditures for inpatient or outpatient visits. As might be expected, Jakarta has the highest average outpatient expenditure and second highest inpatient expenditure. Strangely enough, East Timur has the highest average hospital inpatient expenditure.

The analysis also produced a series of tables directly linking utilization with per visit expenditures for a number of different stratifications. These can be found in Tables 3.7 and 3.8. Urban and rural differences were explored, as were differences in average cost for the total population compared to those who only purchased health care. The later set of distinctions will be further clarified in the JPKM sections.

3.4 RECOMMENDATIONS

The SUSENAS health expenditure and utilization data provide a useful start in describing provincial and various group differences in health consumption. The observed variations have yet to be analyzed by others within the MOH. On the surface, further exploration into provincial and income differences in health consumption over time would seem to have policy relevance and should be encouraged.

The data do not provide price information and cannot be used to estimate price elasticities, which are useful in estimating the demand response to the introduction of copayments, within a JPKM approved health plan for example. For World Bank Health Project in East Kalimantan and NTB, such price elasticities are being estimated. This information will be quite useful to the BUMDs in the future. Social Finance staff should be encouraged to follow these activities.

The type of data provided by the SUSENAS will be useful to the national BUMD as it estimates provincial differences in health expenditures. However, more detailed information is required by the provincial BUMD. Expenditure and cost data may be provided on the JPKM encounter form. Market surveys by potential providers and as part of the enrollment process might also provide more detailed health expenditure information.

Table 3.1

1987, 1990 Monthly Mean Household Health and Total Expenditures

Province	H87[a]	H90[a]	Chan1[b]	Expend 87[c]	Expend 90[c]	Chan2[d]	C1/C2
Aceh	2254.19	4376.44	1.50	119920.00	144716.29	0.93	1.61
N. Sumatra	2183.21	3732.24	1.32	129504.81	124778.95	0.74	1.77
W.Sumatra	2719.58	3253.33	0.92	126283.89	142273.53	0.87	1.06
Riau	1965.72	3212.50	1.26	129262.26	188202.90	1.12	1.12
Jambi	1253.17	3557.23	2.19	114613.50	146573.34	0.99	2.22
S.Sumatra	1561.06	4879.98	2.41	125050.95	150253.86	0.93	2.60
Bengkulu	1026.76	2580.42	1.94	113509.14	137601.12	0.94	2.07
Lampung	2400.33	2864.71	0.92	102623.68	122612.18	0.92	1.00
Jakarta	4113.18	6825.89	1.28	238141.93	312763.08	1.01	1.26
W.Java	1952.62	4024.33	1.59	108055.50	142070.76	1.02	1.57
C.Jaya	1908.48	3279.38	1.33	84872.70	106964.30	0.97	1.36
Yogyakarta	1986.90	4670.73	1.82	95495.97	129698.05	1.05	1.73
E.Java	1954.30	3417.32	1.35	94144.78	109194.59	0.90	1.51
Bali	3927.11	4363.20	0.86	108282.85	147743.93	1.05	0.81
NTB	1188.96	1884.80	1.22	78185.47	104792.63	1.03	1.18
NTT	1819.89	2275.15	0.97	87983.98	101831.05	0.89	1.08
E.Timur	316.67[e]	2747.68	6.70	66386.80[e]	118373.62	1.38	4.87
W.Kaliman	1514.07	5532.81	2.82	109176.25	145411.05	1.03	2.74
C.Kaliman	1059.03	1581.45	1.15	101533.30	143298.62	1.09	1.06
S.Kaliman	1601.53	2273.29	1.10	109937.86	137550.76	0.97	1.13
E.Kaliman	2466.02	5641.10	1.77	155345.03	191305.02	0.95	1.86
N.Sulewesi	3363.79	4104.46	0.94	108148.18	137502.64	0.98	0.96
C.Sulewesi	1550.62	4367.74	2.18	92107.98	124906.98	1.05	2.08
S.Sulewesi	917.16	3086.39	2.60	88820.48	129978.19	1.13	2.30
SE.Sule	1246.53	2376.91	1.47	74496.62	136758.11	1.42	1.04
Maluku	864.02	2291.44	2.05	88498.08	146223.09	1.28	1.61
Irian Jaya	1764.92	2267.65	0.99	113210.85	129943.61	0.89	1.12

[a] H87 and H90 are unadjusted household health expenditures.

[b] Chan1 = adjusted h90/h87.

[c] Expend87 and Expend90 are unadjusted total household expenditures.

[d] Chan2 = adjusted Expend 90/Expend 87.

[e] 1987 East Timur based on 30 observations.

Note: Change in health and total expenditures is adjusted at 9 percent annual rate.

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Table 3.2

1987, 1990 Monthly Mean Household Health and Total Expenditures
For Lower 90 Percent and Upper 10 Percent of Total Expenditure Distribution

Province	low87[a]	low90[a]	Chan1[b]	high 87[a]	high90[a]	Chan2[c]	C1/C2
Aceh	1810.96	2933.20	1.25	7904.67	17699.06	1.73	0.72
N. Sumatra	1802.96	3345.32	1.43	5818.79	7193.15	0.95	1.50
W.Sumatra	2198.09	3011.61	1.06	8207.81	5281.25	0.50	2.13
Riau	1630.65	2362.98	1.12	5201.37	11067.97	1.64	0.68
Jambi	1058.58	2644.77	1.93	3551.58	13410.53	2.92	0.66
S.Sumatra	1310.45	4364.04	2.57	4096.44	9106.35	1.72	1.50
Bengkulu	841.29	1950.02	1.79	3496.74	9898.79	2.19	0.82
Lampung	1464.51	2132.00	1.12	12865.79	10440.29	0.63	1.79
Jakarta	3270.29	5906.55	1.39	11699.18	15088.10	1.00	1.40
W.Java	1553.12	2857.75	1.42	5798.14	13045.59	1.74	0.82
C.Jaya	1465.82	2431.00	1.28	6134.26	10567.75	1.33	0.96
Yogyakarta	1550.97	2588.44	1.29	5897.94	19639.14	2.57	0.50
E.Java	1333.89	2167.64	1.25	7849.81	14215.84	1.40	0.90
Bali	2499.32	3106.92	0.96	18838.56	15672.42	0.64	1.49
NTB	900.63	1411.30	1.21	4068.65	6513.61	1.24	0.98
NTT	1459.62	1889.10	1.00	9541.02	6789.33	0.55	1.82
E.Timur	351.85[d]	2535.15	5.56	*****	*****	***	***
W.Kaliman	1102.01	4688.17	3.[illegible]9	6315.08	12633.29	1.54	2.13
C.Kaliman	824.85	1459.55	1.37	4739.51	2962.52	0.48	2.83
S.Kalimant	1088.12	1910.75	1.36	7038.25	5644.17	0.62	2.19
E.Kalimant	1873.31	3817.28	1.57	6498.16	16893.62	2.01	0.78
N.Sulewesi	3085.00	3323.26	0.83	6403.17	11267.05	1.36	0.61
C.Sulewesi	1201.24	3824.77	2.46	6331.00	12020.42	1.47	1.68
S.Sulewesi	825.32	2551.70	2.39	1964.24	8718.89	3.43	0.70
SE.Sule	1152.11	1677.18	1.12	3303.65	11334.16	2.65	0.42
Maluku	577.22	1772.09	2.37	5886.45	8853.16	1.16	2.04
Irian Jaya	1450.99	1884.80	1.00	6123.87	7036.83	0.89	1.13

[a] Low87, high87, low90 and high90 are unadjusted household health expenditures.

[b] Chan1 = adjusted low90/low87.

[c] Chan2 = adjusted high90/high87.

[d] 1987 East Timur based on 30 observations.

Note: Change in health expenditures adjusted at 9 percent annual rate.

Table 3.3

1990 Monthly Per Capita Total and Health Expenditures

Province	PCTOT[a]	PCEXP[b]	PERTOT[c]
Aceh	929.20	31817.70	0.03
N. Sumatra	898.61	27444.31	0.03
W.Sumatra	713.96	35037.66	0.02
Riau	614.21	40905.80	0.01
Jambi	789.63	35257.03	0.02
S.Sumatra	1030.08	31538.76	0.04
Bengkulu	640.94	32028.34	0.02
Lampung	639.39	26399.67	0.02
Jakarta	1396.79	70392.82	0.02
W.Java	961.09	34015.95	0.03
C.Jaya	805.64	25397.89	0.03
Yogyakarta	1345.31	39663.86	0.03
E.Java	844.44	27661.17	0.03
Bali	1021.47	34925.33	0.03
NTB	499.73	24750.72	0.02
NTT	453.51	21858.16	0.02
E.Timur	591.76	26349.81	0.04
W.Kalimantan	1216.56	31604.42	0.04
C.Kalimantan	379.42	33906.00	0.01
S.Kalimantan	581.06	34405.28	0.02
E.Kalimantan	1375.34	46001.62	0.02
N.Sulewesi	1009.42	34208.83	0.03
C.Sulewesi	966.37	27154.85	0.03
S.Sulewesi	586.58	27926.93	0.02
SE.Sulewesi	450.27	27167.10	0.02
Maluku	516.75	32308.48	0.02
Irian Jaya	528.68	30183.93	0.02

[a] PCTOT = per capita total monthly health expenditures.

[b] PCEXP = per capita total monthly expenditures.

[c] PERTOT = percentage of total expenditures spent on health services.

Table 3.4

1990 Per Capita Total and Health Expenditures
Lower 90 Percent

Province	LPCTOT[a]	LPCEXP[b]	LPERTOT[c]
Aceh	685.20	26334.67	0.03
N. Sumatra	775.28	23387.41	0.03
W.Sumatra	674.91	28387.57	0.02
Riau	519.27	33877.48	0.01
Jambi	735.85	30158.92	0.02
S.Sumatra	943.77	25347.55	0.04
Bengkulu	424.16	27351.83	0.02
Lampung	440.88	21679.26	0.02
Jakarta	1277.18	56693.38	0.02
W.Java	721.27	26660.83	0.03
C.Jaya	610.30	20027.96	0.03
Yogyakarta	655.84	24234.44	0.03
E.Java	573.99	22015.14	0.03
Bali	769.06	28720.43	0.03
NTB	269.47	19628.51	0.01
NTT	404.13	17824.12	0.02
E.Timur	586.45	19453.91	0.04
W.Kaliman	1032.42	25500.81	0.04
C.Kaliman	340.28	29274.40	0.01
S.Kaliman	458.79	29187.31	0.01
E.Kaliman	689.90	35303.47	0.02
N.Sulewesi	827.63	28448.24	0.03
C.Sulewesi	843.16	23127.72	0.03
S.Sulewesi	512.21	23308.20	0.02
SE.Sulewesi	347.38	20487.03	0.02
Maluku	416.84	26401.53	0.01
Irian Jaya	397.93	23180.02	0.02

[a] LPCTOT = per capita total monthly health expenditures.

[b] LPCEXP = per capita total monthly expenditures.

[c] LPERTOT = Percentage of total expenditures spent on health services.

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Table 3.5

1990 Monthly Per Capita Total and Health Expenditures
Upper 10 Percent

Province	HPCTOT[a]	HPCEXP[b]	HPERTOT[c]
Aceh	3190.13	82623.86	0.04
N. Sumatra	2001.85	63732.60	0.03
W.Sumatra	1035.33	89771.38	0.01
Riau	1494.67	106080.64	0.01
Jambi	1319.76	85515.73	0.02
S.Sumatra	1742.47	82644.04	0.02
Bengkulu	3349.97	90468.63	0.03
Lampung	2624.88	73541.96	0.03
Jakarta	2471.74	193512.15	0.01
W.Java	2825.67	91181.65	0.03
C.Jaya	2485.14	71568.39	0.04
Yogyakarta	5687.98	136846.90	0.05
E.Java	3187.44	76573.93	0.04
Bali	3293.99	90787.87	0.04
NTB	2770.05	75255.01	0.05
NTT	1025.72	68597.76	0.02
E.Timur	639.27	88054.26	0.01
W.Kalimantan	2771.16	83133.56	0.03
C.Kalimantan	822.94	86381.27	0.01
S.Kalimantan	1707.62	82481.38	0.02
E.Kalimantan	5761.39	114458.43	0.06
N.Sulewesi	2682.26	87217.63	0.03
C.Sulewesi	2556.09	79111.75	0.03
S.Sulewesi	1352.11	75469.92	0.02
SE.Sulewesi	1723.85	109847.60	0.03
Maluku	1568.56	94494.09	0.02
Irian Jaya	2042.22	111264.39	0.01

[a] HPCTOT = per capita total monthly health expenditures.

[b] HPCEXP = per capita total monthly expenditures.

[c] HPERTOT = percentage of total expenditures spent on health services.

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Table 3.6

1990 Mean Outpatient and Inpatient Charges

PROVINCE	COUT[a]	CIN[b]
Aceh	8180.68	122101.89
N. Sumatra	6691.59	122204.12
W.Sumatra	6943.11	260722.07
Riau	5877.83	189081.86
Jambi	7546.72	27726.78
S.Sumatra	7040.41	230588.66
Bengkulu	4315.16	101732.38
Lampung	5121.10	123703.78
Jakarta	11011.51	411050.00
W.Java	5498.18	202952.97
C.Jaya	3544.72	230855.00
Yogyakarta	4247.15	377828.31
E.Java	4055.80	195990.73
Bali	6160.29	229959.43
NTB	2558.87	166747.87
NTT	2581.02	36214.05
E.Timur	1407.38	430808.82
W.Kalimantan	6090.75	370435.99
C.Kalimantan	3070.62	17723.68
S.Kalimantan	3180.12	99149.45
E.Kalimantan	7931.21	128694.60
N.Sulewesi	6086.04	56054.30
C.Sulewesi	5416.49	226789.35
S.Sulewesi	5417.90	137344.44
SE.Sulawesi	3578.72	60655.87
Maluku	5092.78	53491.93
Irian Jaya	3339.34	39286.94
Indonesia	5045.07	187963.07

[a] COUT = mean outpatient expenditure.

[b] CIN = mean inpatient expenditure.

Table 3.7

1990 Provincial Health Expenditure and Utilization Estimates

Province	Mean Cost Out[a]	Mean Cost In[b]	Mean Health[c]	House Size	Mean In Visit[d]	Mean Out Visit[e]	Mean Cost In (1)	Mean Cost Out (1)[f]	Population
Aceh	3,758	9,275	4,808	4.85	0.10	0.58	122,102	8,301	3,315,547
N. Sumatra	2,166	10,618	3,732	4.95	0.07	0.35	122,204	6,856	6,592,066
W.Sumatra	2,185	8,987	3,253	4.57	0.04	0.37	260,722	6,751	3,916,224
Riau	2,439	5,742	3,213	5.08	0.03	0.45	189,082	5,725	3,357,897
Jambi	2,958	3,413	3,557	4.59	0.13	0.42	27,727	7,571	1,960,020
S.Sumatra	2,326	9,247	4,880	5.14	0.04	0.37	230,589	7,073	6,334,683
Bengkulu	1,590	6,130	2,580	4.74	0.07	0.36	101,732	4,526	1,156,046
Lampung	2,161	4,952	2,865	5.03	0.04	0.42	123,704	5,465	6,163,725
Jakarta	4,397	19,177	6,826	4.81	0.04	0.43	411,050	11,592	8,242,500
W.Java	2,729	8,093	4,024	4.39	0.04	0.52	202,953	5,660	35,242,787
C.Jaya	1,642	12,693	3,279	4.49	0.06	0.48	230,855	3,713	28,564,558
Yogyakarta	2,273	24,765	4,671	3.94	0.07	0.52	377,828	5,059	2,862,733
E.Java	2,299	9,220	3,417	4.21	0.05	0.57	195,991	4,469	33,098,914
Bali	2,978	11,989	4,364	4.55	0.05	0.49	229,959	6,740	2,694,773
NTB	939	6,598	1,885	4.49	0.05	0.41	166,748	2,697	3,391,246
NTT	1,600	4,130	2,275	5.20	0.13	0.67	36,214	2,749	3,180,755
E.Timur	730	17,532	2,748	5.14	0.04	0.37	430,809	2,318	749,034
W.Kalimantan	2,654	29,387	5,533	5.05	0.08	0.48	370,436	6,162	3,182,880
C.Kalimantan	1,187	1,726	1,581	4.59	0.11	0.40	17,724	3,075	1,366,084
S.Kalimantan	1,791	3,927	2,273	4.37	0.04	0.58	99,149	3,288	2,565,767
E.Kalimantan	4,165	9,911	5,641	4.67	0.08	0.58	128,695	8,521	1,808,810
N.Sulewesi	2,993	9,728	4,104	4.46	0.19	0.54	56,054	6,043	2,418,423
C.Sulewesi	2,984	13,025	4,368	5.02	0.07	0.61	226,789	5,518	1,707,338
S.Sulewesi	1,738	7,422	3,086	4.96	0.06	0.35	137,344	5,345	6,872,850
SE.Sulewesi	1,697	4,949	2,377	5.13	0.10	0.49	60,656	3,540	1,314,404
Maluku	1,737	4,227	2,291	5.28	0.11	0.36	53,492	5,348	1,778,526
Irian Jaya	1,099	2,702	2,268	4.69	0.07	0.34	39,287	3,429	1,521,892
Indonesia	2,345	10,048	3,719	4.55	0.06	0.49	187,963	5,269	175,360,482

[a] Mean Cost Out = mean monthly household outpatient expenditure.

[b] Mean Cost In = mean yearly household inpatient expenditure.

[c] Mean Health = mean monthly household health expenditure.

[d] Mean In Visit = mean yearly household episodes of inpatient service.

[e] Mean Out Visit = mean monthly household episodes of outpatient service.

[f] Mean Cost Out(1) = mean cost of one outpatient unit of service.

Table 3.8

1990 Health Expenditure and Utilization Estimates
Different Economic and Population Segments

	Population	House Size	Mean Health[a]	Mean Out Visit[b]	Mean Cost Out[c]	Mean Cost Out(1)[d]	Mean In Visit[e]	Mean Cost In[f]	Mean Cost In (1)
Indonesia	175,360,482	4.55	3,719	0.49	2,345	5,269	0.06	10,048	187,963
Indonesia- L90	160,583,407	4.64	2,972	0.49	1,944	4,377	0.05	6,479	132,992
Indonesia-Health	82,532,340	4.86	8,444	1.12	5,324	5,269	0.13	22,816	187,963
Indonesia-Health-L90	75,232,356	4.95	6,764	1.12	4,423	4,377	0.12	14,742	132,992
Indonesia-U10	14,688,755	3.74	10,192	0.49	5,821	13,024	0.10	41,069	421,830
Indonesia-Health-U10	7,247,664	4.12	22,766	1.09	13,003	13,024	0.23	91,736	421,830
Indonesia-Urb	50,369,706	4.74	5,698	0.53	3,702	7,824	0.07	16,710	249,119
Indonesia-Urb-L90	39,642,998	5.02	3,865	0.55	2,827	5,729	0.06	7,290	130,507
Indonesia-Urb-Health	25,140,674	5.05	12,170	1.14	7,906	7,824	0.15	35,690	249,119
Indonesia-Urb-Health-L90	19,927,621	5.29	8,095	1.15	5,921	5,729	0.12	15,266	130,507
Indonesia-Urb-U10	10,638,388	3.92	10,901	0.48	6,178	14,462	0.10	43,564	444,156
Indonesia-Urb-Health-U10	5,160,733	4.32	24,757	1.09	14,032	14,462	0.23	98,936	444,156
Indonesia-Rur	124,990,776	4.48	2,965	0.48	1,828	4,217	0.05	7,512	154,977
Indonesia-Rur-L90	120,940,409	4.53	2,709	0.47	1,683	3,932	0.05	6,239	133,912
Indonesia-Rur-Health	57,391,666	4.78	6,899	1.11	4,254	4,217	0.12	17,477	154,977
Indonesia-Rur-Health-L90	55,304,735	4.83	6,325	1.11	3,930	3,932	0.11	14,569	133,912
Indonesia-Rur-U10	4,050,367	3.33	8,608	0.50	5,024	10,032	0.11	35,492	371,448
Indonesia-Rur-Health-U10	2,086,931	3.70	18,546	1.09	10,824	10,032	0.23	76,470	371,448

[a] Mean Health = mean monthly household health expenditure.

[b] Mean Out Visit = mean monthly household episodes of outpatient service.

[c] Mean Cost Out = mean monthly household outpatient expenditure.

[d] Mean Cost Out(1) = mean cost of one outpatient unit of service.

[e] Mean In Visit = mean yearly household episodes of inpatient service.

[f] Mean Cost In = mean yearly household inpatient expenditure.

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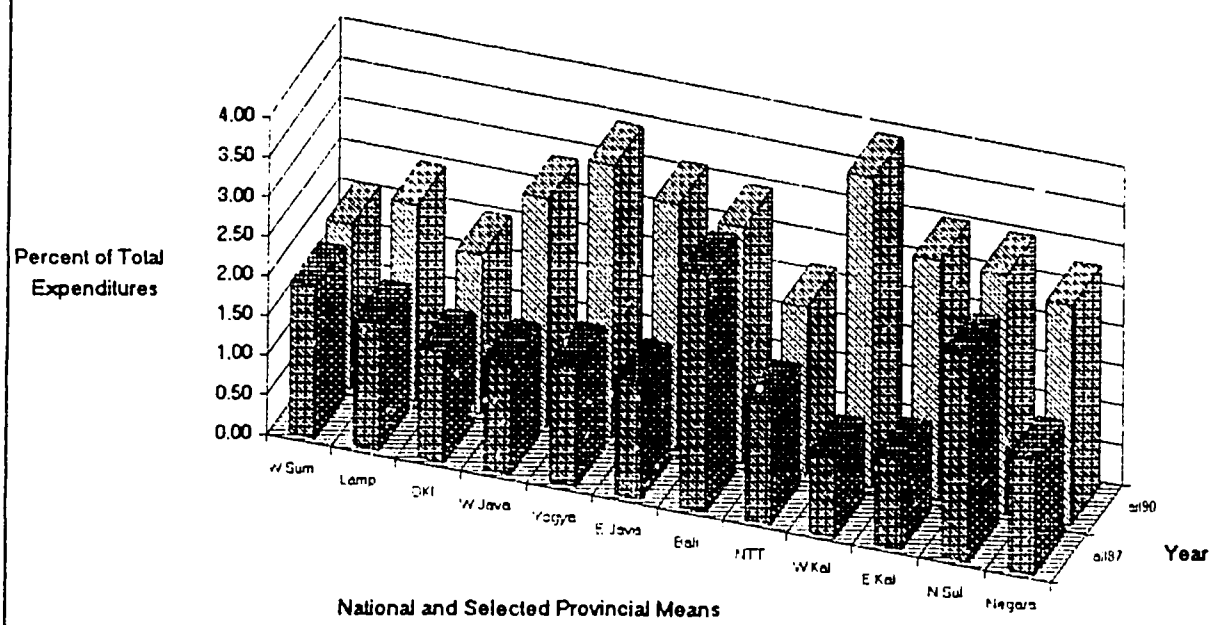
Figure III.1 1987, 1990 Provincial Health Expenditures as Percentage of Total Expenditures



CHAPTER 4
DISTRIBUTION OF 1987 AND 1990 PER CAPITA HEALTH EXPENDITURES

4.1 INTRODUCTION

It is important to understand the differences, if any, in the level of health expenditures among different income groupings. Health policy-makers may decide to exploit the income elasticity for the demand for health services to increase access to health service for lower income groups. As the previous chapter pointed out, there are large differences between the mean level of monthly household health expenditures of the lower 90 percent of the total household expenditure distribution and the upper 10 percent. As might be expected, there are also substantial differences among provinces and between urban and rural locations. The question becomes whether these differences can be exploited to set premium rates in such a manner as to allow the surplus collected from one income group to supplement the monies obtained from a lower one. That issue will be explored in greater depth in the chapter analyzing the JPKM Cross-Subsidy System.

The information from analyses of the SUSENAS surveys provided to the Social Finance staff will be useful to both national and provincial BUMDs. The data provide initial estimates of total and health expenditure distributions. The estimates will help the BUMDs to estimate the monies available to finance providers under the JPKM framework. In addition, health expenditure differences as revealed through stratifying by total expenditures suggest that the upper portion of the total expenditure distribution purchases health insurance under the JPKM framework at amounts sufficient to partially subsidize the purchase of health insurance for less affluent individuals.

4.2 ANALYSIS

The first set of analyses explored differences in the amount of total household health expenditures based on the overall distribution of health expenditures. 1987 and 1990 monthly household estimates were compared, as were differences between urban and rural locations. The results can be found in Tables 4.1 through 4.6.

The second set of analyses is stratified by the overall monthly distribution of total household expenditures (Tables 4.7 and 4.8). This provides the first glimpse of the effect of income on the purchase of health services. As in all preceding analysis, the results were provided to the Social Finance staff in both hard copy and on diskettes.

4.3 SUMMARY OF ANALYSIS RESULTS

In 1987, four provinces (East Timur, South Sulewesi, Maluku, and Irian Jaya) reported median monthly household expenditures of zero (Table 4.1). In 1990, only three provinces (NTT, South Kalimantan, and Central Sulewesi) reported median monthly household expenditures greater than zero (Table 4.4). It appears that over the three-year period between the surveys the number of households purchasing health services declined. The analyses do not account for changes in overall expenditures. However, the change from 1987 to 1990 suggests that households in 1990 either underreported health expenditures, were healthier, or had less disposable income, which is reflected by the decrease in health expenditures in the lower portions of the health expenditure distribution.

When the sample is stratified by urban and rural location of the household, differences emerge in the distribution pattern (Tables 4.2, 4.3, 4.5 and 4.6). For the most part, the upper portions of the health expenditure distribution occur in urban settings. In 1990, 1 percent of the rural households in Aceh spent

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over Rp.45,000, while in urban areas they spent Rp.91,666. These differences are not as great in the lower health expenditure categories.

As has been previously stated, health expenditures tend to be highly skewed in a positive direction. This means that most people have very few health expenditures while a few have many. Furthermore, of the few that get sick, even fewer actually incur what might be considered catastrophic losses.

The analysis suggests that as one moves through the health expenditure distribution, substantial differences by household locations do not emerge until the higher health expenditure households are reached. This makes sense because there are more affluent households with access to more expensive services in urban areas than in rural settings. It should also be noted that differences between household location emerge sooner in the less affluent provinces.

The next set of analyses looked at the distribution of per capita health expenditures (Tables 4.7 and 4.8). This time the analyses were stratified by total per capita expenditures rather than health expenditures. The median monthly health expenditure in 1987 is estimated to be Rp.486, representing approximately 1.4 percent of the individual's total monthly expenditures. By 1990 the average had increased to Rp.869 per month, representing approximately 2.8 percent of total monthly expenditures.

Evidence suggesting the national income elasticity of the demand for health services may be found in the last row in Tables 4.7 and 4.8. In 1987 the lowest 25 percent of the total monthly household expenditure distribution spent 1.55 percent of total expenditures on health services. The percentage increases until it reaches 2.4 percent for the upper 10 percent of the total expenditure distribution. The same pattern emerges in 1990. The lowest expenditure group spends 2.47 percent of total expenditures on health services while the upper group spends 2.85 percent. On the surface it appears that the lower portions of the expenditure distribution are spending more on health services in 1990 than in 1987. The difference between the high and low groups also appears to be decreasing. As with the results presented in previous chapters, more research needs to be conducted to determine the sources of these changes. Is social equity increasing in regards to purchase of health services or do provincial averages mask increasing urban/rural differences?

4.4 RECOMMENDATIONS

As mentioned in previous chapters, casual examination of the summary tables reveals variations in utilization and expenditure that should be investigated further. This would seem to be within the scope of activities of AKEK or LitBanKes.

As data from the JPKM enrollment and encounter forms are collected, it will be possible to repeat the analyses. If at all possible, income measures rather than household expenditures should provide the basis for additional stratifications.

Table 4.1

1987 Monthly Provincial Household Health Expenditures (Rp.)
for Different Health Expenditure Groups: ALL

	Health Expenditure Percentiles					
Province	25	50	75	90	95	99
Aceh	0.0	200.0	1700.0	5000.0	8000.0	36,000.0
N.Sumatra	0.0	200.0	1200.0	4400.0	7500.0	27,500.0
W.Sumatra	0.0	250.0	1500.0	6500.0	10,800.0	45,000.0
Riau	0.0	350.0	1650.0	4900.0	8500.0	26,000.0
Jambi	0.0	325.0	1000.0	3000.0	7000.0	20,000.0
S.Sumatra	0.0	400.0	1500.0	3000.0	6000.0	18,000.0
Bengkulu	0.0	150.0	1000.0	3000.0	5375.0	21,500.0
Lampung	0.0	250.0	1000.0	4200.0	7700.0	32,500.0
Jakarta	0.0	400.0	1500.0	7127.5	17,500.0	60,000.0
W.Java	0.0	250.0	1000.0	4500.0	9000.0	34,000.0
C.Java	0.0	250.0	700.0	3000.0	6625.0	26,100.0
Yogyakarta	12.5	350.0	1000.0	3000.0	6200.0	21,700.0
E.Java	0.0	275.0	1000.0	3500.0	7300.0	30,000.0
Bali	0.0	200.0	2050.0	7500.0	16,000.0	45,000.0
NTB	0.0	200.0	900.0	2500.0	5500.0	16,000.0
NTT	0.0	400.0	1500.0	4500.0	9500.0	30,500.0
E.Timur	0.0	0.0	0.0	1000.0	2000.0	5500.0
W.Kaliman	0.0	150.0	1500.0	3500.0	9000.0	23,000.0
C.Kaliman	0.0	250.0	750.0	2400.0	5000.0	26,000.0
S.Kaliman	200.0	500.0	1500.0	3000.0	5500.0	25,000.0
E.Kaliman	0.0	300.0	1000.0	3000.0	7000.0	30,750.0
N.Sulewesi	0.0	300.0	2000.0	7500.0	13,750.0	35,000.0
C.Sulewesi	0.0	500.0	1500.0	4000.0	7800.0	22,500.0
S.Sulewesi	0.0	0.0	700.0	2650.0	5000.0	12,500.0
SESulewesi	0.0	100.0	1000.0	3050.0	8500.0	29,000.0
Maluku	0.0	0.0	900.0	2750.0	5000.0	15,000.0
Irian Jaya	0.0	0.0	1000.0	5000.0	15,000.0	30,000.0

Table 4.2

1987 Monthly Provincial Household Health Expenditures (Rp.)
for Different Health Expenditure Groups: URBAN

Province	Health Expenditure Percentiles 25	50	75	90	95	99
Aceh	0.0	250.0	3000.0	9000.0	24,500.0	75,000.0
N.Sumatra	0.0	0.0	1500.0	6200.0	10,500.0	40,000.0
W.Sumatra	0.0	0.0	3000.0	14,000.0	30,000.0	75,000.0
Riau	0.0	650.0	3000.0	9600.0	15,000.0	50,000.0
Jambi	0.0	0.0	1500.0	6000.0	12,650.0	23,000.0
S.Sumatra	0.0	212.5	1000.0	3000.0	8000.0	21,000.0
Bengkulu	0.0	0.0	1500.0	13,500.0	16,350.0	46,000.0
Lampung	0.0	500.0	3000.0	6000.0	20,500.0	290,000.0
Jakarta	0.0	400.0	1500.0	7127.5	17,500.0	60,000.0
W.Java	0.0	500.0	2000.0	7350.0	15,000.0	56,500.0
C.Java	0.0	350.0	1350.0	6000.0	12,380.0	46,100.0
Yogyakarta	100.0	400.0	1000.0	5000.0	11,625.0	80,250.0
E.Java	0.0	500.0	2000.0	8000.0	16,550.0	61,750.0
Bali	0.0	200.0	2850.0	10,000.0	21,000.0	50,000.0
NTB	0.0	200.0	1175.0	6000.0	11,075.0	24,200.0
NTT	0.0	300.0	3000.0	11,000.0	21,000.0	66,500.0
W.Kaliman	0.0	500.0	3500.0	12,000.0	15,600.0	40,000.0
C.Kaliman	0.0	350.0	1500.0	5500.0	11,950.0	34,500.0
S.Kaliman	0.0	750.0	2000.0	5950.0	12,500.0	33,000.0
E.Kaliman	0.0	400.0	2500.0	7950.0	16,525.0	50,000.0
N.Sulewesi	0.0	0.0	2200.0	10,000.0	19,150.0	45,000.0
C.Sulewesi	0.0	500.0	2500.0	7800.0	10,000.0	60,000.0
S.Sulewesi	0.0	0.0	1250.0	5000.0	8000.0	20,000.0
SESulewesi	0.0	0.0	4000.0	14,000.0	22,350.0	35,000.0
Maluku	0.0	750.0	5000.0	7500.0	15,000.0	32,000.0
Irian Jaya	0.0	0.0	1500.0	14,700.0	20,000.0	40,000.0

Table 4.3

1987 Monthly Provincial Household Health Expenditures (Rp.)
for Different Health Expenditure Groups: RURAL

	Health Expenditure Percentiles					
Province	25	50	75	90	95	99
Aceh	0.0	200.0	1500.0	4000.0	6500.0	25,000.0
N.Sumatra	0.0	250.0	1000.0	3500.0	5100.0	20,000.0
W.Sumatra	0.0	250.0	1500.0	5000.0	8900.0	40,225.0
Riau	0.0	300.0	1000.0	3500.0	6000.0	23,000.0
Jambi	0.0	362.5	1000.0	2800.0	5000.0	12,500.0
S.Sumatra	0.0	500.0	1550.0	3000.0	5000.0	15,000.0
Bengkulu	0.0	200.0	900.0	2500.0	3600.0	7000.0
Lampung	0.0	250.0	1000.0	3050.0	6000.0	26,000.0
W.Java	0.0	200.0	875.0	3000.0	6000.0	20,900.0
C.Java	0.0	200.0	550.0	2000.0	4000.0	18,000.0
Yogyakarta	0.0	350.0	1000.0	2900.0	5300.0	16,450.0
E.Java	0.0	200.0	750.0	2275.0	4150.0	15,500.0
Bali	0.0	225.0	2000.0	6000.0	12,750.0	41,000.0
NTB	0.0	200.0	800.0	2000.0	3500.0	12,000.0
NTT	0.0	400.0	1200.0	3000.0	5000.0	16,500.0
E.Timur	0.0	0.0	0.0	1000.0	2000.0	5500.0
W.Kaliman	0.0	0.0	1000.0	2000.0	3000.0	7800.0
C.Kaliman	0.0	212.5	500.0	1000.0	3000.0	15,500.0
S.Kaliman	200.0	500.0	1100.0	2000.0	3500.0	14,000.0
E.Kaliman	0.0	300.0	1000.0	2100.0	4000.0	28,000.0
N.Sulewesi	0.0	400.0	2000.0	6500.0	11,750.0	31,000.0
C.Sulewesi	0.0	500.0	1500.0	3200.0	5000.0	21,000.0
S.Sulewesi	0.0	0.0	500.0	2000.0	3700.0	10,000.0
SESulewesi	0.0	200.0	1000.0	2000.0	5000.0	18,000.0
Maluku	0.0	0.0	500.0	2000.0	3500.0	5000.0
Irian Jaya	0.0	200.0	900.0	2500.0	3000.0	9000.0

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Table 4.4

1990 Monthly Provincial Household Health Expenditures (Rp.)
for Different Health Expenditure Groups: ALL

Province	Health Expenditure Percentiles 25	50	75	90	95	99
Aceh	0	0	2000	6000	12,000	54,333
N.Sumatra	0	0	2083	7000	14,000	50,000
W.Sumatra	0	0	1700	6000	14,000	50,000
Riau	0	0	2300	6200	11,500	35,000
Jambi	0	0	2500	7458	15,000	40,000
S.Sumatra	0	0	1408	6000	12,500	81,000
Bengkulu	0	0	2083	6500	12,500	54,166
Lampung	0	0	1500	6000	12,500	51,000
Jakarta	0	0	3500	16,666	28,400	89,000
W.Java	0	0	2000	7500	15,833	55,500
C.Java	0	0	1500	6000	12,000	44,800
Yogyakarta	0	0	1983	7466	16,666	60,583
E.Java	0	0	2000	6600	14,000	53,000
Bali	0	0	3000	10,333	18,100	50,000
NTB	0	0	658	3000	6166	25,000
NTT	0	166	1800	5750	10,250	27,583
E.Timur	0	0	300	1850	3333	34,500
W.Kaliman	0	0	2316	7250	15,800	85,000
C.Kaliman	0	0	1500	5000	8862	20,000
S.Kaliman	0	200	1500	3583	8000	35,000
E.Kaliman	0	0	2083	8333	20,833	79,166
N.Sulewesi	0	0	3000	9000	17,000	55,000
C.Sulewesi	0	200	3000	9166	15,500	77,500
S.Sulewesi	0	0	1183	5000	10,000	54,166
S.E.Sule	0	0	1666	5000	11,458	48,166
Maluku	0	0	2000	8000	15,000	29,083
Irian Jaya	0	0	1000	4708	10,416	41,666

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Table 4.5

1990 Monthly Provincial Household Health Expenditures (Rp.)
for Different Health Expenditure Groups: URBAN

	Health Expenditure Percentiles					
Province	25	50	75	90	95	99
Aceh	0.0	0.0	2000.0	10,000.0	20,000.0	91,666.0
W.Sumatra	0.0	0.0	1500.0	7750.0	20,458.0	47,500.0
Riau	0.0	0.0	3316.5	9124.5	15,125.0	40,000.0
Jambi	0.0	0.0	3633.0	9750.0	18,000.0	40,000.0
S.Sumatra	0.0	0.0	2500.0	13,083.0	30,000.0	81,000.0
Bengkulu	0.0	0.0	2749.5	12,000.0	36,458.0	58,333.0
Lampung	0.0	0.0	2500.0	12,000.0	21,666.0	75,000.0
Jakarta	0.0	0.0	3500.0	16,666.0	28,400.0	89,000.0
W.Java	0.0	0.0	4350.0	18,333.0	32,500.0	88,166.0
C.Java	0.0	0.0	2866.0	10,000.0	20,000.0	75,000.0
Yogy	0.0	0.0	2000.0	10,000.0	25,000.0	125,000.0
E.Java	0.0	400.0	3750.0	14,000.0	25,000.0	95,333.0
Bali	0.0	0.0	4666.5	15,000.0	26,250.0	87,500.0
NTB	0.0	0.0	683.0	4149.5	11,083.0	40,333.0
NTT	0.0	0.0	4116.5	10,625.0	15,275.0	42,500.0
E.Timur	0.0	0.0	550.0	3583.0	7083.0	34,500.0
W.Kali	0.0	337.5	8333.0	24,500.0	49,333.0	120,000.0
C.Kali	0.0	0.0	1500.0	5000.0	12,875.0	28,832.0
S.Kali	0.0	300.0	1500.0	5000.0	9000.0	21,416.0
E.Kali	0.0	1000.0	6916.0	25,000.0	45,000.0	132,500.0
N.Sule	0.0	0.0	3333.0	13,333.0	25,000.0	115,000.0
C.Sule	0.0	0.0	6000.0	17,500.0	37,000.0	77,500.0
S.Sule	0.0	0.0	2000.0	9875.0	20,208.0	90,000.0
S.E.Sule	0.0	0.0	4375.0	14,500.0	25,700.0	58,333.0
Maluku	0.0	0.0	5000.0	14,750.0	22,333.0	60,000.0
I. Jaya	0.0	0.0	2916.0	16,750.0	25,000.0	50,000.0

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Table 4.6

1990 Monthly Provincial Household Health Expenditures (Rp.)
for Different Health Expenditure Groups: RURAL

Province	Health Expenditure Percentiles 25	50	75	90	95	99
Aceh	0.0	0.0	2000.0	5600.0	9500.0	45,000.0
N.Sumatra	0.0	0.0	2083.0	7000.0	14,000.0	50,000.0
W.Sumatra	0.0	0.0	1750.0	6000.0	12,083.0	52,083.0
Riau	0.0	0.0	2000.0	5000.0	8800.0	28,000.0
Jambi	0.0	0.0	2000.0	6333.0	12,500.0	39,250.0
S.Sumatra	0.0	0.0	1200.0	5000.0	10,000.0	58,333.0
Bengkulu	0.0	0.0	2000.0	5000.0	9000.0	39,000.0
Lampung	0.0	0.0	1500.0	5000.0	10,000.0	34,166.0
W.Java	0.0	0.0	1666.0	5500.0	11,166.0	50,000.0
C.Java	0.0	0.0	1200.0	5000.0	10,000.0	37,000.0
Yogyakarta	0.0	0.0	1833.0	6350.0	15,000.0	50,000.0
E.Java	0.0	0.0	1500.0	5000.0	10,000.0	39,800.0
Bali	0.0	0.0	3000.0	9800.0	15,500.0	45,000.0
NTB	0.0	0.0	650.0	2725.0	5500.0	20,833.0
NTT	0.0	250.0	1600.0	4800.0	9000.0	27,583.0
E.Timur	0.0	0.0	300.0	1800.0	3000.0	35,000.0
W.Kaliman	0.0	0.0	2000.0	5000.0	11,833.0	42,583.0
C.Kaliman	0.0	0.0	1500.0	4500.0	7500.0	18,500.0
S.Kaliman	0.0	150.0	1500.0	3500.0	7583.0	47,000.0
E.Kaliman	0.0	0.0	1500.0	4625.0	8833.0	35,975.0
N.Sulewesi	0.0	250.0	3000.0	7500.0	14,583.0	50,000.0
C.Sulewesi	0.0	250.0	2300.0	6500.0	11,200.0	100,000.0
S.Sulewesi	0.0	0.0	1000.0	3750.0	7000.0	33,541.5
S.E.Sule	0.0	166.0	1500.0	3000.0	5333.0	22,175.0
Maluku	0.0	0.0	1250.0	5450.0	8416.5	16,300.0
Irian Jaya	0.0	0.0	700.0	2000.0	3500.0	10,000.0

Table 4.7

1987 Monthly Provincial Household Health Expenditures
for Different Total Expenditure Groups

Total Expenditures

Province	Health	exp	H%	H.25	Ex25	%25	H(50)	Ex50	%50
Aceh	554.50	24.20	1.31	619.68	26.22	1.37	807.37	30.60	1.62
N.Sum	536.76	26.19	1.39	596.20	28.53	1.45	719.97	33.83	1.38
W.Sum	742.62	28.51	1.92	785.88	29.76	1.99	958.87	34.19	2.23
Riau	400.69	26.57	1.03	421.74	27.45	1.08	552.87	32.40	1.37
Jambi	323.27	24.60	0.87	341.33	25.93	0.88	429.62	30.84	1.00
S.Suma	328.46	25.22	0.97	353.49	26.98	0.99	421.44	31.33	1.07
Bengkul	248.11	24.21	0.65	263.85	25.44	0.66	330.45	30.17	0.71
Lampun	447.67	20.57	1.60	551.49	24.16	1.74	739.77	31.11	1.77
Jakarta	851.36	51.35	1.39	851.36	51.35	1.39	863.82	52.00	1.40
W.Java	484.69	24.55	1.41	561.73	27.60	1.51	729.87	34.05	1.65
C.Java	471.81	19.04	1.59	624.72	23.21	1.87	946.12	30.31	2.27
Yogya	457.03	23.22	1.53	544.85	26.63	1.68	732.43	33.44	2.02
E.Java	473.44	22.36	1.48	593.68	26.66	1.66	820.14	33.89	1.96
Bali	827.59	23.86	3.00	928.06	27.04	2.94	1283.90	34.27	3.49
NTB	270.90	17.73	1.15	363.79	23.19	1.22	511.48	31.15	1.28
NTT	355.76	16.75	1.53	501.29	22.84	1.58	730.38	30.96	1.67
E.Timur	79.17	16.37	0.44	95.00	17.28	0.53	0.00	26.50	0.01
W.Kali	310.49	21.40	0.99	350.29	24.07	0.97	497.51	30.07	1.20
C.Kali	215.66	22.09	0.56	246.13	24.49	0.62	330.97	30.40	0.72
S.Kali	379.21	26.16	0.87	405.39	27.61	0.90	530.03	33.40	1.10
E.Kali	575.28	35.53	1.11	610.50	37.44	1.14	706.63	41.82	1.25
N.Sule	905.86	24.54	2.59	1030.9	27.14	2.75	1341.10	32.77	3.04
C.Sule	343.27	20.10	1.29	438.94	24.22	1.55	500.08	29.83	1.37
S.Sule	176.04	17.93	0.85	194.34	21.31	0.74	238.82	27.79	0.69
SESulei	283.50	15.41	1.48	401.01	20.72	1.67	442.33	26.80	1.31
Maluku	159.48	18.21	0.66	189.43	21.75	0.64	257.30	29.06	0.69
I.Jaya	407.17	24.54	1.34	528.26	32.66	1.24	690.19	40.70	1.36
Indonesi	485.65	24.14	1.44	580.27	27.96	1.55	765.83	34.85	1.72

Table 4.7 (cont.)

1987 Monthly Provincial Household Health Expenditures
for Different Total Expenditure Groups

Total Expenditures

Province	Heal(75)	Exp(75)	H%(75)	Heal(90)	Ex(90)	H%(90)
Aceh	1580.03	42.21	2.52	3445.33	59.68	4.17
N.Sumatra	1228.27	45.28	2.10	2254.44	65.04	3.04
W.Sumatra	1525.48	45.50	3.07	2017.34	62.92	2.89
Riau	775.52	44.40	1.49	994.39	61.98	1.43
Jambi	694.79	42.43	1.30	1178.70	60.52	1.80
S.Sumatra	589.74	43.77	1.20	512.89	63.35	0.67
Bengkulu	593.43	42.60	1.09	1065.49	63.22	1.50
Lampung	1289.10	45.85	2.05	2658.24	68.20	3.24
Jakarta	935.34	57.72	1.31	1300.31	75.42	1.48
W.Java	1079.54	46.28	1.85	1692.16	64.60	2.08
C.Java	1682.60	43.21	3.00	3868.70	63.05	5.90
Yogya	741.93	46.79	1.27	971.77	62.27	1.23
E.Java	1284.34	48.26	2.37	2046.93	72.42	2.91
Bali1	876.88	47.78	3.98	1791.56	69.31	2.48
NTB	867.58	45.31	1.76	828.70	67.71	0.90
NTT	1527.80	47.95	2.72	2381.66	73.23	2.34
E.Timur	0.00	34.00	0.01			
W.Kaliman	833.83	41.44	1.53	1739.18	59.92	2.48
C.Kaliman	504.66	40.20	1.02	788.38	56.10	1.22
S.Kaliman	788.00	43.81	1.41	1105.94	59.77	1.44
E.Kalimant	1002.19	52.69	1.64	1437.31	71.34	2.01
N.Sulewesi	2117.98	45.60	3.42	4273.65	66.40	4.92
C.Sulewesi	708.73	41.63	1.43	961.80	55.34	1.76
S.Sulewesi	261.53	37.47	0.51	368.36	51.99	0.42
SESule	645.36	38.25	1.50	837.83	57.21	1.28
Maluku	456.49	40.12	1.08	209.27	60.75	0.29
Irian Jaya	973.28	51.88	1.70	1408.30	68.26	2.05
Indonesia	1143.29	47.91	1.98	1821.20	68.31	2.40

Table 4.8

1990 Monthly Provincial Household Health Expenditures
for Different Total Expenditure Groups

Total Expenditures

Province	Health (Rp.)	Exp%	H%	Heal25 (Rp.)	E(25)%	%25	Heal50 (Rp.)	Ex50%	50
Aceh	929.20	31.31	2.97	1036.75	34.00	2.71	1272.61	40.94	2.80
N.Sumat	898.61	26.94	3.34	960.57	30.64	2.75	1287.02	37.56	3.19
W.Suma	713.96	34.54	2.07	794.46	37.60	2.13	963.06	44.64	2.33
Riau	614.21	40.41	1.52	637.21	41.85	1.20	730.88	46.79	1.26
Jambi	789.63	34.76	2.27	825.25	36.56	2.08	935.31	41.80	2.07
S.Sumat	1030.0	31.04	3.32	1108.54	34.95	3.26	1327.40	42.47	3.18
Bengkul	640.94	31.51	2.03	687.68	34.49	1.43	863.78	41.29	1.48
Lampun	639.39	25.86	2.47	842.22	31.86	2.20	1124.20	40.82	2.30
Jakarta	1396.7	69.90	2.00	1405.05	70.28	1.83	1445.80	72.07	1.86
W.Java	961.09	33.50	2.87	1083.72	37.44	2.60	1259.27	45.03	2.42
C.Java	805.64	24.90	3.24	1036.08	32.31	2.78	1496.72	42.27	3.38
Yogya	1345.3	39.17	3.43	1661.82	47.90	2.81	2289.39	62.72	3.16
E.Java	844.44	27.16	3.11	1071.13	33.31	2.57	1516.57	42.56	3.05
Bali	1021.4	34.42	2.97	1151.36	37.97	2.59	1359.55	43.76	2.69
NTB	499.73	24.25	2.06	725.68	31.82	1.77	1124.69	42.28	2.37
NTT	453.51	21.35	2.12	629.11	31.43	1.83	842.63	41.08	2.01
E.Timur	591.76	25.86	2.29	419.40	37.47	1.41	277.36	48.12	0.45
W.Kali	1216.5	31.08	3.91	1446.08	35.38	3.92	1666.17	43.14	3.57
C.Kali	379.42	33.41	1.14	410.22	36.10	0.96	470.60	41.94	0.95
S.Kali	581.06	33.92	1.71	641.68	36.57	1.36	738.17	41.23	1.41
E.Kali	1375.3	45.48	3.02	1445.77	47.27	2.14	1697.42	53.03	2.37
N.Sule	1009.4	33.70	2.99	1127.32	37.39	2.68	1276.18	42.27	2.70
C.Sulei	966.37	26.68	3.62	1267.94	32.30	3.84	1361.24	41.07	3.03
S.Sule	586.58	27.43	2.14	725.81	33.46	2.09	805.59	41.46	1.69
SESule	450.28	26.66	1.69	626.38	36.64	1.78	739.12	49.05	1.46
Maluku	516.75	31.80	1.62	633.27	37.63	1.37	796.47	44.42	1.56
I Jaya	528.68	29.68	1.78	779.17	41.43	1.97	782.36	50.75	1.10
Negara	869.39	31.40	2.77	1037.19	37.31	2.47	1300.28	46.05	2.56

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Table 4.8 (cont.)

1990 Monthly Provincial Household Health Expenditures
for Different Total Expenditure Groups

Total Expenditures

Province	Health(75) (Rp.)	Exp(75)%	H%(75)	Health(90) (Rp.)	Exp(90)%	H%(90)
Aceh	1730.94	56.99	2.41	3934.61	91.77	4.09
N.Sumatra	1887.55	52.30	3.49	2651.59	79.83	3.11
W.Sumatra	1035.77	59.38	1.89	1042.14	84.06	1.21
Riau	1010.27	59.68	1.51	1290.46	85.23	1.38
Jambi	1233.26	56.40	2.12	1205.52	80.77	1.42
S.Sumatra	1958.31	59.36	3.70	1704.04	88.89	1.82
Bengkulu	1342.82	57.64	1.47	2900.36	84.36	2.35
Lampung	1724.94	58.77	2.32	3517.57	85.02	4.06
Jakarta	1643.28	80.05	2.00	2031.32	101.93	2.01
W.Java	1848.90	61.93	2.74	2850.19	91.96	3.10
C.Java	2110.05	61.28	3.30	3139.91	94.61	3.28
Yogyakarta	3518.80	91.47	3.62	5301.78	130.17	4.36
E.Java	2477.84	60.12	3.95	3909.64	90.69	4.68
Bali	1900.02	58.32	2.85	3188.98	85.69	3.46
NTB	2223.97	64.84	3.96	1685.69	105.00	1.29
NTT	1051.45	59.83	1.76	1178.62	90.13	1.27
E.Timur	439.41	67.70	0.62	675.83	103.50	0.82
W.Kaliman	2693.76	60.17	4.62	2800.68	83.01	2.89
C.Kaliman	597.81	55.79	0.90	748.98	78.67	0.74
S.Kaliman	1071.97	55.53	1.56	1616.81	78.83	1.63
E.Kaliman	2381.94	66.85	2.87	3786.62	91.23	3.72
N.Sulewesi	1771.36	56.00	2.88	2591.28	84.32	2.74
C.Sulewesi	1633.70	55.64	2.37	2763.76	80.99	2.55
S.Sulewesi	1225.50	56.29	2.14	1220.19	79.61	1.44
SESulewesi	1095.15	73.20	1.68	1587.45	120.41	1.89
Maluku	1126.27	60.66	1.72	1435.22	86.62	1.39
Irian Jaya	1088.58	67.33	1.13	1775.03	95.78	1.41
Indonesia	1865.90	63.60	2.79	2677.57	93.35	2.85

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Figure IV.1 1987 Provincial Health Expenditures as Percentage of Total Expenditures by Total Expenditure Groups

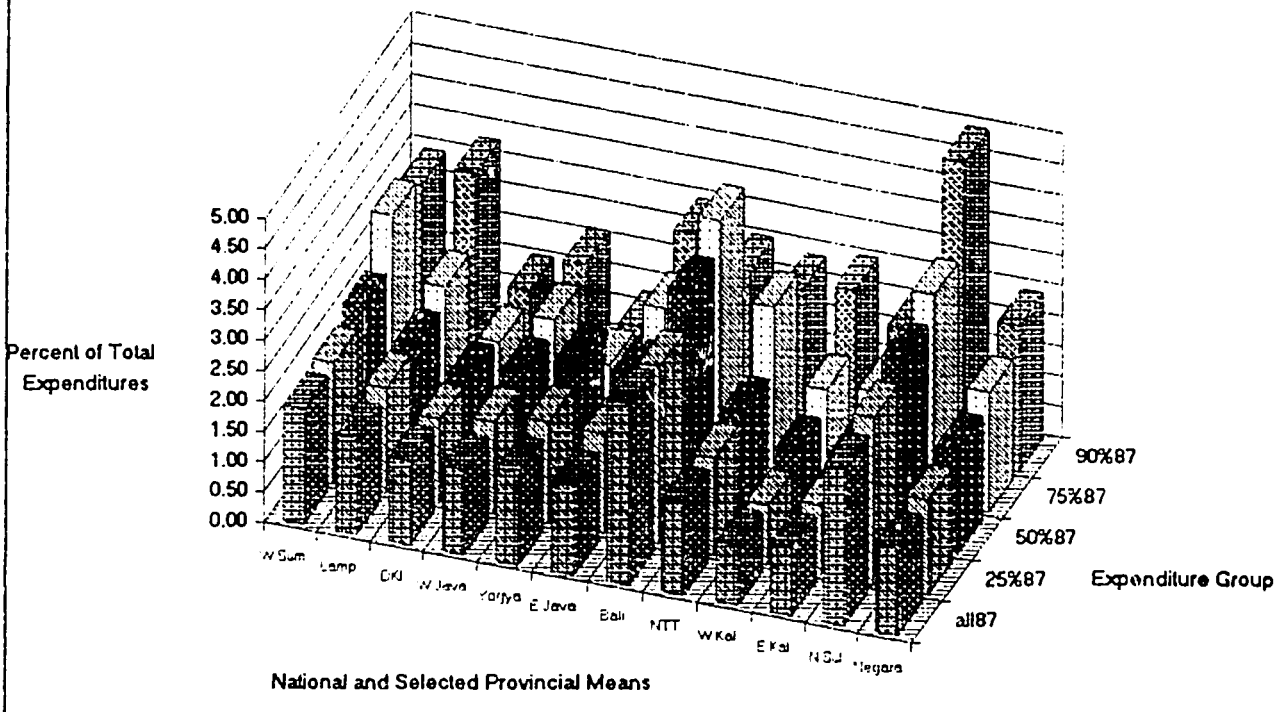
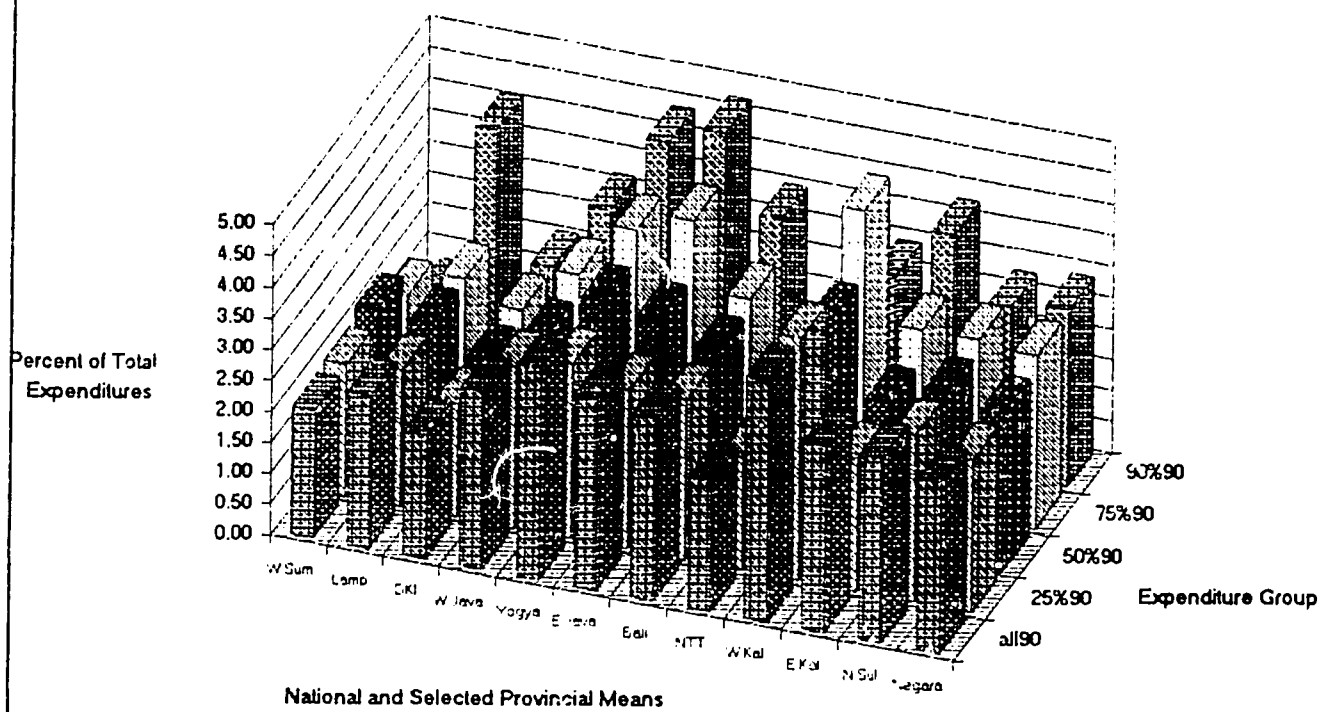


Figure IV.2 1990 Provincial Health Expenditures as Percentage of Total Expenditures by Total Expenditure Groups



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CHAPTER 5
THE SAINT CAROLUS PJPK PROGRAM

5.1 INTRODUCTION

Saint Carolus Hospital has operated a health plan for its employees for several years. Recently it has marketed the plan to other groups in the Jakarta area. There are plans to triple the number of enrollees during 1992. The plan provides inpatient care as well as outpatient services at five outreach clinics and the main hospital. There is a fairly well developed information system which tracks the program's utilization and expenditures. The Saint Carolus health plan has all the components of a program that could be offered under JPKM. Clearly, it provides many additional services beyond those that might be included in the BBP for JPKM (Paket Dasar).

The analysis of the data contained within the information system will generate estimates concerning the cost of providing services. The estimates will provide an upper bound in forecasting what the cost of providing a JPKM program might be in other locations. In addition, the data may be analyzed by diagnosis and the respective services provided during the course of treatment. The services can then be compared to those that might have been provided under a Structured Care program, and the cost savings can be estimated.

Saint Carolus hospital was approached for several reasons. It is one of the few programs of its kind in Indonesia and it possesses an information system that is capable of providing diagnostic charge data. Analysis of the utilization and charge data could provide an upper bound estimate of the costs and potential savings of implementing JPKM. While the PJPK information system has been providing the information to continue operations, its full potential has not been exploited. Once the potential is demonstrated in a relevant way, the PJPK staff should be able to incorporate the methodology into their continuing operations. The fact that Dr. Maryono, the hospital's innovative Director, is actively involved in the PJPK program, suggests that any useful techniques learned during the analyses will be continued into the future. Finally, the methodology developed during the process of analyzing the contents of the information system can be transferred to other potential JPKM programs allowing them to estimate the financial viability of their prospective plans.

5.2 PROGRAM JAMINAN PEMELIHARAAN KESEHATAN-SAINT CAROLUS

The Saint Carolus health plan allows almost unlimited use of inpatient services. Outpatient services are likewise comprehensive and are delivered at five outreach clinics as well as the main hospital. In the outpatient setting, plan members pay a Rp.3000 visit fee, and, in some instances, the cost of a referral to a plan specialist. Admission to the Saint Carolus hospital is covered for third class rooms. Anything above this is paid out of pocket by the patient.

During 1991, 7,379 individuals, of which 5,916 (80 percent) were from Saint Carolus, were at one time or another enrolled in the plan. They were from 11 different groups, made over 43,000 visits to the outpatient clinics, and were admitted to the hospital 935 times.

The data which form the basis of the information system are generated at the point of service delivery. In the outpatient setting, data are collected for each visit, and referral to a specialist, for hospital admission, for services or for drugs is provided. The various charge slips are then forwarded for data entry at the PJPK office based in the Saint Carolus hospital. Inpatient billing is handled by the hospital's regular staff, who in turn forward transaction data to the PJPK office. The office then analyzes the transactions to determine which portion should be paid for by the member.

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The PJPK program expenditure and utilization data are stored in the computers at the main office. The information system is written in Foxbase which is a Dbase language derivative. There are inpatient and outpatient files, in addition to a file that contains descriptive data of the plan's membership. Data from 1990 and 1991 were made available, and the 1991 data were selected for analysis because they contained the most recent charge and utilization information.

The outpatient data are separated into 11 main files. Six of the files are generated at the point of service delivery (i.e., family planning, prenatal and antenatal care, pediatric care, and general outpatient clinics). The records contain patient identifier fields as well as the diagnosis code and types of services delivered with their respective charges. In the case of drugs, there is another file linked by patient ID which contains the types, amounts and charges of the drugs provided. The remaining files contain the diagnoses and the names of the drugs or services delivered. The name files are linked to the transaction files by the code of service or drug delivered.

The inpatient data set is similarly arranged. There is an admission file which contains identifying fields; a transaction file which provides all the charge items going into the overall bill; a drug file and a service file linked by their respective codes, containing further detail of the services provided in the transaction file; and a diagnosis file which links to the admission file by a diagnostic code.

There are several additional files that may be linked to the inpatient and outpatient files. The main one contains membership data which include the monthly premium paid by the member. Other files contain information on the providers and various service delivery points.

The relational database structure, as found in the outpatient database, is quite adequate at this point in time. However, several general points need to be stressed. The contents of the files change over time as new drugs are incorporated into the formulary or new procedures are performed. There may also be increases in the prices charged for the drugs or services. When data are distributed over several files, it is important to be consistent in applying any changes. For instance, a patient with a diagnosis not recorded in the diagnosis file may be admitted to the hospital. Although there is a diagnosis recorded in the admission file, unless the diagnosis file has been updated, there will be no way to link the two files for the patient. A potentially more serious problem happens when prices change. Unless the files are updated, the charges will not reflect the changes in price.

Several problems were encountered during the analysis which should be mentioned. The first concerned the absence of a diagnosis for numerous outpatient records. It was pointed out that this was standard procedure in several of the clinics. For instance, women receiving prenatal care would not receive a diagnosis. A baby delivered in the hospital would likewise not receive a diagnosis. In the case of balitas (babies under five years old), no diagnosis is routinely provided. While there may be a certain homogeneity of services delivered to pregnant women, the same cannot be said of children receiving outpatient care. As the PJPK plan becomes more sophisticated and starts to actively structure services, it will become more important to collect more complete and accurate diagnostic data.

Problems were encountered in linking the inpatient and outpatient transaction files to files containing the names of diagnoses, procedures and drugs. Only after detailed review of the individual cases could it be determined whether the error was in the coding of the files or the addition of a new code. Error-checking procedures should be initiated that would prevent inputting of a code not found in the secondary files; then the inaccurate code may be corrected or the secondary files updated.

There are inconsistencies in the pricing of drugs provided to inpatients. The inpatient transaction file lists all the charges billed to the patient, some of which are for drugs. When these charges were linked to the

inpatient drug file and compared, differences emerged. In all cases the prices in the latter file were less than those found in the main transaction file. In some instances this might reflect increases in the price of drugs. At this point an interesting facet of the inpatient billing system came to light. As might be expected, different classes of hospital rooms are billed at different rates. What is unusual is that the price of drugs varies by class as well. The prices listed in the inpatient drug file are those prices associated with the delivery of the drugs to a patient in a third class room. It is plausible that the differences observed in the two files derive from this billing practice. However, PJPK staff noted that in some cases the prices had indeed changed, and the files had not been updated. Dr. Maryono is aware of the problem and has been working with the main hospital finance office to resolve it.

In the grand scheme of things, the problems just noted are not severe. The Saint Carolus billing department makes all the required calculations and informs the PJPK plan what portion the plan should reimburse and what portion must come out of the patient's pocket. Drugs make up a large portion of both inpatient and patient PJPK program costs; structuring of services will have an impact on reducing this amount. To the extent that the drug charge partially includes a delivery charge based on room class, the magnitude of cost saving will be overestimated in the inpatient setting. If it is important to the PJPK program to accurately estimate the program's inpatient cost, this billing practice should be modified.

Finally, some of the provider profiling analysis conducted suggested that there are variations in the amounts of services provided by physicians. These differences may be based on the medical severity of the physician's case mix or the physician's style of care. Determining which is the cause is the responsibility of quality assurance and utilization review mechanisms. Modification of provider behavior is the basis of increases in service quality and reduction of program cost brought on by the structuring of medical services. The effectiveness of the structuring of services is reduced dramatically when the link between the provider and patient is cut. Quality assurance and utilization mechanisms identify cases which fall outside of the style of care delivered at the institution. The process stops when it is impossible to identify which physician treated which patient. Currently, only specialists are required to provide a physician code with the transaction slip. While specialist care is more costly per visit, there are many more visits to the general outpatient clinics. Structuring the care provided in the general outpatient setting, then, has the greatest potential to improve the care of the most people while lowering system costs.

In the inpatient setting the transaction file provides the codes of physicians providing the patient's care. It is unclear who the main physician is. Likewise, with the exception of Saint Carolus-based specialty care, it is impossible to identify the patient's physician. As the PJPK plan becomes more precise in the structuring of its services, it is very important to identify the physician providing patient care.

The initial database review and construction of derived files required for subsequent analysis pointed out several potential problems within the Saint Carolus PJPK information system. The lack of a diagnosis or indication of the physician providing service restricts the ability of program analysts to provide relevant information to managerial or medical decision-makers. The mixing of room costs into commodity costs complicates the estimation of program costs. In addition, there needs to be more attention paid to the continual and consistent updating of the information system's charge and diagnosis files.

5.3 ANALYSIS

The data analysis was conducted using SAS version 6.04 on a 80486 portable computer. The raw 1991 Dbase files were obtained from the PJPK office. These were then converted into SAS files prior to the initiation of the analysis. Generally, the analyses focused on either inpatient or outpatient setting.

However, the last series took charge and utilization data from both settings and merged them with PJPK membership files to develop actuarial estimates of different companies' utilization. It should be noted that, in all but the Saint Carolus group, the numbers were too small to provide any reasonable basis for extrapolation. The methodology employed is generic in that it may be used in other potential JPKM settings.

Contents of the individual files were obtained and frequencies for values within each variable described. Missing values and inappropriate values analyses were conducted and results discussed with JPKM staff numerous times prior to further analyses.

The next set of analyses focused on outpatient care. The data were stratified by type of service (i.e., family planning or general outpatient). In addition, specialist care was controlled for a subsequent analysis. The outpatient file included variables listing patient diagnosis, total charges, drug charges, specialist fees, number of prescriptions, and the amount charged for medical procedures (tindakan, rujukan). Statistics estimating the means and sums of the variables were generated. Tables were then produced with different diagnoses ranked in descending order by different variables. For instance, the 25 most common diagnoses reported were the most costly ones. The inpatient analyses concerning cost and utilization were conducted in a similar fashion.

The identification of the 25 most common inpatient and outpatient diagnoses was used as a basis for an analysis of the drugs prescribed within each diagnostic group. Inpatient transaction, service and drug name files were merged to produce a listing of the top 25 drugs prescribed for each of the diagnoses. In a similar fashion, tables were then compiled from the outpatient files. While structured medical care guidelines have yet to be applied to the diagnoses, a cursory review reveals that large amounts of antibiotics and vitamin C and B complex are routinely provided. The vitamins may not be expensive, but the quantities involved suggest that there are potentially substantial savings involved, if the PJPK plan decides to eliminate them from the benefit package. The same pattern of excessive antibiotic use also suggests potential cost savings. At this point in time the data are being reviewed, and further analysis will be conducted to estimate the savings from the structuring of medical services.

The next set of analyses involved the merging of inpatient, outpatient and PJKM membership files to produce one file. The file was then analyzed to provide estimates of the various groups' utilization. The data were stratified by group, age, and sex. In addition, overall PJPK utilization was analyzed by service type and location of service.

It should be noted that an ongoing dialogue with PJPK staff facilitated and directed the analysis of the PJPK utilization and charge data. Ibu Mursamsini provided useful explanations of the contents of the information system and suggested analyses that would be the most useful to the program. The data analysts were very patient in providing the data files and further explanation of their content.

The source code of the analysis has been provided to the staff. The derived files which have formed the basis of the analysis have been translated back into Dbase and presented to the staff on diskette. In this way they will be able to follow-up on future lines of analysis suggested by the results of the current activity. In anticipation of membership growth, the PJPK plan expects to expand its computational abilities in the near future. Most of the increase will be in the form of faster machines with increased storage capability. One of the limitations currently facing the PJPK staff is a severe shortage of hard disk capacity. The absence of space makes it quite tedious to conduct analyses requiring multiple file merges (i.e., developing actuarial estimates of individual group members' risks). Presently there are continuing discussions with the PJPK staff on how to best transfer the analytic methodologies developed during the consultancy and adapt them to either small or large disk storage environments.

5.4 RESULTS

During 1991, 7,379 individuals from 11 different groups were at one time or another enrolled in the plan. Summary results may be found in Table 5.1.

5.4.1 INPATIENT

The average inpatient charge (including out-of-pocket) for an average 5.86-day length of stay (LOS) was Rp.427,828, of which Rp.95,952 (22 percent) was for drugs. On average the patient paid about Rp.20,000 out-of-pocket for each visit. It is interesting to note that while the LOS for inpatients requiring surgery is less than for those not requiring surgery (5.33 days compared to 5.96), the average surgical patient paid 2.85 times more than the non-surgical patient (Rp.908,966 to Rp.318,715). There were 146 live births (deliveries) from 147 admissions (births). It also appears that newborns stay in the hospital an average of about a day and a half longer than their mothers.

A normal delivery was the most common inpatient diagnosis for members of the PJPK plan (Table 5.2). It should be noted that there is a discrepancy between the numbers associated with a diagnosis and the previous inpatient analysis. In the former the type of admission was stratified by a variable classifying the admission as either birth, delivery or sickness. The current analysis is based on the presence of a diagnosis. While both analyses report 146 live births, there are only 112 Partus Normal (normal delivery) diagnoses compared to the 147 suggested in the first analysis. The difference is probably found within the missing diagnosis category. If identifying the missing patients is deemed important, the PJPK staff can go back and compare the patient ID numbers in the two files analyzed.

The discrepancy in the number of pregnancies highlights a problem with the inpatient data. Of the 935 inpatient admissions in 1991, 128 (14 percent) did not have a diagnosis recorded. This is after a mechanical adjustment to include normal delivery, a diagnosis not normally recorded. Discussions with the PJPK staff revealed that a number of the missing diagnoses were from November and December admissions and have yet to be fully entered in the information system. It is important to know what the inpatient diagnosis is so that charge and utilization data might be properly analyzed. For instance, in the case of the missing diagnosis category the average hospitalization cost Rp.610,527. Only four other diagnoses on average cost more (appendicitis, hernia, fibroids and another missing diagnosis category). The first three usually involve surgery. The last category (Missing Diagnosis 1) is the one in which there was a diagnostic code present in the admission file but not in the inpatient diagnosis file. Again, it must be stressed that the inconsistencies are minor and should not denigrate the overall usefulness and accuracy of the information system.

Gastroenteritis, tonsilitis, typhoid, and fevers not associated with a common cold make up 137 admissions (15 percent) and 807 patient bed days. While typhoid may require hospitalization, the other diagnoses, depending on their severity, have the potential to be managed in an outpatient setting. Tonsilitis may be an exception if it is determined the tonsils should be removed. The analysis of the most common inpatient diagnoses is useful in that it provides the basis for further analysis into the style of care practiced under the PJPK plan.

When examining the 25 most expensive diagnoses, in terms of total cost, one would expect that the numbers of admissions to be highly correlated to the overall cost. This is the case for the PJPK admissions. Appendicitis, while the eleventh most common diagnosis, is the fifth most expensive in terms of total cost. Likewise, one patient with metastatic cancer was admitted to the hospital four times at an overall cost of Rp.11,811,269. This underscores the effect that one high-cost patient can have on the overall costs of the program.

The top 25 inpatient diagnoses based on LOS were reported. It is interesting to note that Dengue, while ninth in overall admissions, accounts for the seventh greatest number of bed days.

The top 25 diagnoses in terms of overall drug costs were also calculated. Not surprisingly, the metastatic cancer case required a significant amount of drugs.

5.4.2 OUTPATIENT

The utilization and charges associated with outpatient visits were calculated in a similar fashion (Table 5.3). Upper Respiratory infections make up 8,281 (19 percent) of the 43,006 visits, with an average cost of Rp.11,849. Drugs make up 66 percent of the total. Almost 5,000 of the missing diagnosis category come from the Saint Carolus Outpatient Specialty Clinics. This is reflected in the high mean rujukan, tindakan, and consultant charges. There were 2,319 balita visits reflecting a number of well baby visits for immunizations and check-ups.

There were 43,006 visits to the outpatient clinics in 1991, with an average charge of Rp.14,546. Drugs make up about half of the outpatient charge. Approximately 8 percent of visits involved specialist care and cost about Rp.15,000 more than non-specialist visits. There were 37,355 (87 percent) visits to the general outpatient clinic. The Ujiumum clinic received some 539 visits with a mean cost of Rp.68,879. It is interesting to note that the charges for what might be considered preventive care (prenatal, antenatal and balita) are quite low, a little above Rp.4,500.

As might be expected, the large number of Upper Respiratory Infection cases made it the second most costly diagnoses after the missing diagnosis category. Skin infection is the sixth most costly diagnosis, followed by high blood pressure.

The outpatient utilization file was also ranked in terms of overall drug, rujukan, tindakan, and consultant costs. The large number of Upper Respiratory Infections ensured that it ranked at or near the top. Interestingly, Dental Care ranked second after missing diagnosis in terms of overall tindakan.

Another analysis focused on outpatient utilization by location of service (Table 5.5). There are five balkesmas (outreach clinics) within the PJPK program. In addition, members receive outpatient specialist care and emergency room services at the Saint Carolus hospital. The Paseban clinic treats the largest number of cases (31,853, or 74 percent), and the Cijantung clinic and the Cengkareng clinic the least (174). It is interesting to note that for the three locations other than Paseban, the mean cost for an outpatient visit is around Rp.9,000, while at Paseban it is Rp.12,658. The relatively high drug cost per visit (Rp.6,593) probably accounts for most of the difference. The percentage of visits which result in a prescription range from 91 percent at Cengkareng to 74 percent at the outpatient specialist clinic. Even though only 82 percent of the Paseban patients receive prescriptions, it appears that they are for more expensive drugs than prescribed at the other clinics. The one exception to this is outpatient specialist care. While they provide, on a percentage basis, the lowest number of prescriptions, the prescriptions that they do dispense average Rp.15,389. The cost of a consultant visit is Rp.3,000, an emergency visit costs Rp.10,000 and an outpatient specialist charges Rp.7,500. The numbers are reflected when observing the mean consultant charges at the respective locations. Finally, as may be expected, the mean tindakan and rujukan charges are much greater for emergency care and outpatient specialist care.

The outpatient data were analyzed to estimate utilization and charges by type of services provided. General outpatient care provided the vast number of visits (25,340, or 59 percent) with an average cost of Rp.12,923 per visit. The table reveals that preventive services are less expensive compared to the services for respiratory problems and ujiumum.

Another set of analyses focused on the care provided by the Saint Carolus-based outpatient specialists. The data reflect the utilization and charges for each specialist. There has been no adjustment for case mix or the number of days during 1991 that the physician provided care to PJPK members, so the results of this set of analyses must be carefully interpreted. A medical record review would be required before any educational program based on the findings is initiated.

5.4.3 DRUG UTILIZATION

The next set of analyses involved examining drug usage in the 25 most common inpatient and outpatient diagnoses. These analyses may be found in the appendices.

5.4.4 PHYSICIAN PROFILES

Table 5.6 reveals that Doctors B2 and I2 combined saw 1,329 patients last year. On average they charged roughly Rp.7,500 for their visits. Doctor B2's average visit cost was Rp.17,271 while Doctor I2's cost Rp.27,320. The difference is almost totally explained by the differences in prescribing patterns. Dr. B2 prescribes drugs 61 percent of the time for an average of Rp.4,843, while the other doctor prescribes drugs 97 percent of the time for an average charge of Rp.18,974. From the data here, we do not know what the average charge for those patients receiving drugs might be in a structured care environment after adjusting for the specialty of the physician and the acuity of their respective case loads. The data are available on line, if the staff of PJPK feel that it is worth pursuing. The utilization and cost of outpatient specialist care was then ranked by total visit cost, total drug cost, total rujukan and total tindakan cost. The results are presented in the appendices.

5.4.5 MEMBERSHIP UTILIZATION

The next set of analyses took summary data from the inpatient and outpatient files and merged them with identifying variables in the membership files. It should be noted that the 7,379 people in the membership file do not represent the total number of members currently enrolled, but rather the number of people who were enrolled at one time during 1991. This means that a person who left the program in January 1991 would be included in the file but not be a current member. The membership file contains the date of birth. Since the analysis stratifies by age group, the age of each member was calculated from June 15, 1991. It would be more accurate to represent the age at the point of service. However, the file utilized for these analyses has one record per member with different variables indicating the frequencies, means and amounts spent in different outpatient settings. If one was to use a file where every record represented a transaction then the age at the point of transaction could be recorded. This would expand the file from a little over 7,000 records to almost 44,000, and the file would be too large to analyze given the current computers available to PJPK. The effect of the age rounding can be found in cases where the age group is over five but there is a balita visit recorded.

The first set of analyses examined the inpatient and outpatient utilization of the PJPK plan stratified by the companies who have purchased the plan. At a later date, these data will be linked to the premium received from each particular company to determine the profitability of the current premium structure. As can be seen, Saint Carolus employees and their dependents make up the vast majority of the PJPK membership (80 percent). They consumed 879 hospital admissions (94 percent), 34,763 BPU visits (93 percent), 530 Ujiumum visits (98 percent), 1,114 family planning visits (98 percent), 1,443 prenatal visits (95 percent), 2,257 Balita visits (97 percent) and 121 antenatal visits (97 percent). To a large extent, this high utilization replicates studies in the U.S. which show that health service utilization is much higher for health workers and their dependents then the general population. It would be interesting

to see relative utilization rates between Saint Carolus employees and other groups stratified by care at Saint Carolus outpatient clinics and outreach clinics.

Even though Saint Carolus employees and their dependents consume the largest amount of the PJPK services, their utilization rates, when adjusted for the number of members, are comparable to other groups. For example, 15 percent of Saint Carolus members were admitted to the hospital in 1991, another group with 108 members had a contact rate of 17 percent. There was even one group of three that was admitted four times to the hospital. On the other hand, there was one company of 541 who had no hospital visits. To be more accurate, this analysis might be weighted by membership days. For instance, the 541-member group may have joined the plan in November 1991, while the group of 108 may have been with PJPK the entire year. For the exploratory purposes of these analyses, this degree of inaccuracy is tolerable. However, weighting by membership days should be employed, if the purpose of the analysis is to set premium rates.

The last set of analysis looked at inpatient and outpatient utilization and costs stratified in a number of ways. This provides the first attempt at determining the actuarial basis for estimating the impact of the JPKM program. In addition, the results here, cautiously interpreted, will allow the staff at PJPK to adjust premium rates and set rates for new companies joining the plan.

The membership was stratified overall by age, by sex, and by sex and age combined. These calculations were then performed for each group participating in the plan. To be sure, in many instances there are not enough observations in some cells to have any degree of confidence in the utilization and cost rates. There are probably enough cases to differentiate utilization by sex for the entire plan, but there are not enough members over 65 to derive useful estimates. Again, it cannot be overstated that this population in all likelihood is not representative of the general population. However, it may be more representative of how an urban population consumes health services which for all intents and purposes is free.

The reader is urged to refer to the appendices for a more complete picture of utilization. The utilization and cost estimates stratified by age and by sex will be reviewed here.

The PJPK plan in 1991 had 2,780 (38 percent) male members and 4,599 (62 percent) female members. The women accounted for 77 percent of the admissions. After adjusting for pregnancy, the percentage of total admissions drops to 61 percent. On average, each male member visited the BPU clinic 6.8 times in 1991, while each female member visited 7.62 times. The average male who went to the BPU accounted for Rp.104,122 in BPU charges while the average female accounted for Rp.114,209. There were several family planning, prenatal and antenatal visits incorrectly recorded for males. The sources for the potential errors are being explored by PJPK staff. It is interesting to note that the contact rate for baby girls is a little higher than baby boys. A baby boy on average had 2.08 balita visits during the year compared to 2.51 visits for baby girls.

There were only 31 PJPK members over 65 in 1991. As such, it is very difficult to extrapolate from their utilization of health services. The number of members that are under five years old is 1,206 (16 percent), while 2,458 (20 percent) are between 5 and 14 years old, 4,315 (58 percent) are between 15 and 49 years old, and 370 (5 percent) are between 49 and 65 years old. It is interesting to note that the average amount paid for inpatient care for the 5-14 year olds and the 15-49 year olds is around Rp.570,000. For balitas, the average amount paid is around Rp.353,276, reflecting the low cost of a normal delivery. As might be expected, the older age group (49-65 years old) on average paid Rp.862,165 per admission, or 1.5 times what the non-balita younger members paid. In examining the BPU contact rates the 'U' shaped utilization curve is seen, indicating that the young and the old utilize

more health services than those members in their middle ages. Interestingly enough, the oldest members' utilization rate is almost half that of the 14-65 year old group.

5.5 DISCUSSION

The analysis of the Saint Carolus PJPK Information system has revealed a system that is currently able to handle the operational requirements of the PJPK program. There are minor errors that can be corrected with minimal amounts of effort. The information system is well designed, as evidenced by the relative ease (after several coding changes) in which the files were merged, and the present analyses conducted.

The data in the information system answered questions concerning the utilization and charges associated with treating different groups of PJPK plan members in both inpatient and outpatient settings. The system provides all the data necessary to initiate the development of actuarial tables for the plan. The precision of the estimates will of course increase with the growth of the program. At present they provide first approximations as to the feasibility of fine tuning existing premiums or rating the risk of future group members.

Analysis of costs and utilization of different inpatient and outpatient diagnostic groups reveals that several diagnoses make up a great percentage of cases stratified either by prevalence or cost. This provides the basis of targeting certain diagnostic groups for further analysis. One such analysis examined drug usage within common diagnostic groups. Preliminary discussions suggest that the application of standards of care to these diagnostic groups will have the effect of improving the technical quality of the services delivered while lowering aggregate cost through the substantial reduction of inappropriate drug prescriptions.

5.6 CONCLUSION AND RECOMMENDATIONS

Analysis of treatment costs in different locations of service delivery points to differences in styles of care. Further work is required to separate case mix from style of care effects. The present data set does not allow for the determination of case severity. A medical audit focusing on several common diagnoses could provide such information. Variation in style of medical care should be reduced through the introduction of Standards of Care. With HSFP support, the Indonesian Doctor's Association has developed standard treatment protocols for a number of diagnoses. As they are finalized and disseminated to the medical community, the standards should be applied to the PJPK.

The data sets provided to PJPK staff on HSFP PIO/SF staff have been structured in a manner to facilitate analysis of the potential cost savings derived from the introduction of Standards of Care. The inpatient and outpatient files contain diagnosis data as well as procedure and drug charges involved in treatment. It will be possible to list appropriate drugs and procedures derived from the Standards of Care. The list can then be compared to actual practice. The cost of those procedures and drugs not on the approved list may be calculated to achieve a first approximation of the cost savings associated with the introduction of Standards of Care.

The Indonesian Doctor's Association's Standards of Care are still being finalized and have yet to be widely disseminated. The consultant, lacking a medical degree, did not feel qualified to develop lists of approved procedures and drugs for different diagnoses and apply them to the data. As a result, cost savings derived from the introduction of Standards of Care or the costing of different benefit packages was not attempted. Once the Standards of Care have been operationalized into lists of approved

procedures and drugs, the uncompleted calculations may easily be conducted based on the data sets provided to Saint Carolus and Social Finance staff.

Table 5.1

1991 PJPK Utilization

	Visits	Mean Total Charge	Mean Drug Charge	Total Charges	Total Drug Charges
Total Outpatient	43,006	14,546	7,715	625,571,003	327,623,390
without specialist	39,743	13,379	7,700	531,719,883	301,857,988
with specialist	3,263	28,762	7,896	93,851,120	25,765,402
BPU	37,355	15,094	8,461	563,843,012	316,063,621
Ujiumum	539	68,879	NA	37,125,550	NA
KB	1,142	3,654	2,801	4,172,804	3,199,015
Hamil	1,526	5,731	2,222	8,745,271	3,390,571
Balita	2,319	4,802	2,035	11,136,401	4,718,518
Nifas	125	4,384	2,013	547,965	251,665
Total Inpatient	935	427,878	95,952	400,018,880	89,714,843
without surgery	794	343,492	75,062	272,732,423	59,598,982
with surgey	141	902,741	213,588	127,286,457	30,115,861
Birth	147	124,588	20,865	18,314,463	3,067,096
Delivery	146	323,860	63,649	47,283,555	9,292,797
Sick	642	520,905	120,491	334,420,862	77,354,950

MEANS

	Rujukan	Tindakan	Rx	Karcis	Consult
Total Outpatient	1,156	979	0.81	569	3,464
without specialist	0	981	0.82	560	3,404
with specialist	15,040	954	0.74	685	4,192
BPU	1,278	995	0.81	423	3,937
Ujiumum	NA	NA	NA	NA	NA
KB	76	NA	0.93	769	8
Hamil	707	339	0.80	2,463	0
Balita	78	1,185	0.81	1,497	7
Nifas	28	0	0.37	2,342	0

TOTALS

	Rujukan	Tindakan	RX	Karcis	Consult
Total Outpatient	49,076,338	40,451,799	34,415	24,184,245	147,109,681
without specialist	0	37,354,619	31,997	21,950,045	133,431,681
with specialist	49,076,338	3,097,180	2,418	2,234,200	13,678,000
BPU	47,725,888	37,185,899	30,217	15,783,423	147,084,181
Ujiumum	NA	NA	NA	NA	NA
KB	86,800	NA	1,060	877,989	9,000
Hamil	1,078,950	517,950	1,225	3,757,800	0
Balita	181,200	2,747,950	1,867	3,472,233	16,500
Nifas	3,500	0	46	292,800	0

Table 5.1 (cont.)

1991 PJPK Utilization

PJPK Inpatient Program

	MEANS			TOTALS		
	LOS	Charges	Drugs	SLOS	Charges	Drugs
Total Inpatient	5.86	407,726	94,200	5,482	381,223,741	88,077,059
without surgery	5.96	318,715	73,518	4,730	253,059,558	58,373,137
with surgey	5.33	908,966	210,666	752	128,164,183	29,703,922
Birth	5.37	120,614	20,537	789	17,730,213	3,018,909
Delivery	3.98	304,565	61,487	581	44,466,558	8,977,157
Sick	6.40	496,927	118,506	4,112	319,026,970	76,080,993

Table 5.2

1991 25 Most Common Admission Diagnoses: PJPK

Diagnosis	Admits	LOS	MEANS PJPK Paid	PJPK+Pat	PJPK Drug	PJPK+Pat Drug
Normal Delivery	146	5.10	107,400	113,157	18,236	18,515
Missing Diagnosis	128	6.35	569,547	610,527	145,727	147,857
Partus Normal	112	3.55	205,731	230,904	35,145	37,186
Colitis, Enteritis, Gastroenteritis	49	5.20	239,316	243,944	49,945	51,272
Tonsil Kronik	32	2.53	512,864	500,184	88,002	89,620
Typhoid and Paratyphoid Fever	30	9.20	471,141	495,704	125,000	126,360
Febris e/c Ignota Common Cold	26	7.50	382,223	394,915	86,943	88,357
Viremia	24	4.75	225,387	216,692	41,721	42,429
Dengue Haemorrhagic Fever (DHF)	23	6.65	381,332	394,673	75,370	76,601
Infeksi Viral	22	5.32	314,663	328,297	53,726	54,058
Bronchopneumoni	17	7.88	396,532	328,330	100,377	103,378
Appendicitis	16	4.56	924,624	995,320	255,097	258,954
Icterus Neonatorum	11	4.18	95,682	97,354	9,300	9,690
Hernia Inguinalis, Scrotalis	9	2.56	752,394	706,088	144,203	146,124
Abortus Imminens	8	5.50	252,082	360,167	40,674	42,859
Abortus Spontan/Complitus	8	2.75	357,582	314,098	52,541	54,565
Bronchitis	7	5.14	263,551	296,038	68,992	72,705
Fibroadenoma Mamae	7	2.86	713,253	692,938	115,021	116,886
U T I	7	6.71	403,958	452,801	95,864	96,559
Asthma Brochiale, Status Asthmaticus	6	6.83	301,650	320,586	59,581	59,982
Commotio Cerebri	6	3.67	198,648	143,917	43,959	44,584
Diarrhea/Enteretis	6	7.67	191,192	220,305	34,751	35,960
Gastritis	6	6.17	450,464	449,601	97,183	97,519
I.U.F.D (Intra Uterin Fetal Death) Suspec	6	3.67	366,235	311,810	66,760	66,760
Missing Diagnosis 1	6	7.33	711,509	678,767	192,704	192,263

Table 5.2 (cont.)

1991 25 Most Common Admission Diagnoses: PJPK

Diagnosis	TOTALS PJPK Paid	PJPK+Pat	PJPK Drug	PJPK+Pat Drug
Normal Delivery	15,680,411	16,520,902	2,662,466	2,703,193
Missing Diagnosis	72,901,984	78,147,426	18,653,030	18,925,695
Partus Normal	23,041,900	25,861,271	3,936,213	4,164,875
Colitis, Enteritis, Gastroenteritis	11,726,474	11,953,250	2,447,327	2,512,332
Tonsil Kronik	16,411,652	16,005,874	2,816,060	2,867,841
Typhoid and Paratyphoid Fever	14,134,232	14,871,109	3,750,003	3,790,798
Febris e/c Ignota Common Cold	9,937,801	10,267,783	2,260,521	2,297,275
Viremia	5,409,277	5,200,605	1,001,296	1,018,284
Dengue Haemorrhagic Fever (DHF)	8,770,644	9,077,471	1,733,515	1,761,830
Infeksi Viral	6,922,594	7,222,543	1,181,970	1,189,285
Bronchopneumoni	6,741,046	5,581,615	1,706,406	1,757,422
Appendicitis	14,793,990	15,925,124	4,081,550	4,143,265
Icterus Neonatorum	1,052,504	1,070,892	102,295	106,595
Hernia Snguinalis, Scrotalis	6,771,545	6,354,790	1,297,825	1,315,115
Abortus Imminens	2,016,653	2,881,339	325,388	342,870
Abortus Spontan/Complitus	2,860,658	2,512,784	420,327	436,518
Bronchitis	1,844,857	2,072,263	482,945	508,936
Fibroadenoma Mamae	4,992,769	4,850,566	805,144	818,201
U T I	2,827,706	3,169,604	671,048	675,914
Asthma Brochiale, Status Asthmaticus	1,809,897	1,923,513	357,483	359,889
Commotio Cerebri	1,191,890	863,502	263,751	267,501
Diarrhea/Enteretis	1,147,154	1,321,829	208,505	215,762
Gastritis	2,702,786	2,697,607	583,095	585,113
I.U.F.D (Intra Uterin Fetal Death) Suspec	2,197,412	1,870,862	400,562	400,562
Missing Diagnosis 1	4,269,054	4,072,599	1,156,225	1,153,575

Table 5.3

1991 25 Most Common Outpatient Diagnoses: PJPK

MEANS

Diagnosis	Visits	Total	Drugs	Rujukan	Tindakan	RX	Karcis	Consult
Peny Saluran Pernapasan	8,218	11,840	7,778	450	33	0.97	500	3,005
Missing Diagnosis	5,444	27,543	14,916	2,573	2,576	0.73	63	7,282
Peny Lain Sal. Pernapasan	3,549	12,080	7,820	617	37	0.97	499	2,998
Balita	2,319	4,802	2,035	78	1,185	0.81	1,497	7
Peny Lain Sus. Sysraf	2,197	14,566	6,825	2,740	178	0.95	502	2,996
Peny Kulit & Jaringan Bawah Kulit	2,108	11,615	7,520	177	67	0.91	500	2,999
Caries Dental	1,687	8,473	624	129	4,182	0.12	520	3,019
Hamil	1,526	5,731	2,222	707	339	0.80	2,463	0
Lain - Lain Dari Yang Lain	1,383	20,289	14,143	2,479	136	0.72	499	3,001
Peny Lain Pencernaan	1,313	12,137	7,541	673	26	0.97	499	2,997
KB	1,142	3,654	2,801	76	NA	0.93	769	8
Penyakit Tekanan Darah Tinggi	842	22,217	17,132	417	12	0.97	499	3,000
Pulpitis: Acute, Chronic	737	7,664	958	34	3,126	0.31	519	3,028
Nikrosis/Gangren Pulpa	687	8,204	1,072	95	3,523	0.26	518	2,996
Asma	560	15,313	9,818	1,134	109	0.93	508	3,008
Diare	536	11,044	7,199	345	0	0.98	500	3,000
Observasi Febris	470	11,995	5,790	2,614	92	0.88	499	3,000
Penyakit Pada Saluran Kencing	378	19,179	9,557	3,985	115	0.85	500	2,994
Infeksi Peny Yang Lain	367	9,649	5,809	340	0	0.95	500	3,000
Conyungtivities	356	10,228	6,459	123	0	0.92	500	3,000
Kel Yang Lain Kandungan	327	11,268	5,390	2,145	233	0.65	500	3,000
Penyakit Pada Telinga Dan Mast	306	11,095	5,583	125	0	0.66	500	2,991
Periodontitis Apikalis	302	9,837	4,309	205	1,820	0.69	511	2,992
Febris e/c Ignota Common Cold	298	22,156	5,947	4,480	1,725	0.71	121	9,883
Check Up/ Konsultasi/TAA	290	18,673	10,808	4,008	357	0.57	500	3,000

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Table 5.3 (cont.)

1991 25 Most Common Outpatient Diagnoses: PJPK

TOTALS

Diagnosis	Drug	Rujukan	Tindakan	RX	Karcis	Consultant
Peny Saluran Pernapasan	63,823,245	3,694,200	270,000	7,994	4,106,100	24,661,700
Missing Diagnosis	80,965,098	13,965,660	13,982,710	3,966	343,760	39,529,378
Peny Lain Sal.Pernapasan	27,699,872	2,184,450	130,400	3,444	1,769,100	10,619,900
Balita	4,718,518	181,200	2,747,950	1,867	3,472,233	16,500
Peny Lain Sus.Sysraf	14,647,473	5,879,501	381,100	2,042	1,077,503	6,429,800
Peny Kulit & Jaringan Bawah Kulit	15,746,342	370,100	140,500	1,895	1,046,000	6,280,000
Caries Dental	1,052,016	217,600	7,054,500	207	877,400	5,093,000
Hamil	3,390,571	1,078,950	517,950	1,225	3,757,800	0
Lain - Lain Dari Yang Lain	19,545,977	3,426,200	188,450	992	689,855	4,146,750
Peny Lain Pencernaan	9,826,371	877,515	34,152	1,268	650,700	3,905,300
KB	3,199,015	86,800	na	1,060	877,989	9,000
Penyakit Tekanan Darah Tinggi	14,133,747	343,850	9,600	802	411,500	2,475,000
Pulpitis: Acute, Chronic,	705,809	25,000	2,304,037	227	382,200	2,231,300
Nikrosis/Gangren Pulpa	736,781	65,000	2,420,500	179	355,900	2,058,000
Asma	5,429,287	626,850	60,400	512	281,000	1,663,500
Diare	3,858,672	184,900	0	525	268,000	1,608,000
Observasi Febris	2,721,501	1,228,356	43,450	414	234,500	1,410,000
Penyakit Pada Saluran Kencing	3,459,559	1,442,456	41,750	309	181,000	1,084,000
Infeksi Peny Yang Lain	2,131,991	124,850	0	350	183,500	1,101,000
Conyungtivities	2,292,839	43,750	0	327	177,500	1,065,000
Kel Yang Lain Kandungan	1,762,561	701,550	76,100	211	163,500	981,000
Penyakit Pada Telinga Dan Mast	1,652,525	37,100	0	196	148,000	885,300
Periodontitis Apikalis	1,301,460	62,000	549,500	209	154,450	903,500
Febris e/c Ignota Common Cold	1,772,353	1,335,100	514,000	211	36,000	2,945,000
Check Up/Konsultasi/TAA	3,134,399	1,162,350	103,500	165	145,000	870,000

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Table 5.4

Summary 1991 PJPK Cost and Utilization Statistics by Group: Totals

Grp	En-rolled	Hos: JPKM	Hos: Total	Hos Rx: JPKM	Hos Rx: Total	Admit	BPU Cost	BPU Drug	BPU Consult	BPU Visit
01	5,916	352,988,641	372,030,794	81,093,918	82,657,645	879	524,350,781	292,478,311	137,116,881	34,763
02	108	6,802,204	7,945,335	1,429,326	1,480,029	18	8,831,776	4,880,611	2,448,800	653
03	140	8,579,959	6,273,741	2,447,019	2,437,970	12	13,334,945	8,721,592	2,900,000	717
04	3	784,801	816,301	117,877	117,877	4	179,613	60,613	48,500	10
05	75	3,811,366	4,455,236	716,439	738,150	9	5,152,739	3,001,039	1,447,500	364
06	2	0	0	0	0	0	325,158	274,158	48,000	10
07	20	295,582	185,332	87,727	87,727	1	625,773	303,173	222,000	68
08	504	7,775,378	8,048,037	2,172,446	2,182,922	10	6,456,610	3,126,157	1,889,000	477
09	25	0	0	0	0	0	308,696	217,196	79,500	25
10	541	0	0	0	0	0	3,973,949	2,862,649	790,000	242
11	46	0	0	0	0	0	292,540	134,690	88,000	24

Grp	En-rolled	Uji Cost	Uji Visit	KB Cost	KB Drug	KB Con-sult	KB Visit	Hamil Cost	Hamil Drug	Hamil Visit
01	5,916	36,423,550	530	4,090,791	3,138,752	9,000	1,114	8,252,766	3,216,066	1,443
02	108	471,000	6	73,913	57,663	0	21	383,530	136,530	66
03	140	231,000	3	0	0	0	0	0	0	0
04	3	0	0	0	0	0	0	41,510	17,010	9
05	75	0	0	0	0	0	0	0	0	0
06	2	0	0	0	0	0	0	0	0	0
07	20	0	0	8,100	2,600	0	7	0	0	0
08	504	0	0	0	0	0	0	44,825	13,825	6
09	25	0	0	0	0	0	0	0	0	0
10	541	0	0	0	0	0	0	22,640	7,140	2
11	46	0	0	0	0	0	0	0	0	0

Grp	En-rolled	Balita Cost	Balita Drug	Balita Consult	Nifas Visit	Nifas Cost	Nifas Drug	Nifas Visit
01	5,916	10,774,605	4,532,222	16,500	2,257	535,965	251,665	121
02	108	292,935	157,435	0	52	9,500	0	3
03	140	0	0	0	0	0	0	0
04	3	0	0	0	0	2,500	0	1
05	75	18,209	10,209	0	3	0	0	0
06	2	0	0	0	0	0	0	0
07	20	0	0	0	0	0	0	0
08	504	0	0	0	0	0	0	0
09	25	0	0	0	0	0	0	0
10	541	0	0	0	0	0	0	0
11	46	0	0	0	0	0	0	0

Table 5.4 (cont.)

Summary 1991 PJPK Cost and Utilization Statisitics by Group: Means

Grp	En-rolled	Hos: JPKM	Hos: Total	Hos Rx: JPKM	Hos Rx: Total	Admit	BPU Cost	BPU Drug	BPU Con-sult	BPU Visit
01	5916	59,667	62,886	13,708	13,972	0.15	88,633	49,439	23,177	6
02	108	62,983	73,568	13,235	13,704	0.17	81,776	45,191	22,674	6
03	140	61,285	44,812	17,479	17,414	0.09	95,250	62,297	20,714	5
04	3	261,600	272,100	39,292	39,292	1.33	59,871	20,204	16,167	3
05	75	50,818	59,403	9,553	9,842	0.12	68,703	40,014	19,300	5
06	2	0	0	0	0	0.00	162,579	137,079	24,000	5
07	20	14,779	9,267	4,386	4,386	0.05	31,289	15,159	11,100	3
08	504	15,427	15,968	4,310	4,331	0.02	12,811	6,203	3,748	1
09	25	0	0	0	0	0.00	12,348	8,688	3,180	1
10	541	0	0	0	0	0.00	7,346	5,291	1,460	0
11	46	0	0	0	0	0.00	6,360	2,928	1,913	1

Grp	En-rolled	Uji Cost	Uji Visit	KB Cost	KB Drug	KB Con-sult	KB Visit	Hamil Cost	Hamil Drug	Hamil Visit
01	5916	6,157	0.09	691	531	2	0.19	1,395	544	0.24
02	108	4,361	0.06	684	534	0	0.19	3,551	1,264	0.61
03	140	1,650	0.02	0	0	0	0.00	0	0	0.00
04	3	0	0.00	0	0	0	0.00	13,837	5,670	3.00
05	75	0	0.00	0	0	0	0.00	0	0	0.00
06	2	0	0.00	0	0	0	0.00	0	0	0.00
07	20	0	0.00	405	130	0	0.35	0	0	0.00
08	504	0	0.00	0	0	0	0.00	89	27	0.01
09	25	0	0.00	0	0	0	0.00	0	0	0.00
10	541	0	0.00	0	0	0	0.00	42	13	0.00
11	46	0	0.00	0	0	0	0.00	0	0	0.00

Grp	Enrolled	Balita Cost	Balita Drug	Balita Consult	Balita Visit	Nifas Cost	Nifas Drug	Nifas Visit
01	5916	1,821	766	3	0.38	91	43	0.02
02	108	2,712	1,458	0	0.48	88	0	0.03
03	140	0	0	0	0.00	0	0	0.00
04	3	0	0	0	0.00	833	0	0.33
05	75	243	136	0	0.04	0	0	0.00
06	2	0	0	0	0.00	0	0	0.00
07	20	0	0	0	0.00	0	0	0.00
08	504	0	0	0	0.00	0	0	0.00
09	25	0	0	0	0.00	0	0	0.00
10	541	0	0	0	0.00	0	0	0.00
11	46	0	0	0	0.00	0	0	0.00

Table 5.5

1991 PJPK Outpatient Cost and Utilization Statistics by Delivery Site

MEANS

LOC	Visits	Cost	Drug	KON	DX	BRUJ	MINDA
Paseban	31,853	12,658	6,935	2,566	0.82	859	664
Cijantung	1,816	9,032	5,273	2,577	0.90	190	503
Kenden	1,131	9,292	4,790	2,588	0.79	382	1,102
Tranjung Priok	1,271	9,941	5,420	2,668	0.84	867	444
Cengkareng	174	9,272	5,446	2,989	0.91	103	236
Emergency	1,737	22,841	6,593	9,827	0.80	3,917	2,356
Specialist	4,949	27,797	15,389	7,623	0.74	2,718	2,040

SUMS

LOC	Visits	Cost	Drug	KON	DX	BRUJ	TINDA
Paseban	31,853	403,206,271	217,154,406	80,348,603	25,638	26,910,028	20,186,389
Cijantung	1,816	16,402,255	9,575,105	4,679,500	1,630	345,150	869,800
Kenden	1,131	10,509,800	5,417,250	2,926,500	898	432,050	1,159,500
Tranjung Priok	1,271	12,635,356	6,888,256	3,391,000	1,066	1,101,700	545,100
Cengkareng	174	1,613,374	947,524	520,000	159	17,850	41,000
Emergency	1,737	39,67[illegible],835	11,452,085	17,069,000	1,382	6,803,450	4,092,800
Specialist	4,949	137,568,201	76,160,353	37,724,078	3,637	13,450,110	10,097,210

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Table 5.6

1991 PJPK Outpatient Specialist Cost and Utilization Statistics by Number of Visits

		MEANS					TOTALS					
MD	Visit	Cost	Drug	DX	BRUJ	TINDA	Cost	Drug	KON	DX	BRUJ	TINDA
B2	754	17,271	4,843	0.61	313	4,620	13,021,973	3,651,573	5,643,000	461	236,150	3,483,250
I2	575	27,320	18,974	0.97	786	49	15,709,267	10,910,038	4,317,129	556	452,100	28,000
J7	305	20,971	10,495	0.47	1,714	1,252	6,396,105	3,201,106	2,260,099	144	522,900	382,000
E9	293	20,285	9,954	0.52	2,410	447	5,943,368	2,916,468	2,182,500	151	706,000	130,900
C1	291	23,981	16,487	0.90	12	10	6,978,411	4,797,611	2,173,500	261	3,500	2,800
N3	238	40,563	31,227	0.88	1,338	494	9,654,019	7,432,019	1,778,500	209	318,500	117,500
J6	227	40,516	25,660	0.93	6,173	1,183	9,197,027	5,824,727	1,702,500	210	1,401,300	268,500
G2	215	23,281	14,300	0.67	1,481	0	5,005,507	3,074,507	1,612,500	144	318,500	0
F5	146	20,577	12,456	0.83	621	0	3,004,257	1,818,557	1,095,000	121	90,700	0
F6	134	31,222	18,049	0.81	4,397	1,276	4,183,808	2,418,558	1,005,000	109	589,250	171,000
O1	114	28,208	20,410	1.01	297	0	3,215,669	2,326,769	847,500	115	33,900	0
A6	105	26,669	11,199	0.68	7,765	205	2,800,289	1,175,939	787,500	71	815,350	21,500
A4	102	31,473	12,938	0.84	9,769	1,266	3,210,263	1,319,663	765,000	86	996,450	129,150
N2	100	38,530	25,815	0.84	3,191	2,025	3,853,036	2,581,486	742,500	84	319,050	202,500
AB	99	59,026	46,720	0.92	4,785	61	5,843,563	4,625,313	730,500	91	473,750	6,000
E1	95	18,114	4,760	0.36	4,917	937	1,720,877	452,227	705,000	34	467,150	89,000
G3	94	21,436	9,304	0.83	4,631	0	2,014,963	874,613	705,000	78	435,350	0
G4	91	26,568	13,480	0.88	5,319	242	2,417,696	1,226,696	685,000	80	484,000	22,000
F3	90	21,077	7,790	0.64	4,214	1,573	1,896,914	701,064	675,000	58	379,250	141,600
M6	90	45,621	4,737	0.40	133	30,106	4,105,928	426,328	958,100	36	12,000	2,709,500
J5	79	65,161	55,703	0.86	1,350	608	5,147,693	4,400,543	570,000	68	106,650	48,000
E5	70	41,581	16,876	0.90	13,748	3,457	2,910,686	1,181,336	525,000	63	962,350	242,000
F4	69	24,666	12,969	0.78	3,168	1,029	1,701,967	894,857	502,500	54	218,610	71,000
E8	57	45,071	30,855	0.88	6,716	0	2,569,028	1,758,728	427,500	50	382,800	0
A8	55	46,832	27,906	0.95	9,372	2,055	2,575,764	1,534,814	412,500	52	515,450	113,000
A7	45	35,635	15,995	0.60	12,140	0	1,603,571	719,771	337,500	27	546,300	0
M7	42	23,429	0	0.00	119	11,464	984,000	0	497,500	0	5,000	481,500
L2	40	31,433	18,333	0.93	5,600	0	1,257,318	733,318	300,000	37	224,000	0
M4	39	14,974	63	0.03	256	8,205	583,971	2,471	251,500	1	10,000	320,000
G1	37	24,541	14,230	0.95	2,811	0	908,012	526,512	277,500	35	104,000	0
L1	29	22,092	11,661	0.83	2,931	0	640,674	338,174	217,500	24	85,000	0
M8	29	22,120	1,318	0.10	672	3,241	641,475	38,225	489,750	3	19,500	94,000
P1	27	38,202	5,972	0.67	19,917	4,813	1,031,450	161,250	195,000	18	537,750	129,950
N1	24	21,037	8,145	0.63	5,142	250	504,891	195,491	180,000	15	123,400	6,000
EA	19	27,204	14,230	0.47	5,474	0	516,870	270,370	142,500	9	104,000	0
F7	18	49,890	37,812	0.83	269	1,531	898,024	680,614	185,000	15	4,850	27,560
M5	16	10,849	224	0.06	0	2,063	173,578	3,578	137,000	1	0	33,000
AA	12	23,265	13,882	1.00	1,883	0	279,179	166,579	90,000	12	22,600	0
AC	12	22,503	11,628	0.50	3,375	0	270,035	139,535	90,000	6	40,500	0
A3	11	26,091	8,182	0.82	10,409	0	287,005	90,005	82,500	9	114,500	0
A2	10	9,930	2,430	0.70	0	0	99,302	24,302	75,000	7	0	0
E3	10	32,065	4,840	0.40	6,675	13,050	320,649	48,399	75,000	4	66,750	130,500
5G	7	3,064	1,000	0.71	0	1,357	21,450	7,000	0	5	0	9,500
J1	6	10,038	2,538	0.50	0	0	60,229	15,229	45,000	3	0	0
P2	5	51,534	44,034	1.20	0	0	257,668	220,168	37,500	6	0	0
AD	4	59,395	37,145	1.00	14,750	0	237,581	148,581	30,000	4	59,000	0
O2	4	16,576	9,076	1.00	0	0	66,304	36,304	30,000	4	0	0

CHAPTER 6
THE JPKM CROSS SUBSIDY PROGRAM

6.1 INTRODUCTION

In order to begin to understand the cost implications of the JPKM Cross Subsidy Program, the distribution of household health expenditures, both within and between provinces, must be described. Understanding the expenditure distribution is important because health expenditures are not normally distributed across the population (i.e., most households spend very little and a few have catastrophic levels of expenditures). Any premium set for a JPKM scheme will by definition make some households pay more and others less than they are currently spending on health care. However, the exposure to risk for the population covered as a whole will be reduced, thereby increasing social welfare. In addition to being aware of the amount spent on health services, it is crucial to understand the pattern of service utilization underlying the expenditure totals. While the demography and epidemiology of the population have a large effect on health care utilization patterns, current medical practice (both at the individual and institutional levels) may have an even larger one. It should be noted that the data available at a provincial level to the consultant are based on facility utilization and not by disease. When disease level utilization and cost data become available, they will be included in the model. Analysis of utilization patterns may provide the start to understanding the basis of provincial differences in health care expenditures. By estimating the amount and distribution of household expenditures as well as utilization patterns at provincial and national levels, policy-makers and BUMD officials will have an idea of the funds currently available to the program and the extent to which funds may be shifted between provinces.

The tables generated from the analysis of SUSENAS data were combined to create a series of spreadsheets model estimating the equity and financial impact of several different health financing strategies, two of which involve removing the upper 10 percent of the income households from the potential risk pool. The upper 10 percent of household income distribution is used as a proxy for those employed in the formal sector who would be involved in any compulsory employment-based insurance plan. To the extent that the upper 10 percent of the population includes households from the non-formal sector, the estimates of the impact of removing the households from the general population will be biased upwards. Two baseline scenarios are developed in which the government pays a Rp.400 or Rp.800 per capita fee to enroll the entire population. The impact of a wage-based insurance plan as well as three different iterations of a JPKM plan is then compared to the baselines. While a wage-based insurance plan reduces government expenditure requirements, it does not adequately address equity issues. In terms of equity and reducing government expenditures, the JPKM Cross Subsidy plan reviewed best meets stated government policy goals.

The purpose of Chapter 6 is to provide several examples of how the JPKM Cross-Subsidy model may be used to explore implications in coverage levels. Variables such as premium level, population coverage, and economic groups included may all be manipulated to obtain estimates of monies available to programs under the JPKM framework.

6.2 METHODOLOGY

In a perfect world many types of information and analyses could be employed to reduce the uncertainty of supply and demand responses to the introduction of a JPKM framework for providing health care. In the current situation very little is available. The most that can be accomplished is to describe the monies that are currently being expended on health services and the utilization rates associated with different health facilities. From this information one can then describe the monies available to finance JPKM and how it might vary across provinces, urban or rural location or economic strata. The

information from the Saint Carolus PJPK will give insights into health service utilization of a population facing a very low price for health care, as well as the monies required to provide the care.

The 1990 SUSENAS was examined to obtain national and provincial estimates of health expenditures and utilization. The information was obtained from individual level responses. As such, it was possible to stratify by age, sex, and the provincial urban/rural residence of the individual. In some cases the observations were stratified by the economic status of the individual's household. The results of the SUSENAS analyses have been briefly described in previous chapters.

The first question to be addressed pertains to how much people spend on health services and how that varies between provinces. The analysis revealed that the average Indonesian spent almost Rp.820 on health care per month during 1990. Some provinces had much higher averages while others were considerably lower. The analysis also revealed that the distribution of health expenditures was positively skewed with a small kurtosis. This is to be expected, as most individuals reported no health expenditures during the recall period. The majority of those with nonzero health expenditures spend very little (on average Rp.1750/month), with a few incurring catastrophic expenses. The differences in provincial and individual levels of health expenditures provide the basis for the first estimate of the economic viability of a JPKM program.

How much money is available to the JPKM program? A conservative answer might be, "all the money that was reported". It then becomes a question of the administrative feasibility of collecting fees from the vast majority who reported very small expenditures. The highly skewed health expenditure distribution provides one possible answer. The goal of any collection activity is to maximize the monies received subject to eligibility rules. For the purposes of the analyses, it was decided that no individual would contribute more than he or she reported in the SUSENAS. In addition, if the premium fee was greater than the individual reported even though the individual reported a nonzero expenditure, the individual would pay zero. As the premium fee increased, the number of people paying that amount would decrease, but the total collected would still increase to the extent that the increased premium fee could offset the losses that result from the increased number of people no longer able to pay the fee. A point will be reached where an additional increase in premium fee will result in decreasing the total amount collected. This point and the total amount received was then recorded. As might be expected, there are a number of local maxima fee amounts. The analysis reported the first one reached.

One may question whether or not revenue maximization should be the goal of premium setting under the JPKM framework. Perhaps the application of public finance methodologies might yield another premium level that would lead to an improvement in social welfare. Time and data constraints directed the present methodology. At a later date, if different premium levels are chosen, the present model can easily be modified to take the new values into account.

To the extent that the demand for health is income elastic, those provinces with higher per capita incomes would be expected to have higher premium fees under the scheme just described. This was indeed the case. In order to maximize the funds available to the JPKM National Program, different fees would be collected from each province. At this point in the analysis it was suggested that it would be much more equitable to charge the same premium across the country. The analysis was changed to determine the level of the premium fee universally charged that would maximize the funds available to the national program. As might be expected, the amount recovered under the universal charge constraint was less than what was obtained by maximizing at the provincial level.

The unequal distribution of health expenditures across provinces meant that, under the universal premium fee program, some provinces would have proportionately more people able to pay the premium than

others. This leads to differences in the per capita coverage for which the collected premium fees would be able to provide. Another decision was made to explore the effects of redistributing the premium fee revenues across provinces to achieve the same per capita coverage. The new policy has the effect of moving resources from the more affluent provinces to those not so affluent. In a sense, the inter-provincial reallocation of JPKM resources may be viewed in terms of the more affluent provinces subsidizing the less affluent provinces in order to increase overall social equity.

Up until now we have been interested in the setting up of a universal premium fee to maximize funds available to the JPKM program, and determining the magnitude of fund reallocation required to achieve equal per capita coverage across the country. However, the calculations are based only on those people with positive health expenditures. In many instances over half of the province's population failed to report outpatient expenditures in the preceding month and inpatient expenditures during the past year. The non-reporters could easily have used services in another period. It was decided to include the people who had zero health expenditures in to the JPKM program. This was done by assuming that the zero health expenditures group would have the same distribution of health expenditures as the positive expenditures group had they indeed purchased health services. The same proportion of individuals falling above or below the premium cutoff point would be the same in both groups. The assumption hinges on the similarity of income and health status of the two groups. The effect of bringing the zero health expenditure group into the JPKM program is to double the funds that are available to finance care. This would double the per capita coverage because the funds collected from the eligible non zero health expenditures group had previously been spread over the entire population.

The examination of utilization rates stratified by age and sex may provide the basis for a risk profile in the absence of epidemiologic information. The 1990 SUSENAS was analyzed to estimate utilization rates for different types of health services. The data were obtained from the individual records previously described. It is possible to obtain not only utilization rates but also the amount paid to receive the services. To the extent that age and sex may serve as proxies for diagnoses, the stratification of utilization may partially explain variation in service delivery costs related to intensity of services associated with diagnosis.

The utilization data linked to service delivery charges are useful for several reasons. When covering a new population, a JPKM approved provider will usually not have any health utilization history of the group. The information is critical in assessing the potential risk to the provider of extending health coverage to the population. In the absence of more detailed or recent data, the 1990 SUSENAS provides a reasonable place to start.

The data were stratified by province, urban/rural status, and the age and sex of the individual. The age groups were broken into 5-year intervals covering 20 strata. Four major types of health service utilization were examined. Outpatient care over the preceding month was reported, as well as utilization and charges associated with pregnancy over the same period of time. Inpatient care and the costs of delivery over the course of one year was reported. Four locations of service delivery for outpatient and prenatal care were analyzed. Services included visits to a hospital outpatient clinic, health center, practical doctor, or other. The locations for care associated with delivery were the same with bidan replacing practical doctors and an additional category of delivery at home. Inpatient care was delivered in the hospital.

The construction of the questionnaire allowed the individual to report more than one visit over the period in question. However, only the total charges for the type of care was recorded. For those individuals reporting, for instance, an outpatient visit to a practical doctor and to a health center, it is impossible to assign a cost to either of the visits. Fortunately, there are very few instances of more than one visit

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within a type of health care. When calculating mean expenditure charges for different health services, all cases with more than one visit were excluded. There may also be a question concerning the allocation of charges among different types of health services. For instance, a woman might report the charges associated with an inpatient stay. On the other hand, if that stay was child birth it might also be recorded in the "delivery" category of care. For now it is assumed that this does not happen often.

The utilization and charge estimates will allow a potential provider, in the absence of better information, to refer to the appropriate risk table to obtain a first order approximation of the risk. If the age and sex distribution of the population is known, then the appropriate provincial and urban/rural table may be adjusted to estimate expected utilization and costs. In addition, current age and sex distributions may be adjusted through the use of other government population statistics to develop forecasts of future utilization and costs.

At this point the analyses pertaining to JPKM have revealed the funds available to the program and the extent to which they may be reallocated among provinces to achieve a stated policy goal of increased social equity. We also know the amount people have been spending on several types of health care at a variety of locations. In order to take into account differing degrees of service intensity, the data have been adjusted by age and sex. Since the care, however, was for the most part provided in the heavily subsidized public sector, it is difficult to estimate what a JPKM plan might cost the government. Also, we still do not know how the consumer might respond to a reduction in price which the introduction of a JPKM plan might entail. These questions led to the analysis of charge and utilization data from the Saint Carolus managed care plan. While the plan provides a level of care that is above the BBP envisioned under JPKM, certain services and their associated charges may be used to provide initial estimates of basic benefit costs.

The 1990 SUSENAS also provides data measuring households' economic status. In the data provided for the analyses, only total household expenditure and income were included. There is a large amount of literature suggesting that in developing countries measures of income are underestimated. Total household expenditures may provide a more accurate reflection of households' economic status. As a result, only household expenditures were analyzed and used as a proxy for income.

The demand for health has been shown to be income elastic over most of the range of income observed in Indonesia. Simply put, this means that for most people, as income increases, the amount spent on health increases at a proportionately greater rate. The JPKM program exploits the income elasticity of the demand for health and the positively skewed Indonesian income distribution in setting a premium fee that maximizes the funds available to the program. The rate which was chosen is based on the existing provincial income distributions. Any change in the distribution will change the optimal premium fee. Changes in the income distribution may result from uneven economic growth or contraction, or the removal of a certain population.

The initiation of a mandatory wage-based health insurance scheme has the potential of removing an affluent portion of the population from the group who might contribute to a JPKM plan. As discussed elsewhere, proposed changes in national social security legislation also have the potential of removing the group of people who would contribute the most to the success of JPKM.

In order to estimate the effects of the proposed social security legislation several assumptions were made. The first is that the upper 10 percent of the expenditure distribution will be excluded when making comparisons between before and after cases. The wage-based formal population makes up the majority of the upper end of the income distribution. To the extent that the social security system is able to capture more than 10 percent of the population, the effect of the proposed legislation will be

underestimated. The second assumption is that the individuals who would be required to pay a percentage of their wages would not be able to direct their contributions to a JPKM type program. Again, if they are allowed to do so, the impact of the proposed legislation will be overestimated. Detailed methodology and results have been described elsewhere, but a review will illustrate the benefits of economic analysis.

When the 1990 SUSENAS was analyzed, adjustments for provincial urban/rural sampling sizes were made, as previously described. The household total expenditure distribution was analyzed with 25, 50, 75, and 90 percentiles identified. In order to describe the impact of the exclusion of the upper 10 percent of the household expenditures on the funds available to JPKM, the value at the 90th percentile was used to split the population. Because more than one household had that level of expenditure, the population excluded was actually slightly greater than 10 percent. By applying the same methodology that was used to identify the optimal premium fee to maximize funds on the entire population, estimates were obtained. The total amount of funds generated under the new scenario were then distributed among the provinces in the same manner as before. As might be expected, the more affluent individuals in the formal wage sector purchased greater amounts of health services than individuals from lower portions of the distribution did. It is these individuals who enabled the premium fee to be as high as it was, and who contributed a disproportionate amount into the JPKM plan.

The Saint Carolus PJPK plan has all the characteristics of the prototypical JPKM program. Analysis of the plan's inpatient and outpatient data provides information needed to further clarify the initial estimates of the JPKM Cross-Subsidy Program. The plan was chosen because it has the most extensive charge and utilization database of any ongoing JPKM type plan in Indonesia. While R.S. Sutomo in Surabaya has a larger database, it does not allow users to directly view the behavior of a population facing very low health charges. In fact, the utilization at Saint Carolus is even greater than expected given that most plan members are employees at the hospital. It has long been known that health workers and their families use health services more than the general population.

6.3 ANALYSIS

A preliminary version of the 1990 SUSENAS containing relevant health and economic indicators was provided by the BPS to the MOH under the USAID HSFP. Individual and household files were combined to create a derived variable file. Each case represents one household. Preliminary analyses revealed inconsistencies in the Aceh data as well as the absence of urban North Sumatra data. While the problems will affect the accuracy of the Aceh and North Sumatra and, to a lesser extent, overall Indonesian estimates, they will not affect the other provinces or, most importantly, the overall conclusions of the analysis.

The derived variable file contains 47,603 weighted observations representing some 175.2 million Indonesians. The file is subdivided into four files which provide the basis of the analysis. The first contains the entire population. The second contains only those households with health expenditures and represents some 82.5 million individuals. The third file contains those households below the 90th household income percentile and contains 4,706 observations. It should be noted that it might be more appropriate to select cases based on individual levels of income. These data, however, were not available in the data set. As a result, while 10 percent of the households are excluded from the third data set, some 8 percent of the sample's population are excluded. The potential underestimate of individuals covered by wage-based insurance will have the effect of increasing the number of individuals not covered by a government sponsored insurance plan, and thereby the amount required from government to provide health insurance. The fourth and final file contains those households in the lower 90th income percentile who also have positive health expenditures.

Expenditure means were estimated. The mean is a good measure of a distribution, provided the observations are normally distributed. This is not the case in the present data set, which suggests that there are a number of observations (households) with sizeable amounts of expenditures. This is also reflected by the fact that in most provinces the median level of health expenditures is estimated as zero.

Once the amount that households spend on health is determined, the next step is to examine in greater depth the nature of the expenditure distribution. The relevant question is: Given the current distribution of household health expenditures, what premium can be charged that will maximize the total amount of monies available for the risk pool? We first make the simplifying assumption that households spending less than the proposed premium will pay nothing at all and be covered by those currently spending at or above the proposed premium. If the distribution of expenditures is normally distributed, then by charging households the mean of the distribution, the risk pool will maximize the monies available to it. However, if the distribution is positively skewed and has a large kurtosis, then it should be possible to charge several times the mean value in order to maximize the monies available to the risk pool. The higher the premium, the fewer the people that will be able to afford it. The maximum premium is then the one where the additional revenue generated from those people still able to afford it equals the revenue lost by those households that will pay nothing because the premium is too high. It should be noted that this step function is not unreasonable. While it is indeed conceptually possible to have a sliding contribution to the risk pool based on some measure of wealth, the administrative costs will more than likely be greater than any additional revenue obtained.

Another question related to the allocation of funds across provinces is: For what do the funds currently pay? To get a first approximation, provincial inpatient and outpatient utilization rates were compared. The individual portion of the 1990 SUSENAS provided the data for the utilization analyses. The questionnaire asked if the individual had been sick in the preceding month. If the person responded "Yes", then they were asked where, if at all, they went for care. There was also a question asking if the individual had been an outpatient during the past year. For reasons best left to the reader's imagination there is no distinction between an inpatient or outpatient visit to the hospital in the question concerning seeking care during the past month. Nor are there, at least in the data provided to the consultant, the levels of expenditures at each point of service. It is impossible to accurately determine the portion of those who spent the night at a government or private hospital. For the purposes of the analysis it was assumed that all visits to the hospital were to outpatient clinics and that the inpatient rate is obtained from the hospital inpatient question. To the extent that there is a double counting of hospital inpatient visits, the assumption will have the impact of biasing upward the total rate of hospital outpatient care.

The purpose of the utilization analyses is to estimate current utilization rates in an initial attempt to describe what it might cost to provide health care based on the estimated levels of utilization. As we are only interested in the exposure of a JPKM risk pool, only care provided in a formal setting is analyzed. The analysis will suggest that a vast majority of health related expenditures occur outside of this definition. The question as to how many, if any, other types of care should be included in the basic benefits package is a question best addressed by senior policy-makers.

Visits to government and private hospitals were combined and rates per thousand calculated. Likewise, visits to hospital outpatient clinics and health centers were counted as health center visits. Visit rates to practical doctors were also estimated. As previously noted, hospital utilization rates were calculated from a yearly time frame. This makes sense, as hospitalization is a relatively rare event. 1987 utilization data were compared to the current estimates as an external validity check. The differing time frames for outpatient visits (one week or three months in 1987, and one month in 1990) make direct comparisons impossible. However, with certain simplifying assumptions concerning the distribution of illness, the

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1990 estimates appear reasonable. The inpatient rates in both samples were over a one-year time frame and were very similar between surveys.

6.4 SUMMARY OF ANALYSIS RESULTS

The analyses are stratified by province in order to observe differences between provinces in the different health insurance schemes. Table 6.3 summarizes the populations under study. The second column lists the total provincial populations included in the sample. The next column includes those households in the lower 90 percent of household incomes. Column four contains the provincial populations who had positive health expenditures. The last population column contains those individuals in the lower 90 percent of the income distribution who had positive health expenditures. The next four columns provide monthly per capita health expenditure estimates for each of the populations. Finally, the last two columns provide estimates of the per capita monthly health expenditures of those people from the upper 10 percent of the income distribution who would be removed from the general population.

The analysis estimates that the average Indonesian spent Rp.818 per month on health services in 1991. The differences in provincial per capita expenditures are noteworthy. For example, individuals in Jakarta spend an average of Rp.1,418 per month, while individuals in NTB spend Rp.420. It should be noted that these estimates are not adjusted for provincial and urban/rural differences in the cost of living.

The removal of the upper 10 percent of the income distribution from the sample has the effect of lowering the per capita levels of expenditures. This is not surprising, as it is expected that the demand for health services is income elastic. The national average drops from Rp.818 to Rp.696 per capita.

In order to estimate the monies available for an insurance risk pool it is necessary to estimate the average per capita level of expenditures for those purchasing health services. The "health expenditures only" population paid, on average, Rp.1,738 per capita nationally in 1991. There were 82.5 million individuals in this category, or 42 percent of the sample population. The per capita monthly health expenditures ranges from a high of Rp.3,3478 in Jakarta to a low of Rp.736 in Central Kalimantan.

Table 6.3 demonstrates the real effect on the monies available to JPKM of removing the top 10 percent of the income distribution from the insurable populations. The decrease from Rp.818 to Rp.641 per capita that occurred when the upper 10 percent were removed was due to the fact that, on average, they spent Rp.1,483 per capita per month on health services. This is over two times what the remainder of the population spends on health services. The difference is even greater for the population that only spends on health services. Those in the upper 10 percent spend some Rp.5,546 per capita, while the rest of the population spends Rp.1,369, or three time less. The affluent spend substantially more money on health services, and at least part of that money might be used to subsidize the care of the less affluent population. The opportunity is lost with the removal of part of the population into a wage-based insurance plan.

Table 6.4 examines the implications of removing the U10 population from the general population. The first column lists the population of the two groups. This is followed by a column listing the difference in the two populations. The next three columns contain similar data on the amounts of money spent on health care by the two groups. The previous columns are then combined to estimate the respective per capita monthly health expenditures of the two groups. The next to last column reports the reduction in the per capita level of health expenditure resulting from the removal of the upper 10 percent. Finally, the per capita health expenditure level of those removed from the general population is recorded.

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The 8 percent of the population that was removed paid some 28 percent of all health expenditures. In fact, there is over a Rp.40.4 billion per month reduction in the monies which potentially could go to a larger population-based risk pool. This translates to a 22 percent reduction in the remaining populations per capita monthly health expenditures.

Table 6.5 repeats the preceding analysis strategy while focusing on the population that had positive health expenditures. The amounts before and after the exclusion of the upper 10 percent are the same. The per capita differences are now much larger as the denominator has been substantially reduced. Of note is the fact that the per capita expenditure level will be reduced by 21 percent through the exclusion of the upper 10 percent.

One of the first ways to examine the equity implications of introducing health insurance to a certain segment of the population is to estimate changes in per capita expenditure and how these vary across provinces. The amount of funds required to return the population to its level of expending provides a crude measure of welfare loss (or gain). Table 6.6 summarizes the results of this analysis. The population column lists the provincial number of individuals in the lower 90 percent of the income distribution. The first per capita column is what the entire population spent on health on a per capita basis. The next column lists the amount after the removal of the upper 10 percent. The next column lists the decrease in the per capita level of expenditure. This number is then multiplied by the new population to obtain the amount of money required to return the population to the previous overall level of expenditure.

The per capita monthly health expenditure is reduced by Rp.178 through the removal of the wage-based population into a health insurance scheme. If the government is to make these people at least as well off as they were prior to the initiation of the wage-based plan, it has to provide over Rp.28.5 billion per month.

The effect that the introduction of a wage-based insurance plan has on a JPKM plan's potential to provide services is examined next. The results are summarized in Table 6.7. The initial analyses employed during the construction of the data sets also looked at a series of premium options that would maximize the revenues available to a hypothetical risk pool. The premium that will be empioyed here is that which can be provided at the same level across all provinces and will not be above what people are currently paying for health services. This means that those currently paying less than the premium will pay nothing and those at or above will pay the premium price. The premium which would maximize revenue in this fashion was Rp.3000. The results of this analysis may be seen in Table 6.1

The estimated per capita health expenditure levels are then assumed to represent what other members of the population would spend on health care had they become sick. The the amount of monies available to the risk pool is the amount the population who paid for health paid multiplied by the total population divided by the positive health expenditure population and then multiplied by that proportion of the population enrolled in the insurance plan.

In Table 6.7 the two premium revenue columns reflect the amount available before and after the upper 10 percent is removed. The estimates are based on a model where 75 percent of the population is enrolled in the JPKM. The initial computer model calculated the optimal premium based on what people currently spend on health care. The amount estimated under the model is unduly conservative because it includes a majority of the people who spent nothing at all. The amount available was readjusted upwards by dividing the provincial population by the population with positive health expenditures and then multiplying by the initial estimate (discussed in last paragraph). This was then reduced by 25 percent to reflect less than complete program coverage. The estimates are divided by the appropriate

populations to obtain per capita monthly expenditure estimates. The differences are then multiplied by the population remaining after the removal of the upper 10 percent to estimate the amount required to compensate for the reduction in per capita health expenditures.

The monies collected when redistributed to the population amounted to over Rp.406 per capita for the entire population. It was suggested that to better reflect the logic of insurance, the true denominator in this case should be the number of people with positive health expenditures. They, in fact, are the ones receiving the benefit. The per capita benefit levels were recalculated for the populations with positive health expenditures both before and after the removal of the upper 10 percent. Because less than half of the population used health services in 1990, the coverage is actually Rp.862 per capita. Under this scheme, those who can afford to pay for health services are clearly assisting those who cannot. It should also be noted that for the purposes of the analyses the JPKM program was assumed to cover 75 percent of the population.

The introduction of a health insurance plan which selectively recruits those individuals in the upper income groups (formal wage) reduces the amount available to the risk pool. In the current example, the removal of the upper 10 percent reduces the coverage available to the remaining population to Rp.638. This represents a decrease of Rp.224 per capita. In order for the risk pool to remain at the same level of coverage, an additional Rp.17.3 billion per month must be provided.

The final series of analyses draws on the previous ones to estimate the potential impact on government expenditures of five different health financing plans for two different levels of benefits. The Rp.400 and Rp.800 levels were arbitrarily chosen. However, preliminary analyses of health service utilization and the mean cost of the services suggest the a premium slightly above the upper level might provide sufficient coverage.

If the government wants to provide universal coverage at Rp.400 per capita, the current sample of 175.2 million people would require Rp.29.4 billion per month. This result is found in the second column of Table 6.8. The removal of the upper 10 percent of the household income distribution would reduce the number of people that the government would cover. The new requirements would be approximately Rp.27 billion per month (column 3).

The introduction of JPKM programs reduces the government's financial requirements significantly. Three JPKM scenarios were examined. In all of them it is assumed that the program covers 75 percent of the relevant population and that the premium of Rp.3000 per capita is collected only for those who are currently paying at that level or above.

In the instance that there is a JPKM program and 10 percent of the upper income distribution has been removed, the government must only provide Rp.1.4 billion per month to maintain a coverage of Rp.400 per capita. It should be noted that the JPKM program in this scenario is able to generate funds above Rp.400 per capita in 19 provinces, thereby reducing the government expenditure requirements to zero in the provinces (column 4).

The next case examined was one in which the JPKM program has access to the entire income distribution. Three more provinces do not require government assistance to support the JPKM plans under the stated assumptions. Under this scenario the government needs to fund Rp.511 million per month in order to bring the remaining provinces up to Rp.400.

The last scenario examined was one in which the JPKM program is allowed to move surplus revenues from one province to subsidize deficits in others. This case is the only one in which the government will

see monies returning to it. The Rp.3000 per capita per month premium provides approximately Rp.862 per capita coverage to the population. Since this is above the Rp.400 there is a surplus. The surplus amounts to Rp.83.6 billion per month.

What would happen if the coverage level is increased? Table 6.9 is calculated using the same assumptions and methodologies as employed in the preceding analysis. The only difference is that the target benefit rate has been moved up to Rp.800 per capita per month. This has the impact of increasing the government's exposure to Rp.800 per sick person per month. Even at this higher level of benefit, the JPKM Cross-Subsidy system still produces a surplus of over Rp.13.5 billion per month.

6.5 CONCLUSION AND RECOMMENDATIONS

The present series of analyses were conducted to explore the potential revenues generated by different JPKM plans, and the impact of introducing a health insurance plan which selectively targets upper income households. It should be emphasized that the results of the analysis are dependent on numerous simplifying assumptions. Further analyses need to be pursued in order to reduce the uncertainty of the estimates. The magnitudes of the impacts of either wage-based schemes or JPKM plans are sensitive to the underlying assumptions. There can be little doubt that wage-based plans will remove the upper income, high health service consumer from the health insurance market place. The effect of this 'cream skimming' will leave the marketplace with less resources available to finance health services. This might have the effect of limiting entry of insurance entities due do lack of resources. The people will have less access to health insurance than they would have had the upper 10 percent remained in the population. Unless the government is willing to compensate for this welfare loss, the introduction of compulsory wage-based insurance will have a negative impact on the average Indonesian's welfare.

The spreadsheet models linking the utilization and expenditures tables provide the first step in the development of the JPKM information system. The data have been stratified in a number of ways to facilitate subsequent analyses and model building. At the start of the consultancy it was hoped that the presence of better epidemiologic data, hospital cost data, and diagnostic specific costs associated with the use of standards of medical care would allow more sophisticated modeling. This was not the case. However, the gaps have been described and the limitations of the existing data discussed. The model, albeit simple, has been able to contribute to policy discussions. What is required in the future is the incorporation of data into the model as they become available. In order for this to occur, Social Finance staff must be given the opportunity to work with the tables and the spreadsheets. Only then will they be able to retain the skills acquired during the consultancy and maintain and update the files provided to them.

Table 6.1

1990 Potential JPKM Premium Revenues
for Different Household Premiums

Province	Revenue (4000)	Fee	Revenue (5000)	Fee	Revenue (6000)	Fee
Aceh	641,664,000	4000	659,640,000	5000	615,684,000	6000
N.Sumatra	893,464,000	4000	936,845,000	5000	935,922,000	6000
W.Sumatra	515,160,000	4000	558,420,000	5000	567,162,000	6000
Riau	443,376,000	4000	456,650,000	5000	425,898,000	6000
Jambi	281,056,000	4000	308,300,000	5000	317,196,000	6000
S.Sumatra	784,700,000	4000	862,210,000	5000	828,684,000	6000
Bengkulu	151,176,000	4000	152,280,000	5000	138,708,000	6000
Lampung	683,628,000	4000	716,310,000	5000	719,172,000	6000
Jakarta	1,670,480,000	4000	1,978,200,000	5000	2,110,080,000	6000
W.Java	5,890,968,000	4000	6,377,965,000	5000	6,219,690,000	6000
C.Java	3,760,636,000	4000	4,045,085,000	5000	4,136,520,000	6000
Yogyakarta	494,596,000	4000	562,435,000	5000	559,158,000	6000
E.Java	5,056,112,000	4000	5,338,540,000	5000	5,278,548,000	6000
Bali	557,688,000	4000	612,275,000	5000	625,494,000	6000
NTB	239,360,000	4000	260,170,000	5000	236,628,000	6000
NTT	333,920,000	4000	337,950,000	5000	321,540,000	6000
E.Timur	26,496,000	4000	27,010,000	5000	26,136,000	6000
W.Kaliman	436,760,000	4000	462,150,000	5000	486,180,000	6000
C.Kalimantan	139,112,000	4000	150,075,000	5000	131,676,000	6000
S.Kalimantan	219,836,000	4000	247,785,000	5000	225,966,000	6000
E.Kalimantan	330,720,000	4000	358,840,000	5000	368,088,000	6000
N.Sulewesi	459,580,000	4000	490,595,000	5000	478,584,000	6000
C.Sulewesi	258,372,000	4000	266,815,000	5000	271,464,000	6000
S.Sulewesi	635,456,000	4000	692,960,000	5000	647,556,000	6000
SE Sulewesi	111,016,000	4000	127,270,000	5000	111,138,000	6000
Maluku	219,336,000	4000	240,940,000	5000	230,844,000	6000
Irian Jaya	119,124,000	4000	132,620,000	5000	116,262,000	6000
Indonesia	25,353,792,000	4000	27,360,335,000	5000	27,129,978,000	6000

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Table 6.1 (cont.)

1990 Potential JPKM Premium Revenues
for Different Household Premiums

Province	Revenue (7000)	Fee	Revenue (8000)	Fee	Revenue (9000)	Fee
Aceh	601,496,000	7000	585,408,000	8000	572,904,000	9000
N.Sumatra	949,767,000	7000	908,232,000	8000	922,077,000	9000
W.Sumatra	554,106,000	7000	557,472,000	8000	561,789,000	9000
Riau	426,629,000	7000	416,656,000	8000	389,943,000	9000
Jambi	306,817,000	7000	298,760,000	8000	317,502,000	9000
S.Sumatra	813,372,000	7000	869,992,000	8000	868,113,000	9000
Bengkulu	148,960,000	7000	152,368,000	8000	142,020,000	9000
Lampung	719,880,000	7000	727,128,000	8000	687,933,000	9000
Jakarta	2,292,514,000	7000	2,479,344,000	8000	2,640,897,000	9000
W.Java	6,406,225,000	7000	6,741,112,000	8000	6,843,951,000	9000
C.Java	4,148,767,000	7000	4,025,816,000	8000	4,010,337,000	9000
Yogyakarta	576,513,000	7000	585,944,000	8000	604,530,000	9000
E.Java	5,444,880,000	7000	5,668,384,000	8000	5,770,548,000	9000
Bali	622,594,000	7000	625,464,000	8000	655,236,000	9000
NTB	238,686,000	7000	258,544,000	8000	274,842,000	9000
NTT	320,425,000	7000	317,160,000	8000	314,955,000	9000
E.Timur	26,838,000	7000	25,104,000	8000	26,676,000	9000
W.Kaliman	495,110,000	7000	509,400,000	8000	519,975,000	9000
C.Kalimantan	129,003,000	7000	127,656,000	8000	123,174,000	9000
S.Kalimantan	223,923,000	7000	238,344,000	8000	235,584,000	9000
E.Kalimantan	398,986,000	7000	428,848,000	8000	446,400,000	9000
N.Sulewesi	485,233,000	7000	492,200,000	8000	510,570,000	9000
C.Sulewesi	280,301,000	7000	259,872,000	8000	267,372,000	9000
S.Sulewesi	665,658,000	7000	649,904,000	8000	661,842,000	9000
SESulewesi	114,933,000	7000	116,088,000	8000	116,676,000	9000
Maluku	215,600,000	7000	225,936,000	8000	226,566,000	9000
Irian Jaya	106,771,000	7000	115,088,000	8000	123,570,000	9000
Indonesia	27,713,987,000	7000	28,406,224,000	8000	28,835,982,000	9000

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Table 6.1 (cont.)

1990 Potential JPKM Premium Revenues
for Different Household Premiums

Province	Revenue (10,000)	Fee	Revenue (11,000)	Fee	Revenue (12,000)	Fee
Aceh	579,460,000	10,000	580,162,000	11,000	606,264,000	12,000
N.Sumatra	959,920,000	10,000	893,464,000	11,000	941,460,000	12,000
W.Sumatra	595,260,000	10,000	577,203,000	11,000	572,832,000	12,000
Riau	398,140,000	10,000	372,339,000	11,000	378,084,000	12,000
Jambi	328,750,000	10,000	315,106,000	11,000	309,132,000	12,000
S.Sumatra	921,580,000	10,000	856,559,000	11,000	885,024,000	12,000
Bengkulu	137,440,000	10,000	142,318,000	11,000	143,040,000	12,000
Lampung	713,010,000	10,000	681,120,000	11,000	712,476,000	12,000
Jakarta	2,846,410,000	10,000	2,804,648,000	11,000	2,967,300,000	12,000
W.Java	7,291,490,000	10,000	6,991,281,000	11,000	7,293,384,000	12,000
C.Java	4,103,750,000	10,000	3,874,772,000	11,000	3,960,552,000	12,000
Yogyakarta	621,200,000	10,000	646,096,000	11,000	668,316,000	12,000
E.Java	5,838,520,000	10,000	5,579,772,000	11,000	5,665,032,000	12,000
Bali	674,250,000	10,000	618,827,000	11,000	645,312,000	12,000
NTB	279,360,000	10,000	247,060,000	11,000	226,800,000	12,000
NTT	315,200,000	10,000	289,960,000	11,000	285,060,000	12,000
E.Timur	26,140,000	10,000	22,990,000	11,000	25,080,000	12,000
W.Kaliman	556,300,000	10,000	563,805,000	11,000	574,080,000	12,000
C.Kalimantan	128,520,000	10,000	84,557,000	11,000	92,244,000	12,000
S.Kalimantan	253,070,000	10,000	249,700,000	11,000	246,612,000	12,000
E.Kalimantan	488,380,000	10,000	487,740,000	11,000	505,536,000	12,000
N.Sulewesi	508,050,000	10,000	486,189,000	11,000	503,964,000	12,000
C.Sulewesi	273,500,000	10,000	245,113,000	11,000	253,248,000	12,000
S.Sulewesi	694,300,000	10,000	622,578,000	11,000	656,064,000	12,000
SESulewesi	122,730,000	10,000	111,859,000	11,000	111,756,000	12,000
Maluku	213,210,000	10,000	226,072,000	11,000	218,940,000	12,000
Irian Jaya	134,020,000	10,000	131,956,000	11,000	140,016,000	12,000
Indonesia	30,001,960,000	10,000	28,703,246,000	11,000	29,587,608,000	12,000

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Table 6.1 (cont.)

1990 Potential JPKM Premium Revenues
for Different Household Premiums

Province	Revenue (14,000)	Fee	Revenue (15,000)	Fee	Revenue (16,000)
Aceh	610,456,000	14,000	640,740,000	15,000	567,648,000
N.Sumatra	943,306,000	14,000	969,150,000	15,000	959,920,000
W.Sumatra	618,198,000	14,000	617,355,000	15,000	562,512,000
Riau	375,522,000	14,000	384,780,000	15,000	308,704,000
Jambi	310,856,000	14,000	328,020,000	15,000	307,584,000
S.Sumatra	860,440,000	14,000	895,560,000	15,000	873,888,000
Bengkulu	130,060,000	14,000	130,230,000	15,000	112,896,000
Lampung	705,390,000	14,000	749,250,000	15,000	737,904,000
Jakarta	3,077,200,000	14,000	3,049,725,000	15,000	2,936,528,000
W.Java	7,536,844,000	14,000	7,839,420,000	15,000	7,134,960,000
C.Java	4,057,200,000	14,000	4,161,600,000	15,000	3,872,944,000
Yogyakarta	713,230,000	14,000	723,645,000	15,000	679,968,000
E.Java	5,677,896,000	14,000	5,772,090,000	15,000	5,517,952,000
Bali	625,436,000	14,000	601,800,000	15,000	536,080,000
NTB	236,782,000	14,000	224,955,000	15,000	198,320,000
NTT	301,840,000	14,000	298,875,000	15,000	265,680,000
E.Timur	26,824,000	14,000	28,740,000	15,000	30,656,000
W.Kaliman	550,730,000	14,000	571,125,000	15,000	526,560,000
C.Kaliman	95,942,000	14,000	102,795,000	15,000	76,368,000
S.Kaliman	243,488,000	14,000	240,975,000	15,000	221,904,000
E.Kaliman	549,192,000	14,000	566,670,000	15,000	586,752,000
N.Sulewesi	481,278,000	14,000	473,280,000	15,000	452,448,000
C.Sulewesi	229,432,000	14,000	231,270,000	15,000	194,512,000
S.Sulewesi	648,620,000	14,000	668,010,000	15,000	570,880,000
SESulewesi	108,290,000	14,000	113,550,000	15,000	104,784,000
Maluku	230,048,000	14,000	211,755,000	15,000	144,144,000
Irian Jaya	144,984,000	14,000	150,420,000	15,000	143,200,000
Indonesia	30,089,584,000	14,000	30,745,785,000	15,000	28,625,696,000

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Table 6.1 (cont.)

1990 Potential JPKM Premium Revenues
for Different Household Premiums

Province	Revenue (17,000)	Fee	Revenue (18,000)	Fee	Revenue (19,000)	Fee
Aceh	573,988,000	17,000	559,800,000	18,000	590,900,000	19,000
N.Sumatra	925,769,000	17,000	913,770,000	18,000	946,998,000	19,000
W.Sumatra	546,669,000	17,000	524,826,000	18,000	529,986,000	19,000
Riau	308,091,000	17,000	326,214,000	18,000	299,839,000	19,000
Jambi	290,054,000	17,000	296,730,000	18,000	289,484,000	19,000
S.Sumatra	912,033,000	17,000	934,074,000	18,000	934,192,000	19,000
Bengkulu	112,982,000	17,000	112,248,000	18,000	114,722,000	19,000
Lampung	754,800,000	17,000	752,976,000	18,000	778,677,000	19,000
Jakarta	2,802,450,000	17,000	2,828,826,000	18,000	2,881,578,000	19,000
W.Java	7,148,160,000	17,000	7,308,036,000	18,000	7,484,689,000	19,000
C.Java	3,691,193,000	17,000	3,660,282,000	18,000	3,777,390,000	19,000
Yogyakarta	670,735,000	17,000	655,650,000	18,000	666,406,000	19,000
E.Java	5,475,598,000	17,000	5,538,348,000	18,000	5,465,882,000	19,000
Bali	527,391,000	17,000	536,058,000	18,000	550,107,000	19,000
NTB	202,572,000	17,000	199,692,000	18,000	188,651,000	19,000
NTT	254,490,000	17,000	269,460,000	18,000	262,105,000	19,000
E.Timur	32,572,000	17,000	34,488,000	18,000	36,404,000	19,000
W.Kaliman	521,560,000	17,000	490,770,000	18,000	508,915,000	19,000
C.Kalimantan	70,550,000	17,000	67,284,000	18,000	71,022,000	19,000
S.Kalimantan	235,773,000	17,000	241,398,000	18,000	246,107,000	19,000
E.Kalimantan	535,262,000	17,000	560,556,000	18,000	585,162,000	19,000
N.Sulewesi	461,516,000	17,000	460,242,000	18,000	454,708,000	19,000
C.Sulewesi	199,563,000	17,000	200,016,000	18,000	207,157,000	19,000
S.Sulewesi	584,732,000	17,000	586,800,000	18,000	607,202,000	19,000
SESulewesi	102,391,000	17,000	105,444,000	18,000	104,443,000	19,000
Maluku	135,813,000	17,000	129,960,000	18,000	132,259,000	19,000
Irian Jaya	135,422,000	17,000	143,388,000	18,000	151,354,000	19,000
Indonesia	28,212,129,000	17,000	28,437,336,000	18,000	28,866,339,000	19,000

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Table 6.2

1990 Estimated JPKM Revenues

Province	Pop	Mean Revenue	Prm	Max Revenue	Premium	#Pay	H	Rp./H
Aceh	960,144	600,019,020	4,400	640,740,000	15,000	42,716	0.04	667.34
N.Sumatra	1,330,966	836,699,500	3,700	969,150,000	15,000	64,610	0.05	728.60
W.Sumatra	857,802	468,384,000	3,200	617,355,000	15,000	41,157	0.05	719.69
Riau	661,243	407,337,600	3,200	398,140,000	10,000	39,814	0.06	602.11
Jambi	426,840	276,370,500	3,500	328,750,000	10,000	32,875	0.08	770.19
S.Sumatra	1,233.428	848,822,100	4,900	934,192,000	19,000	49,168	0.04	757.39
Bengkulu	243,910	126,828,000	2,600	152,368,000	8,000	19,046	0.08	624.69
Lampung	1,226,025	590,756,100	2,900	778,677,000	19,000	40,983	0.03	635.12
Jakarta	1,712,242	2,241,960,000	6,800	3,049,725,000	15,000	203,315	0.12	1781.10
W.Java	8,034,276	5,890,968,000	4,000	7,839,420,000	15,000	522,628	0.07	975.75
C.Java	6,360,597	3,495,581,100	3,300	4,161,600,000	15,000	277,440	0.04	654.28
Yogyakarta	726,936	531,894,300	4,700	723,645,000	15,000	48,243	0.07	995.47
E.Java	7,864,754	4,639,544,800	3,400	5,838,520,000	10,000	583,852	0.07	742.37
Bali	591,246	571,573,200	4,400	674,250,000	10,000	67,425	0.11	1140.30
NTB	755,760	209,167,200	1,900	279,360,000	10,000	27,936	0.04	369.64
NTT	611,820	289,915,000	2,300	337,950,000	5,000	67,590	0.11	552.37
E.Timur	145,758	25,407,000	2,700	26,838,000	7,000	3,834	0.03	184.13
W.Kalimant	630,280	460,880,000	5,600	574,080,000	12,000	47,840	0.08	910.83
C.Kalimantan	297,840	108,894,400	1,600	150,075,000	5,000	30,015	0.10	503.88
S.Kalimantan	587,229	223,992,400	2,300	253,070,000	10,000	25,307	0.04	430.96
E.Kalimantan	386,994	357,862,400	5,600	586,752,000	16,000	36,672	0.09	1516.10
N.Sulewesi	542,837	429,610,300	4,100	510,570,000	9,000	56,730	0.10	940.56
C.Sulewesi	339,981	253,708,400	4,400	280,301,000	7,000	40,043	0.12	824.46
S.Sulewesi	1,385,760	583,172,000	3,100	694,300,000	10,000	69,430	0.05	501.02
SESulewesi	256,200	112,478,400	2,400	127,270,000	5,000	25,454	0.10	496.76
Maluku	337,042	168 438,200	2,300	240,940,000	5,000	48,188	0.14	714.87
Irian Jaya	324,435	100,296,100	2,300	150,420,000	15,000	10,028	0.03	463.64
Indonesia	38,832,345	23,114,184,000	4,000	30,745,785,000	15,000	2,049,719	0.05	791.70

Notes:

1. 1990 Pop = estimated 1990 households
2. Revenue=number of households at or above premium multipled by premium
3. #Pay = those households currently expending at or above the premium level
4. 1%H=proportion of those households currently expending at or above the premium level
5. Rp./H=Rupiah per household if those paying premium covered entire population

Table 6.3

Provincial Population and Per Capita Health Expenditure Differences
for Positive and Zero Health Expenditures
and Upper 10 Percent Income Household Included and Removed

Province	Population (w/o 10%)	Population (health only)	Population Health, w/o 10%	Health/ Cap Pop	Health/ Cap Pop w/o 10%	Health/ Cap Health	Health/ Cap Health, w/o 10%	Health/ Cap Removed Pop	Health/ Cap Removed Health
Aceh	3,174,463	1,468,556	1,403,610	992	720	2,239	1,628	7,108	15,441
N. Sumatra	6,390,852	2,660,086	2,577,016	754	693	1,867	1,719	2,676	6,482
W.Sumatra	3,574,797	1,618,311	1,499,796	713	674	1,724	1,605	1,121	3,231
Riau	2,902,062	1,580,342	1,385,476	633	470	1,344	983	1,671	3,909
Jambi	1,820,236	1,000,052	947,726	775	753	1,518	1,446	1,061	2,835
S.Sumatra	5,882,574	2,472,754	2,276,736	950	879	2,434	2,271	1,879	4,334
Bengkulu	1,087,788	479,790	441,552	544	410	1,312	1,010	2,689	4,801
Lampung	5,888,070	2,730,849	2,593,383	570	449	1,286	1,019	3,156	6,329
Jakarta	4,616,899	3,360,742	1,902,369	1,418	8[illegible]9	3,478	2,012	2,168	5,389
W.Java	31,915,894	17,618,158	15,705,432	917	711	1,835	1,445	2,898	5,040
C.Jaya	27,326,879	13,389,746	12,721,570	730	628	1,558	1,349	2,989	5,536
Yogyakarta	2,568,710	1,393,240	1,242,393	1,186	639	2,437	1,321	5,966	11,628
E.Java	31,276,258	16,730,364	15,660,792	812	626	1,606	1,250	4,003	6,821
Bali	2,431,884	1,233,414	1,089,990	958	689	2,093	1,537	3,449	6,322
NTB	3,263,889	1,472,460	1,426,972	420	361	967	826	1,934	5,415
NTT	3,099,745	1,684,720	1,651,375	449	422	806	792	619	1,496
E.Timur	716,082	246,298	233,234	535	495	1,626	1,519	1,404	3,541
W.Kalimantan	2,943,865	1,510,125	1,376,585	1,096	961	2,309	2,056	2,751	4,923
C.Kalimantan	1,259,613	640,398	595,643	345	319	736	674	652	1,551
S.Kalimantan	2,368,352	1,395,736	1,282,672	520	433	956	800	1,562	2,727
E.Kalimantan	1,457,482	983,474	759,384	1,207	596	2,220	1,143	3,743	5,868
N.Sulewesi	2,240,166	1,242,643	1,157,766	921	749	1,793	1,450	3,083	6,476
C.Sulewesi	1,623,335	937,973	894,581	870	778	1,583	1,412	2,644	5,118
S.Sulewesi	6,458,392	2,668,330	2,531,380	622	567	1,603	1,446	1,488	4,502
SE.Sulewesi	1,245,459	713,038	672,558	463	361	854	668	2,313	3,940
Maluku	1,662,984	656,495	611,677	434	365	1,176	993	1,428	3,681
Irian Jaya	1,386,677	571,106	517,548	483	397	1,288	1,063	1,371	3,462
Indonesia	160,583,407	82,459,200	75,159,216	818	641	1,738	1,369	1,483	5,546

Notes:

1. Total population is underestimated by approximately 6 million due to missing North Sumatran data and inconsistencies in Aceh data.
2. The upper 10 percent of the household income distribution are removed as a proxy for the effect of a wage-based insurance program.
3. Due to the sampling frame of the 1990 SUSENAS, the upper 10 percent of household income distribution represents more than 10 percent of the total population.

Table 6.4

1990 Provincial Differences Before and After Removing the Upper 10 Percent of the Income Distribution

Province	New Population	Diff-erence	Toual H. Care	New Total H. Care	Diff-erence	Health/ Cap-ita	New Health/ Cap-ita	Re-duc-tion	Health/ Cap Re-moved
Aceh	3,174,463	141,084	3,287,799,188	2,284,972,559	1,002,826,629	992	720	0.27	7,108
N. Sumatra	6,390,852	201,214	4,967,484,470	4,429,009,039	538,475,431	754	693	0.08	2,676
W.Sumatra	3,574,797	341,427	2,790,711,747	2,407,822,944	382,888,803	713	674	0.05	1,121
Riau	2,902,062	455,835	2,124,246,335	1,362,604,236	761,642,099	633	470	0.26	1,671
Jambi	1,820,236	139,784	1,518,367,496	1,370,027,195	148,340,301	775	753	0.03	1,061
S.Sumatra	5,882,574	452,109	6,019,098,989	5,169,528,252	849,570,737	950	879	0.08	1,879
Bengkulu	1,087,788	68,258	629,389,880	445,822,270	183,567,610	544	410	0.25	2,689
Lampung	5,888,070	275,655	3,512,202,441	2,642,159,964	870,042,477	570	449	0.21	3,156
Jakarta	4,616,899	3,625,601	11,687,571,567	3,828,267,590	7,859,303,977	1,418	829	0.42	2,168
W.Java	31,915,894	3,326,893	32,332,592,714	22,692,140,782	9,640,451,932	917	711	0.23	2,898
C.Jaya	27,326,879	1,237,679	20,858,813,069	17,159,697,661	3,699,115,408	730	628	0.14	2,989
Yogyakarta	2,568,710	294,023	3,395,324,821	1,641,324,480	1,754,000,341	1,186	639	0.46	5,966
E.Java	31,276,258	1,822,656	26,876,387,738	19,580,571,104	7,295,816,634	812	626	0.23	4,003
Bali	2,431,884	262,889	2,582,038,723	1,675,301,925	906,736,798	958	689	0.28	3,449
NTB	3,263,889	127,357	1,424,457,398	1,178,149,804	246,307,594	420	361	0.14	1,934
NTT	3,099,745	81,010	1,357,530,615	1,307,642,505	49,888,110	427	422	0.01	616
E.Timur	716,082	32,952	400,496,696	354,239,460	46,257,236	535	495	0.07	1,404
W.Kalimantan	2,943,865	239,015	3,487,220,535	2,829,772,055	657,448,480	1,096	961	0.12	2,751
C.Kalimantan	1,259,613	106,471	471,018,313	401,592,262	69,426,051	345	319	0.08	652
S.Kalimantan	2,368,352	197,415	1,334,944,277	1,026,599,641	308,344,636	520	433	0.17	1,562
E.Kalimantan	1,457,482	351,328	2,183,073,048	868,161,866	1,314,911,182	1,207	596	0.51	3,743
N.Sulewesi	2,240,166	178,257	2,228,052,339	1,678,399,035	549,653,304	921	749	0.19	3,083
C.Sulewesi	1,623,335	84,003	1,484,948,293	1,262,859,472	222,088,821	870	778	0.11	2,644
S.Sulewesi	6,458,392	414,458	4,276,990,124	3,660,421,432	616,568,692	622	567	0.09	1,488
SE.Sulewesi	1,245,459	68,945	608,965,446	449,486,706	159,478,740	463	361	0.22	2,313
Maluku	1,662,984	115,542	772,312,684	607,339,328	164,973,356	434	365	0.16	1,428
Irian Jaya	1,386,677	135,215	735,705,519	550,290,959	185,414,560	483	397	0.18	1,371
Indonesia	160,583,407	14,777,075	143,347,744,465	102,864,204,526	40,483,539,939	817	641	0.22	2,740

Notes:

1. Total population is underestimated by approximately 6 million due to missing North Sumatran data and inconsistencies in Aceh data.
2. The upper 10 percent of the household income distribution are removed as a proxy for the effect of a wage-based insurance program.
3. Due to the sampling frame of the 1990 SUSENAS, the upper 10 percent of household income distribution represents more than 10 percent of the total population.
4. Compensation is defined as the amount required to return the population to the level of health coverage prior to the removal of the upper 10 percent.
5. Expenditure average based on entire population rather than those purchasing health services.

Table 6.5

Provincial Differences Before and After Removing Upper 10 Percent of the Income Distribution of Those Individuals Purchasing Health Care

Province	New Population	Diff-erence	Total H. Care	New Total H.Care	Diff-erence	Health/ Cap-ita	New Health/ Cap-ita	Re-duc-tion	Health/ Cap Re-moved
Aceh	1,403,610	64,946	3,287,799,188	2,284,972,559	1,002,826,629	2,239	1,628	0.27	15,441
N. Sumatra	2,577,016	83,070	4,967,484,470	4,429,009,039	538,475,431	1,867	1,719	0.08	6,482
W.Sumatra	1,499,796	118,515	2,790,711,747	2,407,822,944	382,888,803	1,724	1,605	0.07	3,231
Riau	1,385,476	194,866	2,124,246,335	1,362,604,236	761,642,099	1,344	983	0.27	3,909
Jambi	947,726	52,326	1,518,367,496	1,370,027,195	148,340,301	1,518	1,446	0.05	2,835
S.Sumatra	2,276,736	196,018	6,019,098,989	5,169,528,252	849,570,737	2,434	2,271	0.07	4,334
Bengkulu	441,552	38,238	629,389,880	445,822,270	183,567,610	1,312	1,010	0.23	4,801
Lampung	2,593,383	137,466	3,512,202,441	2,642,159,964	870,042,477	1,286	1,019	0.21	6,329
Jakarta	1,902,369	1,458,373	11,687,571,567	3,828,267,590	7,859,303,977	3,478	2,012	0.42	5,389
W.Java	15,705,432	1,912,726	32,332,592,714	22,692,140,782	9,640,451,932	1,835	1,445	0.21	5,040
C.Jaya	12,721,570	668,176	20,858,813,069	17,159,697,661	3,699,115,408	1,558	1,349	0.13	5,536
Yogyakarta	1,242,393	150,847	3,395,324,821	1,641,324,480	1,754,000,341	2,437	1,321	0.46	11,628
E.Java	15,660,792	1,069,572	26,876,387,738	19,580,571,104	7,295,816,634	1,606	1,250	0.22	6,821
Bali	1,089,990	143,424	2,582,038,723	1,675,301,925	906,736,798	2,093	1,537	0.27	6,322
NTB	1,426,972	45,488	1,424,457,398	1,178,149,804	246,307,594	967	826	0.15	5,415
NTT	1,651,375	33,345	1,357,530,615	1,307,642,505	49,888,110	806	792	0.02	1,496
E.Timur	233,234	13,064	400,496,696	354,239,460	46,257,236	1,626	1,519	0.07	3,541
W.Kalimantan	1,376,585	133,540	3,487,220,535	2,829,772,055	657,448,480	2,309	2,056	0.11	4,923
C.Kalimantan	595,643	44,755	471,018,313	401,592,262	69,426,051	736	674	0.08	1,551
S.Kalimantan	1,282,672	113,064	1,334,944,277	1,026,599,641	308,344,636	956	800	0.16	2,727
E.Kalimantan	759,384	224,090	2,183,073,048	868,161,866	1,314,911,182	2,220	1,143	0.48	5,868
N.Sulewesi	1,157,766	84,877	2,228,052,339	1,678,399,035	549,653,304	1,793	1,450	0.19	6,476
C.Sulewesi	894,581	43,392	1,484,948,293	1,262,859,472	222,088,821	1,583	1,412	0.11	5,118
S.Sulewesi	2,531,380	136,950	4,276,990,124	3,660,421,432	616,568,692	1,603	1,446	0.10	4,502
SE.Sulewesi	672,558	40,480	608,965,446	449,486,706	159,478,740	854	668	0.22	3,940
Maluku	611,677	44,818	772,312,684	607,339,328	164,973,356	1,176	993	0.16	3,681
Irian Jaya	517,548	53,558	735,705,519	550,290,959	185,414,560	1,288	1,063	0.17	3,462
Indonesia	75,159,216	7,299,984	143,347,744,465	102,864,204,526	40,483,539,939	1,738	1,369	0.21	5,546

Notes:

1. Total population is underestimated by approximately 6 million due to missing North Sumatran data and inconsistencies in Aceh data.
2. The upper 10 percent of the household income distribution are removed as a proxy for the effect of a wage-based insurance program.
3. Due to the sampling frame of the 1990 SUSENAS, the upper 10 percent of household income distribution represents more than 10 percent of the total population.
4. Average expenditure rates based on those purchasing health services.

Table 6.6

1990 Provincial Funds Required to Maintain Per Capita Health Expenditures After Removal of Upper 10 Percent of Income Distribution

Province	New Population	Old Health/ Capita	New Health/ Capita	Reduction/ Capita	Compensation Required
Aceh	3,174,463	992	720	272	862,923,361
N. Sumatra	6,390,852	754	693	61	386,849,610
W.Sumatra	3,574,797	713	674	39	139,587,005
Riau	2,902,062	633	470	163	473,275,354
Jambi	1,820,236	775	753	22	40,053,915
S.Sumatra	5,882,574	950	879	71	419,985,101
Bengkulu	1,087,788	544	410	135	146,405,685
Lampung	5,888,070	570	449	121	712,969,252
Jakarta	4,616,899	1,418	829	589	2,718,330,830
W.Java	31,915,894	917	711	206	6,588,279,118
C.Jaya	27,326,879	730	628	102	2,795,320,051
Yogyakarta	2,568,710	1,186	639	547	1,405,276,380
E.Java	31,276,258	812	626	186	5,815,816,131
Bali	2,431,884	958	689	269	654,845,608
NTB	3,263,889	420	361	59	192,812,619
NTT	3,099,745	449	422	27	84,363,296
E.Timur	716,082	535	495	40	28,638,320
W.Kalimantan	2,943,865	1,096	961	134	395,579,350
C.Kalimantan	1,259,613	345	319	26	32,715,431
S.Kalimantan	2,368,352	520	433	87	205,631,481
E.Kalimantan	1,457,482	1,207	596	611	890,889,484
N.Sulewesi	2,240,166	921	749	172	385,428,135
C.Sulewesi	1,623,335	870	778	92	149,027,651
S.Sulewesi	6,458,392	622	567	56	358,650,540
SE.Sulewesi	1,245,459	463	361	102	127,536,413
Maluku	1,662,984	434	365	69	114,800,037
Irian Jaya	1,386,677	483	397	87	120,049,592
Indonesia	160,583,407	818	641	178	28,522,291,967

Notes:

1. Total population is underestimated by approximately 6 million due to missing North Sumatran data.
2. The upper 10 percent of the household income distribution are removed as a proxy for the effect of a wage-based insurance program.
3. Due to the sampling frame of the 1990 SUSENAS, the upper 10 percent of household income distribution represents more than 10 percent of the total population.
4. Compensation is defined as the amount required to return the population to the level of health coverage prior to the removal of the upper 10 percent.
5. Average expenditure rates based on entire population rather than only those purchasing health services.

Table 6.7

1990 Provincial Differences in JPKM Coverage Before and After
Upper 10 Percent of Income Distribution is Removed

Province	Premium Revenue Before	Premium Revenue After	Expected Benefit/Cap Before	Expected Benefit/Cap After	Diff-erence	Compensation Required
Aceh	802,370,094	646,926,180	728	615	114	151,931,136
N. Sumatra	2,165,275,470	1,818,087,546	1,085	941	145	388,257,876
W.Sumatra	1,264,430,518	942,693,480	1,042	838	204	305,847,129
Riau	557,421,277	372,143,613	470	358	112	136,705,565
Jambi	530,554,405	430,928,704	707	606	101	77,295,197
S.Sumatra	1,974,607,270	1,342,725,471	1,065	786	278	687,794,169
Bengkulu	266,038,097	167,308,833	739	505	234	106,955,196
Lampung	1,395,020,196	1,017,765,693	681	523	158	390,371,013
Jakarta	5,971,248,896	1,686,367,369	2,369	1,182	1,187	2,301,860,178
W.Java	12,750,420,077	8,245,863,632	965	700	265	3,550,924,322
C.Jaya	7,219,052,104	5,847,932,664	719	613	106	1,216,002,024
Yogyakarta	1,170,368,968	744,038,771	1,120	799	322	346,901,049
E.Java	9,613,232,195	7,289,191,221	766	621	146	1,911,832,539
Bali	1,118,903,724	781,566,078	1,210	956	253	258,916,187
NTB	452,990,970	381,582,589	410	357	54	73,540,808
NTT	356,315,374	317,655,114	282	256	26	33,224,866
E.Timur	71,310,535	53,290,699	386	305	81	24,478,810
W.Kalimantan	936,465,095	680,851,748	827	659	167	206,943,383
C.Kalimantan	180,635,151	129,879,572	376	291	85	45,156,985
S.Kalimantan	405,932,742	283,836,257	388	295	93	92,246,055
E.Kalimantan	796,383,277	303,175,021	1,080	532	547	335,068,299
N.Sulewesi	777,591,336	573,926,384	834	661	173	163,130,761
C.Sulewesi	329,390,958	229,700,597	468	342	126	85,819,851
S.Sulewesi	1,315,771,085	919,827,671	657	484	173	469,218,062
SE.Sulewesi	181,348,130	112,514,822	339	223	116	60,705,121
Maluku	513,067,604	318,538,887	1,042	694	348	242,840,384
Irian Jaya	315,668,929	139,373,113	737	359	378	220,100,381
Indonesia	53,316,271,550	35,980,204,531	862	638	224	17,336,067,019

Notes:

1. Total population is underestimated by approximately 6 million due to missing North Sumatran data and inconsistencies in Aceh data.
2. Premium is set at Rp.3000 per capita and collected only from those currently spending at or above the level.
3. The JPKM program is assumed to cover 75 percent of the population.
4. The upper 10 percent of the household income distribution are removed as a proxy for the effect of a wage-based insurance program.
5. Due to the sampling frame of the 1990 SUSENAS, the upper 10 percent of household income distribution represents more than 10 percent of the total population.
6. Compensation is defined as the amount required to return the population to the level of health coverage prior to the removal of the upper 10 percent.

Table 6.8

Cost to GOI of Various Health Schemes to Achieve
At Least Rp.400 Per Capita Coverage (Rupiah)

Province	Pays All	Pays All-Upper 10%	JPKM-Upper 10%	JPKM	JPKM Cross-Subsidy
Aceh	557,011,896	533,309,784	0	0	-1,089,120,492
N. Sumatra	1,107,467,088	1,073,663,136	0	0	-4,517,648,460
W.Sumatra	657,925,632	600,565,896	0	0	-2,513,313,884
Riau	564,126,696	487,546,416	0	0	-236,046,404
Jambi	329,283,360	305,799,648	0	0	-602,449,565
S.Sumatra	1,064,226,744	988,272,432	0	0	-4,210,839,296
Bengkulu	194,215,728	182,748,384	0	0	-392,267,407
Lampung	1,035,505,800	989,195,760	0	0	-1,732,726,188
Jakarta	1,384,740,000	775,639,032	0	0	-16,229,647,797
W.Java	5,920,788,216	5,361,870,192	0	0	-19,910,249,566
C.Jaya	4,798,845,744	4,590,915,672	0	0	-9,108,201,621
Yogyakarta	480,939,144	431,543,280	0	0	-2,061,297,532
E.Java	5,560,617,552	5,254,411,344	0	0	-12,118,523,494
Bali	452,721,864	408,556,512	0	0	-2,181,544,150
NTB	569,729,328	548,333,352	141,839,037	0	-34,555,857
NTT	507,859,800	520,757,160	444,883,865	356,718,004	356,718,004
E.Timur	125,837,712	120,301,776	68,279,869	10,457,020	10,457,020
W.Kalimantan	534,723,840	494,569,320	0	0	-1,358,555,991
C.Kalimantan	229,502,112	211,614,984	137,634,796	32,663,955	32,663,955
S.Kalimantan	431,048,856	397,883,136	248,565,986	31,344,205	31,344,205
E.Kalimantan	303,880,080	244,856,976	0	0	-1,229,425,152
N.Sulewesi	406,295,064	376,347,888	0	0	-1,050,421,129
C.Sulewesi	286,832,784	272,720,280	93,571,367	0	-116,493,212
S.Sulewesi	1,154,638,800	1,085,009,856	0	0	-1,769,590,094
SE.Sulewesi	220,819,872	209,237,112	220,373,414	80,035,552	80,035,552
Maluku	298,792,368	279,381,312	0	0	-1,141,874,236
Irian Jaya	255,677,856	232,961,736	56,770,468	0	-512,842,383
Indonesia	29,434,053,936	26,978,012,376	1,411,918,803	511,218,735	-83,606,415,176

Notes:

1. Total population is underestimated by approximately 6 million due to missing North Sumatran data and inconsistencies in Aceh data.
2. The upper 10 percent of the household income distribution are removed as a proxy for the effect of a wage-based insurance program.
3. Due to the sampling frame of the 1990 SUSENAS, the upper 10 percent of household income distribution represents more than 10 percent of the total population.
4. In Pays All, the GOI pays to bring benefit coverage to Rp.400/capita. In Pays All-Upper 10 percent, the GOI pays for those not covered by insurance. In JPKM schemes, the GOI pays to bring up to Rp.400/capita. The negative value under JPKM Cross Subsidy reflects surplus.

Table 6.9

Cost to GOI of Various Health Schemes to Achieve
At Least Rp.800 Per Capita Coverage (Rupiah)

Province	Pays All	Pays All-Upper 10%	JPKM Upper 10%	JPKM - Cross-Subsidy-Upper 10%	JPKM	JPKM Cross-Subsidy
Aceh	1,114,023,792	1,066,619,568	588,750,042	588,750,042	237,098,308	237,098,308
N. Sumatra	2,214,934,176	2,147,326,272	0	-898,988,966	0	-1,880,822,060
W.Sumatra	1,315,851,264	1,201,131,792	0	-136,070,133	0	-946,824,284
Riau	1,128,253,392	975,092,832	1,282,311,171	1,282,311,171	1,107,112,396	1,107,112,396
Jambi	658,566,720	611,599,296	352,646,299	352,646,299	181,558,435	181,558,435
S.Sumatra	2,128,453,488	1,976,544,864	80,324,847	80,324,847	0	-1,676,966,096
Bengkulu	388,431,456	365,496,768	320,664,201	320,664,201	70,150,993	70,150,993
Lampung	2,071,011,600	1,978,391,520	1,629,447,837	1,629,447,837	732,763,812	732,763,812
Jakarta	2,769,480,000	1,551,278,064	0	-1,763,387,648	0	-12,932,647,797
W.Java	11,841,576,432	10,723,740,384	3,190,202,570	3,190,202,570	0	-5,813,134,766
C.Jaya	9,597,691,488	9,181,831,344	5,110,126,373	5,112,443,841	2,317,621,579	2,317,621,579
Yogyakarta	961,878,288	863,086,560	3,851,236	3,851,236	0	-916,204,332
E.Java	11,121,235,104	10,508,822,688	5,611,291,981	5,611,291,981	1,121,042,106	1,121,042,106
Bali	905,443,728	817,113,024	0	-379,502,559	0	-1,103,634,950
NTB	1,139,458,656	1,096,666,704	1,447,394,637	1,447,394,637	1,321,942,543	1,321,942,543
NTT	1,015,719,600	1,041,514,320	1,684,781,865	1,684,781,865	1,565,908,004	1,565,908,004
E.Timur	251,675,424	240,603,552	354,712,669	354,712,669	310,070,620	310,070,620
W.Kalimantan	1,069,447,680	989,138,640	413,731,671	413,731,671	0	-85,403,991
C.Kalimantan	459,004,224	423,229,968	641,479,996	641,479,996	579,097,555	579,097,555
S.Kalimantan	862,097,712	795,766,272	1,195,906,786	1,195,906,786	1,057,651,005	1,057,651,005
E.Kalimantan	607,760,160	489,713,952	390,142,486	390,142,486	0	-505,901,152
N.Sulewesi	812,590,128	752,695,776	311,476,234	311,476,234	0	-83,051,929
C.Sulewesi	573,665,568	545,440,560	742,905,367	742,905,367	566,441,988	566,441,988
S.Sulewesi	2,309,277,600	2,170,019,712	2,037,665,324	2,037,665,324	979,549,906	979,549,906
SE.Sulewesi	441,639,744	418,474,224	718,557,014	718,557,014	605,797,152	605,797,152
Maluku	597,584,736	558,762,624	175,692,651	175,692,651	0	-430,463,836
Irian Jaya	511,355,712	465,923,472	611,441,268	611,441,268	95,914,417	95,914,417
Indonesia	58,868,107,872	53,956,024,752	28,895,504,525	25,719,872,687	12,849,720,817	-13,525,334,376

Notes:

1. Total population is underestimated by approximately 6 million due to missing North Sumatran data and inconsistencies in Aceh data.
2. The upper 10 percent of the household income distribution are removed as a proxy for the effect of a wage-based insurance program.
3. Due to the sampling frame of the 1990 SUSENAS, the upper 10 percent of household income distribution represents more than 10 percent of the total population.
4. In Pays All, the GOI pays to bring benefit coverage to Rp.400/capita. In Pays All-Upper 10 percent, the GOI pays for those not covered by insurance. In JPKM schemes, the GOI pays to bring up to Rp.400/capita. The negative value under JPKM Cross Subsidy reflects surplus.

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CHAPTER 7
SUMMARY OF THE COMPUTER MODELING SYSTEMS CONSULTANCY

7.1 INTRODUCTION

The purpose of the JPKM Computer Systems Consultancy is to create the framework and analytic methodology required to develop national and provincial computer models that depict the potential impact of JPKM implementation and subsequent operations. The data required for the development of the models will come from economic, health service utilization, demographic, and epidemiologic sources. The development of the computer models has been conceptualized to occur in three phases. Phase I involves the identification, acquisition and preliminary analysis of existing data sources. In addition to the development of preliminary computer spreadsheet type models, Phase I activities will document limitations in the currently available data, and suggest additional sources of data for inclusion in the second phase of computer model development. During Phase II, the additional and improved data identified during Phase I will be incorporated into the spreadsheet models. Part of the currently unavailable epidemiologic and cost data will come from the enrollment and encounter forms of initial JPKM framework providers. The final phase will correct the limitations of the data identified during Phase II. During Phase III more time series data from pilot JPKM framework providers will enable more accurate estimates of the costs of underwriting JPKM programs. The current consultancy addresses modeling concerns of the first phase of computer model development.

National socio-economic survey data (SUSENAS 1987, 1990) and charge and utilization data from one of Indonesia's few operating capitated health plans (Saint Carolus' PJPK plan) provided the raw data that form the basis of the computer modeling efforts. The data were analyzed and a series of summary tables were provided to Saint Carolus staff and members of the HSFP's Social Finance staff. Variable estimates from the summary tables were then incorporated into several spreadsheet models. The models were then used to estimate the monies available to the JPKM Cross-Subsidy program under numerous operating scenarios.

The database information contained within the summary tables provides the basis for present and subsequent modeling efforts. Considerable staff and computational resources were involved in guaranteeing numerical accuracy and the database flexibility required to address future modeling needs. To the consultant's knowledge, the present SUSENAS health module utilization, service charge and household expenditure analyses have not been conducted within the MOH. Cursory inspection of the tables reveals interesting variations in utilization and expenditures among provinces, urban/rural locations and economic groups over time. Further analysis by MOH staff should provide valuable insights into Indonesia's development health system.

During the consultancy, Jamsostek was signed by President Soeharto. The model developed to estimate the monies available to JPKM was successfully used by HSFP Social Finance staff and the consultant to estimate the potential impact of this legislation on JPKM. The results of the analyses are being used in ongoing discussions of the newly formed inter-ministerial committee concerning JPKM.

The consultancy had been contracted to be completed over a four month period starting in Indonesia on November 6, 1991. However, the departure of the American Long Term Social Finance Advisor for home leave resulted in the consultancy being completed in two sections. The bulk of the work was completed prior to February 21, 1992. The remaining portion was completed during two weeks starting on May 11, 1992 following the advisor's return. In addition to the reports required in the Scope of Work, the consultant provided the HSFP Social Finance Consultants and the PJPK staff at Saint Carolus Hospital with numerous summary tables, computer programs, and data files produced as part of the

consultancy. All of the raw files provided by the MOH or Saint Carolus have been either returned or erased.

The consultant wishes to express his gratitude to the HSFP PIO/SF staff and Dr. Maryono and the PJPK staff of Saint Carolus Hospital, who were indispensable in providing the data needed to fulfill the objectives of the consultancy. The development of computer models by the consultant required close collaboration with the PIO/SF staff, hopefully resulting in the transfer of computer modeling and analysis skills.

The remainder of this chapter will provide the background to the present modeling efforts. A section detailing the strengths of the JPKM framework relative to other national health insurance programs and an executive summary of the impact of the Jamsostek legislation on JPKM are also included. Finally, there is a summary based on the objectives of the consultancy.

7.2 BACKGROUND

The Indonesian MOH has made a firm commitment to the process of decreasing its role in the delivery and financing of health services. Lembaga Swadana provides the framework by which government hospitals will eventually become self-financing institutions. In turn, JPKM provides the framework to finance health services in a structured managed care environment. For background information concerning JPKM, please refer to "Structuring Services to Achieve Health Status Goals", "Development of Incentive Systems to Support Structured Benefits", and "JPKM Cross Subsidy System-draft".

The consultancy provides the initial information which will allow policy-makers to explore the implications of different types of JPKM programs. To accomplish this, the consultancy analyzes national household consumption data that describe what people currently spend on health services, as well as the frequency of utilization of several selected services. On the supply side, a hospital's cost and utilization reporting system is analyzed to obtain estimates of service charges by diagnosis, provider and delivery location. The demand and supply information is then combined to develop an initial picture of Indonesian health service consumption and demand.

The consultancy, while using the same data (e.g., SUSENAS 1987 and 1990) available to the former MOH's Bureau of Planning's Health Economic and Policy Analysis Unit (AKEK), focuses more on the development of the methodology and information needed to set health benefit package composition and prices. As such, it may be used by government (PHB, JPKTK) and private entities (Saint Carolus) to evaluate the fiscal viability of health benefit packages. As there still are gaps in the available data, the consultancy focused on transferring the analytic methodologies to members of the Social Finance staff. In this way, as more data become available the staff will be able to further refine any subsequent analyses.

The analyses conducted during the consultancy will provide the future BUMDs with the information required to develop minimum basic packages at a national and provincial level. Finally, the analyses will provide the information required to estimate the intra-provincial and inter-provincial subsidies required to finance the JPKM Cross Subsidy System.

The introduction and subsequent passage of Social Security legislation (Jamsostek) had a large impact on the activities of the consultant. The Long-Term Advisor and Dr. Widodo Sutopo decided that rather than continue the task analysis of BUMD activities and pricing of different benefit packages (Objectives Four and Five), it was more important to describe the potential impact of Jamsostek on the financing of health

plans under the JPKM framework. It must be stressed that data limitations also constrained the complete pricing of BBPs.

The change in focus during the consultancy's later stages had the advantage of providing a "real time" use of the data sets generated by the consultancy as well as demonstrating to the Social Financing staff the methodologies involved in utilizing the data sets. The transfer of skills to the Social Financing staff was further complicated through staff reductions resulting from the HSFP's shift in funding mechanisms.

7.3 WHAT IS JAMINAN PEMELIHARAAN KESEHATAN MASYARAKAT (JPKM)?

JPKM is an evolving concept grounded in many years of MOH activities. The present consultancy is an initial step in the development of the information system that will serve JPKM in the future. As there is some confusion concerning the role of JPKM in the future financing of Indonesia's health system, it may be worthwhile to first discuss the strengths of the JPKM framework and why it is an improvement over past health insurance schemes.

In order to improve in terms of access and service delivery quality, Indonesia's health system must have access to additional resources. The JPKM concept provides a framework to mobilize financial resources as well as distribute them in such a manner as to increase social welfare and equity. This section seeks to clarify how JPKM is different from other national health insurance plans through the examination of numerous problems associated with traditional social health financing schemes. The section will demonstrate that in all instances, JPKM has been carefully designed to eliminate or reduce the impact of the problems of health insurance.

Health insurance may increase social welfare through risk pooling and arbitraging risk aversion to reduce uncertainty. This is based on a recent World Bank report's definition of health insurance "as a formal arrangement whereby, in return to pre-paid premium, an enrolled patient will either (1) be paid for the cost of covered health services he used, or (2) be provided guaranteed health services according to some legally binding plan" (World Bank Report: *Indonesia: Health Insurance Issues in the 1990's*, by Charles Griffin). JPKM has come to mean many things to different people. Based on the above definition, JPKM may be considered health insurance. However, it must be stressed that services guaranteed by the JPKM plan are structured in such a way as to reduce the problems associated with traditional health insurance. In addition, the inter-provincial transfer of funds through the JPKM cross-subsidy program facilitates the equitable distribution of health services amongst provinces while increasing social equity. The careful design of the JPKM program makes it unique in the world and is the reason why certain groups consider it to be more than just health insurance. It is important to note that the differences in the descriptions of JPKM are semantic (i.e., is it insurance or is it managed care?) and should not detract from the discussion of the unique aspects of JPKM.

7.3.1 INFORMATION ASYMMETRY, MORAL HAZARD, AND ADVERSE SELECTION

Information asymmetry, moral hazard, and adverse selection are three problems that may affect any health financing scheme. Information asymmetry may manifest itself in a phenomenon known as supplier induced demand. Moral hazard may result in the overuse of health services by the consumer. Finally, adverse selection may affect a health scheme's financial viability through the selective enrollment of high-risk individuals. JPKM has been designed to minimize each of these three problems.

Information asymmetry may lead to inappropriate or more expensive services being performed, resulting in a cost escalation which may bankrupt the health plan. The JPKM program, through its Paket Dasar, requires that all participating plans offer a basic set of services. The services are covered through the

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premium revenues collected by the JPKM system. The approved health plans may provide other benefits, but the consumer must pay for them. The services included within the Paket Dasar are structured, so that for the most common conditions associated with the services covered there are uniform sets of standards of care. The structuring of services limits the providers substitution of high cost procedures and tertiary care for cost effective primary care.

The JPKM program addresses the moral hazard issue through a series of co-payments. It should be noted that moral hazard has been partially addressed in a similar fashion by other national health programs (e.g., in Korea). The structuring of services also reduces the consumer's ability to demand inappropriate care. However, the consumer (or group) is always allowed the freedom to purchase the additional care if he or she so chooses.

Adverse selection has bedeviled voluntary health plans. JPKM addresses adverse selection in several unique ways. The first is to adjust the JPKM payment to the participating plan based on the expected risk of the enrolled population. For instance, the plan would receive a greater per capita sum for a group of steelworkers than from a group of clerical workers. The adjustment of per capita coverage based on risk has the effect of greatly reducing the adverse selection problem. In fact, the rates may be set in such a way as to encourage the plan to seek out high-risk populations. Of course, a group might select a participating provider whose style of care offers more amenities or services than contained in the Paket Dasar. In this instance, the group is allowed to pay for any additional services.

The second way JPKM reduces adverse selection is through the services provided in the Paket Dasar. Since the Paket Dasar is uniformly provided and additional services must be purchased outside the JPKM financing mechanism, there is little advantage in a high-risk group choosing a low-cost health plan offering only the Paket Dasar or a high-cost plan offering additional services. In the former case appropriate care is provided, in the latter the cost of additional services are borne by the group.

In short, the JPKM program can reduce the inefficiency in the production of health services, and the inequity in the distribution of health services. Through the concept of mandatory choice, in which everyone must participate but may choose the manner in doing so, the potential under-financing and under-insurance of health care is reduced. JPKM is able to address moral hazard and the associated cost escalation and inefficient resource use. JPKM allows both public and private providers and through the separate pricing of services beyond the Paket Dasar, allows economic incentives to lead suppliers to efficient and timely responses to consumer demand.

7.3.2 UNIVERSAL COVERAGE

Universal coverage is the stated goal of JPKM. The examination of more developed countries' health insurance and health service plans has demonstrated that universal coverage is an expensive proposition. In Indonesia the short-term tradeoff might be between the provision of numerous services to a limited population (as in the current PHB, PKTK schemes) or universal coverage with initially limited services (JPKM with only the Paket Dasar). Mandatory health insurance reduces the free rider problem and facilitates cross-subsidization and risk pooling. Choice is maintained under the JPKM program by allowing individuals or groups to chose between competing health plans. It should be noted that PHB and PKTK would most certainly be among the plans from which to choose. Low participation rates in PKTK and Korean health plans suggest that mandatory participation without choice has the potential to lower welfare as some individuals who might otherwise not desire to participate are forced to do so. However, if the group or individual is presented with a number of health plans to choose from then the potential for a welfare loss is reduced.

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7.3.3 LABOR MARKET DISTORTIONS

There is the legitimate question of labor market distortions caused by high payroll taxes which might finance national health insurance. This might be a problem in Indonesia, given the country's currently narrow economic base. More empirical work needs to be completed to accurately describe the extent of the problem. The new social security legislation allows for the provision of health services financed by a payroll tax. Presently it is unclear what body would administer the funds and what group or groups would provide services. While in concept JPKM does not rely exclusively on the collection of premium fees from the formal wage sector through payroll taxes, it would provide an ideal framework to manage the funds and purchase services. The groups paying the payroll taxes would then be able to choose between a series of competing plans. It is anticipated that PHB and PKTK would be among the options. Those choosing other JPKM plans would have their premiums paid from the overall fund derived from the payroll tax. Other groups not covered under the payroll tax would be able to participate. Initially, the premiums collected for those outside the formal wage sector will be based on what the individuals are currently paying for health services. This partially addresses willingness to pay issues. If they are collected through an employee benefit tax, the premiums will probably not be any greater than currently under PKTK. However, further work needs to be initiated to determine the extent to which employers substitute for non-covered labor.

The goal of JPKM is to provide a minimum set of services to a large number of people. As experience is gained and research results are available, the scope of services covered may be increased and other financing mechanisms explored. The incremental implementation of JPKM is acknowledged and accepted within the MOH as necessary to minimize the labor market and fiscal distortions that have resulted from too hasty introduction of health financing and delivery plans in other countries. However, it is also critical that when JPKM is implemented it has access to funds created by the payroll tax and is able to operate in several provinces.

7.4 SOCIAL INSURANCE APPROACH

In the case of Indonesia, a social insurance approach to financing health services is possible to supplement contributions from government general revenues. There will be greater public support and program stability because the individuals will be able to perceive a direct relationship between their contributions and the services that they ultimately receive. The JPKM approach to health insurance allows individuals or groups to chose between providers offering different benefit packages beyond the Paket Dasar. Experience in Latin America and Korea suggest that for such schemes to work government must provide sufficient funds. JPKM is designed not to cost the government additional funds. Under JPKM public and private providers may participate. The problem (for government) under PHB or PKTK is that the plans purchase services at a price less than the marginal cost. Increased utilization of PHB or PKTK has the impact of increasing MOH expenditures to cover the difference between the marginal cost and price paid by PHB or PKTK. Under JPKM this is not a problem if health care is purchased from a private provider who in the short run must at least recover average costs. If a public provider wishes to participate in JPKM, the negotiated capitated rate may or may not cover the costs. The continued amount of MOH subsidy then rests on a political decision among the various Ministries coordinating JPKM.

7.5 THE BENEFITS OF THE JPKM CONCEPT

The JPKM program has been designed to reduce cost escalation and eliminate inefficiencies in quality and production of care often observed in other countries' national health programs. JPKM uses a series of co-payments to minimize moral hazard. The RAND Health Insurance Experiment demonstrated that co-payments may reduce health expenditures without a serious impact on health status. The use of

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structured services reduces supplier induced demand and the substitution of newer, higher-cost technologies, thereby limiting potential cost increases. The use of capitated payment to eligible provider groups forces the provider groups to internalize the costs of managing physicians to provide adequate care. Finally, by allowing numerous provider groups to compete for different consumer groups' consumer welfare is assured through adequate choice. Likewise, the chance for quality care and delivery efficiency is increased through the competition between plans. One of the reasons that JPKM has been designed as it is may be summarized in the 1989 World Bank Report on Korea which stated that, "systems in which those who pay the bills are also in a position to affect the design of the insurance arrangements tend to do much better at cost containment than systems without such an administrative structure".

The JPKM program has been designed to increase the equity in the distribution of health services and to encourage the appropriate mix of technologies in providing preventive and curative services, while allowing the reallocation of MOH resources to less affluent populations. In its design, the JPKM program carefully addresses problems found in other countries' health programs, enabling it to be an effective mechanism for mobilizing resources and purchasing services.

The JPKM program is a natural progression based on the experiences of PHB, PKTK, and Dana Sehat. It represents the current thinking within the MOH of a program to mobilize resources and purchase services in a manner that minimizes the problems associated with other national health programs. More importantly, it is viewed as a program that will move the health sector along the national policy direction of increasing social equity within the sector while reducing the government's role in the production of services. The process of implementing JPKM will take time to achieve national coverage. However, the program must first be tested in several provinces to further fine-tune it. As such, it is imperative that the legislation enabling the implementation of JPKM on a limited basis be developed on a timely basis.

7.6 SUMMARY OF THE EFFECTS OF REMOVING WORKERS FROM JPKM RISK POOL

The JPKM Cross-Subsidy System takes advantage of the differences in provincial health expenditures and the income elasticity of the demand for health services to finance the provision of health services in a manner that will improve health status while at the same time increase social equity and the access to health services. Recently there has been concern that the Jamsostek legislation might require the formal wage sector to join an existing employment-based health insurance scheme. This will have the effect of removing the more affluent formal wage sector from the JPKM risk pool. The removal will greatly reduce the monies available to the remaining population, thereby reducing social welfare that could have been gained through more broadly based insurance. The government might replace the monies, making the loss of formal wage sector neutral from a social welfare perspective. Financing the transfer from general revenues, however, will still have the effect of reducing welfare at the national level.

This section reports on the magnitude of the loss of the formal wage sector in terms of reduction in service coverage for those remaining. In addition, the implied health insurance monopoly resembles the health systems found in Latin America, whose inefficiencies and social inequities have been well documented. The separation of financing and service delivery has been the basis for uncontrolled increases in national health expenditures in most Western democracies. In order to minimize the chances of Indonesia repeating the mistakes found in other health systems, the managed care plans under the JPKM Cross-Subsidy Program must have access on a competitive basis to funds generated through the Jamsostek Legislation. The existing employment-based health schemes would also have competitive access to the monies. The introduction of consumer choice will have the effect of increasing supplier responsiveness to consumer health insurance preferences. By allowing the consumer the choice of health

plans after the mandatory health benefit tax has been deducted, the resulting social welfare loss from the income loss is minimized.

7.6.1 PRELIMINARY DISTINCTIONS BETWEEN JPKM, JAMSOSTEK, AND SOCIAL INSURANCE

Before discussing the magnitude of removing the formal wage sector from potential JPKM participation, it is worthwhile to clarify the differences between JPKM, Jamsostek, and Social Insurance. Jamsostek is merely a mechanism to collect health insurance premiums from the wage-based population. If the premium revenues go to a social security based program, then only the payees and their dependents will benefit. If, on the other hand, the premiums go into a fund where other non-wage groups contribute and may receive benefits, then Jamsostek starts to resemble Social Insurance.

Social Insurance is usually funded through general government revenues collected by the income tax system and covers the entire population. Income may be derived from sources outside wages increasing the amount of potential revenues available to the Social Insurance scheme. In addition, because Social Insurance is funded through general revenues rather than as a wage benefit tax, the Social Insurance participant may be less inclined to expect an immediate tangible benefit from his or her contribution as compared to the wage-based contributor.

It should be noted that in both Jamsostek and Social Insurance cases, there is usually only one payor for services. The payor may exercise monopsony power over the service providers. There is no direct linkage, however, between the financing and delivery of services. This may have several effects. The containment of costs will become an administrative nightmare and the quality of services will not be ensured. The payor of services does not have any incentive to take into account consumer choice when providing benefits. The consumer has little choice in either system. The individual must receive health services from a social security scheme (Jamsostek) or from the government funded (Social Insurance) health system.

JPKM is social insurance in that it guarantees universal coverage. Unlike Jamsostek or Social Insurance, however, JPKM allows for multiple sources of funding and multiple service providers. In a very real sense, Jamsostek and Social Insurance are subsets within JPKM. JPKM is different because there is a direct linkage between the financing of health care and service delivery. JPKM allows the consumer choice in deciding which JPKM plan to participate in. This has the effect of reducing the welfare loss inherent in mandatory participation. It also allows increased competition between different potential health plans. The competition between potential JPKM plans encourages greater private sector participation. It is important to note that government sponsored health plans may exist within the JPKM framework. Increased private sector involvement introduces the price system and its signaling efficiencies into the health financing and service delivery market places. In summary, the JPKM framework has been constructed to maximize personal choice, and increase operational efficiency within the health system, while at the same time contributing to the Indonesian goals of increased social equity and the decentralization and privatization of services.

7.6.2 THE MAGNITUDE OF LOST REVENUES

Based on previous analyses, it has been determined that, in order to maximize premium revenues, the JPKM Cross-Subsidy Program must charge Rp.3,000 per person per month. It should be remembered that only those individuals who reported spending at least this amount will contribute. Those spending less will pay nothing and still receive benefits. In 1990 only about five percent of the population spent

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over Rp.3,000 per month. At a national level the program would collect approximately Rp.66.4 billion per month. This would achieve Rp.805 per person per month coverage. It must be noted that the average Indonesian spent only Rp.818 on health services in 1990. By collecting fees from only 5 percent of the population, the JPKM Cross-Subsidy Program achieves almost the same coverage, in terms of Rupiah spent, as a program that would have taken all the Rupiah spent in 1990 and redistributed it across the provinces. The introduction of Standards of Care through a Managed Care framework will probably be able to triple the JPKM coverage for the same amount of Rupiah through the structuring of services.

Figure 7.1 shows that the removal of the wage-based population has the effect of drastically reducing the amount of money available to the JPKM Cross-Subsidy risk pool. The height of the area column chart indicates the amount of revenue that may be collected at each of the fees indicated. The high point is around Rp.3,000, for both the entire population and the minus 10 percent of the population that the formal sector was assumed to represent. The analysis estimates that the Rp.3,000 fee will generate only Rp.44.6 billion per month without the wage-based population's contribution. This allows coverage of Rp.593 per person per month. The new coverage is a 24 percent reduction from the previous Rp.805 level. The chart also demonstrates that the effect of removing the formal wage sector is fairly constant across various fee levels. Charts 1 through 6 in the appendix depict the amount of revenues available at different fee levels for Indonesia, Jakarta (as seen below) and West Java.

The effect of removing the formal wage sector will vary across provinces. The effect is dependent on the proportion of each province's population employed in the formal wage sector. An examination of Figure 7.2 reveals that the deleterious effect on the JPKM risk pool in Jakarta is quite large. In fact, there is over a seventy percent reduction in the monies available. The large drop results from the high percentage of formal wage employees in Jakarta. In an urban center, such as Jakarta, it is usually the old, poor or young who are not working at employment that would come under the Jamsostek legislation. This population as a whole tends to be less healthy than the younger working group. Because of their higher risk, the insurance premiums must be greater than for the working group. Yet it is this very population who can least afford health care, let alone insurance. Who will pay for the care of this group? Most certainly it will continue to be the MOH. However, this need not be the case. If JPKM had access to the Jamsostek fund it would easily be able to provide BBPs in Jakarta. The monies available, the existing health delivery structure, and the presence of the private sector all point toward a potentially dynamic JPKM market that could provide services efficiently as well as equitably.

Figure 7.3 demonstrates at a provincial level the inequity of the removal of the wage-based sector on the revenues lost due to the decreased affluence of the risk pool. It must be noted that the provinces in Java have the most to lose from decreased access to the revenues collected under Jamsostek. This is, for the most part, due to their large populations. However, in the case of Jakarta it is because of the large proportion of workers engaged in formal employment.

How much will the MOH have to pay to compensate for a weakened JPKM? Figure 7.4 shows that an additional Rp.15.6 billion per month is required to bring those remaining in the risk pool up to the level over coverage they enjoyed prior to the departure of the formal wage sector. The amount is less than the difference in revenue collection because there are fewer people in the risk pool to return to the Rp.805 level of coverage. The Rp.15.6 billion may be reduced if individuals are allowed to purchase coverage in both the JPKM and Jamsostek systems.

Figure 7.5 depicts the monthly revenue requirements needed to provide Rp.800 per capita coverage under four different health plans. In the first instance the MOH, in a Social Insurance scheme supported through general revenues, must provide over Rp.66 billion monthly. The next scheme under a combined Jamsostek/Social Insurance type arrangement, shows that the MOH must still contribute over Rp.60

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billion to provide services to those not covered under Jamsostek. It is in the third scheme that the JPKM Cross-Subsidy System is encouraged to fund Rp.800 coverage to the population not covered by Jamsostek. The Cross-Subsidy System must still obtain nearly Rp.16 billion per month from the MOH. In the last scheme the JPKM programs are able to compete for the funds generated by Jamsostek. It is interesting to note that for the first time there is an operating surplus of almost Rp.400 million per month.

The amounts required for compensation in the different schemes depend, in part, on what arrangement can be negotiated with the insurance group that receives the Jamsostek money. If the MOH can charge a price above marginal cost, then the excess might be used to fund services to the people left out of the Jamsostek financed program. However, the MOH will still have to fund the hospital's operations and maintenance budget. The funds could be provided by a JPKM entity. It seems unlikely that the MOH would be able to completely compensate for its additional outlays caused by decreased JPKM financing.

7.6.3 IMPLICATIONS

The people left in the JPKM risk pool will include the urban poor, the young, and the aged. These are high-cost groups compared to the younger wage-based employee. In fact, it is the younger more affluent Indonesian on which the JPKM Program relies to assist in its programmatic goal of increasing social equity in the access to health services.

It will be much more difficult to encourage JPKM programs to enter the now more limited health insurance/service provision market place. The removal of the young and healthy from the risk pool will eliminate most of the incentives for the private sector to introduce JPKM products. If individuals are unable to enroll in a JPKM program due to the lack of programs, then they will continue funding their health care out of pocket. They will more than likely receive care at MOH sponsored health facilities. In short, very little will have changed.

The main impact imposed by this scenario of "cream-skimming" by the national health insurance monopoly will be felt by the MOH. The increased introduction of market forces through the Lembaga Swadana process is a cornerstone of the MOH's push to change its role from a provider of health services to a guarantor of quality. Health facilities are to improve organizational efficiency and service quality as they become more responsible for generating their own revenues. The demand for the improved product will be financed through service contracts with JPKM approved entities. The absence of such groups will limit access to patient revenues that are required by the hospital as it moves to become more independent. In summary, the MOH will find its move towards Lembaga Swadana weakened considerably because it will need to make up for the revenues that might have been provided by the JPKM approved programs. The groups will have failed to enter the health financing/service delivery market place because the remaining risk pool did not have the resources to fund a financially viable product.

In the long run a more ominous situation might develop. An examination of other countries' wage-based benefit programs, primarily in Latin America, reveals that the contributing employees expect something in return for the reduction in their salary. They often demand more extensive care than is available in the government clinics. The national health insurance provider may be tempted to move into service delivery. This has, in most cases, rapidly led to a two class medical system with the country's MOH shouldering the costs of what had traditionally been a high-cost population, difficult to insure (i.e., urban poor, the very old or the very young). This scenario is starting to be played out in Indonesia as ASTEK is currently sponsoring clinics with increased services for its beneficiaries.

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7.6.4 SOME FINAL THOUGHTS ON JPKM AND JAMSOSTEK

The current section has discussed how JPKM will be negatively impacted through restricted access to the funds generated under Jamsostek. This will in turn have negative implications for the MOH as it moves forward with Lembaga Swadana. JPKM has been designed to minimize the service provision problems associated with escalating costs, and inefficient production and distribution of services found in many developing countries' health insurance programs. JPKM was initially conceived to be financed as Social Insurance with premiums not being derived from payroll taxes. The recent social security legislation has changed that. In order to succeed, JPKM and participating plans under it must have fair access to the payroll tax fund.

As discussed throughout this report, the positively skewed nature of Indonesia's income distribution and the income elastic demand for health care provide the basis to fund JPKM-based plans. Within the JPKM framework the more affluent members would partially subsidize the care of the less affluent. This could occur between individuals or provinces. The extent of the subsidization would be determined over time by the more affluent individual's (or group) willingness to pay extra for services, the government's willingness to partially fund the plan, and the scope of services provided in the Paket Dasar. If JPKM is not able to access the payroll tax fund, it in a very real sense, loses access to those who might provide subsidies to lower-income JPKM members. The loss of the more affluent members severely affects JPKM's ability to be a change agent leading to increased social equity.

Loss of access to the payroll tax fund would cause JPKM to suffer from a classic case of adverse selection. The wage-based population is younger, healthier, more affluent and more easily accessible than the primarily rural informal sector group. One might also argue that the uncovered urban poor might require even more health services than the rural poor. Both of the populations left to JPKM after the removal of the formal wage sector have traditionally been consumers of costly medical services. Who would cover the two groups? Currently the MOH provides care to many of the groups unable to afford private services. JPKM, its stated goal being increasing social equity in the access to health care, would be in a position to finance and provide service delivery options to the entire population. In order to do so without extensive government subsidy, JPKM must access to those members of the risk pool which help lower overall costs.

JPKM provides a framework which allows for the equitable financing and provision of health services. Consumer choice is a critical component of JPKM. The presence of consumer choice minimizes welfare loss associated with the forced purchase of services. (We assume that, given sufficient choices, the consumer would purchase one of the plans.) The competing plans may be either public or private entities. The inclusion of public providers fits nicely with the MOH's expressed goal of privatizing many of its services. The plurality within the market place allows competition to take place to the benefit of consumer welfare. As previously noted, JPKM can structure the market place to reduce many of the problems associated with health insurance.

When the JPKM cross-subsidy system is applied across provinces further gains in social equity may be realized. It is a stated goal of the GOI to improve the standard of living for its citizens residing in the Eastern region of the country. The funds generated within the JPKM framework may be shifted among provinces based on the ability of each province to pay for services. What this means in practical terms is that JPKM programs in more affluent provinces will be able to finance JPKM programs in less affluent provinces. The programs will in turn provide care to individuals currently covered by the MOH. The funds freed may then be applied by the MOH to other provinces.

The JPKM framework provides a unique combination of coordinated financing and managed health care. It is more than health insurance because it maximizes social welfare through the introduction of choice within the health market place, while at the same time operating in a fiscally responsible manner. It is distinctly Indonesian in that its main goal is to equitably ensure and increase the health status of all Indonesians.

7.7 OBJECTIVES CONTAINED IN THE COMPUTER MODELING SYSTEMS CONSULTANT'S SCOPE OF WORK

The following section summarizes the consultancy activities in relationship to the initial scope of work. More detailed information can be found in subsequent chapters.

7.7.1 CONSTRUCTION OF AN ECONOMIC ANALYSIS MODEL

In order to determine national and provincial health service utilization and expenditures, national data must be analyzed. Based on the 1987 and the 1990 SUSENAS the consultant will develop national and provincial estimates of health care utilization and expenditures. The analysis will stratify by age, sex and urban status. Household income and total expenditures will be estimated. A report summarizing findings and recommendations will be presented.

7.7.1.1 Findings

The economic analysis model provides one of the major components of the JPKM Phase I information system. For the first time, individual utilization data have been aggregated to the household level and then combined with household socio-economic data. At the household level the economic model was able to analyze differences in household expenditures across provinces, and among locations (urban/rural) and different economic groups over time. The differences may be exploited by the JPKM framework to finance health service delivery. At the individual level the model provides age and sex specific utilization rates as well as the amount spent per visit on different provider groups. The information provides a first approximation of an area's insurance risk. The information may be used by the pilot JPKM programs and by private providers seeking market information.

The methodologies employed to complete the first objective, and the resulting estimates, may be found in chapters 1 through 4 of this report. In summary, the analyses found that even though total household expenditures declined from 1987 to 1990 in 14 provinces, the amount spent on health services increased in all but 5. For the most part, while the total amount consumed by the upper 10 percent of the expenditure distribution decreased more than for those in the lower 90 percent, the amount of health services consumed increased more for the lower 90 percent. As expected, the consumption of health services is highly income elastic and there are substantial differences in consumption patterns among provinces and between urban and rural areas. These findings have implications for the JPKM Cross-Subsidy program and are explored in Chapter 5 (third objective).

The utilization of health services between 1987 and 1990 is not directly comparable because of differences in reporting periods. However, the use of hospital inpatient services appears to be increasing.

The tables found in the report and appendices have been provided, along with other files, to the Social Finance staff on diskettes. The source code in SAS and the translation files into Dbase have also been included. The diskettes containing the raw SUSENAS files have been returned to the Social Finance staff.

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7.7.1.2 Recommendations

The use of nationally collected health consumption data is a useful first step in estimating the demand for health services. As the BUMDs evolve, however, there will be a need for more specific and more frequently collected data. The whole notion of risk-adjusted premiums requires population epidemiologic data that are not readily available. The utilization data only reveal who sought care, not what the unmet demand might be. As a result other surveys will need to be initiated to provide the BUMD with information to more accurately estimate the risk of the population they oversee. Baseline data should be collected in the areas where the JPKM framework will initially be tested.

In addition to the conceptual development of the JPKM information system, a large portion of Objective One's activities involved the generation of summary files based on the raw SUSENAS data. The files will provide the basis of subsequent analysis by Social Finance staff. During the consultancy there were considerable morale problems due to changes in HSFP funding mechanisms. The analyst assigned to be responsible for the files that were provided to the Social Finance staff no longer has a long-term contract with the project. Unless someone is assigned to the files there is the danger that, no matter how well they are documented, they will not be used.

Finally, if the last issue is resolved, the data files need to be used. The structure of the files allows the analyst easy access and enables him or her to answer a wide range of policy related issues. The analysis of Jamsostek issues provided a "real-life" example of the analysis process to Social Financing staff. However, further practice is necessary to increase the likelihood that the skills transferred during the consultancy will be maintained and retained. Dr. Sutopo and Dr. Marzolf are both capable of asking a nearly endless series of policy questions. Staff resources that can answer the questions are required. This will become even more critical in the future as JPKM is implemented on a trial basis.

7.7.2 EVALUATION OF ALTERNATIVE BBPs

The consultant will analyze existing health facility utilization and cost data to estimate the costs of providing a series of BBPs The data will come from several government and private hospitals for both inpatient and outpatient care. While these hospitals may provide a higher quality and higher cost product than is the norm, costs estimated from the facilities will provide upper bound estimates of cost. In addition to estimating total BBP costs, the consultant will estimate the fixed and variable cost portions of each package. A report summarizing findings and recommendations will be presented.

7.7.2.1 Findings

The Saint Carolus PJPK program was the only hospital analyzed. This was because of logistic and time constraints, as well as the fact that the Saint Carolus PJPK program is one of the few programs that resemble "managed care" in the country. In addition, with the exception of R.S. Sutomo in Surabaya, it is the only program with sufficient data to obtain diagnosis specific information. The results of the analyses may be found in Chapter 5.

The Saint Carolus Hospital financial system is not directly linked to the PJPK program. As such, it was not possible over the limited time allocated for this portion of the consultancy to obtain true cost estimates. At this point in model development, from a practical perspective, charge data from a private hospital may serve as a proxy for cost. This will not be the case in subsidized government hospitals. The PIO/Hospitals activities should provide useful cost data for later integration with JPKM activities.

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The PJPK information system has charge information that may be stratified by diagnosis. This allowed for the estimation of the most expensive inpatient and outpatient diagnoses stratified by age and sex. Within the charge data it is possible to determine the charges of drugs, procedures and consultations. The variations observed have led to increased interest within Saint Carols administration and plans to further disseminate the analysis results.

Standards of Care have yet to be implemented within the Saint Carolus PJPK program (or for that matter, in most government hospitals). The standards will affect the prescription of pharmaceuticals and, hence, have a large impact on the charges or costs associated with treating different diagnoses. Consequently, the costing of BBPs and estimation of savings derived from the introduction of Standards of Care at this time is limited because everything will change through the introduction of Standards of Care. It is possible to look at the procedures and drugs associated with different diagnoses and then make rough calculations of the savings which might accrue from the introduction of Standards of Care. This has been demonstrated to the staff at Saint Carolus. The analyses suggest that substantial savings, primarily through reduced drug use, may be realized.

These problems aside, the consultancy was able to estimate the charges associated with the most common inpatient and outpatient diagnoses, the proportion of drugs in the total charge, and the variations in style of care among providers and outpatient clinics. In addition, the construction of the data set has allowed the estimation of the costs of offering different levels of inpatient and outpatient coverage given the current style of medical practice. The linkage of various plans' demographic data with utilization information has allowed the initiation of group policy calculations. The information has been provided to the Saint Carolus administration.

More importantly, the data elements contained within the Saint Carolus PJPK program can serve as an example of the minimum data set required of a health provider to function under a JPKM framework. Finally, the methodology employed during the analysis of the data may serve as an example for future use.

7.7.2.2 Recommendations

In general, the Saint Carolus PJPK information system accurately represents the activities of the program. Variable range checks need to be incorporated into data entry to ensure accuracy in recording diagnoses and procedure information. Increased emphasis should also be placed on recording diagnostic information.

The main recommendation concerning the work at Saint Carolus is that the PJPK program increase the staff involved with the analysis of the data contained within the information system. (Currently only standard reports are generated.) The current computer hardware and software are not sufficient to provide timely and relevant analyses. This may become even more problematic as the PJPK program expands.

Another recommendation is that data from R.S Sutomo be analyzed. The data set is larger and evidently Standards of Care have been employed over some time. It is important to have data from several hospitals when making preliminary estimates of the costs of providing the BBPs.

The information system currently being designed for use in government hospitals in the Hospital component of the HSFP should incorporate many of the design features of the Saint Carolus PJPK program.

7.7.3 EVALUATION OF THE FISCAL IMPACT OF BBPS AT THE NATIONAL AND PROVINCIAL LEVELS

Using the methodology and cost and utilization estimates developed in the first two portions of the consultancy, the consultant will develop national and provincial estimates of the total cost of providing the different benefit packages. A report summarizing findings and recommendations will be presented.

7.7.3.1 Findings

The problems with the SUSENAS utilization data and Saint Carolus data due to the absence of Standards of Care limited the analyses that were conducted in addressing Objective Three. First, rather than looking at different national benefit packages, the analysis assumed that current consumption could be considered one of the benefit packages to be analyzed. The implications of maintaining the status quo were then explored. The current consumption assumption has the effect of vastly underestimating the monies the might be available for coverage due to the efficiencies generated from "managed care". Second, the analysis of the content of Saint Carolus inpatient and outpatient visits suggest that charges may be reduced over 50 percent through the introduction of Standards of Care. Utilization rates and average inpatient and outpatient charges based on the SUSENAS data were then varied based on Saint Carolus data to obtain provincial and national costs based on different cost savings scenarios.

Differences in provincial health consumption estimates under different cost saving scenarios were used to describe the impact on the JPKM Cross-Subsidy Program. The results of the analyses may be found in Chapter 6. The analyses demonstrate that by collecting premiums from approximately 5 percent of the population and redistributing it among provinces, the JPKM Cross-Subsidy system can provide the same level of coverage as the average amount currently spent by all people in Indonesia. When services are structured the savings will be even greater.

Despite the limitations, the spreadsheet models can estimate changes associated with varying levels of inpatient and outpatient coverage by combining utilization and visit cost data. The age and sex utilization and visit cost estimates may also be input into a demographic package to provide initial estimates of changes in health delivery costs associated with changes in population demographics.

7.7.3.2 Recommendations

As more information becomes available concerning the contents of the BBP the analyses should be updated. More accurate utilization and epidemiologic data also need to be acquired. This might be an initial task of the BUMD.

As the relationship of the new Jamsostek legislation to the JPKM becomes more clear, the analyses should be updated to take into account the monies and potential market available to entities operating under the JPKM framework.

During Phase II of model development, information collected from the pilot JPKM programs will provide insight into the costs of providing different benefit packages.

7.7.4 EVALUATION OF BBPS OF PHB, JPKTK AND THE PRIVATE SECTOR

Using the methodology and cost and utilization estimates developed in the first three portions of the consultancy, the consultant will develop and apply a standard methodology to evaluate benefit plans in both public and private sectors. A report summarizing findings and recommendations will be presented.

7.7.4.1 Findings

The methodology developed during the analysis of the Saint Carolus PJPK program is applicable to other programs. The data elements contained within the Saint Carolus PJPK information system provide the minimum data set required to estimate the costs of providing various services to different groups.

The actual analysis of the different BBPs is limited by the available data. As a result of previous HSFP technical assistance Saint Carolus is able to provide such data. R.S. Sutomo in Surabaya is one of the few government hospitals capable of providing the level of data required to cost BBPs.

As other government hospitals collect the appropriate cost, charge and utilization data, they will be able to apply the methodology developed through the examination of the Saint Carolus PJPK system to calculate their costs of providing different benefit packages.

7.7.4.2 Recommendations

The analysis of the Saint Carolus PJPK program provides the methodology to complete subsequent analyses as more complete data become available. A recommendation is that in addition to the dissemination of the methodology to evaluate a benefit plan, the list of variables required to carry out any subsequent analysis should be made available to groups wishing to develop health products under a JPKM system.

It is very important that the present PIO/Hospitals information system development activities learn from the experience of the Saint Carolus PJPK program. The examination of the PJPK database and the variable linkages within it by the PIO/Hospitals information system's contractor will provide valuable insights for their own database development efforts. However, the contractor will still need assistance in incorporating PJPK data structures into the more complex government hospital systems.

As stated in a previous section, it is important to expand the number of data points when estimating the costs of providing different benefit packages. The data contained with the R.S. Sutomo databases would seem an ideal place to start.

7.7.5 ASSISTANCE WITH TASK ANALYSIS FOR THE DEVELOPMENT OF BUMD

The consultant will work with relevant GOI officials in developing task analyses related to the development of BUMD. A report summarizing findings and recommendations will be presented.

7.7.5.1 Findings

The exact role of the BUMD at both national and provincial levels is still evolving. As a result, many of its potential tasks have yet to be defined. In many ways the analyses conducted as part of the consultancy must be conducted by national and provincial BUMDs. For instance, at both the national and provincial levels the BUMDs are involved with the management of the subsidy pool. The methodologies developed to estimate the monies available to the cross subsidy pool will be used to accomplish this task. The methodologies developed to estimate the cost of providing different Saint Carolus inpatient and outpatient services will assist the BUMDs in the task of determining the content of the BBP and the cost of providing it in different locations to different risk groups.

7.7.5.2 Recommendations

As the role of the BUMDs is better defined, the Social Finance staff should be able to transfer and refine the methodologies employed during the consultancy to develop the mechanisms required to estimate Kabupaten, PHB, PKTK, and private contributions to the JPKM Cross-Subsidy System.

7.7.6 ANALYSIS OF THE IMPACT OF JAMSOSTEK LEGISLATION ON THE JPKM CROSS-SUBSIDY SYSTEM

The unexpected draft revision and subsequent enactment of Jamsostek legislation led the Indonesian and American long-term advisors to request an in-depth analysis of the impact of the new legislation on JPKM. While not in the initial scope of work, the successful completion of the consultancy's objectives allowed for a slight change in terms of additional activities. The analysis would use the data and methodologies developed during the consultancy. The activity would provide a "reality check" on the JPKM Phase I computer model. If any problems were encountered the consultant would be able to correct them. Finally, the analyses would provide the opportunity for Social Finance staff to work with the computer models.

7.7.6.1 Findings

Analysis of the SUSENAS data demonstrates that if the Jamsostek legislation is interpreted to mean the removal of the wage-based population from the group covered under the JPKM framework, then the ability of the JPKM framework to finance the care of those remaining will be seriously constrained. The results and conceptual papers produced for this portion of the consultancy may be found in Chapter 6.

The activity demonstrated the ability of the Social Finance staff to use the model to address current health policy issues. It also demonstrated the flexibility designed into the database structure.

7.7.6.2 Recommendations

Further discussion is required to develop the exact relationship of JPKM to the Jamsostek legislation. Different scenarios will have different implications to the fiscal viability of JPKM. As these scenarios are developed, the data as provided to the Social Financing staff should be able to provide first approximations concerning impact.

The computer model needs to be refined and updated as additional data become available or as new policy questions arise. Staff turnover in the Social Finance unit has made it difficult to maintain a continuity of the skills required to use the computer model. It is therefore imperative that the Social Finance unit commit the resources required to accomplish this.

Figure 7.1

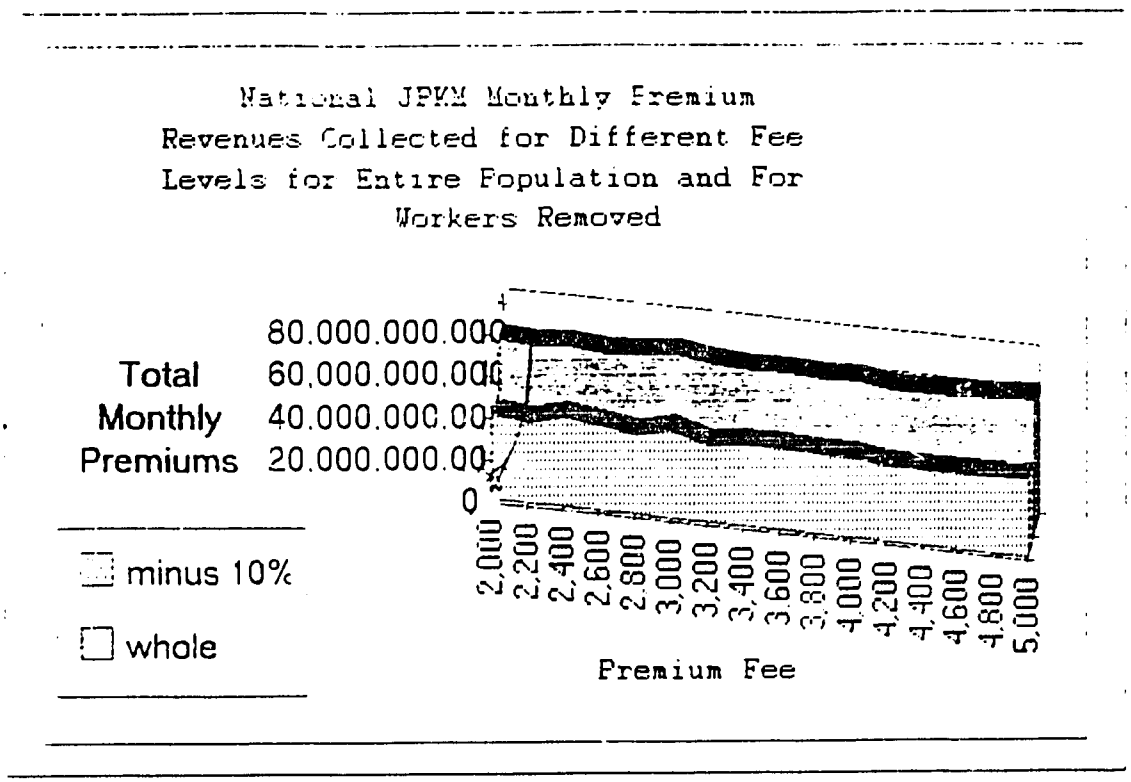
National JPKM Monthly Premium
Revenues Collected for Different Fee
Levels for Entire Population and For
Workers Removed
Total
Monthly
Premiums
80,000,000,000
60,000,000,000
40,000,000,000
20,000,000,000
0
minus 10%
whole
2,000
2,200
2,400
2,600
2,800
3,000
3,200
3,400
3,600
3,800
4,000
4,200
4,400
4,600
4,800
5,000
Premium Fee

Figure 7.2

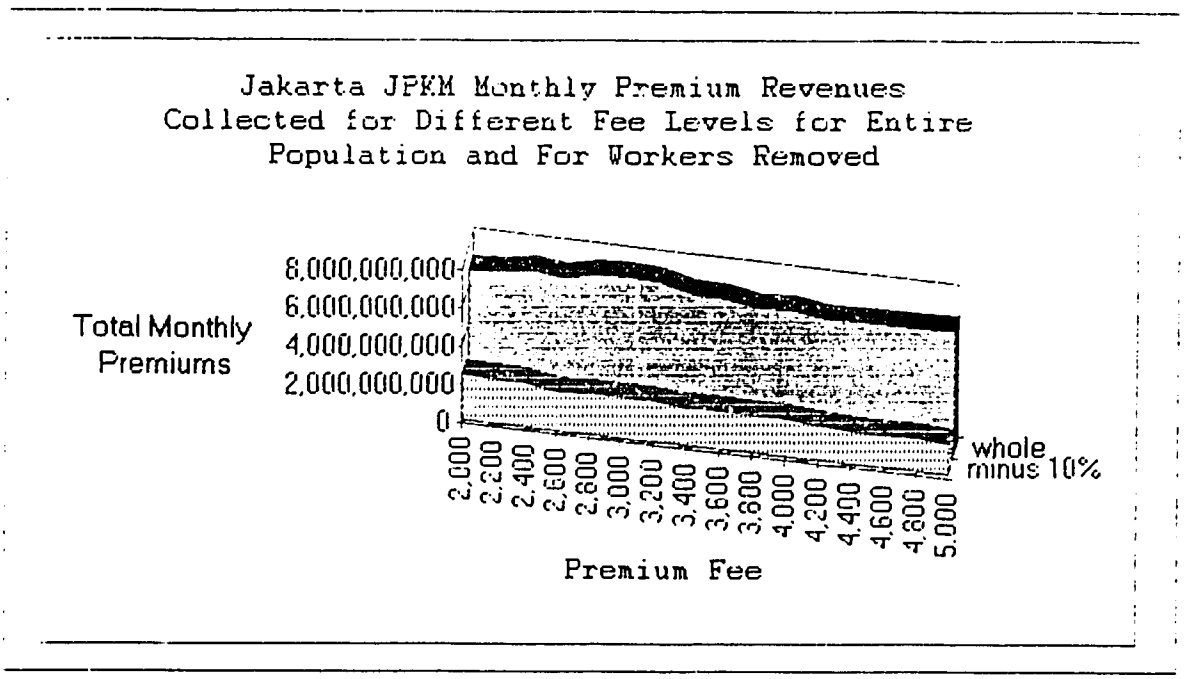
Jakarta JPKM Monthly Premium Revenues
Collected for Different Fee Levels for Entire
Population and For Workers Removed
Total Monthly
Premiums
8,000,000,000
6,000,000,000
4,000,000,000
2,000,000,000
0
2,000
2,200
2,400
2,600
2,800
3,000
3,200
3,400
3,600
3,800
4,000
4,200
4,400
4,600
4,800
5,000
Premium Fee
whole
minus 10%

Figure 7.3

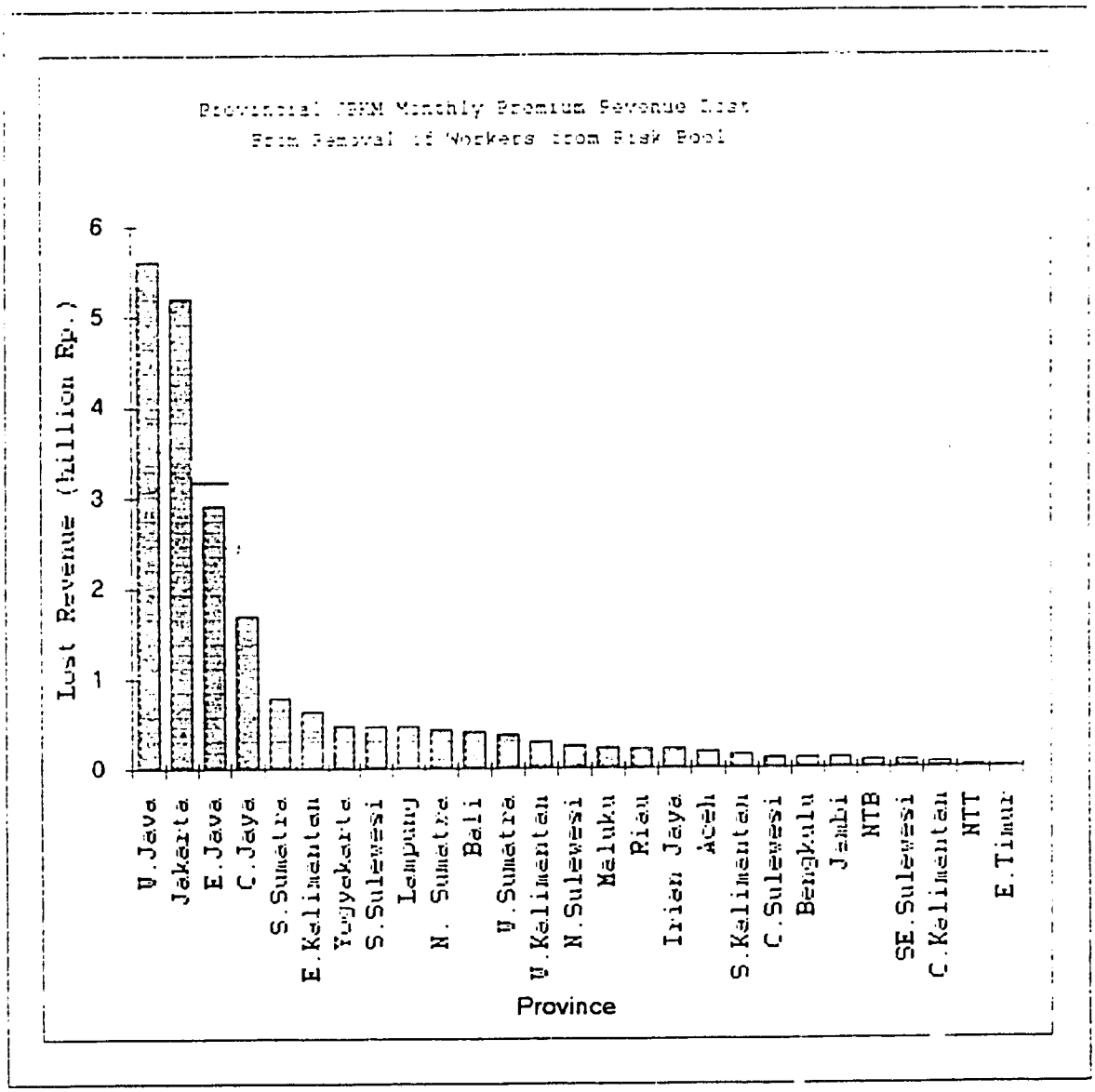

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Figure 7.4

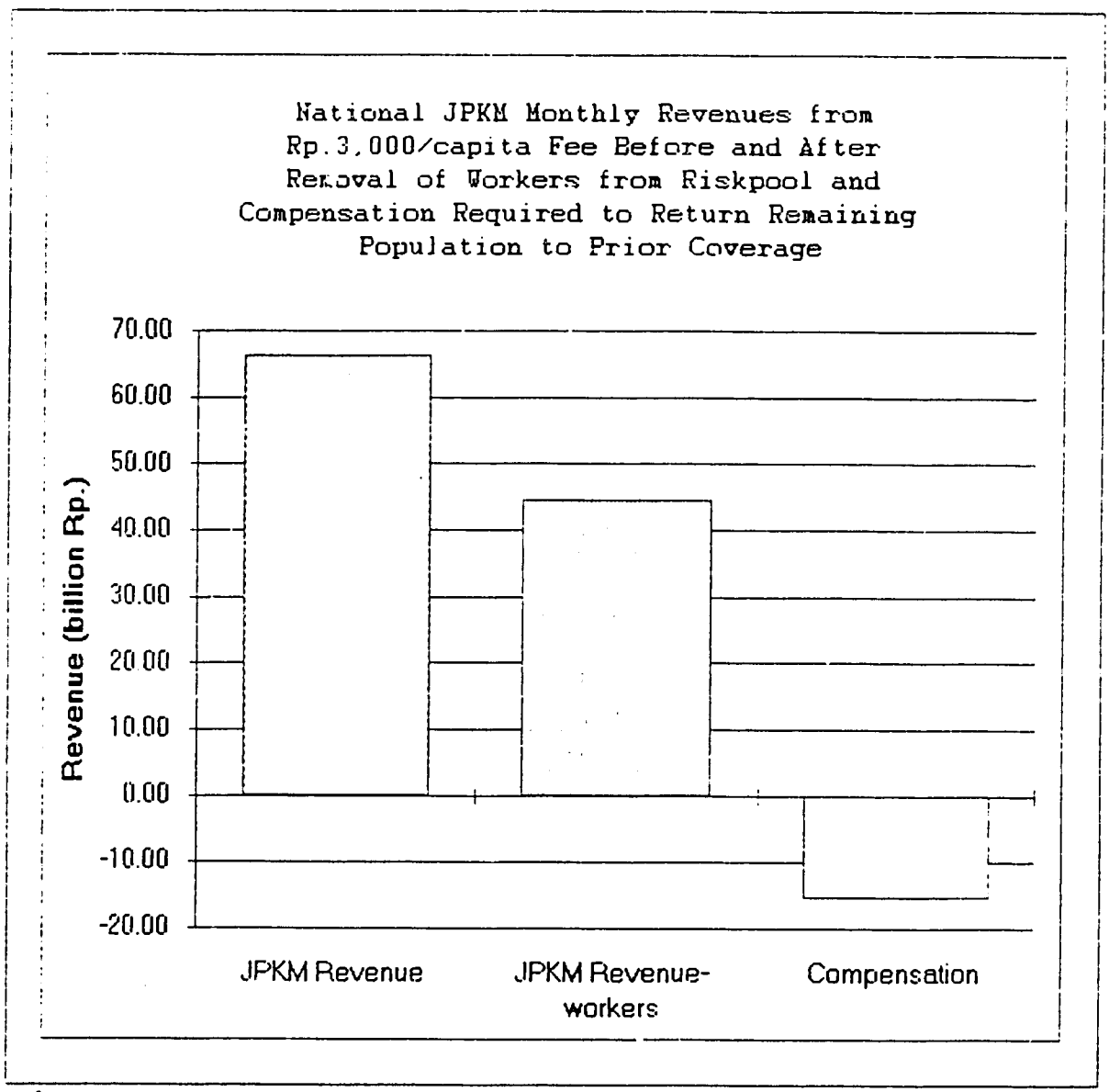

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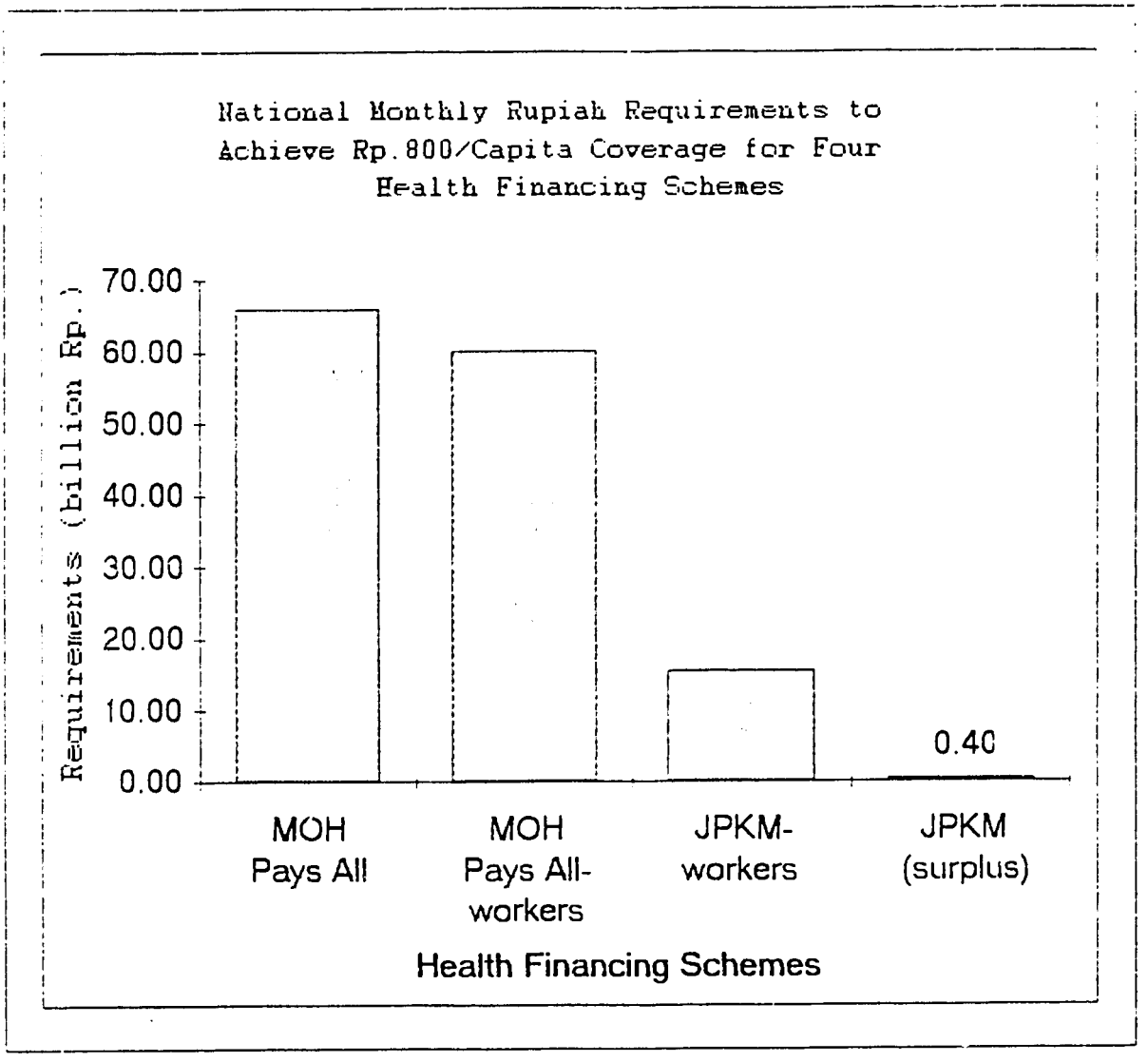
Figure 7.5



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SELECTED BIBLIOGRAPHY

Biro Pusat Statistik; SUSENAS 1987, Pedoman Pencacahan; Jakarta, Indonesia; 1988.

Biro Pusat Statistik; SUSENAS 1987, Pedoman Pengawas; Jakarta, Indonesia; 1988.

Biro Pusat Statistik; SUSENAS 1990, Pedoman Pencacahan; Jakarta, Indonesia; 1991.

Biro Pusat Statistik; SUSENAS 1990, Pedoman Pengawas; Jakarta, Indonesia; 1991.

Brotowasisto, Budihartono, H, et. al.; "Some Basic Concepts and Issues involved with Hospital Lembaga Swadana"; paper prepared by HEPAU/AKEK in collaboration with the PIO/Hospitals and PMU, Health Sector Financing Project, August 15, 1990.

Department of Health; "The Development Strategy of the Health Maintenance Assurance Program for the Community"; Department of Health, Jakarta, Indonesia; 1990.

Fabricant, Stephen; "Economic Considerations in the HSFP/P: Drug Costs and Expenditures"; Health Sector Financing Project Consultant Series #30; International Science and Technology Institute, Inc. Washington, DC; August 1990.

Gonsalves, Michael; "Evaluation of Selected MIS Programs of the Ministry of Health, Republic Of Indonesia"; Health Sector Financing Project Consultant Series #37; International Science and Technology Institute, Inc. Washington, DC; May 5, 1991.

John Snow Inc.; "Feasibility of Establishing a Health Maintenance Organization in the Sidoarjo Regency in East Java, Indonesia"; SGV Consulting; Manila, Philippines; July 11, 1991.

John Snow Inc.; "Feasibility of Establishing a Surabaya-Based Health Maintenance Organization"; SGV Consulting; Manila, Philippines; July 11, 1991.

Marzolf, James; "Health Sector Finance Project Social Finance Strategy for the Private Sector", Health Sector Financing Project; Jakarta, Indonesia; 1991.

Marzolf, James; "Technical Brief: JPKM Regulatory Information System, Phase I Development"; Health Sector Financing Project; Jakarta, Indonesia; September 1990.

Marzolf, James; "Plan for Planning: A Proposal for the Health Sector Finance Project Strategic Planning 1991-92"; Health Sector Financing Project; Jakarta, Indonesia; January 12, 1991.

Marzolf, James; "Plan for Planning: JPKM Manpower Development Project, A Conceptual Proposal"; Health Sector Financing Project; Jakarta, Indonesia; September 17, 1990.

Rasmussen, Blaine; "Planning for Hospital Financial Systems Under Lembaga Swadana"; Health Sector Financing Project Consultant Series #33; International Science and Technology Institute, Inc. Washington, DC; August 1990.

Rasmussen, Blaine; "Hospital Unit Costs: Their Value and How They Relate to Each Component of the Health Sector Financing Project"; Health Sector Financing Project Consultant Series #23; International Science and Technology Institute, Inc. Washington, DC; July 1989.

Rukmono, Soedibjo Sardadi, Budihartono; "Hospital Diagnosis Study"; Health Sector Financing Project Monograph Series No. 5"; Ministry of Health; Jakarta, Indonesia; 1990.

Stevens, Carl; "Indonesia: Health Sector Financing Project"; Health Sector Financing Project Consultant Series #24; International Science and Technology Institute, Inc. Washington, DC; July 1989.

Wood, Michael; "JPKM Social Marketing Strategy"; Health Sector Financing Project Consultant Series #32; International Science and Technology Institute, Inc. Washington, DC; October 1990.

Zukin, Paul; "The Indonesian Hospitals Study Quality of Care and Production of Services" Health Sector Financing Project Consultant Series #22; International Science and Technology Institute, Inc. Washington, DC; July 1989.

Zukin, Paul, "Report on the Development of the Methodology and Workplan to Conduct and In-Depth Assessment and Diagnosis of Hospital Operations in Three Provinces in Indonesia"; Health Sector Financing Project Consultant Series #3; International Science and Technology Institute, Inc. Washington, DC; December 1988.

Zukin, Paul, "Consultant's Report on Assisting the Preparation Implementation and Data Analysis of the In-Depth Assessment of Hospital Operations in Indonesia"; Health Sector Financing Project Consultant Series #17; International Science and Technology Institute, Inc. Washington, DC; April 1989.

CHAPTER 1

APPENDICES

SUSENAS UMUM

SSN87-S1

REPUBLIK INDONESIA
BIRO PUSAT STATISTIK

SURVEI SOSIAL EKONOMI NASIONAL 1987

KETERANGAN DEMOGRAFI, KESEHATAN, DAN SOSIAL BUDAYA

RAHASIA

I. PENGENALAN TEMPAT

1	Provinsi		1
2	Kabupaten/Kotamadya *)		3
3	Kecamatan		
4	Desa/Kelurahan		
5	Daerah	Kota - 1 Pedesaan - 2	5
6	Nomor Wilayah Pencacahan		
7	Nomor Blok Sensus		
8	Nomor Kode Sampel SUSENAS		8
9	Nomor Urut Rumahtangga Sampel		9
10	Nomor Urut Rumahtangga Terpilih		

11 2

II.1. KETERANGAN RUMAHTANGGA

1	Jumlah Anggota Rumahtangga		12
2	Jumlah Anggota Rumahtangga berumur ≥ 5 tahun		14
3	Jumlah Anggota Rumahtangga berumur ≥ 10 tahun		16
4	Jumlah Anggota Rumahtangga berumur 0 - 4 tahun		18
5	Rata-rata Pengeluaran Rumahtangga Sebulan (Rp)		20

II.2. KETERANGAN PENCACAH

1	Nama Pencacah :	4	Nama Pengawas/Pemeriksa :
2	Tanggal Pencacahan :	5	Tanggal Pengawasan/Pemeriksaan:
3	Tandatangan Pencacah:	6	Tandatangan Pengawas/Pemeriksa:

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III. DAFTAR ANGGOTA RUMAHTANGGA

NOMOR URUT	NAMA ANGGOTA RUMAHTANGGA	HUBUNGAN DENGAN KEPALA RUMAHTANGGA
(1)	(2)	(3)
01		Kepala Rumahtangga
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

KODE RATA-RATA PENGELUARAN RUMAHTANGGA SEBULAN

Kurang dari 25 000	- 1	100 000 - 149 999	- 5
25 000 - 49 999	- 2	150 000 - 199 999	- 6
50 000 - 74 999	- 3	200 000 - 299 999	- 7
75 000 - 99 999	- 4	300 000 dan lebih	- 8

IV. KETERANGAN UMUM ANGGOTA RUMAHTANGGA

11 **4**

Nama: ..... Nomor: 12

1. Hubungan dengan Kepala Rumahtangga: 14

Kepala rumahtangga	- 1	Orang tua/Mertua	- 6
Istri/Suami	- 2	Family lain	- 7
Anak	- 3	Pembantu rumah-tangga	- 8
Menantu	- 4	Lainnya	- 9
Cucu	- 5		

2. Jenis kelamin: 15

Laki-laki - 1 Perempuan - 2

3. Umur : ..... tahun 16

4. Status perkawinan: 18

Belum kawin	- 1	Cerai mati	- 3
Kawin	- 2	Cerai hidup	- 4

5. Pendidikan tertinggi yang ditamatkan: 19

Tidak/belum pernah sekolah	- 0	SMTA Umum	- 5
Belum tamat SD	- 1	SMTA Kejuruan	- 6
SD	- 2	Dipl.I/Dipl.II	- 7
SMTP Umum	- 3	Akademi/Dipl.III	- 8
SMTP Kejuruan	- 4	Universitas/ Dipl.IV	- 9

HANYA UNTUK UMUR 5 TAHUN KE ATAS

6. Status sekolah: 20

Tidak/belum pernah sekolah	- 1	Masih sekolah	- 2
		Tidak sekolah lagi	- 3

Ke P.10 ← Ke P.8 ←

7. Sebab-sebab tidak sekolah lagi: 21

Pendidikan dianggap cukup	- 1
Biaya tidak mampu	- 2
Tidak mampu pikirannya	- 3
Tidak ada sekolah/terlalu jauh	- 4
Tidak diterima	- 5
Lainnya	- 6

8. Jenis sekolah tertinggi yang pernah/sedang diduduki: 22

SD	- 1	SMTA Kejuruan	- 5
SMTP Umum	- 2	Dipl.I/Dipl.II	- 6
SMTP Kejuruan	- 3	Akademi/Dipl.III	- 7
SMTA Umum	- 4	Universitas/ Dipl.IV	- 8

9. Tingkat/kelas tertinggi yang pernah/sedang diduduki: 23

1 2 3 4 5 6 7 8 (TAMAT)

10. Dapatkah berbahasa Indonesia: 24

Ya - 1 Tidak - 2

11. Bahasa yang dipakai sehari-hari di rumah: 25

Bahasa Indonesia	- 1	Bahasa Asing	- 3
Bahasa Daerah	- 2		

12. Dapat membaca dan menulis: 26

Huruf Latin	- 1	Tidak dapat	- 3
Huruf lainnya	- 2		

V.1. KETERANGAN KESEHATAN (UNTUK SEMUA UMUR)

A. KEADAAN SELAMA SEMINGGU YANG LALU

1. Apakah menderita sakit: 27

Ya - 1 Tidak - 2 → Ke P.8

2. Jika "Ya", berapa lamanya sakit: ..... hari 28

3. Jika "Ya", penyakit apa saja yang diderita: 29

TBC Paru-paru/ Batuk darah	- 1	Penyakit dalam	- 8
Muntah berak	- 2	Campak/Morbili	- 10
Malaria	- 4	Lainnya	- 11

4. Berobat ke mana: 31

Dokter praktek	- 1	Petugas kesehatan	- 5
Rumah Sakit	- 2	Tabib/Sinse/Dukun	- 6
Puskesmas	- 3	Diobati sendiri	- 7
Poliklinik	- 4	Tidak diobati	- 8

5. Jarak ke tempat berobat: ..... km 32

6. Apakah pernah dirawat: 34

Ya - 1 Tidak - 2 → Ke P.8

7. Jika "Ya", dirawat di mana: 35

Puskesmas/ Poliklinik/BKIA	- 1	Di rumah petugas kesehatan	- 3
Rumah Sakit	- 2	Tabib/Sinse/Dukun	- 4

B. KEADAAN SELAMA 3 BULAN YANG LALU

8. Apakah menderita sakit: 36

Ya - 1 Tidak - 2 → Ke Blok V.2

9. Jika "Ya", berapa lamanya sakit: ..... hari 37

10. Jika "Ya", penyakit apa saja yang diderita: 39

TBC Paru-paru/ Batuk darah	- 1	Penyakit dalam	- 8
Muntah berak	- 2	Campak/Morbili	- 10
Malaria	- 4	Lainnya	- 11

11. Berobat ke mana: 41

Dokter praktek	- 1	Petugas kesehatan	- 5
Rumah Sakit	- 2	Tabib/Sinse/Dukun	- 6
Puskesmas	- 3	Diobati sendiri	- 7
Poliklinik	- 4	Tidak diobati	- 8

12. Jarak ke tempat berobat: ..... km 42

13. Apakah pernah dirawat: 44

Ya - 1 Tidak - 2 → Ke Blok V.2

14. Jika "Ya", dirawat di mana: 45

Puskesmas/ Poliklinik/BKIA	- 1	Di rumah petugas kesehatan	- 3
Rumah Sakit	- 2	Tabib/Sinse/Dukun	- 4

V.2. KEADAAN KESEHATAN ANAK UMUR 0 - 4 TAHUN

11 [5]

1. N A M A : .....
   N O M O R: .....
   — 12 [ ][ ] 14 [1]

2. Jenis kelamin:
   Laki-laki - 1 *Perempuan* - 2
   — 15 [ ]

3. a. Tgl.Lahir: .....
   b. U m u r : ..... *bulan*
   — 16 [ ][ ]

4. Apakah mempunyai Akte Kelahiran/ Surat Kenal Lahir/Surat Kelahiran:
   Ya - 1 *Tidak* - 2 → Ke P.6
   — 18 [ ]

5. Jika "Tidak", apakah tanggal lahir/ umur pada P.3 di atas sudah pasti/ benar:
   Ya - 1 *Tidak* - 2
   — 19 [ ]

6. Berat badan: ..... *kg*
   — 20 [ ][ ][ ]

7. Status gizi:
   Baik - 1 *Kurang* - 3
   Sedang - 2 *Buruk* - 4
   — 23 [ ]

8. Apakah Ibu Kandung tinggal di sini:
   Ya - 1 *Tidak* - 2 → Ke P.10
   — 24 [ ]

9. Nomor urut Ibu Kandung ?
   — 25 [ ][ ]

10. Anak tersebut anak ke berapa ?
    — 27 [ ][ ]

11. Anak tersebut kehamilan ke berapa ?
    — 29 [ ][ ]

12. Bagaimana keadaan anak tersebut:
    Normal - 1 *Cacat* - 2 → Ke P.14
    — 31 [ ]

13. Jenis cacat anak tersebut:
    Tuna netra - 1 *Cacat anggota badan* - 4
    Tuna wicara/ ringu - 2 *Cacat mental* - 5
    — 32 [ ][ ]

14. Apakah pernah mendapatkan imunisasi:
    Ya - 1 *Tidak* - 2 → Ke P.17
    — 34 [ ]

15. Jenis imunisasi:
    B C G - 1 *Polio* - 8
    D P T - 2 *Campak/ Morbili* - 16
    Chotipa - 4
    — 35 [ ][ ]

16. Jika pernah mendapat imunisasi DPT/ Polio:
    DPT : ..... *kali* — 37 [ ]
    Polio: ..... *kali* — 38 [ ]

17. Apakah bayi/anak tersebut pernah disusui:
    Ya - 1 *Tidak* - 2 → Ke P.19
    — 14 [2] 15 [ ]

18. Lama disusui: ..... *bulan*
    — 16 [ ][ ]

19. Pola pemberian makanan kepada anak tersebut:

	ISIAN (Kode)	LAMA (Bulan)
a. Pada umur 0 - 5 bulan:		
A S I - 1	18 [ ]	[ ]
P A S I - 2	20 [ ]	[ ]
Makanan lunak - 3	22 [ ]	[ ]
Makanan lembik - 4	24 [ ]	[ ]
Makanan orang dewasa - 5	26 [ ]	[ ]
b. Pada umur 5 - 8 bulan:		
A S I - 1	28 [ ]	[ ]
P A S I - 2	30 [ ]	[ ]
Makanan lunak - 3	32 [ ]	[ ]
Makanan lembik - 4	34 [ ]	[ ]
Makanan orang dewasa - 5	36 [ ]	[ ]
c. Pada umur 8 - 11 bulan:		
A S I - 1	38 [ ]	[ ]
P A S I - 2	40 [ ]	[ ]
Makanan lunak - 3	42 [ ]	[ ]
Makanan lembik - 4	44 [ ]	[ ]
Makanan orang dewasa - 5	46 [ ]	[ ]
d. Pada umur 11 - 23 bulan:		
A S I - 1	48 [ ]	[ ]
P A S I - 2	51 [ ]	[ ]
Makanan lunak - 3	54 [ ]	[ ]
Makanan lembik - 4	57 [ ]	[ ]
Makanan orang dewasa - 5	60 [ ]	[ ]
e. Pada umur 23 - 59 bulan:		
A S I - 1	63 [ ]	[ ]
P A S I - 2	66 [ ]	[ ]
Nasi/Pengganti - 3	69 [ ]	[ ]
Daging, hati ayam, ikan, telur - 4	72 [ ]	[ ]
Tahu, tempe, kacang-kacangan - 5	75 [ ]	[ ]
Sayuran hijau/berwarna - 6	78 [ ]	[ ]
Buah-buahan berwarna - 7	81 [ ]	[ ]

VI. KETERANGAN SOSIAL BUDAYA

(HANYA UNTUK YANG BERUMUR 10 TAHUN KE ATAS)

11 **6**

Nama: ..... Nomor: ..... 12 [ ][ ]

1. Apakah Saudara mendengarkan/mengikuti acara siaran radio selama seminggu yang lalu: 14 [ ]
   Ya - 1 Tidak - 2 → Ke P.3

2. Apa yang paling menarik: 15 [ ]
   Warta Berita - 1 Ruang Ilmu Pengetahuan - 4
   Hiburan/Kesenian - 2 Ruang Keagamaan - 5
   Olahraga - 3 Lainnya - 6

3. Apakah Saudara menonton acara TV selama seminggu yang lalu: 16 [ ]
   Ya - 1 Tidak - 2 → Ke P.5

4. Apa yang paling menarik: 17 [ ]
   Warta Berita - 1 Ruang Ilmu Pengetahuan - 4
   Hiburan/Kesenian - 2 Ruang Keagamaan - 5
   Olahraga - 3 Lainnya - 6

5. Apakah Saudara menonton film/bioskop selama seminggu yang lalu: 18 [ ]
   Ya - 1 Tidak - 2 → Ke P.7

6. Jenis film apa yang paling menarik: 19 [ ]
   Perang/Sejarah - 1 Komedi - 5
   Detektip - 2 Fantasi - 6
   Silat - 3 Boxor - 7
   Drama/Roman - 4 Kartun - 8
   Lainnya - 9

7. Apakah Saudara membaca surat kabar/majalah selama seminggu yang lalu: 20 [ ]
   Ya - 1 Tidak - 2 → Ke P.9

8. Artikel apa yang paling menarik: 21 [ ]
   Berita - 1 Ruang Olahraga - 4
   Ruang Ilmu Pengetahuan - 2 Seni Budaya - 5
   Tajuk Renoana - 3 Cerita - 6
   Lainnya - 7

9. Apakah melakukan olahraga selama seminggu yang lalu: 22 [ ]
   Ya - 1 Tidak - 2 → Ke P.11

10. Olahraga apa yang paling sering dilakukan: 23 [ ]
    Atletik - 1 Senam - 5
    Sepak Bola - 2 Beladiri - 6
    Badminton - 3 Tenis Meja - 7
    Bola Volley - 4 Renang - 8
    Lainnya - 9

11. Apakah menonton/melakukan pertunjukan kesenian selama 3 bulan yang lalu: 24 [ ]
    Ya - 1 Tidak - 2 → Ke P.13

12. Jenis kesenian apa yang paling sering di tonton/dilakukan: 25 [ ]
    Tari-tarian - 1 Wayang - 4
    Musik - 2 Lainnya - 5
    Drama/Sandiwara - 3

13. Apakah menjadi anggota organisasi sosial: 26 [ ]
    Ya - 1 Tidak - 2 → Ke P.15

14. Organisasi sosial apa: 27 [ ][ ]
    Pemuda/Karang Taruna - 1 Kerohanian - 8
    Olahraga/Kesenian - 2 PKK/Dharma Wanita/Persatuan Ibu - 16
    Kematian - 4 Lainnya - 32

15. Apa alasan tidak menjadi anggota organisasi sosial: 29 [ ]
    Tidak ada organisasi sosial - 1 Tidak ada manfaatnya - 3
    Segan/Malas - 2 Tidak mengerti - 4
    Lainnya - 5

Nama: ..... Nomor: ..... 12 [ ][ ]

1. Apakah Saudara mendengarkan/mengikuti acara siaran radio selama seminggu yang lalu: 14 [ ]
   Ya - 1 Tidak - 2 → Ke P.3

2. Apa yang paling menarik: 15 [ ]
   Warta Berita - 1 Ruang Ilmu Pengetahuan - 4
   Hiburan/Kesenian - 2 Ruang Keagamaan - 5
   Olahraga - 3 Lainnya - 6

3. Apakah Saudara menonton acara TV selama seminggu yang lalu: 16 [ ]
   Ya - 1 Tidak - 2 → Ke P.5

4. Apa yang paling menarik: 17 [ ]
   Warta Berita - 1 Ruang Ilmu Pengetahuan - 4
   Hiburan/Kesenian - 2 Ruang Keagamaan - 5
   Olahraga - 3 Lainnya - 6

5. Apakah Saudara menonton film/bioskop selama seminggu yang lalu: 18 [ ]
   Ya - 1 Tidak - 2 → Ke P.7

6. Jenis film apa yang paling menarik: 19 [ ]
   Perang/Sejarah - 1 Komedi - 5
   Detektip - 2 Fantasi - 6
   Silat - 3 Boxor - 7
   Drama/Roman - 4 Kartun - 8
   Lainnya - 9

7. Apakah Saudara membaca surat kabar/majalah selama seminggu yang lalu: 20 [ ]
   Ya - 1 Tidak - 2 → Ke P.9

8. Artikel apa yang paling menarik: 21 [ ]
   Berita - 1 Ruang Olahraga - 4
   Ruang Ilmu Pengetahuan - 2 Seni Budaya - 5
   Tajuk Renoana - 3 Cerita - 6
   Lainnya - 7

9. Apakah melakukan olahraga selama seminggu yang lalu: 22 [ ]
   Ya - 1 Tidak - 2 → Ke P.11

10. Olahraga apa yang paling sering dilakukan: 23 [ ]
    Atletik - 1 Senam - 5
    Sepak Bola - 2 Beladiri - 6
    Badminton - 3 Tenis Meja - 7
    Bola Volley - 4 Renang - 8
    Lainnya - 9

11. Apakah menonton/melakukan pertunjukan kesenian selama 3 bulan yang lalu: 24 [ ]
    Ya - 1 Tidak - 2 → Ke P.13

12. Jenis kesenian apa yang paling sering di tonton/dilakukan: 25 [ ]
    Tari-tarian - 1 Wayang - 4
    Musik - 2 Lainnya - 5
    Drama/Sandiwara - 3

13. Apakah menjadi anggota organisasi sosial: 26 [ ]
    Ya - 1 Tidak - 2 → Ke P.15

14. Organisasi sosial apa: 27 [ ][ ]
    Pemuda/Karang Taruna - 1 Kerohanian - 8
    Olahraga/Kesenian - 2 PKK/Dharma Wanita/Persatuan Ibu - 16
    Kematian - 4 Lainnya - 32

15. Apa alasan tidak menjadi anggota organisasi sosial: 29 [ ]
    Tidak ada organisasi sosial - 1 Tidak ada manfaatnya - 3
    Segan/Malas - 2 Tidak mengerti - 4
    Lainnya - 5

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]              [..]           SSN_01A        SSN_01B        SSN_02A
N_02B          SSN_02C        SSN_03A        SSN_03B        SSN_03C
N_04A          SSN_04B        SSN_05A        SSN_05B        SSN_06A
N_06B          SSN_06C        SSN_07         SSN_08A        SSN_08B
N_08C          SSN_09A        SSN_09B        SSN_09C        SSN_10A
N_10B          SSN_10C        SSN_10D        SSN_10E        SSN_10F
N_10G          SSN_11B        SSN_11A        SSN_11C        SSN_11D
N_11E          SSN_11F        SSN_11G        SSN_11H        SSN_12A
N_12B          SSN_12C        SSN_12D        SSN_13A        SSN_13B
N_13C          SSN_13D        SSN_13E        SSN_13F        SSN_13G
N_13H          SSN_13I        SSN_14A        SSN_14B        SSN_14C
N_15A          SSN_15B        SSN_15C        SSN_16A        SSN_16B
N_16C          SSN_16D        SSN_16E        SSN_16F        SSN_16G
N_16H          SSN_16I        SSN_16Y        SSN_17         SSN_18A
N_18B          SSN_18C        SSN_19         SSN_20A        SSN_20B
N_21A          SSN_21B        SSN_22A        SSN_22B        SSN_23
N_24A          SSN_24B        SSN_24C        SSN_24D        SSN_25
N_26           SSN_27A        SSN_27B
     88 file(s)   87454877 bytes
                  22437888 bytes free

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LAYOUT RECORD SUSENAS 1987 - SSN87S1

TIPE 4

No	Variabel	Posisi	Banyaknya Karakter	Sumber	Keterangan
I.	IDENTITAS	1-10	9(10)	-	-
II.	TIPE KARTU	11	9	BL. IV	"4"
III.	KETERANGAN ANGGOTA RT (BLOK IV).				
	1. NO URUT	12-13	99	BL. IV	01-35
	2. HUB. DGN KEPALA RT	14	9	PER.1	1-9
	3. JNS KELAMIN	15	9	PER.2	1-2
	4. U M U R	16-17	99	PER.3	00-98,99
	5. STAT. KAWIN	18	9	PER.4	1-4
IV.	HANYA UNTUK UMUR 5 TAHUN KEATAS				
	1. PENDIDIKAN YG DITMTKAN	19	9	PER.5	0-9
	2. STAT SEKOLAH	20	XX	PER.6	1-3, B
	3. SEBAB TDK SEKOLAH	21	X	PER.7	1-6, B
	4. SEKOLAH TER TINGGI PRNH/ SDG DIDUDUKI	22	X	PER.8	1-8, B
	5. KELAS TER TINGGI PRNH/ SDG DIDUDUKI	23	X	PER.9	1-8, B
	6. DPT BERBAHASA INDONESIA/TDK	24	X	PER.10	1-2, B
	7. BAHASA SEHARI HARI	25	X	PER.11	1-3, B
	8. DAPAT MEMBACA MENULIS/TDK	26	X	PER.12	1-3, B
	KETERANGAN KESEHATAN SEMINGGU YL UNTUK SEMUA UMUR(BLOK V.1.A)				
	1. MENDERITA SAKIT/TDK	27	9	PER.1	1-2
	2. LAMA SAKIT	28	X	PER.2	1-7, B
	3. JNS PENYAKIT	29-30	XX	PER.3	01-63, B
	4. TMP BEROBAT	31	X	PER.4	1-8, B
	5. JARAK KE TEMPAT BEROBAT	32-33	XX	PER.5	00-98,99,B
	6. PERNAH DIRAWAT	34	X	PER.6	1-2, B
	7. TEMPAT DIRAWAT	35	X	PER.7	1-4, B

VI. KETERANGAN KESEHATAN 3 BULAN YL UNTUK SEMUA UMUR(BLOK V.1.B)

1. MENDERITA SAKIT/TDK	36	9	PER.8	1-2
2. LAMA SAKIT	37-38	XX	PER.9	01-92,99, B
3. JNS PENYAKIT	39-40	XX	PER.10	01-63, B
4. TMP BEROBAT	41	X	PER.11	1-8, B
5. JARAK KE TEMPAT BEROBAT	42-43	XX	PER.12	01-98,99,B
6. PERNAH DIRAWAT	44	X	PER.13	1-2, B
7. TEMPAT DIRAWAT	45	X	PER.14	1-4, B
8. BLANK	46-83	X(38)	-	

VII. KETERANGAN TAMBAHAN RUMAHTANGGA BAGIAN I (LIHAT HAL. 9)
- 84-157 - -

VIII. KETERANGAN TAMBAHAN ANGGOTA RUMAHTANGGA (LIHAT HAL. 9)
- 158-184 - -

IX. KETERANGAN TAMBAHAN RUMAHTANGGA BAGIAN II (LIHAT HAL. 10)
185-202 -

PENJELASAN UNTUK KETERANGAN TAMBAHAN

ETERANGAN TAMBAHAN RUMAHTANGGA BAGIAN I

1.	PDPTN / BLN	84-91	9(8)	DER.	VARB	NUMERIC
2.	PENGEL/ BLN	92-99	9(8)	DER.	VARB	NUMERIC
3.	PENGEL/ BLN MAKANAN	100-107	9(8)	DER.	VARB	NUMERIC
4.	PENGEL/ BLN NON MAKANAN	108-115	9(8)	DER.	VARB	NUMERIC
5.	PROTEIN/HR	116-125	9(10)	DER.	VARB	NUMERIC
6.	KALORI /HR	126-135	9(10)	DER.	VARB	NUMERIC
7.	LEMAK /HR	136-145	9(10)	DER.	VARB	NUMERIC
8.	KARBOHD/HR	146-155	9(10)	DER.	VARB	NUMERIC
9.	FILLER	156-157	XX	-		-

ETERANGAN TAMBAHAN ANGGOTA RUMAHTANGGA.

*1.	GOLONGAN UMUR 1	158-159	99	DER.	VARB	01-17
*2.	GOLONGAN UMUR 2	160-161	99	DER.	VARB	01-10
3.	PENDIDIKAN YANG DITAMATKAN	162-163	99	DER.	VARB	01-10
4.	PENDIDIKAN DITAMATKAN SUAMI/ISTRI	164-165	99	DER.	VARB	01-10
5.	KEADAAN SEMINGGU YANG LALU :					
*-	LAMANYA SAKIT	166	9	DER.	VARB	1-2
-	JENIS PENYAKIT	167-168	99	DER.	VARB	01-63
-	TEMPAT BEROBAT	169	9	DER.	VARB	1-8
*-	JARAK TEMPAT BEROBAT	170	9	DER.	VARB	1-6
6.	KEADAAN 3 BULAN YANG LALU :					
*-	LAMANYA SAKIT	171	9	DER.	VARB	1-2
-	JENIS PENYAKIT	172-173	99	DER.	VARB	01-63
-	TEMPAT BEROBAT	174	9	DER.	VARB	1-8
*-	JARAK TEMPAT BEROBAT	175	9	DER.	VARB	1-6

CATATAN : * LIHAT PENJELASAN PADA HALAMAN 11, 12

KHUSUS UNTUK POSISI 176-184.

A. Untuk tipe kartu 6 (posisi 11 = 6)
FILLER 176-184

B. Untuk tipe kartu 4 (posisi 11 = 4) dan posisi 16-17 = 0-4 dan tipe kartu 51 & 52 (posisi 11 = 5 dan posisi 14 = 1 atau 2).

No	Variabel	Posisi	Banyaknya Karakter	Sumber	Keterangan
*1.	GOLONGAN UMUR BALITA (BULAN)	176	9	DER. VARB 2	1-8
*2.	LAMA DISUSUI	177	9	DER. VARB	1-8
3.	PENDIDIKAN YG DITAMATKAN IBU KANDUNG	178-179	99	DER. VARB	01-10
4.	JENIS KELAMIN	180	9	DER. VARB	1-2
5.	UMUR(BULAN)	181-182	99	DER. VARB	01-59
6.	STATUS GIZI	183	9	DER. VARB	1-4
7.	FILLER	184	X	DER. VARB	-

KETERANGAN TAMBAHAN RUMAHTANGGA BAGIAN II

No	Variabel	Posisi	Banyaknya Karakter	Sumber	Keterangan
‖ 1.	PROPINSI	185-186	99	DER. VARB	01-27
‖ 2.	GOLONGAN JML ART	187-188	99	DER. VARB	01-10
‖ 3.	PENDIDIKAN YG DITAMATKAN KEPALA RT	189-190	99	DER. VARB	01-10
4.	INFLATION FACTOR	191-202	9(12)	DER. VARB	-

CATATAN : * LIHAT PENJELASAN PADA HALAMAN 12
‖ LIHAT PENJELASAN PADA HALAMAN 13

Penjelasan untuk KETERANGAN TAMBAHAN ANGGOTA RUMAHTANGGA

1. GOLONGAN UMUR 1 (POSISI 158-159).

ISIAN ----->	UMUR (THN)	ISIAN ----->	UMUR (THN)
01	< 5	10	< 50
02	10	11	< 55
03	< 15	12	< 60
04	< 20	13	< 65
05	< 25	14	< 70
06	< 30	15	< 75
07	< 35	16	< 99
08	< 40	17	= 99
09	< 45		

2. GOLONGAN UMUR 2 (POSISI 160-161).

ISIAN ----->	UMUR (THN)
01	< 5
02	< 7
03	< 13
04	< 16
05	< 19
06	< 25
07	< 30
08	< 40
09	< 99
10	= 99

5. LAMANYA SAKIT SEMINGGU YL (POSISI 166).

ISIAN ----->	LAMA SAKIT (HARI)
1	< 03
2	< 08

AMANYA SAKIT 3 BULAN YL (POSISI 171)

ISIAN ----->	LAMA SAKIT (HARI)
1	< 03
2	< 08
3	< 15
4	< 22
5	< 36
6	< 50
7	< 71
8	< 93
9	= 99

& 6. JARAK TEMPAT BEROBAT (POSISI 170 DAN 175).

ISIAN ----->	JARAK (KM)
1	< 01
2	< 03
3	< 05
4	< 10
5	< 99
6	= 99

GOLONGAN UMUR BALITA (POSISI 176).

ISIAN ---->	UMUR (BULAN)
1	03
2	06
3	09
4	12
5	24
6	36
7	48
8	60

3. LAMA DISUSUI (POSISI 177).

ISIAN ----->	LAMA DISUSUI (BULAN)
1	< 03
2	< 06
3	< 09
4	< 12
5	< 18
6	< 24
7	< 99
8	= 99

Penjelasan untuk KETERANGAN TAMBAHAN RUMAHTANGGA BAGIAN II.

1. PROPINSI (POSISI 185-186).

ISIAN -------->	PROPINSI (dari tipe kartu 2 posisi 1-2)
01	11
02	12
03	13
04	14
05	15
06	16
07	17
08	18
09	31
10	32
11	33
12	34
13	35
14	51
15	52
16	53
17	54
18	61
19	62
20	63
21	64
22	71
23	72
24	73
25	74
26	81
27	82

2. GOLONGAN JML ART (POSISI 187-188).

ISIAN -------->	JUMLAH ANGGOTA RUMAH TANGGA
1	02
2	03
3	04
4	05
5	06
6	07
7	08
8	09
9	10
10	10

PENDIDIKAN YANG DITAMATKAN KEPALA RT (POSISI 189-190).

ISIAN ---------->	KODE PENDIDIKAN (dari tipe kartu 4 posisi
1	0
2	1
3	2
4	3
5	4
6	5
7	6
8	7
9	8
10	9

SUSENAS

SSN87-S2

REPUBLIK INDONESIA
BIRO PUSAT STATISTIK

SURVEI SOSIAL EKONOMI NASIONAL 1987

KETERANGAN KONSUMSI/PENGELUARAN RUMAHTANGGA

RAHASIA

I. PENGENALAN TEMPAT

01.	Provinsi		
02.	Kabupaten/Kotamadya *)		
03.	Kecamatan		
04.	Desa/Kelurahan		
05.	Daerah	*Kota - 1 Pedesaan - 2*	
06.	Nomor Wilayah Pencacahan		
07.	Nomor Blok Sensus		
08.	Nomor Kode Sampel SUSENAS		
09.	Nomor Urut Rumahtangga Sampel		
10.	Jumlah Anggota Rumahtangga		
11.	Nama Kepala Rumahtangga		

*) *Coret yang tidak sesuai.*

II. KETERANGAN RUMAHTANGGA

Nomor Urut	Sumber Penghasilan	Status Pekerjaan: Buruh/Karyawan	Status Pekerjaan: Berusaha	
(1)	(2)	(3)	(4)	
01.	Pertanian, Peternakan, Kehutanan, Perburuan, dan Perikanan	1	2	
02.	Pertambangan dan Penggalian			
03.	Industri pengolahan			
04.	Listrik, Air, dan Gas			
05.	Bangunan/Konstruksi			
06.	Perdagangan Besar, Eceran, dan Rumah makan serta Hotel			
07.	Angkutan, Penggudangan, dan Komunikasi			
08.	Keuangan, Asuransi, Usaha Persewaan Bangunan, Tanah, dan Jasa Perusahaan			
09.	Jasa Kemasyarakatan, Sosial, dan Perorangan			
10.	Lainnya			
11.	Penerima pendapatan *(pensiun, kiriman, hadiah, dsb.)*	1		
12.	Dari sumber penghasilan di atas yang utama adalah			

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III.1. KONSUMSI MAKANAN, MINUMAN, DAN TEMBAKAU SELAMA SEMINGGU

No. Urut	Perincian	Jenis/kualitas	Satuan standar	Pembelian (tunai/bon)		Produksi sendiri		Pembagian, pemberian, dan sebagainya		Jumlah konsumsi	
				Banyaknya (0,00)	Nilai (Rp)	Banyaknya (0,00)	Nilai (Rp)	Banyaknya (0,00)	Nilai (Rp)	Banyaknya (5)+(7)+(9) (0,00)	Nilai (6)+(8)+(10) (Rp)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
023	C. Ikan										
	1) Ikan segar										
024	Ekor kuning		kg								
025	Tongkol/Tuna		kg								
026	Cakalang		kg								
027	Tenggiri		kg								
028	Selar		kg								
029	Kembung		kg								
030	Teri		kg								
031	Bandeng		kg								
032	Gabus		kg								
033	Mujair		kg								
034	Mas		kg								
035	Lainnya		kg								
	2) Udang segar dan sejenisnya										
036	Udang		kg								
037	Cumi-cumi		kg								
038	Ketam/Kepiting/Rajungan		kg								
039	Lainnya		kg								
	3) Ikan diawetkan										
040	Ikan kembung (Peda)		ons								
041	Tenggiri		ons								

III.1. KONSUMSI MAKANAN, MINUMAN, DAN TEMBAKAU SELAMA SEMINGGU

No. Urut	Perincian	Jenis/kualitas	Satuan standar	Pembelian (tunai/bon)		Produksi sendiri		Pembagian, pemberian, dan sebagainya		Jumlah konsumsi	
				Banyaknya (0,00)	Nilai (Rp)	Banyaknya (0,00)	Nilai (Rp)	Banyaknya (0,00)	Nilai (Rp)	Banyaknya (5)+(7)+(9) (0,00)	Nilai (6)+(8)+(10) (Rp)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	2) Daging diawetkan										
062	Dendeng		kg								
063	Daging asap		kg								
064	Abon		kg								
065	Daging dalam kaleng		kg								
066	Lainnya		kg								
	3) Lainnya										
067	Hati		kg								
068	Jeroan (selain hati)		kg								
069	Tetelan		kg								
070	Tulang		kg								
071	Lainnya		kg								
072	E. Telur dan Susu										
073	Telur ayam		kg								
074	Telur itik/Itik manila		butir								
075	Telur puyuh		butir								
076	Telur lainnya		butir								
077	Telur asin		butir								
078	Susu murni		liter								
079	Susu cair pabrik		250ml								
080	Susu kental		kg								
081	Susu bubuk dalam kaleng		kg								

III.1. KONSUMSI MAKANAN, MINUMAN, DAN TEMBAKAU SELAMA SEMINGGU

No. Urut	Perincian	Jenis/kualitas	Satuan standar	Pembelian (tunai/bon)		Produksi sendiri		Pembagian, pemberian, dan sebagainya		Jumlah konsumsi	
				Banyaknya (0,00)	Nilai (Rp)	Banyaknya (0,00)	Nilai (Rp)	Banyaknya (0,00)	Nilai (Rp)	Banyaknya (5)+(7)+(9) (0,00)	Nilai (6)+(8)+(10) (Rp)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
105	Jamur		ons								
106	Petai		kg								
107	Jengkol		kg								
108	Bawang merah		ons								
109	Bawang putih		ons								
110	Cabe merah		ons								
111	Cabe hijau		ons								
112	Cabe rawit		ons								
113	Sayur dalam kaleng		kg								
114	Lainnya										
115	G. Kacang-kacangan										
116	Kacang tanah		kg								
117	Kacang kedele		kg								
118	Kacang hijau		kg								
119	Kacang merah		kg								
120	Kacang polong		kg								
121	Kacang tunggak		kg								
122	Kacang mete		ons								
123	Kacang lainnya		kg								
124	Tahu		kg								
125	Tempe		kg								
126	Tauco		kg								
127	Oncom		kg								

III.1. KONSUMSI MAKANAN, MINUMAN, DAN TEMBAKAU SELAMA SEMINGGU

No. Urut	Perincian	Jenis/kualitas	Satuan standar	Pembelian (tunai/bon)		Produksi sendiri		Pembagian, pemberian, dan sebagainya		Jumlah konsumsi	
				Banyaknya (0,00)	Nilai (Rp)	Banyaknya (0,00)	Nilai (Rp)	Banyaknya (0,00)	Nilai (Rp)	Banyaknya (5)+(7)+(9) (0,00)	Nilai (6)+(8)+(10) (Rp)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
151	Buah dalam kaleng		kg								
152	Lainnya										
153	I. Minyak dan Lemak										
154	Minyak kelapa		liter								
155	Minyak jagung		liter								
156	Minyak goreng lainnya		liter								
157	Kelapa		butir								
158	Margarine		ons								
159	Lainnya										
160	J. Bahan minuman										
161	Gula pasir		ons								
162	T e h		ons								
163	Kopi bubuk		ons								
164	Kopi biji		ons								
165	Coklat bubuk		ons								
166	Sirup		620ml								
167	Lainnya										
168	K. Bumbu-bumbuan										
169	Garam		Ons								
170	Kemiri		ons								

III.1. KONSUMSI MAKANAN, MINUMAN, DAN TEMBAKAU SELAMA SEMINGGU

No. Urut	Perincian	Jenis/kualitas	Satuan standar	Pembelian (tunai/bon)		Produksi sendiri		Pembagian, pemberian, dan sebagainya		Jumlah konsumsi	
				Banyaknya (0,00)	Nilai (Rp)	Banyaknya (0,00)	Nilai (Rp)	Banyaknya (0,00)	Nilai (Rp)	Banyaknya (5)+(7)+(9) (0,00)	Nilai (6)+(8)+(10) (Rp)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
192	Kue basah										
193	Bubur kacang hijau										
194	Gado-gado										
195	Nasi rames										
196	Mie bakso										
197	Es sirup										
198	Es mambo										
199	Es lainnya										
	Minuman ringan mengandung CO_2:										
200	- Dalam botol		250ml								
201	- Dalam kaleng		330ml								
	Minuman tidak mengandung CO_2:										
202	- Dalam botol		200ml								
203	- Dalam kaleng		330ml								
204	- Kemasan lain		200ml								
205	Minuman lainnya										
206	Lainnya										

B1

III.2. PENGELUARAN UNTUK BARANG-BARANG BUKAN MAKANAN SELAMA 12 BULAN/SEBULAN YANG LALU

No. Urut	Perincian	Nilai dalam Rupiah: 12 bulan yang lalu	Nilai dalam Rupiah: Sebulan yang lalu
(1)	(2)	(3)	(4)
219	A. Perumahan, Bahan bakar, Penerangan, dan Air		
220	Rumah yang ditempati ini adalah: Milik sendiri/bebas sewa - 1 . Sewa beli - 4 Kontrak - 2 Dinas - 5 Sewa - 3 lainnya - 6		
221	Jika rumah sendiri/bebas sewa, perkiraan sewa sebulan: Rp		
222	Jika rumah kontrakan: a. Perjanjian kontrak: ..... tahun b. Nilai kontrak: Rp ..... c. Rata-rata nilai kontrak sebulan: Rp		
223	Jika rumah ini sewa, nilai sewa sebulan: Rp		
224	Jika status tempat tinggal sewa beli, dinas dan lainnya, rata-rata nilai sewa sebulan: Rp		
225	Ongkos pemeliharaan rumah (kapur/cat tembok, cat, ganti genteng bocor, kaca pecah, engsel, dan sebagainya)		
226	Listrik: Banyaknya: a. 12 bulan yang lalu: ..... kwh/watt*) } DIISI DI BPS b. Sebulan yang lalu: ..... kwh/watt*) } DIISI DI BPS		
227	Nilai:		
228	Gas kota: Banyaknya: a. 12 bulan yang lalu: ..... m^3 b. Sebulan yang lalu: ..... m^3		
229	Nilai:		
230	LPG: Banyaknya: a. 12 bulan yang lalu: ..... kg b. Sebulan yang lalu: ..... kg		
231	Nilai:		

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III.2. PENGELUARAN UNTUK BARANG-BARANG BUKAN MAKANAN SELAMA 12 BULAN/SEBULAN YANG LALU

No. Urut	Perincian	Nilai dalam Rupiah	
		12 bulan yang lalu	Sebulan yang lalu
(1)	(2)	(3)	(4)
245	Kayu bakar		
246	Air		
247	Lainnya (batrei, aki, korek api, obat nyamuk, dan sebagainya)		
248	B. Barang dan Jasa		
249	Sabun mandi, pasta gigi, dan sampo		
250	Barang kecantikan (minyak wangi, minyak rambut, deodoran, bedak, dan sebagainya)		
251	Perawatan kulit, muka, kuku, rambut (pangkas, keriting, dan sebagainya)		
	Kesehatan:		
252	a. Ongkos dokter		
253	b. Ongkos perawatan		
254	c. Ongkos bidan		
255	d. Ongkos mantri		
256	e. Biaya KB		
257	f. Ongkos dukun		
258	g. Obat dengan resep dokter		
259	h. Obat tanpa resep dokter		
260	i. Lainnya		
	Biaya Sekolah/Kursus		
261	a. Sumbangan Pembangunan Sekolah (Uang Pangkal)		
262	b. Uang sekolah (SPP) dan iuran BP3/PGG		
263	c. Iuran sekolah lainnya		
264	d. Buku pelajaran		
265	e. Alat-alat tulis (termasuk foto copy)		
266	f. Uang kursus		

III.2. PENGELUARAN UNTUK BARANG-BARANG BUKAN MAKANAN SELAMA 12 BULAN/SEBULAN YANG LALU

No. Urut	Perincian	Nilai dalam Rupiah	
		12 bulan yang lalu	Sebulan yang lalu
(1)	(2)	(3)	(4)
282	Pakaian jadi untuk perempuan dewasa (gaun, kain panjang, blus, daster, baju hangat, rok, sarung, selendang, angkin, pakaian dalam, dan sebagainya)		
283	Pakaian jadi untuk anak-anak (baju, celana, baju hangat, kaos, pakaian dalam, dan sebagainya)		
284	Bahan pakaian untuk laki-laki dewasa (wol, poliester, katun, sutera, dan sebagainya)		
285	Bahan pakaian untuk perempuan dewasa		
286	Bahan pakaian untuk anak-anak		
287	Upah menjahit dan memperbaiki pakaian		
288	Alas kaki untuk laki-laki dewasa (sepatu, sandal, kaos kaki, dan sebagainya)		
289	Alas kaki untuk perempuan dewasa		
290	Alas kaki untuk anak-anak		
291	Tutup kepala untuk laki-laki, perempuan, dan anak-anak (topi, kopiah, dan sebagainya)		
292	Benang jahit dan barang lain untuk keperluan menjahit		
293	Sabun cuci batangan		
294	Sabun bubuk dan sabun krim (colek)		
295	Lainnya (handuk, ikat pinggang, semir sepatu, ongkos binatu, dan sebagainya)		
296	D. Barang-barang tahan lama		
297	Perabot rumahtangga (meja, kursi, tempat tidur, lemari, mesin jahit, lemari es, kipas angin, dan sebagainya)		
298	Perlengkapan perabot rumahtangga (kasur, bantal, taplak, sprei, sarung bantal, selimut, gorden, permadani, dan sebagainya)		
299	Perkakas rumahtangga (setrika, sapu, gunting, alat-alat listrik, pisau, gergaji, dsb.)		
300	Alat-alat dapur dan makan (rak piring, kompor, periuk, panci, ember, penggorengan, sendok, termos, piring, gelas, dan pecah-belah lainnya yang terbuat dari gelas, keramik, dan plastik, dan sebagainya)		

III.3. RINGKASAN DARI PENGELUARAN RUMAHTANGGA

Nomor Urut	Jenis Pengeluaran	Selama seminggu (Rp)	Selama 12 bulan (Rp)	Selama sebulan (Rp)
(1)	(2)	(3)	(4)	(5)
01	Padi-padian (III.1 A)			
02	Umbi-umbian (III.1 B)			
03	I k a n (III.1 C)			
04	D a g i n g (III.1 D)			
05	Telur dan Susu (III.1 E)			
06	Sayur-sayuran (III.1 F)			
07	Kacang-kacangan (III.1 G)			
08	Buah-buahan (III.1 H)			
09	Minyak dan Lemak (III.1 I)			
10	Bahan minuman (III.1 J)			
11	Bumbu-bumbuan (III.1 K)			
12	Konsumsi lainnya (III.1 L)			
13	Makanan dan Minuman jadi (III.1 M)			
14	Minuman yang mengandung alkohol (III.1 N)			
15	Tembakau dan Sirih (III.1 O)			
16	Sub Jumlah (1 s.d. 15)			
17	Sub Jumlah (16) x $\frac{30}{7}$			
18	Pengeluaran untuk perumahan, bahan bakar, penerangan, dan air (III.2 A)			
19	Pengeluaran untuk barang dan jasa (III.2 B)			
20	Pengeluaran untuk pakaian, alas kaki, dan tutup kepala (III.2 C)			
21	Pengeluaran untuk barang tahan lama (III.2 D)			
22	Pajak dan Asuransi (III.2 E)			
23	Pengeluaran untuk keperluan pesta dan upacara (III.2 F)			
24	Jumlah Pengeluaran (17 s.d. 23)			

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IV. PENDAPATAN/PENERIMAAN RUMAHTANGGA SEBULAN

B. Lanjutan

Jenis Usaha	Produksi	Dijual	Dikonsumsi sendiri	Diberikan kepada pihak lain	Sisa produksi	Jumlah kolom (3) s.d. (6)	Ongkos produksi	Pendapatan kolom (7) - (8)	Rata-rata pendapatan sebulan kolom (9) : 12
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
3. Perunggasan (3a + 3b)									
a. Unggas									
b. Lainnya (telur, bulu, dll.)									
4. Aneka ternak (kelinci, puyuh, dll.)									
5. Perikanan									
6. Kehutanan/Perburuan									
								Jumlah (B 1 s.d. B 6)	

C. Pendapatan dari usaha bukan pertanian selama 3 bulan yang lalu (Rp)

Jenis Usaha	Jumlah bulan usaha	Produksi	Dijual	Dikonsumsi sendiri	Diberikan kepada pihak lain	Sisa produksi	Jumlah kolom (4) s.d. (6)	Ongkos produksi	Pendapatan kolom (7) - (8)	Rata-rata pendapatan sebulan kol.(10) : kol.(2)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1. Industri/kerajinan										
2. Perdagangan										
3. Pengangkutan										
4. Jasa										
5. Lainnya (bangunan, penggalian, dsb.)										
									Jumlah (C 1 s.d. C 5)	

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IV. PENDAPATAN/PENERIMAAN RUMAHTANGGA SEBULAN

F. Pemasukkan dan pengeluaran uang lainnya selama sebulan yang lalu

Pemasukkan	Rp	Pengeluaran	Rp
(1)	(2)	(3)	(4)
1. Penjualan surat berharga/barang emas/permata		1. Pembelian surat berharga	
2. Penjualan benda tak bergerak (bangunan, tanah)		2. Pembelian benda tak bergerak termasuk perbaikan bangunan besar-besaran/pematangan tanah	
3. Penjualan barang bekas			
4. Mengambil tabungan		3. Membayar premi asuransi	
5. Klaim asuransi lainnya		4. M e n a b u n g	
6. Meminjam/menerima kembali piutang		5. Meminjamkan/membayar piutang	
7. Menggadaikan barang		6. Menebus barang gadaian	
8. Mendapat arisan		7. Membayar arisan	
9. Lainnya		8. Lainnya	
J u m l a h		J u m l a h	

G. Pengeluaran dan penerimaan rumahtangga selama sebulan yang lalu

Pengeluaran	Rp	Penerimaan	Rp
(1)	(2)	(3)	(4)
1. Pengeluaran konsumsi rumahtangga blok III.3 perincian 24 kolom (5)		1. Pendapatan upah/gaji jumlah kolom (7) blok IV.A	
		2. Pendapatan dari usaha pertanian jumlah kolom (10) blok IV.B	
2. Pembayaran transfer jumlah kolom (4) blok IV.E		3. Pendapatan dari usaha bukan pertanian jumlah kolom (11) blok IV.C	
		4. Pendapatan lainnya jumlah kolom (2) blok IV.D	
3. Pengeluaran lainnya jumlah kolom (4) blok IV.F		5. Penerimaan transfer jumlah kolom (2) blok IV.E	
		6. Penerimaan lainnya jumlah kolom (2) blok IV.F	
J u m l a h		J u m l a h	

Catatan: Jumlah pembelian barang bekas; a. Selama sebulan yang lalu = Rp .....

b. Selama setahun yang lalu = Rp .....

LAYOUT RECORD SUSENAS 1987 - SSN87S1

TIPE 2

No	Variabel	Posisi	Banyaknya Karakter	Sumber	Keterangan
I.	IDENTITAS				
1.	PROP	1-2	99	BL. II.1	Kode Propinsi
2.	KABU	3-4	99	BL. II.2	Kode Kabupaten/K
3.	URRU	5	9	BL. II.5	1: Kota 2: Pedesaan
4.	NKS	6-8	999	BL. II.8	Nomor Kode Sampe
5.	NO URUT RT	9-10	99	BL. II.9	-
II.	TIPE KARTU	11	9	BL. II.1	" 2 "
III.	KETERANGAN RUMAHTANGGA (BLOK II.1).				
1.	JLH ART	12-13	99	PER.1	01 - 35
2.	JLH ART >=5	14-15	99	PER.2	01 - 35
3.	JLH ART >=10	16-17	99	PER.3	01 - 35
4.	JLH ART 0-4	18-19	99	PER.4	00 - 35
5.	RATA2 PENGEL. RT SEBULAN	20	9	PER.5	1 - 8
6.	BLANK	21-83	X(63)	-	-
IV.	KETERANGAN TAMBAHAN RUMAHTANGGA BAGIAN I (LIHAT HAL. 9)				
	-	84-157	X(74)	-	
V.	KETERANGAN TAMBAHAN ANGGOTA RUMAHTANGGA (LIHAT HAL. 9)				
	BLANK	158-184	X(27)	-	-
VI.	KETERANGAN TAMBAHAN RUMAHTANGGA BAGIAN II (LIHAT HAL. 10)				
	-	185-202	X(74)	-	

LAYOUT RECORD
SUSENAS 1987 MODULE KONSUMSI
TIPE : 320

NO.	NAMA VARIABEL	POSISI	BANYAK/JENIS KARAKTER	BATAS NILAI	SUMBER	KETERANGAN
	A. IDENTITAS					
01.	IDENT	1 - 16	X(16)	-	BLOK. I	IDENTITAS SEPER TIPE RECORD 20
	B. TIPE-REKORD					
01.	TIPE-REK	17 - 19	999	320	-	-
	C. KETERANGAN KONSUMSI BUKAN MAKANAN DAN MINUMAN.					
01.	V32K01	20 - 22	999	219 - 321	B III.2 KOL(1)	NO. URUT ITEM (LIHAT KODE I
02.	V32K03	23 - 30	9(5)	NUMERIC	B III.2 KOL(3)	NILAI 12 BL YA
03.	V32K04	31 - 36	9(6)	NUMERIC	B III.2 KOL(4)	NILAI SEBULAN Y
04.	FILLER	39 -118	X(80)	-	-	-
	D. DERIVED VARIABLE	119 - 202				SEPERTI PD REC

LAYOUT RECORD

SUSENAS 1987 MODULE KONSUMSI

TIPE : 200 (LANJUTAN)

NO	NAMA VARIABEL	POSISI	BANYAK/JENIS KARAKTER	BATAS NILAI	SUMBER	KETERANGAN ISI
	D. DERIVED VARIABLE					
01.	INC	119 - 126	9(8)	NUMERIC		TOTAL PENDAPATAN PERBULAN
02.	EXP	127 - 134	9(8)	NUMERIC		TOTAL PENGELUARAN PERBULAN
03.	EXP-FOOD	135 - 142	9(8)	NUMERIC		TOTAL PENGELUARAN BAHAN MAKANAN RMT PERBULAN
04.	EXP-NFOOD	143 - 150	9(8)	NUMERIC		TOTAL PENGELUARAN BUKAN MAKANAN RMT PERBULAN
05.	PROTEIN	151 - 160	9(10)	NUMERIC		KONSUMSI PER RMT PERHARI (0,00)
06.	KALORI	161 - 170	9(10)	NUMERIC		KONSUMSI PER RMT PERHARI (0,0)
07.	LEMAK	171 - 180	9(10)	NUMERIC		KONSUMSI PER RMT PERHARI (0,00)
08.	KARBOHIDRAT	181 - 190	9(10)	NUMERIC		KONSUMSI PER RMT PERHARI (0,0)
09.	INF-PND	191 - 196	9(6)	NUMERIC		FAKTOR PENGALI PDD
10.	INF-RMT	197 - 202	9(6)	NUMERIC		FAKTOR PENGALI RMT

LAYOUT RECORD
SURVEI SOSIAL EKONOMI NASIONAL
1990
MODUL KESEHATAN

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LAYOUT RECORD
SUSENAS 1990 MODULE KESEHATAN
DAFTAR SSN90-S1
TIPE : 100

NO.	NAMA VARIABLE	POSISI	JENIS/ JUMLAH KARAKTER	BATAS NILAI	SUMBER BLOK	SUMBER RIN-CIAN	KETERANGAN
	A. *IDENTITAS*						
1.	PROP	1-2	9(2)	Numeric	I	1	Kode Propinsi
2.	KABU	3-4	9(2)	Numeric	I	2	Kode Kabupaten
3.	URRU	5	9(1)	1,2	I	5	-1 : kota -2 : pedesaan
4.	NKS	6-8	9(3)	Numeric	I	6	Nomor Kode Sampel
5.	NURT	9-10	9(2)	Numeric > 0	I	7	Nomor Urut Rumah Tangga.
6.	JART	11-12	9(2)	01-35	II	2	Jumlah Anggota RMT.
7.	FILLER	13-15	X(3)	-	-	-	Untuk Pengolahan.
	B. *TIPE REKORD*						
8.	RECTYP	16-18	9(3)	100	-	-	Tipe rekord.
	C. *KETERANGAN RUMAHTANGGA*						
9.	EXP	19-25	9(7)	Numeric	II	3	Jumlah Pengeluaran Rumah Tangga Sebulan.
10.	INC	26-32	9(7)	Numeric	II	4	Jumlah Pendapatan Rumah Tangga Sebulan.
11.	FILLER	33-117	x(85)	Blank	-	-	

SUSENAS 1990 MODULE KESEHATAN
DAFTAR SSN90-S1
TIPE : 111

NO.	NAMA VARIABLE	POSISI	JENIS/ JUMLAH KARAKTER	BATAS NILAI	SUMBER BLOK	SUMBER RIN-CIAN	KETERANGAN
	A. *IDENTITAS*						
1.	IDENT	1-15	9(15)	Numeric	I	-	Identitas Seperti di tipe 100.
	B. *TIPE REKORD*						
2.	RECTYP	16-18	9(3)	111	-	-	Tipe rekord.
	C. *KETERANGAN DEMOGRAFI DAN KESEHATAN*						
3.	V3K01	19-20	9(2)	01-35	III	1	Nomor Urut Anggota Rumah Tangga
4.	V3K03	21	9(1)	1-9	III	3	Hubungan dengan Kepala Rumah Tangga : -1 : Kepala Rmt. -2 : Isteri/Suami -3 : Anak -4 : Menantu -5 : Cucu -6 : Orang tua/Mertua -7 : Famili lain -8 : Pembantu Rmt. -9 : Lainnya
5.	V3K04	22	9(1)	1,2	III	4	Jenis Kelamin : -1 : laki-laki -2 : Perempuan
6.	V3K05	23-24	9(2)	Numeric	III	5	U m u r
7.	V3K06	25	9(1)	1-4	III	6	Status Perkawinan : -1 : Belum Kawin -2 : Kawin -3 : Cerai Hidup -4 : Cerai Mati
8.	V3K07	26	9(1)	0-9	III	7	Pendidikan Tertinggi yang Ditamatkan : - 0 : Tidak/Belum Sek. - 1 : Belum tamat SD. - 2 : SD - 3 : SMTP Umum - 4 : SMTP Kejuruan - 5 : SMTA Umum - 6 : SMTA Kejuruan - 7 : Dipl.I/Dipl.II - 8 : Akademi/Dipl.III - 9 : Universitas/

SUSENAS 1990 MODULE KESEHATAN
DAFTAR SSN90-S1
TIPE : 111 (LANJUTAN)

NO.	NAMA VARIABLE	POSISI	JENIS/ JUMLAH KARAKTER	BATAS NILAI	SUMBER BLOK	SUMBER RIN-CIAN	KETERANGAN
9.	V3K08	27	9(1)	1,2	III	8	Apakah Pernah Mendapat Kecelakaan Selama Sebulan yang Lalu : -1 : Ya; -2 : Tidak
10.	V3K09	28	9(1)	1-5	III	9	Jenis Kecelakaan : -1 : di Rumah Tangga -2 : di Tempat Kerja -3 : Lalu Lintas -4 : Karena Tindakan Kekerasan -5 : Lainnya
11.	V3K10	29	9(1)	1,2	III	10	Pernah Sakit Selama Satu Bulan Terakhir -1 : Ya; -2 : tidak
12.	V3K11	30-31	9(2)	01-13	III	11	Cara/Tempat Berobat: -01: RS Pemerintah -02: RS Swasta -03: Klinik/BP -04: Puskesmas -05: Puskesmas Pemb. -06: Posyandu/Kader -07: Dokter Praktek -08: Bidan Praktek -09: Mantri/Perawat Praktek -10: Dukun/Tabib/ Sinshe -11: Berobat Sendiri/ Beli Obat -12: Lebih dari Satu Jenis Tempat Berobat -13 Tidak Diobati
13.	V3k12	32-37	9(6)	Numeric	III	12	Biaya Berobat Jalan yang Dikeluarkan(dalamRupiah)
14.	V3K13	38	9(1)	1,2	III	13	Pernah Dirawat Selama Satu Tahun Terakhir: -1 : Ya; -2 : Tidak

LAYOUT RECORD
SUSENAS 1990 MODULE KESEHATAN
DAFTAR SSN90-S1
TIPE : 111 (LANJUTAN)

NO.	NAMA VARIABLE	POSISI	JENIS/ JUMLAH KARAKTER	BATAS NILAI	SUMBER BLOK	SUMBER RIN-CIAN	KETERANGAN
15.	V3K14	39	9(1)	1-4	III	14	Tempat Dirawat : -1 : RS Pemerintah -2 : RS Swata -3 : Puskesmas -4 : Di Rumah Petugas
16.	V3K15	40-43	9(4)	Numeric	III	15	Biaya Perawatan yang Dikeluarkan (dalam Ribuan Rupiah)
17.	V3K16	44	9(1)	1,2	III	16	Wanita 15-49 thn dan Berstatus kawin/pernah kawin. : -1 : Ya; -2 : Tidak
18.	V3K17	45-46	9(2)	00-10, 13	III	17	Kehamilan dlm 1 Bulan -00: Tidak Hamil Diperiksa Di : -01: RS. Pemerintah. -02: RS./ RSB. Swasta -03: Rumah/Klinik Bersalin Swasta. -04: Puskesmas. -05: Pusk.Pembantu -06: Posyandu/Kader -07: Dokter Praktek -08: Bidan Praktek -09: Perawat Praktek -10: Dukun -13: Belum pernah Diperiksa
19.	V3K18	47-51	9(5)	Num	III	18	Biaya Pemeriksaan Kehamilan dlm 1 Bulan Terakhir

LAYOUT RECORD
SUSENAS 1990 MODULE KESEHATAN
DAFTAR SSN90-S1
TIPE : 111 (LANJUTAN)

NO.	NAMA VARIABLE	POSISI	JENIS/ JUMLAH KARAKTER	BATAS NILAI	SUMBER BLOK	SUMBER RIN-CIAN	KETERANGAN
20.	V3K19	52	9(1)	0-9	III	19	Persalinan dlm 1 Thn Terakhir : -0 : Tidak Melahirkan -Melahirkan di : -1 : RS. Pemerintah. -2 : RS./ RSB. Swasta -3 : Rumah/Klinik Ber-salin Swasta. -4 : Puskesmas. -5 : Rumah Bidan -Rumah Sendiri oleh: -6 : Dokter -7 : Bidan -8 : Dukun -9 : Lainnya
21.	V3K20	53-56	9(4)	Numeric	III	20	Biaya Persalinan.
22.	V3K21	57	9(1)	1-3	III	21	Pihak Lain yang Membayar Biaya Pengobatan/ Perawatan/Pemeriksaan Kehamilan/ Persalinan -1 : Tidak Ada -2 : Asuransi -3 : Perusahaan.
23.	V3K22	58-60	9(3)	Numeric 00-100	III	22	% Biaya yang dibayar Pihak Lain.
24.	FILLER..	61-117	X(57)	Blank	-	-	

LAYOUT RECORD
SUSENAS 1990 MODULE KESEHATAN
DAFTAR SSN90-S1
DERIVE VARIABLE

NO.	NAMA VARIABLE	POSISI	JENIS/ JUMLAH KARAKTER	BATAS NILAI	SUMBER BLOK	SUMBER RIN-CIAN	KETERANGAN
1.	EXP	63-69	9(7)	Numeric	II	3	Jumlah Pengeluaran Rumah Tangga Sebulan.
2.	INC	70-76	9(7)	Numeric	II	4	Jumlah Pendapatan Rumah Tangga Sebulan.
3	PDK	77	9	Numeric	III	7	Pendidikan Kepala Rumah tangga
4.	TBJ	78-84	9(7)	Numeric	III	12	Total Biaya Berobat Jalan untuk seluruh anggota rumah tangga.
5.	TBP	85-91	9(7)	Numeric	III	15	Total Biaya Perawatan untuk seluruh anggota rumah tangga.
6.	TBPK	92-98	9(7)	Numeric	III	18	Total Biaya Pemeriksaan Kehamilan dalam 1 bulan.
7.	TBS	99-105	9(7)	Numeric	III	20	Total Biaya Persalinan.
8.	TBK	106-112	9(7)	Numeric			Total Biaya Kesehatan.
9.	PBB	113-116	9(4)	Numeric	III	22	Persentase Total Biaya Kesehatan yang Dibayarkan.
10.	FIL	117-118	X(2)				FILLER (BLANK) tidak digunakan.
11.	INP	119-124	9(6)	Numeric			Inf. Penduduk.
12.	INR	125-130	9(6)	Numeric			Inf. Rumah Tangga.

DATA SUSENAS 1990 MODUL KESEHATAN

NO.	PROPINSI	NAMA LABEL	NAMA FILE	PANJANG RECORD	JUMLAH RECORD
01.	DISTA ACEH	SSN90S1-11	S1_11	130	9.109
02.	SUMATERA UTARA	SSN90S1-121	S1_121	130	3.841
		SSN90S1-122	S1_122	130	8.584
03.	SUMATERA BARAT	SSN90S1-13	S1_13	130	8.009
04.	R I A U	SSN90S1-14	S1_14	130	6.760
05.	J A M B I	SSN90S1-15	S1_15	130	4.754
06.	SUMATERA SELATAN	SSN90S1-16	S1_16	130	9.097
07.	BENGKULU	SSN90S1-17	S1_17	130	4.080
08.	LAMPUNG	SSN90S1-181	S1_181	130	2.067
		SSN90S1-182	S1_182	130	7.645
09.	DKI JAKARTA	SSN90S1-31	S1_31	130	9.058
10.	JAWA BARAT	SSN90S1-321	S1_321	130	8.216
		SSN90S1-322	S1_322	130	8.819
		SSN90S1-323	S1_323	130	8.658
		SSN90S1-324	S1_324	130	7.540
11.	JAWA TENGAH	SSN90S1-331	S1_331	130	7.237
		SSN90S1-332	S1_332	130	8.127
		SSN90S1-333	S1_333	130	8.191
		SSN90S1-334	S1_334	130	7.291
12.	D.I. YOGYAKARTA	SSN90S1-34	S1_34	130	8.329
13.	JAWA TIMUR	SSN90S1-351	S1_351	130	8.496
		SSN90S1-352	S1_352	130	9.070
		SSN90S1-353	S1_353	130	8.590
		SSN90S1-354	S1_354	130	8.218
14.	B A L I	SSN90S1-51	S1_51	130	7.998
15.	N T B	SSN90S1-521	S1_521	130	2.030
		SSN90S1-522	S1_522	130	7.204
16.	N T T	SSN90S1-53	S1_53	130	8.960
17.	TIMOR TIMUR	SSN90S1-54	S1_54	130	5.138
18.	KALIMANTAN BARAT	SSN90S1-611	S1_611	130	1.578
		SSN90S1-612	S1_612	130	7.736
19.	KALIMANTAN TENGAH	SSN90S1-62	S1_62	130	4.708
20.	KALIMANTAN SELATAN	SSN90S1-63	S1_63	130	7.093
21.	KALIMANTAN TIMUR	SSN90S1-64	S1_64	130	4.699
22.	SULAWESI UTARA	SSN90S1-71	S1_71	130	5.370
23.	SULAWESI TENGAH	SSN90S1-72	S1_72	130	5.047
24.	SULAWESI SELATAN	SSN90S1-731	S1_731	130	3.074
		SSN90S1-732	S1_732	130	6.999
25.	SULAWESI TENGGARA	SSN90S1-74	S1_74	130	5.208
26.	M A L U K U	SSN90S1-81	S1_81	130	4.912
27.	IRIAN JAYA	SSN90S1-82	S1_82	130	3.979

JUMLAH SELURUH DISKETTE : 41 (empat puluh satu) buah.

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ontinuing E:\SASSAVE)
     63 file(s)    8076754 bytes
                  22421504 bytes free

\SASSAVE>CD\SUS90

\SUS90>DIR/W

olume in drive E has no label
irectory of E:\SUS90

]               [..]            SYS@FILE        S1_53           S1_522
_521            S1_354          S1_353          S1_352          S1_351
_122            S1_121          S1_74           S1_732          S1_731
_72             S1_71           S1_63           S1_612          S1_611
_11             S1_13           S1_14           S1_15           S1_16
_17             S1_181          S1_182          S1_62           S1_64
_81             S1_51           S1_82           S1_54           S1_34
_334            S1_333          S1_332          S1_331          S1_324
_323            S1_322          S1_321          S1_31
     44 file(s)   35841480 bytes
                  22421504 bytes free

\SUS90>
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CHAPTER 2

APPENDICES

Utilization1

1987 Provincial Health Service Utilization/1000

PROV	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	138.38	147.21	10.58	48.90	8.10	4.96
N.SUM	116.26	119.58	6.85	34.18	7.14	5.18
W.SUM	127.48	132.71	9.39	33.34	16.61	4.16
RIAU	102.21	108.13	3.21	30.07	4.65	1.51
JAMBI	155.88	160.03	8.81	45.18	7.64	4.05
S.SUM	144.23	147.95	8.85	52.51	13.08	5.43
BNGKULU	122.50	125.05	2.66	45.15	2.92	1.78
LAMPUNG	82.96	87.29	3.48	30.21	9.64	2.44
JAKARTA	75.07	77.22	9.04	27.01	22.80	3.49
W.JAVA	156.44	162.62	9.01	50.68	20.53	4.82
C.JAVA	112.66	117.90	6.91	39.81	13.87	5.38
YOGYA	94.33	97.12	8.72	34.88	16.98	6.50
E.JAVA	114.79	119.31	5.96	38.50	16.90	3.24
BALI	156.19	160.88	13.96	45.47	31.38	8.28
NTB	150.23	161.72	5.47	69.86	9.48	3.45
NTT	218.83	237.59	14.26	105.87	4.01	15.70
E.TIMUR	199.69	245.36	6.19	142.41	***	6.97
W.KAL.	135.75	140.97	5.51	51.31	9.26	8.68
C.KAL.	161.72	165.16	1.88	53.47	3.42	16.19
S.KAL.	132.75	138.10	7.60	32.48	6.13	6.61
E.KAL.	160.34	162.47	14.41	68.42	9.42	2.32
N.SUL.	165.73	170.16	14.09	52.55	29.56	13.77
C.SUL.	201.78	214.83	6.16	27.65	10.71	11.15
S.SUL.	77.28	90.14	6.04	17.82	4.87	6.06
SE.SUL.	116.10	125.19	3.77	20.79	2.47	3.02
MALUKU	145.60	151.68	15.86	31.75	5.29	10.01
IJAYA	238.29	254.29	15.56	136.81	10.19	14.55

Utilization2

1987 Provincial Health Service Utilization/1000 by sex

PROVINCE	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	MALE	130.92	139.66	11.12	47.73	8.72	5.97
ACEH	FEMA	145.67	154.58	10.04	50.04	7.49	3.98
N.SUM	MALE	117.16	120.17	7.06	34.83	7.14	5.25
N.SUM	FEMA	115.33	118.97	6.63	33.52	7.14	5.10
W.SUM	MALE	129.90	135.22	10.37	29.66	16.69	4.05
W.SUM	FEMA	125.14	130.28	8.45	36.90	16.54	4.27
RIAU	MALE	99.54	104.37	4.45	26.38	5.14	1.43
RIAU	FEMA	105.01	112.07	1.91	33.94	4.13	1.60
JAMBI	MALE	161.76	165.92	10.58	49.74	8.14	5.31
JAMBI	FEMA	149.58	153.73	6.92	40.30	7.10	2.69
S.SUM	MALE	133.88	137.68	10.28	45.92	12.85	5.34
S.SUM	FEMA	154.94	158.58	7.36	59.33	13.32	5.53
BNGKULU	MALE	114.48	118.71	1.26	42.82	3.46	1.60
BNGKULU	FEMA	130.55	131.40	4.07	47.48	2.37	1.95
LAMPUNG	MALE	89.11	92.98	4.50	30.12	10.23	2.50
LAMPUNG	FEMA	76.50	81.30	2.41	30.31	9.01	2.38
JAKARTA	MALE	71.73	73.98	8.97	24.86	22.42	3.67
JAKARTA	FEMA	78.45	80.52	9.11	29.19	23.13	3.31
WJAVA	MALE	161.46	167.52	9.87	50.44	20.00	5.17
WJAVA	FEMA	151.40	157.71	8.14	50.93	21.07	4.47
CJAVA	MALE	111.76	116.87	7.08	39.97	14.33	5.24
CJAVA	FEMA	113.53	118.90	6.75	39.65	13.44	5.51
YOGYA	MALE	99.64	102.97	10.09	37.35	17.98	7.33
YOGYA	FEMA	89.33	91.62	7.43	32.55	16.05	5.72
EJAVA	MALE	118.68	124.50	6.37	40.94	17.25	3.06
EJAVA	FEMA	111.09	114.36	5.56	36.18	16.56	3.41
BALI	MALE	165.31	169.18	14.66	49.00	34.71	9.12
BALI	FEMA	147.41	152.89	13.28	42.08	28.17	7.47
NTB	MALE	165.61	176.67	6.90	77.49	9.57	3.79
NTB	FEMA	134.85	146.77	4.04	62.23	9.38	3.11
NTT	MALE	208.03	228.01	14.23	99.20	4.17	15.84
NTT	FEMA	229.56	247.12	14.29	112.51	3.85	15.57
E.TIMUR	MALE	184.50	235.66	7.75	131.78	***	10.85
E.TIMUR	FEMA	214.84	255.02	4.64	153.01	***	3.09
W.KAL	MALE	139.52	143.70	6.03	52.86	10.27	8.69
W.KAL	FEMA	131.90	138.17	4.97	49.71	8.23	8.66
C.KAL	MALE	156.49	158.22	1.31	48.72	3.67	15.13
C.KAL	FEMA	167.32	172.59	2.49	58.55	3.16	17.32
S.KAL	MALE	135.54	140.15	10.15	32.61	6.69	8.86
S.KAL	FEMA	130.02	136.08	5.11	32.36	5.58	4.40
E.KAL	MALE	137.67	139.53	13.23	62.45	9.55	2.96
E.KAL	FEMA	185.21	187.64	15.70	74.96	9.27	1.62

Utilization2-cont

1987 Provincial Health Service Utilization/1000 by sex

PROVINCE	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
N.SUL	MALE	173.10	177.89	14.40	53.43	31.38	14.37
N.SUL	FEMA	158.27	162.32	13.79	51.66	27.71	13.16
C.SUL	MALE	205.54	219.84	5.90	27.33	9.62	9.85
C.SUL	FEMA	197.81	209.55	6.42	27.99	11.86	12.52
S.SUL	MALE	75.55	92.03	6.49	16.77	4.32	6.55
S.SUL	FEMA	78.91	88.35	5.63	18.81	5.40	5.60
SE.SUL	MALE	99.62	108.22	3.29	15.72	3.06	2.92
SE.SUL	FEMA	131.39	140.92	4.21	25.49	1.93	3.12
MALUKU	MALE	151.78	156.22	17.71	33.74	6.02	9.65
MALUKU	FEMA	138.84	146.72	13.84	29.56	4.49	10.40
IJAYA	MALE	244.27	258.23	18.13	139.10	9.27	18.94
IJAYA	FEMA	231.68	249.94	12.72	134.29	11.21	9.70

Utilization3

1987 Provincial Health Service Utilization/1000 by age

PROVINCE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	LESS 5	186.19	189.85	17.39	79.03	8.07	6.49
ACEH	6-14	107.61	112.03	10.30	43.81	4.32	3.17
ACEH	15-49	112.79	122.78	8.53	34.60	8.97	4.83
ACEH	50-64	224.31	238.44	13.65	72.74	10.44	4.17
ACEH	65+	357.68	404.03	***	105.29	22.67	18.64
N.SUM	LESS 5	154.87	159.66	11.39	56.91	5.01	5.82
N.SUM	6-14	88.19	91.23	2.85	25.29	5.75	1.66
N.SUM	15-49	94.58	96.55	6.94	27.63	5.87	5.70
N.SUM	50-64	195.35	198.85	5.64	44.08	19.13	7.77
N.SUM	65+	273.89	291.75	17.86	58.64	20.23	17.86
W.SUM	LESS 5	161.83	165.46	7.35	53.48	12.84	0.88
W.SUM	6-14	88.33	91.35	3.67	25.81	4.92	1.66
W.SUM	15-49	104.80	108.69	8.43	23.57	17.33	4.28
W.SUM	50-64	218.20	226.49	25.98	48.21	36.94	10.60
W.SUM	65+	287.31	319.29	25.92	78.86	48.97	15.99
RIAU	LESS 5	157.83	158.87	1.76	51.98	8.21	1.03
RIAU	6-14	76.29	80.98	2.42	23.67	4.40	***
RIAU	15-49	76.48	82.06	3.39	19.90	2.72	1.25
RIAU	50-64	216.37	235.08	6.09	65.20	9.36	8.61
RIAU	65+	239.23	265.02	10.67	68.92	10.67	7.56
JAMBI	LESS 5	157.86	162.90	6.45	51.95	5.54	5.05
JAMBI	6-14	133.96	139.01	3.33	31.92	3.33	***
JAMBI	15-49	139.22	142.25	8.78	42.19	10.49	5.37
JAMBI	50-64	275.62	279.31	27.18	90.91	10.75	3.38
JAMBI	65+	441.50	457.36	39.00	78.01	***	23.14
S.SUM	LESS 5	191.64	194.53	8.90	77.30	14.25	5.51
S.SUM	6-14	110.83	115.07	7.83	43.59	5.53	2.66
S.SUM	15-49	119.07	122.28	8.06	42.11	13.06	6.12
S.SUM	50-64	255.11	263.51	17.06	83.31	27.84	9.86
S.SUM	65+	386.50	386.50	11.81	101.54	47.70	8.31
BNGKULU	LESS 5	176.20	176.20	5.82	66.07	3.96	1.58
BNGKULU	6-14	80.78	80.78	1.94	25.73	0.45	1.94
BNGKULU	15-49	91.99	92.93	2.63	34.44	2.45	1.23
BNGKULU	50-64	246.20	267.57	***	90.81	10.12	5.34
BNGKULU	65+	375.43	390.45	***	163.72	8.97	***
LAMPUNG	LESS 5	132.35	135.60	2.62	52.62	10.90	2.22
LAMPUNG	6-14	46.20	49.85	1.63	18.31	2.26	0.46
LAMPUNG	15-49	65.16	69.41	4.17	21.85	9.96	2.89
LAMPUNG	50-64	165.48	168.63	7.19	54.54	20.80	7.87
LAMPUNG	65+	212.21	235.24	4.60	84.08	37.44	***
JAKARTA	LESS 5	126.30	129.50	11.99	62.35	35.17	1.60
JAKARTA	6-14	73.03	74.49	5.36	27.75	22.88	0.97
JAKARTA	15-49	50.52	52.14	8.27	15.46	13.66	3.78
JAKARTA	50-64	144.04	149.58	13.85	40.17	60.94	8.31
JAKARTA	65+	255.03	261.74	46.27	87.25	73.83	20.13

Utilization3-cont

1987 Provincial Health Service Utilization/1000 by age

PROVINCE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
WJAVA	LESS 5	211.88	216.18	5.89	96.48	23.73	2.32
WJAVA	6-14	112.61	116.48	4.86	37.41	12.24	1.94
WJAVA	15-49	136.80	140.30	9.86	39.43	20.50	5.47
WJAVA	50-64	240.23	253.00	17.71	61.61	33.09	10.34
WJAVA	65+	317.09	340.55	17.19	77.65	33.34	12.76
CJAVA	LESS 5	165.44	170.17	6.56	74.62	16.86	4.91
CJAVA	6-14	97.06	101.34	4.45	37.50	9.24	3.91
CJAVA	15-49	87.95	91.81	6.58	28.86	10.53	5.48
CJAVA	50-64	155.95	166.60	11.14	47.19	23.75	6.73
CJAVA	65+	216.72	231.78	15.44	51.56	46.33	10.85
YOGYA	LESS 5	151.00	155.46	5.94	76.92	37.08	10.40
YOGYA	6-14	87.57	90.42	7.17	33.76	11.52	5.00
YOGYA	15-49	71.43	73.75	8.51	24.17	12.86	4.69
YOGYA	50-64	106.89	109.23	9.45	32.96	17.70	7.12
YOGYA	65+	182.08	186.62	18.02	60.84	33.95	18.02
EJAVA	LESS 5	188.43	194.06	6.63	84.43	26.59	3.88
EJAVA	6-14	96.69	100.57	5.53	35.97	13.69	1.39
EJAVA	15-49	89.59	93.19	5.26	25.59	13.91	2.81
EJAVA	50-64	152.64	158.85	8.02	47.63	21.47	7.67
EJAVA	65+	191.17	202.07	9.05	46.54	28.26	4.06
BALI	LESS 5	195.25	199.95	14.67	54.67	41.27	8.12
BALI	6-14	104.39	107.82	9.56	45.06	8.93	2.92
BALI	15-49	137.80	141.87	14.91	35.66	32.97	8.65
BALI	50-64	236.41	242.26	18.17	66.25	47.44	17.07
BALI	65+	291.58	304.61	13.23	64.09	52.73	10.25
NTB	LESS 5	222.81	239.73	4.56	129.08	10.84	2.09
NTB	6-14	103.43	113.46	4.96	48.20	6.92	2.65
NTB	15-49	131.04	140.72	5.67	55.04	9.61	3.18
NTB	50-64	206.17	215.22	7.16	96.48	9.43	7.92
NTB	65+	284.10	310.32	7.00	87.42	20.99	8.74
NTT	LESS 5	267.67	282.39	17.35	136.28	4.58	18.24
NTT	6-14	178.23	192.19	11.14	87.44	2.62	10.55
NTT	15-49	200.26	217.88	14.43	94.92	4.04	15.63
NTT	50-64	293.52	325.89	15.87	144.24	5.24	20.41
NTT	65+	320.39	370.70	15.08	135.62	7.34	27.96
E.TIMUR	LESS 5	340.52	383.62	8.62	245.69	***	4.31
E.TIMUR	6-14	113.48	141.84	14.18	78.01	***	14.18
E.TIMUR	15-49	164.22	211.14	1.47	115.84	***	5.87
E.TIMUR	50-64	316.46	392.41	12.66	202.53	***	***
E.TIMUR	65+	588.24	764.71	***	588.24	***	***
W.KAL	LESS 5	184.93	190.14	4.19	82.77	13.71	8.19
W.KAL	6-14	97.67	102.25	2.68	38.19	3.12	4.91
W.KAL	15-49	113.92	118.83	5.52	44.53	5.79	9.11
W.KAL	50-64	240.03	249.34	6.64	62.93	23.46	12.90
W.KAL	65+	341.78	347.13	42.58	85.16	75.45	30.22

Utilization3-cont

1987 Provincial Health Service Utilization/1000 by age

C.KAL	LESS 5	203.11	209.23	2.66	76.39	2.66	33.46
C.KAL	6-14	168.98	168.98	3.39	60.72	3.71	21.14
C.KAL	15-49	119.52	121.41	0.78	34.42	3.21	8.63
C.KAL	50-64	248.69	254.16	2.23	82.23	6.70	5.47
C.KAL	65+	412.00	467.05	***	114.25	***	18.35
S.KAL	LESS 5	175.47	182.85	4.44	53.73	10.12	8.61
S.KAL	6-14	108.93	112.90	3.68	30.48	3.25	2.19
S.KAL	15-49	106.83	111.50	8.06	22.29	5.23	6.12
S.KAL	50-64	227.38	231.38	14.52	57.18	8.52	13.21
S.KAL	65+	319.63	343.47	29.55	55.22	21.53	25.66
E.KAL	LESS 5	212.33	214.77	22.93	129.91	12.08	1.22
E.KAL	6-14	134.54	136.87	9.27	59.96	9.29	1.56
E.KAL	15-49	136.93	138.41	13.55	46.02	7.69	1.84
E.KAL	50-64	298.70	305.76	17.45	119.46	13.93	10.49
E.KAL	65+	385.48	385.48	30.57	169.92	30.57	15.48
N.SUL	LESS 5	263.75	268.48	12.30	120.00	51.01	16.03
N.SUL	6-14	136.42	143.14	9.09	53.36	12.65	8.28
N.SUL	15-49	137.23	140.35	10.92	35.68	28.61	11.87
N.SUL	50-64	227.66	235.10	25.92	53.19	42.00	22.24
N.SUL	65+	329.31	329.31	66.40	83.60	66.19	49.15
C.SUL	LESS 5	259.10	264.61	2.16	49.76	13.17	13.28
C.SUL	6-14	168.30	183.54	4.91	33.13	1.86	1.52
C.SUL	15-49	189.04	203.44	7.95	22.00	12.40	13.83
C.SUL	50-64	268.02	279.74	2.86	***	27.75	24.89
C.SUL	65+	220.20	241.32	21.11	***	4.14	4.14
S.SUL	LESS 5	106.60	126.29	10.12	19.93	3.20	5.10
S.SUL	6-14	52.82	65.47	3.17	11.99	0.58	3.41
S.SUL	15-49	64.75	74.61	3.43	17.65	5.17	5.51
S.SUL	50-64	136.30	149.36	18.53	29.04	12.97	14.16
S.SUL	65+	145.57	170.36	12.29	24.79	17.52	15.16
SE.SUL	LESS 5	113.75	120.68	1.03	11.21	0.51	***
SE.SUL	6-14	82.67	87.17	1.08	15.72	0.36	***
SE.SUL	15-49	116.39	127.08	5.06	22.02	3.28	2.89
SE.SUL	50-64	209.25	223.16	12.18	55.92	2.98	13.92
SE.SUL	65+	257.73	292.84	8.42	35.11	25.98	35.11
MALUKU	LESS 5	189.63	192.25	19.19	48.35	4.53	7.91
MALUKU	6-14	117.43	122.91	18.07	30.59	1.58	7.59
MALUKU	15-49	120.09	125.05	12.27	18.93	2.96	9.56
MALUKU	50-64	199.63	217.85	23.41	58.97	21.16	21.94
MALUKU	65+	315.80	327.01	14.44	61.00	24.14	12.93
IJAYA	LESS 5	299.52	310.14	18.72	178.81	8.00	12.69
IJAYA	6-14	209.17	223.34	9.67	139.43	8.47	6.48
IJAYA	15-49	215.83	233.27	15.53	118.47	12.17	15.52
IJAYA	50-64	383.92	412.22	34.99	157.73	6.90	51.43
IJAYA	65+	403.29	443.45	13.93	174.60	***	40.17

Utilization4

1987 Provincial Health Service Utilization/1000 by place

PROVINCE	PLACE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	URBAN	101.49	103.61	22.85	19.66	23.91	9.56
ACEH	RURAL	142.40	151.96	9.24	52.09	6.37	4.46
N.SUM	URBAN	84.26	84.76	6.29	34.96	17.35	4.02
N.SUM	RURAL	129.76	134.27	7.08	33.86	2.83	5.66
W.SUM	URBAN	111.35	115.61	21.31	27.17	27.17	6.39
W.SUM	RURAL	130.13	135.51	7.44	34.35	14.88	3.80
RIAU	URBAN	60.10	64.54	7.66	19.77	10.89	1.21
RIAU	RURAL	119.38	125.90	1.40	34.27	2.10	1.63
JAMBI	URBAN	104.61	105.34	21.95	44.62	19.75	8.05
JAMBI	RURAL	166.29	171.14	6.15	45.29	5.18	3.24
S.SUM	URBAN	78.80	80.37	16.75	25.65	15.45	4.71
S.SUM	RURAL	170.14	174.71	5.71	63.14	12.14	5.71
BNGKULU	URBAN	92.49	92.49	12.72	28.90	15.03	4.62
BNGKULU	RURAL	126.19	129.05	1.43	47.14	1.43	1.43
LAMPUNG	URBAN	68.98	69.92	4.22	24.40	25.34	2.82
LAMPUNG	RURAL	85.31	90.21	3.36	31.19	6.99	2.38
JAKARTA	URBAN	75.07	77.22	9.04	27.01	22.80	3.49
W.JAVA	URBAN	154.35	158.25	13.10	43.19	36.48	6.70
W.JAVA	RURAL	157.21	164.23	7.51	53.44	14.67	4.13
C.JAVA	URBAN	114.06	115.94	13.19	26.55	26.37	9.08
C.JAVA	RURAL	112.18	118.58	4.76	44.35	9.59	4.11
YOGYA	URBAN	69.44	71.18	11.00	26.04	19.68	7.52
YOGYA	RURAL	103.11	106.27	7.92	38.00	16.03	6.13
E.JAVA	URBAN	118.70	120.38	14.94	31.56	39.46	5.88
E.JAVA	RURAL	113.61	118.98	3.24	40.60	10.07	2.44
BALI	URBAN	139.41	143.53	19.41	24.12	55.88	8.24
BALI	RURAL	159.98	164.80	12.72	50.31	25.83	8.29
NTB	URBAN	143.00	153.33	11.36	55.76	25.81	3.61
NTB	RURAL	51.82	163.57	4.17	72.97	5.88	3.41
NTT	URBAN	157.01	166.25	39.57	33.77	28.39	10.97
NTT	RURAL	224.83	244.52	11.81	112.87	1.64	16.16
E.TIMUR	RURAL	199.69	245.36	6.19	142.41	***	6.97
W.KAL	URBAN	126.23	129.39	11.83	25.25	41.81	3.94
W.KAL	RURAL	138.08	143.80	3.96	57.67	1.32	9.83
C.KAL	URBAN	181.82	185.06	5.41	96.32	21.65	1.08
C.KAL	RURAL	158.42	161.89	1.30	46.44	0.43	18.66
S.KAL	URBAN	132.12	133.60	19.16	40.77	13.26	6.39
S.KAL	RURAL	132.93	139.38	4.30	30.11	4.09	6.67
E.KAL	URBAN	129.00	129.92	26.53	49.41	16.47	1.83
E.KAL	RURAL	132.91	185.91	5.67	82.11	4.34	2.67

Utilization4-con

1987 Provincial Health Service Utilization/1000 by place

N.SUL	URBAN	146.87	151.19	14.04	50.76	49.68	24.30
N.SUL	RURAL	170.01	174.46	14.11	52.96	24.99	11.38
C.SUL	URBAN	105.11	114.11	21.02	10.01	33.03	5.01
C.SUL	RURAL	211.70	225.17	4.63	29.46	8.42	11.78
S.SUL	URBAN	73.06	82.09	14.08	13.55	16.21	4.25
S.SUL	RURAL	78.27	92.03	4.15	18.82	2.21	6.49
SE.SUL	URBAN	71.57	73.56	17.89 ✓	5.96	12.92	1.99 ✓
SE.SUL	RURAL	120.91	130.77	2.24	22.39	1.34	3.13
MALUKU	URBAN	156.16	159.16	63.06	36.04	21.02	41.04
MALUKU	RURAL	144.08	150.60	9.04	31.12	3.01	5.52
IJAYA	URBAN	169.76	179.73	27.84	67.01	31.96	7.56
IJAYA	RURAL	258.45	276.22	11.95	157.34	3.79	16.61

Utilization5

1987 ProvincialHealth Service Utilization/1000 by place, sex

PROVINCE	PLACE	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	URBAN	MALE	101.50	104.70	21.37	21.37	23.50	7.48
ACEH	URBAN	FEMA	101.48	102.54	24.31	17.97	24.31	11.63
ACEH	RURAL	MALE	134.15	143.50	10.00	50.63	7.09	5.80
ACEH	RURAL	FEMA	150.46	160.21	8.50	53.51	5.67	3.15
N.SUM	URBAN	MALE	88.26	88.76	6.90	36.00	16.77	4.44
N.SUM	URBAN	FEMA	80.08	80.60	5.65	33.88	17.97	3.59
N.SUM	RURAL	MALE	129.45	133.52	7.12	34.33	3.05	5.60
N.SUM	RURAL	FEMA	130.08	135.04	7.04	33.37	2.61	5.74
W.SUM	URBAN	MALE	119.31	123.64	20.61	26.03	28.20	3.25
W.SUM	URBAN	FEMA	103.66	107.85	21.99	28.27	26.18	9.42
W.SUM	RURAL	MALE	131.64	137.11	8.69	30.25	14.81	4.18
W.SUM	RURAL	FEMA	128.66	133.96	6.23	38.32	14.95	3.43
RIAU	URBAN	MALE	58.06	63.41	8.40	16.81	10.70	1.53
RIAU	URBAN	FEMA	62.39	65.81	6.84	23.08	11.11	0.85
RIAU	RURAL	MALE	117.21	121.83	2.77	30.46	2.77	1.38
RIAU	RURAL	FEMA	121.58	130.07	***	38.17	1.41	1.89
JAMBI	URBAN	MALE	123.58	123.58	22.73	48.30	29.83	9.94
JAMBI	URBAN	FEMA	84.46	85.97	21.12	40.72	9.05	6.03
JAMBI	RURAL	MALE	169.48	174.48	8.13	50.03	3.75	4.38
JAMBI	RURAL	FEMA	162.87	167.56	4.02	40.21	6.70	2.01
S.SUM	URBAN	MALE	77.63	79.69	18.51	25.71	13.37	4.63
S.SUM	URBAN	FEMA	80.00	81.07	14.93	25.60	17.60	4.80
S.SUM	RURAL	MALE	156.18	160.67	7.02	53.93	12.64	5.62
S.SUM	RURAL	FEMA	184.59	189.24	4.36	72.67	11.63	5.81
BNGKULU	URBAN	MALE	93.18	93.18	11.36	27.27	15.91	6.82
BNGKULU	URBAN	FEMA	91.76	91.76	14.12	30.59	14.12	2.35
BNGKULU	RURAL	MALE	117.14	121.90	***	44.76	1.90	0.95
BNGKULU	RURAL	FEMA	135.24	136.19	2.86	49.52	0.95	1.90
LAMPUNG	URBAN	MALE	68.69	69.58	3.57	26.76	24.98	2.68
LAMPUNG	URBAN	FEMA	69.31	70.30	4.95	21.78	25.74	2.97
LAMPUNG	RURAL	MALE	92.65	97.04	4.66	30.70	7.68	2.47
LAMPUNG	RURAL	FEMA	77.67	83.10	2.00	31.70	6.28	2.28
JAKARTA	URBAN	MALE	71.73	73.98	8.97	24.86	22.42	3.67
JAKARTA	URBAN	FEMA	78.45	80.52	9.11	29.19	23.18	3.31
WJAVA	URBAN	MALE	164.19	169.14	14.25	46.16	36.86	6.51
WJAVA	URBAN	FEMA	144.38	147.21	11.93	40.18	36.10	6.91
WJAVA	RURAL	MALE	160.45	166.92	8.26	52.02	13.76	4.68
WJAVA	RURAL	FEMA	153.96	161.54	6.75	54.86	15.58	3.58
CJAVA	URBAN	MALE	114.74	116.89	13.27	27.61	24.38	8.25
CJAVA	URBAN	FEMA	113.44	115.08	13.11	25.57	28.20	9.84
CJAVA	RURAL	MALE	110.77	116.86	5.03	44.07	10.98	4.24
CJAVA	RURAL	FEMA	113.55	120.24	4.50	44.62	8.23	3.99
YOGYA	URBAN	MALE	70.49	71.68	15.53	25.09	19.12	9.56
YOGYA	URBAN	FEMA	68.46	70.71	6.73	26.94	20.20	5.61
YOGYA	RURAL	MALE	109.93	114.02	8.17	41.68	17.57	6.54
YOGYA	RURAL	FEMA	96.70	99.00	7.67	34.54	14.58	5.76

Utilization5-cont

1987 ProvincialHealth Service Utilization/1000 by place, sex

EJAVA	URBAN	MALE	131.83	132.89	16.21	35.60	40.89	6.70
EJAVA	URBAN	FEMA	106.76	109.01	13.79	27.89	38.15	5.13
EJAVA	RURAL	MALE	114.83	122.03	3.48	42.50	10.31	1.99
EJAVA	RURAL	FEMA	112.43	116.03	3.00	38.76	9.84	2.88
BALI	URBAN	MALE	150.12	153.58	19.63	26.56	62.36	5.77
BALI	URBAN	FEMA	128.30	133.09	19.18	21.58	49.16	10.79
BALI	RURAL	MALE	168.91	172.88	13.48	54.32	28.15	9.91
BALI	RURAL	FEMA	151.54	157.16	12.00	46.51	23.63	6.75
NTB	URBAN	MALE	167.60	182.50	11.17	73.56	21.42	1.86
NTB	URBAN	FEMA	112.40	117.03	11.59	33.60	31.29	5.79
NTB	RURAL	MALE	165.11	175.21	5.83	78.48	6.60	4.27
NTB	RURAL	FEMA	139.16	152.48	2.59	67.73	5.18	2.59
NTT	URBAN	MALE	152.33	162.62	35.20	30.88	30.67	10.50
NTT	URBAN	FEMA	162.13	170.23	44.36	36.93	25.90	11.48
NTT	RURAL	MALE	213.73	234.69	12.09	106.18	1.46	16.38
NTT	RURAL	FEMA	235.76	254.20	11.52	119.47	1.82	15.94
E.TIMUR	RURAL	MALE	184.50	235.66	7.75	131.78	***	10.85
E.TIMUR	RURAL	FEMA	214.84	255.02	4.64	153.01	***	3.09
W.KAL	URBAN	MALE	129.38	131.72	9.35	29.62	42.87	1.56
W.KAL	URBAN	FEMA	123.00	127.00	14.38	20.77	40.73	6.39
W.KAL	RURAL	MALE	141.99	146.62	5.22	58.53	2.32	10.43
W.KAL	RURAL	FEMA	134.07	140.90	2.68	56.78	0.30	9.22
C.KAL	URBAN	MALE	151.65	153.85	4.40	57.14	21.98	***
C.KAL	URBAN	FEMA	211.09	215.35	6.40	134.33	21.32	2.13
C.KAL	RURAL	MALE	157.24	158.90	0.83	47.42	0.83	17.47
C.KAL	RURAL	FEMA	159.71	165.15	1.81	45.37	***	19.96
S.KAL	URBAN	MALE	122.69	123.66	19.47	32.13	14.61	7.79
S.KAL	URBAN	FEMA	141.72	143.71	18.83	49.55	11.89	4.96
S.KAL	RURAL	MALE	139.30	144.98	7.42	32.75	4.37	9.17
S.KAL	RURAL	FEMA	126.75	133.96	1.27	27.55	3.82	4.24
E.KAL	URBAN	MALE	122.38	122.38	22.73	41.96	17.48	1.75
E.KAL	URBAN	FEMA	136.28	138.20	30.71	57.58	15.36	1.92
E.KAL	RURAL	MALE	148.69	151.88	6.38	77.22	3.83	3.83
E.KAL	RURAL	FEMA	220.43	223.23	4.90	87.47	4.90	1.40
N.SUL	URBAN	MALE	140.33	146.96	17.68	45.30	45.30	30.94
N.SUL	URBAN	FEMA	153.12	155.23	10.56	55.97	53.85	17.95
N.SUL	RURAL	MALE	180.26	184.66	13.68	55.20	28.33	10.75
N.SUL	RURAL	FEMA	159.48	163.99	14.54	50.65	21.56	12.04
C.SUL	URBAN	MALE	87.79	97.33	22.90	5.73	22.90	1.91
C.SUL	URBAN	FEMA	124.21	132.63	18.95	14.74	44.21	8.42
C.SUL	RURAL	MALE	217.93	232.73	4.11	29.61	8.22	10.69
C.SUL	RURAL	FEMA	205.17	217.24	5.17	29.31	8.62	12.93
S.SUL	URBAN	MALE	72.61	80.62	14.42	12.81	15.48	5.87
S.SUL	URBAN	FEMA	73.51	83.55	13.75	14.28	16.92	2.64
S.SUL	RURAL	MALE	76.26	94.79	4.56	17.72	1.61	6.71
S.SUL	RURAL	FEMA	80.15	89.45	3.77	19.85	2.76	6.28

Utilization5-cont

1987 ProvincialHealth Service Utilization/1000 by place, sex

SE.SUL	URBAN	MALE	77.07	79.00	15.41	5.78	21.19	3.85
SE.SUL	URBAN	FEMA	65.71	67.76	20.53	6.16	4.11	***
SE.SUL	RURAL	MALE	102.25	111.63	1.88	16.89	0.94	2.81
SE.SUL	RURAL	FEMA	137.96	148.24	2.57	27.42	1.71	3.43
MALUKU	URBAN	MALE	157.06	159.05	69.58	35.79	21.87	51.69
MALUKU	URBAN	FEMA	155.24	159.27	56.45	36.29	20.16	30.24
MALUKU	RURAL	MALE	151.05	155.83	10.52	33.46	3.82	3.82
MALUKU	RURAL	FEMA	136.36	144.82	7.40	28.54	2.11	7.40
IJAYA	URBAN	MALE	167.19	177.33	27.87	62.70	28.50	7.60
IJAYA	URBAN	FEMA	172.80	182.57	27.80	72.13	36.06	7.51
IJAYA	RURAL	MALE	267.94	283.07	15.13	162.56	3.36	22.42
IJAYA	RURAL	FEMA	248.18	268.81	8.50	151.70	4.25	10.32

Utilization6

1987 Provincial Health Service Utilization/1000 by place, age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	URBAN	LESS 5	180.45	180.45	41.35	45.11	18.80	11.28
ACEH	URBAN	6-14	86.85	86.85	24.81	22.33	12.41	4.96
ACEH	URBAN	15-49	73.76	76.56	18.67	9.34	22.41	10.27
ACEH	URBAN	50-64	189.66	189.66	17.24	51.72	68.97	8.62
ACEH	URBAN	65+	269.23	307.69	***	***	115.38	38.46
ACEH	RURAL	LESS 5	186.75	190.76	15.06	82.33	7.03	6.02
ACEH	RURAL	6-14	109.44	114.25	9.02	45.70	3.61	3.01
ACEH	RURAL	15-49	117.99	128.93	7.18	37.96	7.18	4.10
ACEH	RURAL	50-64	227.10	242.37	13.36	74.43	5.73	3.82
ACEH	RURAL	65+	362.57	409.36	***	111.11	17.54	17.54
N.SUM	URBAN	LESS 5	127.01	127.01	14.47	64.31	14.47	9.65
N.SUM	URBAN	6-14	76.84	77.92	4.33	33.55	14.07	1.08
N.SUM	URBAN	15-49	61.58	61.58	4.93	24.63	11.82	2.96
N.SUM	URBAN	50-64	130.87	130.87	3.36	43.62	50.34	6.71
N.SUM	URBAN	65+	205.88	215.69	9.80	49.02	78.43	9.80
N.SUM	RURAL	LESS 5	165.33	171.91	10.24	54.13	1.46	4.39
N.SUM	RURAL	6-14	92.22	95.95	2.33	22.36	2.79	1.86
N.SUM	RURAL	15-49	110.82	113.76	7.94	29.10	2.94	7.05
N.SUM	RURAL	50-64	221.31	226.23	6.56	44.26	6.56	8.20
N.SUM	RURAL	65+	297.52	318.18	20.66	61.98	***	20.66
W.SUM	URBAN	LESS 5	187.74	195.40	22.99	72.80	38.31	***
W.SUM	URBAN	6-14	86.42	93.83	17.28	14.81	9.88	4.94
W.SUM	URBAN	15-49	82.52	84.47	16.50	16.50	25.24	7.77
W.SUM	URBAN	50-64	200.00	208.33	66.67	50.00	41.67	16.67
W.SUM	URBAN	65+	262.30	262.30	32.79	49.18	98.36	***
W.SUM	RURAL	LESS 5	158.05	161.09	5.07	50.66	9.12	1.01
W.SUM	RURAL	6-14	88.59	91.02	1.82	27.31	4.25	1.21
W.SUM	RURAL	15-49	109.32	113.61	6.79	25.01	15.72	3.57
W.SUM	RURAL	50-64	220.20	228.48	21.52	48.01	36.42	9.93
W.SUM	RURAL	65+	290.32	326.16	25.09	82.44	43.01	17.92
RIAU	URBAN	LESS 5	89.97	89.97	2.57	41.13	17.99	***
RIAU	URBAN	6-14	61.02	64.41	6.78	15.25	11.86	***
RIAU	URBAN	15-49	39.16	42.92	7.53	12.80	7.53	0.75
RIAU	URBAN	50-64	147.54	163.93	16.39	32.79	8.20	16.39
RIAU	URBAN	65+	160.00	200.00	40.00	60.00	40.00	***
RIAU	RURAL	LESS 5	184.70	186.15	1.44	56.28	4.33	1.44
RIAU	RURAL	6-14	81.76	86.92	0.86	26.68	1.72	***
RIAU	RURAL	15-49	93.73	100.15	1.48	23.19	0.49	1.48
RIAU	RURAL	50-64	235.48	254.84	3.23	74.19	9.68	6.45
RIAU	RURAL	65+	268.04	288.66	***	72.16	***	10.31

Utilization6-cont

1987 Provincial Health Service Utilization/1000 by place, age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
JAMBI	URBAN	LESS 5	153.85	153.85	21.98	82.42	27.47	***
JAMBI	URBAN	6-14	67.45	67.45	14.66	29.33	14.66	***
JAMBI	URBAN	15-49	95.30	96.64	22.82	34.90	20.13	10.74
JAMBI	URBAN	50-64	193.18	193.18	34.09	90.91	22.73	22.73
JAMBI	URBAN	65+	363.64	363.64	90.91	181.82	***	90.91
JAMBI	RURAL	LESS 5	158.51	164.38	3.91	46.97	1.96	5.87
JAMBI	RURAL	6-14	146.46	152.46	1.20	32.41	1.20	***
JAMBI	RURAL	15-49	149.52	152.95	5.49	43.90	8.23	4.12
JAMBI	RURAL	50-64	290.04	294.37	25.97	90.91	8.66	***
JAMBI	RURAL	65+	448.28	465.52	34.48	68.97	***	17.24
S.SUM	URBAN	LESS 5	96.30	98.15	16.67	46.30	18.52	***
S.SUM	URBAN	6-14	66.89	67.98	20.83	23.03	12.06	1.10
S.SUM	URBAN	15-49	66.83	68.33	14.46	18.45	11.47	7.48
S.SUM	URBAN	50-64	115.79	119.30	17.54	28.07	38.60	3.51
S.SUM	URBAN	65+	269.23	269.23	25.64	89.74	51.28	12.82
S.SUM	RURAL	LESS 5	221.77	225.00	6.45	87.10	12.90	7.26
S.SUM	RURAL	6-14	126.41	131.76	3.21	50.88	3.21	3.21
S.SUM	RURAL	15-49	142.33	146.31	5.20	52.65	13.77	5.51
S.SUM	RURAL	50-64	315.79	326.32	16.84	107.37	23.16	12.63
S.SUM	RURAL	65+	430.46	430.46	6.62	105.96	46.36	6.62
BNGKULU	URBAN	LESS 5	205.88	205.88	29.41	95.59	36.76	14.71
BNGKULU	URBAN	6-14	52.08	52.08	5.21	20.83	5.21	5.21
BNGKULU	URBAN	15-49	56.31	56.31	13.51	11.26	4.50	2.25
BNGKULU	URBAN	50-64	114.75	114.75	***	***	49.18	***
BNGKULU	URBAN	65+	312.50	312.50	***	93.75	62.50	***
BNGKULU	RURAL	LESS 5	172.62	172.62	2.98	62.50	***	***
BNGKULU	RURAL	6-14	83.47	83.47	1.64	26.19	***	1.64
BNGKULU	RURAL	15-49	97.09	98.17	1.08	37.76	2.16	1.08
BNGKULU	RURAL	50-64	260.36	284.02	***	100.59	5.92	5.92
BNGKULU	RURAL	65+	385.96	403.51	***	175.44	***	***
LAMPUNG	URBAN	LESS 5	117.65	120.92	9.80	29.41	42.48	6.54
LAMPUNG	URBAN	6-14	65.34	65.34	1.81	32.67	12.70	***
LAMPUNG	URBAN	15-49	37.34	38.25	3.64	10.02	19.13	3.64
LAMPUNG	URBAN	50-64	185.19	185.19	7.41	74.07	81.48	***
LAMPUNG	URBAN	65+	219.51	219.51	***	97.56	48.78	***
LAMPUNG	RURAL	LESS 5	134.41	137.65	1.62	55.87	6.48	1.62
LAMPUNG	RURAL	6-14	43.04	47.29	1.59	15.94	0.53	0.53
LAMPUNG	RURAL	15-49	70.43	75.30	4.27	24.09	8.23	2.74
LAMPUNG	RURAL	50-64	162.79	166.37	7.16	51.88	12.52	8.94
LAMPUNG	RURAL	65+	211.34	237.11	5.15	82.47	36.08	***
JAKARTA	URBAN	LESS 5	126.30	129.50	11.99	62.35	35.17	1.60
JAKARTA	URBAN	6-14	73.03	74.49	5.36	27.75	22.88	0.97
JAKARTA	URBAN	15-49	50.52	52.14	8.27	15.46	13.66	3.78
JAKARTA	URBAN	50-64	144.04	149.58	13.85	40.17	60.94	8.31
JAKARTA	URBAN	65+	255.03	261.74	40.27	87.25	73.83	20.13

Utilization6-cont

1987 Provincial Health Service Utilization/1000 by place, age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
WJAVA	URBAN	LESS 5	200.45	202.70	4.50	88.96	48.42	1.13
WJAVA	URBAN	6-14	122.86	126.81	8.54	38.11	23.65	1.97
WJAVA	URBAN	15-49	125.54	130.14	12.89	27.93	34.07	7.06
WJAVA	URBAN	50-64	277.78	281.36	34.05	62.72	60.93	19.71
WJAVA	URBAN	65+	324.47	324.47	31.91	74.47	53.19	26.60
WJAVA	RURAL	LESS 5	215.71	220.71	6.36	99.00	15.44	2.72
WJAVA	RURAL	6-14	109.03	112.89	3.58	37.17	8.26	1.93
WJAVA	RURAL	15-49	138.48	144.35	8.65	44.01	15.11	4.84
WJAVA	RURAL	50-64	227.67	243.52	12.25	61.24	23.78	7.20
WJAVA	RURAL	65+	314.70	345.76	12.42	78.67	26.92	8.28
CJAVA	URBAN	LESS 5	168.90	170.24	14.75	58.98	40.21	8.04
CJAVA	URBAN	6-14	98.84	101.93	12.36	27.03	19.31	9.27
CJAVA	URBAN	15-49	91.65	92.67	10.52	16.63	18.67	7.13
CJAVA	URBAN	50-64	145.87	147.49	16.21	34.04	43.76	14.59
CJAVA	URBAN	65+	221.28	229.79	38.30	25.53	72.34	21.28
CJAVA	RURAL	LESS 5	164.32	170.15	3.89	79.73	9.24	3.89
CJAVA	RURAL	6-14	96.49	101.15	1.92	40.84	6.03	2.19
CJAVA	RURAL	15-49	86.61	91.50	5.16	33.26	7.60	4.89
CJAVA	RURAL	50-64	159.27	172.88	9.47	51.51	17.17	4.14
CJAVA	RURAL	65+	215.03	232.52	6.99	61.19	36.71	6.99
YOGYA	URBAN	LESS 5	108.43	114.46	6.02	48.19	36.14	12.05
YOGYA	URBAN	6-14	58.82	58.82	3.27	26.14	13.07	***
YOGYA	URBAN	15-49	54.91	55.97	12.67	15.84	13.73	6.34
YOGYA	URBAN	50-64	85.00	85.00	15.00	35.00	25.00	15.00
YOGYA	URBAN	65+	137.61	146.79	18.35	64.22	55.05	18.35
YOGYA	RURAL	LESS 5	165.35	169.29	5.91	86.61	37.40	9.84
YOGYA	RURAL	6-14	95.94	99.63	8.30	35.98	11.07	6.46
YOGYA	RURAL	15-49	77.95	80.78	6.87	27.46	12.52	4.04
YOGYA	RURAL	50-64	113.85	116.92	7.69	32.31	15.38	4.62
YOGYA	RURAL	65+	197.01	200.00	17.91	59.70	26.87	17.91
EJAVA	URBAN	LESS 5	203.51	203.51	20.50	71.74	71.74	5.86
EJAVA	URBAN	6-14	115.29	116.96	14.20	36.76	43.44	3.34
EJAVA	URBAN	15-49	91.27	93.09	12.78	19.47	29.51	4.56
EJAVA	URBAN	50-64	156.63	158.35	18.93	32.70	48.19	17.21
EJAVA	URBAN	65+	187.50	192.31	24.04	57.69	43.27	9.62
EJAVA	RURAL	LESS 5	184.34	191.50	2.87	87.87	14.33	3.34
EJAVA	RURAL	6-14	91.47	95.98	3.10	35.74	5.35	0.84
EJAVA	RURAL	15-49	89.02	93.22	2.72	27.66	8.64	2.22
EJAVA	RURAL	50-64	151.63	158.97	5.25	51.42	14.69	5.25
EJAVA	RURAL	65+	192.04	204.39	5.49	43.90	24.69	2.74

Utilization6-cont

1987 Provincial Health Service Utilization/1000 by place, age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
BALI	URBAN	65+	382.35	397.06	58.82	44.12	191.18	14.71
BALI	RURAL	LESS 5	185.58	190.18	9.20	70.55	30.67	7.67
BALI	RURAL	6-14	106.10	109.64	9.73	45.98	5.31	3.54
BALI	RURAL	15-49	145.76	150.06	15.24	40.25	29.31	8.99
BALI	RURAL	50-64	242.03	247.65	15.01	73.17	43.15	15.01
BALI	RURAL	65+	277.96	290.73	6.39	67.09	31.95	9.58
NTB	URBAN	LESS 5	177.27	190.91	13.64	81.82	40.91	9.09
NTB	URBAN	6-14	121.67	129.28	1.90	58.94	28.52	1.90
NTB	URBAN	15-49	135.41	145.44	14.04	47.14	18.05	2.01
NTB	URBAN	50-64	158.94	178.81	19.87	46.36	33.11	13.25
NTB	URBAN	65+	348.84	348.84	23.26	116.28	69.77	***
NTB	RURAL	LESS 5	229.35	246.74	3.26	135.87	6.52	1.09
NTB	RURAL	6-14	99.37	109.94	5.64	45.81	2.11	2.82
NTB	RURAL	15-49	129.90	139.49	3.49	57.11	7.41	3.49
NTB	RURAL	50-64	215.91	222.73	4.55	106.82	4.55	6.82
NTB	RURAL	65+	275.86	305.42	4.93	83.74	14.78	9.85
NTT	URBAN	LESS 5	244.36	252.14	68.48	56.03	47.47	15.56
NTT	URBAN	6-14	131.32	136.27	31.22	35.18	21.80	2.97
NTT	URBAN	15-49	135.69	145.76	34.21	29.27	20.71	11.02
NTT	URBAN	50-64	246.94	261.22	53.06	22.45	73.47	18.37
NTT	URBAN	65+	188.52	213.11	45.08	24.59	57.38	36.89
NTT	RURAL	LESS 5	269.53	284.81	13.26	142.69	1.15	18.45
NTT	RURAL	6-14	182.25	196.98	9.43	91.91	0.98	11.19
NTT	RURAL	15-49	208.07	226.60	12.03	102.86	2.02	16.19
NTT	RURAL	50-64	296.05	329.40	13.85	150.85	1.54	20.52
NTT	RURAL	65+	329.43	381.51	13.02	143.23	3.91	27.34
E.TIMUR	RURAL	LESS 5	340.52	383.62	8.62	245.69	***	4.31
E.TIMUR	RURAL	6-14	113.48	141.84	14.18	78.01	***	14.18
E.TIMUR	RURAL	15-49	164.22	211.14	1.47	115.84	***	5.87
E.TIMUR	RURAL	50-64	316.46	392.41	12.66	202.53	***	***
E.TIMUR	RURAL	65+	588.24	764.71	***	588.24	***	***
W.KAL	URBAN	LESS 5	190.61	190.61	11.05	55.25	69.06	***
W.KAL	URBAN	6-14	71.05	78.15	7.10	14.21	17.76	3.55
W.KAL	URBAN	15-49	88.17	91.18	10.55	15.07	23.36	3.77
W.KAL	URBAN	50-64	292.08	292.08	24.75	49.50	99.01	9.90
W.KAL	URBAN	65+	432.10	432.10	37.04	74.07	246.91	12.35
W.KAL	RURAL	LESS 5	183.71	190.05	2.71	88.69	1.81	9.95
W.KAL	RURAL	6-14	103.35	107.39	1.73	43.30	***	5.20
W.KAL	RURAL	15-49	120.65	126.05	4.20	52.22	1.20	10.50
W.KAL	RURAL	50-64	226.56	238.28	1.95	66.41	3.91	13.67
W.KAL	RURAL	65+	305.97	313.43	44.78	89.55	7.46	37.31

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Utilization6-cont

1987 Provincial Health Service Utilization/1000 by place, age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
C.KAL	URBAN	LESS 5	256.76	270.27	20.27	135.14	20.27	6.76
C.KAL	URBAN	6-14	232.37	232.37	4.15	132.78	16.60	***
C.KAL	URBAN	15-49	117.53	119.59	***	59.79	20.62	***
C.KAL	URBAN	50-64	282.05	282.05	25.64	128.21	76.92	***
C.KAL	URBAN	65+	545.45	545.45	***	272.73	***	***
C.KAL	RURAL	LESS 5	195.00	200.00	***	67.50	***	37.50
C.KAL	RURAL	6-14	158.76	158.76	3.27	49.10	1.64	24.55
C.KAL	RURAL	15-49	119.89	121.75	0.93	29.74	***	10.22
C.KAL	RURAL	50-64	245.51	251.50	***	77.84	***	5.99
C.KAL	RURAL	65+	400.00	460.00	***	100.00	***	20.00
S.KAL	URBAN	LESS 5	201.52	201.52	15.21	91.25	30.42	***
S.KAL	URBAN	6-14	94.42	94.42	15.02	36.48	12.88	4.29
S.KAL	URBAN	15-49	96.83	99.63	18.62	30.73	3.72	4.66
S.KAL	URBAN	50-64	242.60	242.60	29.59	23.67	29.59	23.67
S.KAL	URBAN	65+	421.88	421.88	46.88	78.13	62.50	31.25
S.KAL	RURAL	LESS 5	168.49	177.85	1.56	43.68	4.68	10.92
S.KAL	RURAL	6-14	112.58	117.55	0.83	28.97	0.83	1.66
S.KAL	RURAL	15-49	109.89	115.15	4.82	19.70	5.69	6.57
S.KAL	RURAL	50-64	223.08	228.21	10.26	66.67	2.56	10.26
S.KAL	RURAL	65+	285.71	317.46	23.81	47.62	7.94	23.81
E.KAL	URBAN	LESS 5	221.59	221.59	45.45	119.32	22.73	***
E.KAL	URBAN	6-14	111.11	114.94	19.16	34.48	15.33	***
E.KAL	URBAN	15-49	97.77	97.77	22.30	30.87	12.01	1.72
E.KAL	URBAN	50-64	210.53	210.53	35.09	87.72	35.09	17.54
E.KAL	URBAN	65+	250.00	250.00	62.50	62.50	62.50	***
E.KAL	RURAL	LESS 5	205.51	209.75	6.36	137.71	4.24	2.12
E.KAL	RURAL	6-14	150.33	151.63	2.61	77.12	5.23	2.61
E.KAL	RURAL	15-49	165.92	168.49	7.07	57.23	4.50	1.93
E.KAL	RURAL	50-64	356.73	368.42	5.85	140.35	***	5.85
E.KAL	RURAL	65+	515.15	515.15	***	272.73	***	30.30
N.SUL	URBAN	LESS 5	240.57	245.28	4.72	136.79	66.04	33.02
N.SUL	URBAN	6-14	102.38	109.52	11.90	54.76	14.29	21.43
N.SUL	URBAN	15-49	123.91	127.78	9.68	30.01	49.37	20.33
N.SUL	URBAN	50-64	264.71	264.71	66.18	56.18	88.24	44.12
N.SUL	URBAN	65+	274.51	274.51	19.61	39.22	176.47	39.22
N.SUL	RURAL	LESS 5	269.50	274.23	14.18	115.84	47.28	11.82
N.SUL	RURAL	6-14	143.13	149.76	8.53	53.08	12.32	5.69
N.SUL	RURAL	15-49	140.56	143.48	11.22	37.09	23.43	9.76
N.SUL	RURAL	50-64	220.24	229.17	17.86	50.60	32.74	17.86
N.SUL	RURAL	65+	337.08	337.08	73.03	89.89	50.56	50.56

Utilization6-cont

1987 Provincial Health Service Utilization/1000 by place, age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
C.SUL	URBAN	LESS 5	185.19	200.00	29.63	14.81	59.26	***
C.SUL	URBAN	6-14	81.45	81.45	22.62	13.57	22.62	***
C.SUL	URBAN	15-49	85.57	95.64	15.10	8.39	26.85	5.03
C.SUL	URBAN	50-64	200.00	200.00	57.14	***	85.71	28.57
C.SUL	URBAN	65+	333.33	416.67	83.33	***	83.33	83.33
C.SUL	RURAL	LESS 5	264.92	269.69	***	52.51	9.55	14.32
C.SUL	RURAL	6-14	176.08	192.69	3.32	34.88	***	1.66
C.SUL	RURAL	15-49	202.29	217.24	7.04	23.75	10.55	14.95
C.SUL	RURAL	50-64	271.60	283.95	***	***	24.69	24.69
C.SUL	RURAL	65+	214.29	232.14	17.86	***	***	***
S.SUL	URBAN	LESS 5	93.33	104.76	19.05	28.57	13.33	3.81
S.SUL	URBAN	6-14	48.04	51.83	7.59	12.64	3.79	1.26
S.SUL	URBAN	15-49	56.73	65.38	8.17	8.17	15.87	2.40
S.SUL	URBAN	50-64	172.41	189.66	58.62	24.14	31.03	24.14
S.SUL	URBAN	65+	256.41	282.05	38.46	25.64	115.38	12.82
S.SUL	RURAL	LESS 5	109.61	131.18	8.09	17.97	0.90	5.39
S.SUL	RURAL	6-14	53.68	67.93	2.38	11.88	***	3.80
S.SUL	RURAL	15-49	67.09	77.30	2.04	20.42	2.04	6.42
S.SUL	RURAL	50-64	129.43	141.69	10.90	29.97	9.54	12.26
S.SUL	RURAL	65+	132.72	157.41	9.26	24.69	6.17	15.43
SE.SUL	URBAN	LESS 5	64.75	71.94	14.39	7.19	7.19	***
SE.SUL	URBAN	6-14	46.76	46.76	10.79	7.19	3.60	***
SE.SUL	URBAN	15-49	71.15	71.15	13.83	5.93	13.83	1.98
SE.SUL	URBAN	50-64	129.63	148.15	74.07	***	37.04	18.52
SE.SUL	URBAN	65+	241.38	241.38	68.97	***	68.97	***
SE.SUL	RURAL	LESS 5	117.51	124.42	***	11.52	***	***
SE.SUL	RURAL	6-14	86.67	91.67	***	16.67	***	***
SE.SUL	RURAL	15-49	121.88	133.87	4.00	23.98	2.00	3.00
SE.SUL	RURAL	50-64	216.22	229.73	6.76	60.81	***	13.51
SE.SUL	RURAL	65+	260.00	300.00	***	40.00	20.00	40.00
MALUKU	URBAN	LESS 5	311.59	311.59	108.70	86.96	43.48	50.72
MALUKU	URBAN	6-14	126.48	126.48	39.53	23.72	11.86	15.81
MALUKU	URBAN	15-49	100.78	102.71	54.26	21.32	7.75	34.88
MALUKU	URBAN	50-64	268.66	298.51	134.33	29.85	59.70	119.40
MALUKU	URBAN	65+	440.00	440.00	40.00	200.00	160.00	160.00
MALUKU	RURAL	LESS 5	175.44	178.36	8.77	43.86	***	2.92
MALUKU	RURAL	6-14	116.03	122.36	14.77	31.65	***	6.33
MALUKU	RURAL	15-49	123.23	128.68	5.45	18.54	2.18	5.45
MALUKU	RURAL	50-64	192.09	209.04	11.30	62.15	16.95	11.30
MALUKU	RURAL	65+	304.88	317.07	12.20	48.78	12.20	***

Utilization6-cont

1987 Provincial Health Service Utilization/1000 by place, age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
IJAYA	URBAN	LESS 5	219.42	223.30	46.60	102.91	31.07	7.77
IJAYA	URBAN	6-14	143.08	149.23	20.00	55.38	23.08	4.62
IJAYA	URBAN	15-49	165.33	178.33	24.77	61.92	35.91	8.67
IJAYA	URBAN	50-64	159.29	176.99	26.55	44.25	35.40	8.85
IJAYA	URBAN	65+	176.47	176.47	58.82	58.82	***	***
IJAYA	RURAL	LESS 5	321.88	334.38	10.94	200.00	1.56	14.06
IJAYA	RURAL	6-14	226.48	242.74	6.97	161.44	4.65	6.97
IJAYA	RURAL	15-49	232.00	250.86	12.57	136.57	4.57	17.71
IJAYA	RURAL	50-64	438.27	469.14	37.04	185.19	***	61.73
IJAYA	RURAL	65+	473.68	526.32	***	210.53	***	52.63

Utilization7

1990 Provincial Health Service Utilization/1000

PROV	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	90.94	89.62	2.67	26.97	7.93	13.98
N.SUM	73.65	73.51	2.38	15.12	2.24	14.28
W.SUM	92.19	90.25	6.37	18.34	11.71	8.48
RIAU	93.85	93.14	3.08	15.35	7.88	6.67
JAMBI	94.42	93.96	4.05	23.00	11.64	28.14
S.SUM	74.56	73.50	5.38	14.19	10.83	7.95
BNGKULU	84.46	84.27	3.90	19.45	8.23	14.64
LAMPUNG	85.88	85.11	2.58	17.23	7.27	8.76
JAKARTA	91.20	90.93	7.47	18.67	26.67	8.67
WJAVA	122.70	121.44	5.35	30.47	15.13	9.13
CJAVA	117.45	110.29	3.46	28.41	12.89	12.72
YOGYA	140.24	137.88	7.92	40.52	17.96	17.13
EJAVA	143.10	142.20	5.41	27.74	14.61	11.85
BALI	112.53	111.09	6.86	20.78	26.00	11.98
NTB	100.46	99.13	2.92	30.20	8.79	10.36
NTT	138.79	137.84	7.32	41.84	2.52	25.04
E.TIMUR	79.28	77.88	13.14	28.52	1.66	8.58
W.KAL.	96.34	95.06	5.44	21.94	8.46	15.29
C.KAL.	89.69	88.78	1.21	13.95	2.87	23.03
S.KAL.	139.56	138.69	2.21	23.58	7.08	10.20
E.KAL.	127.16	126.97	10.69	37.37	16.07	16.26
N.SUL.	124.49	123.81	5.40	25.32	16.35	42.21
C.SUL.	128.54	126.89	4.75	23.33	12.56	13.34
S.SUL.	79.04	77.93	4.60	19.30	4.30	11.72
SE.SUL.	106.17	103.41	5.45	21.16	5.85	18.83
MALUKU	70.47	69.02	5.40	21.89	8.07	19.93
IJAYA	80.55	79.83	10.27	24.77	5.47	15.12

Utilization8

1990 Provincial Health Service Utilization/1000 by sex

PROVINCE	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	MALE	87.13	85.62	3.30	25.66	8.48	12.71
ACEH	FEMA	94.77	93.64	2.03	28.28	7.37	15.25
N.SUM	MALE	76.47	76.19	3.10	15.52	2.54	15.80
N.SUM	FEMA	70.87	70.87	1.67	14.73	1.95	12.78
W.SUM	MALE	88.51	86.30	6.39	16.92	11.40	8.43
W.SUM	FEMA	95.61	93.92	6.35	19.65	12.00	8.53
RIAU	MALE	85.11	84.06	3.01	14.24	6.09	6.13
RIAU	FEMA	102.80	102.43	3.16	16.49	9.70	7.23
JAMBI	MALE	96.95	96.04	4.85	23.21	12.66	26.35
JAMBI	FEMA	91.76	91.76	3.20	22.79	10.57	30.03
S.SUM	MALE	74.06	72.76	5.23	13.19	8.90	7.10
S.SUM	FEMA	75.04	74.24	5.53	15.18	12.73	8.79
BNGKULU	MALE	96.02	95.65	2.83	21.55	6.75	10.13
BNGKULU	FEMA	72.50	72.50	5.00	17.27	9.77	19.31
LAMPUNG	MALE	89.57	89.03	2.19	16.32	7.45	7.87
LAMPUNG	FEMA	82.07	81.07	2.98	18.17	7.10	9.68
JAKARTA	MALE	90.98	90.98	7.76	19.80	26.76	9.90
JAKARTA	FEMA	91.42	90.88	7.18	17.54	26.57	7.44
W.JAVA	MALE	124.52	122.71	5.36	31.01	14.91	9.61
W.JAVA	FEMA	120.88	120.16	5.33	29.92	15.36	8.65
C.JAVA	MALE	120.77	113.22	4.26	28.93	14.77	14.06
C.JAVA	FEMA	114.27	107.48	2.70	27.90	11.10	11.43
YOGYA	MALE	141.69	139.30	9.81	39.49	16.04	20.11
YOGYA	FEMA	138.82	136.49	6.07	41.53	19.83	14.23
E.JAVA	MALE	141.49	140.24	5.53	26.16	13.86	13.37
E.JAVA	FEMA	144.63	144.07	5.30	29.26	15.32	10.40
BALI	MALE	109.45	107.30	7.16	19.19	22.30	11.40
BALI	FEMA	115.81	114.88	6.56	22.38	29.71	12.57
NTB	MALE	103.85	102.39	3.15	29.18	11.19	11.96
NTB	FEMA	97.30	96.09	2.70	31.15	6.56	8.86
NTT	MALE	135.13	134.67	7.19	38.43	2.71	23.54
NTT	FEMA	142.34	140.92	7.44	45.15	2.33	26.50
E.TIMUR	MALE	82.12	80.33	13.02	29.64	1.82	7.52
E.TIMUR	FEMA	76.16	75.18	13.27	27.28	1.50	9.74
W.KAL	MALE	97.62	95.63	6.59	21.59	8.48	14.68
W.KAL	FEMA	95.02	94.46	4.24	22.30	8.44	15.91
C.KAL	MALE	93.16	92.57	1.17	13.85	3.23	18.58
C.KAL	FEMA	86.02	84.77	1.24	14.04	2.49	27.73
S.KAL	MALE	151.59	150.55	2.76	25.19	7.37	12.02
S.KAL	FEMA	127.70	126.99	1.66	21.98	6.79	8.41
E.KAL	MALE	121.59	121.21	10.91	36.19	15.80	17.68
E.KAL	FEMA	132.90	132.90	10.46	38.57	16.35	14.79

Utilization8

1990 Provincial Health Service Utilization/1000 by sex

PROVINCE	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
N.SUL	MALE	130.90	130.02	6.63	27.26	15.56	45.60
N.SUL	FEMA	117.78	117.31	4.11	23.29	17.18	38.67
C.SUL	MALE	123.68	121.25	4.59	25.28	11.14	14.29
C.SUL	FEMA	133.58	132.74	4.92	21.30	14.03	12.35
S.SUL	MALE	86.77	85.95	5.05	20.26	3.89	11.33
S.SUL	FEMA	71.75	70.37	4.18	18.40	4.69	12.09
SE.SUL	MALE	106.52	104.29	5.02	20.66	4.90	24.01
SE.SUL	FEMA	105.84	102.56	5.88	21.64	6.78	13.76
MALUKU	MALE	63.49	60.69	5.20	20.26	6.82	19.14
MALUKU	FEMA	77.97	77.97	5.61	23.65	9.40	20.77
IJAYA	MALE	82.03	80.65	10.80	23.19	6.51	14.14
IJAYA	FEMA	78.90	78.90	9.67	26.54	4.30	16.21

Utilization9

1990 Provincial Health Service Utilization/1000 by age

PROVINCE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	LESS 5	146.11	144.83	1.28	47.89	9.99	3.12
ACEH	6-14	66.79	64.94	3.25	21.29	2.97	6.59
ACEH	15-49	69.21	68.65	2.59	19.19	7.39	19.34
ACEH	50-64	171.69	171.69	4.75	42.42	19.30	15.77
ACEH	65+	197.34	181.75	***	69.67	22.47	41.95
N.SUM	LESS 5	102.77	102.77	2.68	33.96	2.68	10.72
N.SUM	6-14	42.85	42.85	1.03	8.26	0.52	6.71
N.SUM	15-49	57.00	56.70	3.06	11.34	1.53	14.40
N.SUM	50-64	144.60	144.60	1.74	15.68	6.97	31.36
N.SUM	65+	236.95	236.95	4.02	32.13	12.05	48.19
W.SUM	LESS 5	133.38	132.24	11.09	35.08	10.79	3.70
W.SUM	6-14	53.68	51.19	1.76	12.46	3.08	2.34
W.SUM	15-49	72.43	70.91	4.12	14.88	10.72	10.76
W.SUM	50-64	140.85	139.33	14.86	20.12	21.64	15.97
W.SUM	65+	286.63	280.37	23.57	35.25	50.07	15.65
RIAU	LESS 5	120.01	120.01	1.32	16.12	5.96	3.82
RIAU	6-14	81.78	81.78	1.28	17.38	3.98	2.76
RIAU	15-49	79.08	78.41	4.24	12.81	8.59	8.05
RIAU	50-64	176.55	170.82	5.47	24.46	18.73	19.00
RIAU	65+	222.40	222.40	***	22.99	21.85	***
JAMBI	LESS 5	114.86	113.64	6.77	33.56	12.60	40.12
JAMBI	6-14	75.66	74.48	3.69	26.98	10.90	21.65
JAMBI	15-49	81.06	81.06	2.72	16.87	9.80	24.91
JAMBI	50-64	180.70	180.70	2.42	35.40	17.70	48.25
JAMBI	65+	276.77	276.77	36.26	18.13	48.92	46.53
S.SUM	LESS 5	112.79	110.91	5.83	30.59	20.19	9.16
S.SUM	6-14	65.98	63.95	5.63	12.33	3.95	5.27
S.SUM	15-49	58.56	58.06	3.84	10.15	7.68	7.43
S.SUM	50-64	120.31	120.31	15.46	12.95	30.49	18.80
S.SUM	65+	132.72	132.72	***	22.13	36.35	6.32
BNGKULU	LESS 5	142.02	142.02	5.94	32.48	9.44	14.02
BNGKULU	6-14	49.61	49.61	2.56	11.07	2.64	2.56
BNGKULU	15-49	68.41	68.03	4.05	16.90	8.20	17.28
BNGKULU	50-64	174.95	174.95	***	35.65	15.01	42.68
BNGKULU	65+	169.33	169.33	13.82	34.99	43.20	21.17
LAMPUNG	LESS 5	122.21	121.72	2.38	32.83	13.98	7.60
LAMPUNG	6-14	67.28	65.68	0.81	11.54	4.35	4.28
LAMPUNG	15-49	69.32	68.75	3.38	12.36	6.65	10.62
LAMPUNG	50-64	150.19	150.19	1.91	28.52	8.37	10.99
LAMPUNG	65+	188.97	188.97	7.52	44.66	7.52	17.39
JAKARTA	LESS 5	222.22	222.22	16.41	73.23	77.02	10.10
JAKARTA	6-14	89.74	89.09	3.87	23.89	30.34	13.56
JAKARTA	15-49	60.59	60.59	5.41	8.56	15.32	4.73
JAKARTA	50-64	126.79	125.00	19.64	8.93	25.00	19.64
JAKARTA	65+	182.39	182.39	12.58	12.58	62.89	25.16

Utilization9-cont

1990 Provincial Health Service Utilization/1000 by age

PROVINCE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
WJAVA	LESS 5	187.75	186.34	5.31	65.81	24.31	4.13
WJAVA	6-14	85.53	84.84	2.14	27.20	9.09	4.82
WJAVA	15-49	102.30	100.90	6.02	18.69	13.16	11.14
WJAVA	50-64	186.71	185.75	6.90	40.02	23.56	12.07
WJAVA	65+	271.45	267.74	14.85	62.02	29.17	23.87
CJAVA	LESS 5	181.95	175.78	4.76	65.16	20.33	12.21
CJAVA	6-14	91.38	84.95	1.20	23.83	10.09	7.50
CJAVA	15-49	89.52	81.62	3.45	17.64	8.59	13.12
CJAVA	50-64	169.38	162.51	5.59	39.81	21.81	17.79
CJAVA	65+	254.51	248.19	6.46	41.13	32.42	23.97
YOGYA	LESS 5	215.08	212.61	16.07	92.71	22.25	21.01
YOGYA	6-14	121.47	117.79	3.07	39.26	14.72	9.82
YOGYA	15-49	111.66	109.07	7.55	29.27	15.34	17.71
YOGYA	50-64	167.37	166.53	8.45	38.04	28.74	16.91
YOGYA	65+	237.62	237.62	11.55	57.76	18.15	28.05
EJAVA	LESS 5	203.50	202.84	10.14	59.86	21.71	11.96
EJAVA	6-14	103.80	103.62	3.40	27.82	8.22	8.71
EJAVA	15-49	123.56	122.61	4.43	19.22	12.33	9.98
EJAVA	50-64	196.23	194.19	7.43	34.76	22.16	21.76
EJAVA	65+	250.02	249.27	8.74	31.58	30.97	19.74
BALI	LESS 5	211.57	210.04	18.94	49.39	62.77	4.59
BALI	6-14	66.56	64.27	5.46	12.96	21.54	5.34
BALI	15-49	86.68	85.23	4.96	16.02	16.79	14.69
BALI	50-64	179.47	178.03	5.74	28.78	43.81	13.07
BALI	65+	218.73	218.73	10.50	28.27	30.96	20.59
NTB	LESS 5	134.99	134.15	2.28	44.63	9.48	5.76
NTB	6-14	71.80	69.59	3.11	25.40	3.72	5.72
NTB	15-49	91.04	89.92	2.91	26.40	8.83	10.13
NTB	50-64	146.90	146.90	4.87	36.57	23.87	17.88
NTB	65+	172.95	169.62	***	32.18	7.93	58.50
NTT	LESS 5	197.17	196.26	11.41	60.19	2.45	20.20
NTT	6-14	110.04	109.44	4.37	38.71	0.59	9.90
NTT	15-49	120.68	119.58	7.59	35.97	3.05	30.73
NTT	50-64	168.77	167.13	9.11	45.13	3.68	28.76
NTT	65+	227.95	227.95	2.30	49.77	5.55	60.88
E.TIMUR	LESS 5	86.03	86.03	16.24	36.21	1.39	14.75
E.TIMUR	6-14	78.82	78.82	18.60	30.58	2.11	10.19
E.TIMUR	15-49	66.32	64.52	10.42	21.89	1.82	5.81
E.TIMUR	50-64	138.92	131.61	10.97	47.53	***	7.31
E.TIMUR	65+	188.56	188.56	***	53.87	***	13.47
W.KAL.	LESS 5	122.48	121.37	2.91	26.93	11.76	13.02
W.KAL.	6-14	69.06	66.26	4.39	19.96	5.34	9.47
W.KAL.	15-49	80.04	79.50	4.56	17.46	7.86	16.52
W.KAL.	50-64	185.35	183.35	17.74	43.98	9.62	22.99
W.KAL.	65+	253.99	253.99	9.24	35.05	26.76	34.10

Utilization9-cont

1990 Provincial Health Service Utilization/1000 by age

PROVINCE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
C.KAL	LESS 5	118.45	118.45	1.02	38.11	5.12	41.22
C.KAL	6-14	82.96	81.78	***	8.29	***	23.68
C.KAL	15-49	70.86	69.69	1.75	8.47	2.91	14.01
C.KAL	50-64	140.68	140.68	***	15.94	5.31	31.82
C.KAL	65+	299.72	299.72	7.23	43.90	14.63	87.62
S.KAL	LESS 5	157.48	156.18	3.77	43.32	8.70	10.14
S.KAL	6-14	90.11	90.11	1.42	19.49	3.68	8.87
S.KAL	15-49	127.11	126.13	1.24	17.06	7.16	8.02
S.KAL	50-64	290.79	290.79	9.28	37.11	14.05	23.85
S.KAL	65+	341.93	333.92	***	54.32	8.01	30.29
E.KAL	LESS 5	240.31	240.31	33.10	87.99	28.63	21.28
E.KAL	6-14	101.67	101.67	3.35	31.40	11.16	2.39
E.KAL	15-49	94.37	94.01	6.85	25.41	12.78	17.99
E.KAL	50-64	207.35	207.35	13.08	50.45	13.08	36.12
E.KAL	65+	245.53	245.53	31.69	19.80	83.17	39.59
N.SUL	LESS 5	191.49	191.49	9.14	53.83	27.53	53.71
N.SUL	6-14	105.65	105.65	6.24	21.64	11.53	33.32
N.SUL	15-49	97.06	95.79	3.32	15.25	10.98	31.32
N.SUL	50-64	186.18	186.18	8.72	48.41	34.86	63.53
N.SUL	65+	270.23	270.23	11.06	50.97	39.10	151.83
C.SUL	LESS 5	148.37	148.37	2.62	21.28	22.41	7.34
C.SUL	6-14	96.79	94.71	7.40	23.64	5.68	7.33
C.SUL	15-49	124.82	123.20	4.23	23.38	13.31	17.61
C.SUL	50-64	198.78	194.22	***	24.62	13.07	22.19
C.SUL	65+	278.53	278.53	14.76	29.52	6.89	***
S.SUL	LESS 5	94.36	94.36	1.69	24.86	4.07	8.06
S.SUL	6-14	57.17	54.45	4.06	19.21	2.93	7.49
S.SUL	15-49	69.93	69.22	4.73	13.74	4.02	12.45
S.SUL	50-64	124.50	123.51	6.26	33.17	6.38	17.48
S.SUL	65+	193.01	193.01	13.93	44.31	13.93	30.72
SE.SUL	LESS 5	125.41	125.41	2.88	28.83	6.84	11.89
SE.SUL	6-14	84.36	82.33	1.35	14.94	6.28	10.45
SE.SUL	15-49	98.89	94.83	8.83	20.69	5.73	24.44
SE.SUL	50-64	177.10	172.45	2.06	29.95	2.06	37.18
SE.SUL	65+	194.46	194.46	12.59	25.18	5.58	5.58
MALUKU	LESS 5	106.44	106.44	14.50	20.42	15.32	22.53
MALUKU	6-14	64.28	61.99	6.23	25.08	7.30	15.30
MALUKU	15-49	50.94	49.75	2.33	18.86	5.53	16.37
MALUKU	50-64	99.35	95.65	3.57	20.28	3.57	40.43
MALUKU	65+	179.04	179.04	8.48	52.71	30.00	47.87
IJAYA	LESS 5	115.07	115.07	19.35	38.45	6.16	16.72
IJAYA	6-14	76.58	76.58	9.64	26.14	5.66	8.08
IJAYA	15-49	67.53	66.21	6.85	21.76	5.18	16.18
IJAYA	50-64	137.89	137.89	28.84	***	6.31	40.11
IJAYA	65+	182.02	182.02	***	***	***	33.99

Utilization10

1990 Provincial Health Service Utilization/1000 by place

PROVINCE	PLACE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	URBAN	70.19	70.19	4.95	19.82	13.21	18.99
ACEH	RURAL	96.63	94.95	2.04	28.93	6.48	12.60
N.SUM	RURAL	73.65	73.51	2.38	15.12	2.24	14.28
W.SUM	URBAN	63.03	62.09	9.41	9.41	15.05	7.53
W.SUM	RURAL	99.31	97.13	5.63	20.52	10.89	8.71
RIAU	URBAN	98.53	98.01	6.29	22.54	16.25	8.39
RIAU	RURAL	91.69	90.88	1.60	12.03	4.01	5.88
JAMBI	URBAN	89.66	88.85	8.08	26.66	16.16	18.58
JAMBI	RURAL	95.67	95.29	2.99	22.05	10.46	30.64
S.SUM	URBAN	73.70	72.64	11.66	14.32	22.27	15.38
S.SUM	RURAL	74.91	73.86	2.79	14.14	6.11	4.89
BNGKULU	URBAN	88.83	87.87	5.73	24.83	19.10	16.24
BNGKULU	RURAL	83.41	83.41	3.46	18.15	5.62	14.26
LAMPUNG	URBAN	89.23	87.51	6.33	23.60	24.18	6.33
LAMPUNG	RURAL	85.40	84.77	2.04	16.33	4.87	9.11
JAKARTA	URBAN	91.20	90.93	7.47	18.67	26.67	8.67
W.JAVA	URBAN	127.01	125.98	8.70	31.13	29.50	12.83
W.JAVA	RURAL	120.54	119.15	3.66	30.13	7.90	7.26
C.JAVA	URBAN	113.44	109.75	6.03	27.82	22.79	16.76
C.JAVA	RURAL	118.89	110.48	2.55	28.62	9.35	11.27
YOGYA	URBAN	119.54	118.98	10.51	38.74	19.37	23.24
YOGYA	RURAL	155.67	151.96	5.98	41.86	16.91	12.58
E.JAVA	URBAN	161.05	160.33	11.51	35.55	25.62	16.41
E.JAVA	RURAL	136.51	135.55	3.17	24.88	10.57	10.18
BALI	URBAN	101.93	100.06	14.29	12.43	40.40	11.81
BALI	RURAL	116.33	114.90	4.29	23.67	21.02	12.04
NTB	URBAN	72.46	71.26	7.19	29.94	14.37	11.98
NTB	RURAL	106.22	104.86	2.04	30.25	7.65	10.03
NTT	URBAN	101.83	101.10	25.64	20.51	10.99	22.71
NTT	RURAL	143.39	142.42	5.03	44.49	1.46	25.33
E.TIMUR	URBAN	78.79	75.76	57.58	***	15.15	***
E.TIMUR	RURAL	79.33	78.07	9.32	30.97	0.50	9.32
W.KAL.	URBAN	107.70	103.22	12.72	29.92	33.66	11.22
W.KAL.	RURAL	93.44	92.97	3.58	19.90	2.02	16.32
C.KAL.	URBAN	68.90	68.90	3.53	7.07	6.18	17.67
C.KAL.	RURAL	93.93	92.84	0.73	15.35	2.19	24.12
S.KAL.	URBAN	124.18	123.58	3.58	11.94	7.76	5.37
S.KAL.	RURAL	145.16	144.18	1.71	27.81	6.83	11.95
E.KAL.	URBAN	145.34	145.34	17.41	51.35	26.98	18.28
E.KAL.	RURAL	110.21	109.84	4.42	24.33	5.90	14.38

Utilization10 cont

1990 Provincial Health Service Utilization/1000 by place

PROVINCE	PLACE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
N.SUL	URBAN	105.99	105.00	11.78	24.53	22.57	40.24
N.SUL	RURAL	129.83	129.23	3.57	25.55	14.56	42.78
C.SUL	URBAN	109.74	106.44	14.03	9.08	43.73	23.93
C.SUL	RURAL	132.09	130.75	3.00	26.02	6.67	11.34
S.SUL	URBAN	60.91	60.14	8.87	19.28	9.25	15.03
S.SUL	RURAL	84.67	83.46	3.28	19.31	2.76	10.69
SE.SUL	URBAN	97.09	97.09	16.43	17.92	30.62	10.46
SE.SUL	RURAL	107.96	104.66	3.30	21.79	0.99	20.47
MALUKU	URBAN	70.02	70.02	15.22	16.74	28.16	29.68
MALUKU	RURAL	70.57	68.79	3.19	23.05	3.55	17.73
IJAYA	URBAN	67.28	67.28	12.62	14.30	22.71	46.26
IJAYA	RURAL	84.76	83.81	9.52	28.10	***	5.24

Utilization11

1990 Provincial Health Service Utilization/1000 by place,sex

PROVIINCE	PLACE	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	URBAN	MALE	61.43	61.43	6.83	10.24	13.65	22.18
ACEH	URBAN	FEMA	78.40	78.40	3.20	28.80	12.80	16.00
ACEH	RURAL	MALE	93.87	91.97	2.38	29.71	7.13	10.22
ACEH	RURAL	FEMA	99.44	97.99	1.70	28.13	5.82	15.04
N.SUM	RURAL	MALE	76.47	76.19	3.10	15.52	2.54	15.80
N.SUM	RURAL	FEMA	70.87	70.87	1.67	14.73	1.95	12.78
W.SUM	URBAN	MALE	50.68	48.73	7.80	5.85	11.70	5.85
W.SUM	URBAN	FEMA	74.55	74.55	10.91	12.73	18.18	9.09
W.SUM	RURAL	MALE	97.77	95.51	6.04	19.63	11.33	9.06
W.SUM	RURAL	FEMA	100.73	98.64	5.25	21.34	10.49	8.39
RIAU	URBAN	MALE	80.61	79.59	7.14	17.35	12.24	11.22
RIAU	URBAN	FEMA	117.46	117.46	5.39	28.02	20.47	5.39
RIAU	RURAL	MALE	87.23	86.17	1.06	12.77	3.19	3.72
RIAU	RURAL	FEMA	96.18	95.65	2.15	11.28	4.84	8.06
JAMBI	URBAN	MALE	111.78	110.27	9.06	27.19	21.15	25.68
JAMBI	URBAN	FEMA	64.24	64.24	6.94	26.04	10.42	10.42
JAMBI	RURAL	MALE	92.85	92.11	3.68	22.11	10.32	26.53
JAMBI	RURAL	FEMA	98.56	98.56	2.27	21.99	10.61	34.87
S.SUM	URBAN	MALE	53.08	52.02	8.49	8.49	15.92	10.62
S.SUM	URBAN	FEMA	94.28	93.22	14.83	20.13	28.60	20.13
S.SUM	RURAL	MALE	82.78	81.37	3.87	15.15	5.99	5.64
S.SUM	RURAL	FEMA	67.17	66.48	1.73	13.16	6.23	4.16
BNGKULU	URBAN	MALE	93.41	91.58	7.33	25.64	20.15	16.48
BNGKULU	URBAN	FEMA	83.83	83.83	3.99	23.95	17.96	15.97
BNGKULU	RURAL	MALE	96.66	96.66	1.71	20.53	3.42	8.55
BNGKULU	RURAL	FEMA	69.87	69.87	5.24	15.72	7.86	20.09
LAMPUNG	URBAN	MALE	88.55	88.55	4.72	18.89	28.34	4.72
LAMPUNG	URBAN	FEMA	89.89	86.52	7.87	28.09	20.22	7.87
LAMPUNG	RURAL	MALE	89.71	89.09	1.84	15.98	4.61	8.29
LAMPUNG	RURAL	FEMA	80.90	80.26	2.25	16.69	5.14	9.95
JAKARTA	URBAN	MALE	90.98	90.98	7.76	19.80	26.76	9.90
JAKARTA	URBAN	FEMA	91.42	90.88	7.18	17.54	26.57	7.44
WJAVA	URBAN	MALE	129.21	127.72	8.63	30.07	30.07	13.69
WJAVA	URBAN	FEMA	124.85	124.27	8.77	32.16	28.95	11.99
WJAVA	RURAL	MALE	122.20	120.23	3.74	31.48	7.38	7.58
WJAVA	RURAL	FEMA	118.86	118.07	3.57	28.77	8.43	6.95
CJAVA	URBAN	MALE	120.40	116.62	7.91	24.77	26.49	19.61
CJAVA	URBAN	FEMA	106.83	103.23	4.25	30.71	19.27	14.05
CJAVA	RURAL	MALE	120.91	112.01	2.97	30.41	10.60	12.08
CJAVA	RURAL	FEMA	116.95	109.01	2.14	26.80	8.15	10.49
YOGYA	URBAN	MALE	117.84	117.84	12.11	35.24	14.32	27.53
YOGYA	URBAN	FEMA	121.25	120.13	8.90	42.27	24.47	18.91
YOGYA	RURAL	MALE	160.03	155.80	8.04	42.76	17.36	14.39
YOGYA	RURAL	FEMA	151.53	148.31	4.02	41.00	16.48	10.85

Utilization11-cont

1990 Provincial Health Service Utilization/1000 by place,sex

PROVIINCE	PLACE	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
EJAVA	URBAN	MALE	156.37	155.17	12.05	31.33	24.40	21.69
EJAVA	URBAN	FEMA	165.33	165.06	11.02	39.40	26.73	11.57
EJAVA	RURAL	MALE	136.21	134.95	3.21	24.32	10.12	10.41
EJAVA	RURAL	FEMA	136.80	136.14	3.13	25.42	11.00	9.96
BALI	URBAN	MALE	104.93	102.40	15.17	8.85	39.19	15.17
BALI	URBAN	FEMA	99.02	97.80	13.45	15.89	41.56	8.56
BALI	RURAL	MALE	110.98	108.95	4.46	22.68	16.61	10.13
BALI	RURAL	FEMA	121.76	120.94	4.11	24.68	25.50	13.99
NTB	URBAN	MALE	77.40	77.40	9.83	27.03	20.88	13.51
NTB	URBAN	FEMA	67.76	65.42	4.67	32.71	8.18	10.51
NTB	RURAL	MALE	109.35	107.58	1.76	29.63	9.17	11.64
NTB	RURAL	FEMA	103.31	102.33	2.30	30.83	6.23	8.53
NTT	URBAN	MALE	91.78	90.41	23.29	17.81	5.48	20.55
NTT	URBAN	FEMA	113.39	113.39	28.35	23.62	17.32	25.20
NTT	RURAL	MALE	141.05	140.72	4.99	41.25	2.33	23.95
NTT	RURAL	FEMA	145.62	144.04	5.08	47.59	0.63	26.65
E.TIMUR	URBAN	MALE	98.27	92.49	69.36	***	17.34	***
E.TIMUR	URBAN	FEMA	57.32	57.32	44.59	***	12.74	***
E.TIMUR	RURAL	MALE	80.73	79.29	8.17	32.20	0.48	8.17
E.TIMUR	RURAL	FEMA	77.78	76.72	10.58	29.63	0.53	10.58
W.KAL	URBAN	MALE	99.39	91.74	13.76	24.46	32.11	15.29
W.KAL	URBAN	FEMA	115.67	114.20	11.71	35.14	35.14	7.32
W.KAL	RURAL	MALE	97.18	96.58	4.84	20.89	2.72	14.53
W.KAL	RURAL	FEMA	89.49	89.17	2.24	18.86	1.28	18.22
C.KAL	URBAN	MALE	68.73	68.73	3.44	12.03	8.59	12.03
C.KAL	URBAN	FEMA	69.09	69.09	3.64	1.82	3.64	23.64
C.KAL	RURAL	MALE	98.15	97.44	0.71	14.22	2.13	19.91
C.KAL	RURAL	FEMA	89.47	87.97	0.75	16.54	2.26	28.57
S.KAL	URBAN	MALE	144.89	143.71	3.56	11.88	5.94	7.13
S.KAL	URBAN	FEMA	103.24	103.24	3.60	12.00	9.60	3.60
S.KAL	RURAL	MALE	154.07	153.09	2.47	30.12	7.90	13.83
S.KAL	RURAL	FEMA	136.45	135.49	0.96	25.55	5.79	10.13
E.KAL	URBAN	MALE	144.05	144.05	16.75	51.93	25.13	16.75
E.KAL	URBAN	FEMA	146.74	146.74	18.12	50.72	28.99	19.93
E.KAL	RURAL	MALE	99.63	98.88	5.20	20.82	6.69	18.59
E.KAL	RURAL	FEMA	120.61	120.[illegible]	3.65	27.78	5.12	10.23
N.SUL	URBAN	MALE	110.44	108.43	12.05	22.09	20.08	36.14
N.SUL	URBAN	FEMA	101.73	101.73	11.52	26.87	24.95	44.15
N.SUL	RURAL	MALE	136.47	135.89	5.16	28.67	14.33	48.17
N.SUL	RURAL	FEMA	122.69	122.07	1.85	22.19	14.80	36.99
C.SUL	URBAN	MALE	101.94	97.09	8.09	6.47	38.83	27.51
C.SUL	URBAN	FEMA	117.85	116.16	20.20	11.78	48.82	20.20
C.SUL	RURAL	MALE	127.79	125.82	3.93	28.83	5.90	11.80
C.SUL	RURAL	FEMA	136.55	135.87	2.04	23.10	7.47	10.87

Utilization11 cont

1990 Provincial Health Service Utilization/1000 by place,sex

PROVIINCE	PLACE	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
S.SUL	URBAN	MALE	60.63	60.63	8.89	21.83	9.70	13.74
S.SUL	URBAN	FEMA	61.16	59.69	8.84	16.95	8.84	16.21
S.SUL	RURAL	MALE	94.70	93.64	3.89	19.79	2.12	10.60
S.SUL	RURAL	FEMA	75.11	73.76	2.69	18.86	3.37	10.78
SE.SUL	URBAN	MALE	86.18	86.18	13.37	13.37	19.32	13.37
SE.SUL	URBAN	FEMA	108.11	108.11	19.52	22.52	42.04	7.51
SE.SUL	RURAL	MALE	110.59	107.91	3.35	22.12	2.01	26.14
SE.SUL	RURAL	FEMA	105.40	101.50	3.25	21.47	***	14.96
MALUKU	URBAN	MALE	77.26	77.26	16.03	21.87	24.78	21.87
MALUKU	URBAN	FEMA	62.10	62.10	14.33	11.15	31.85	38.22
MALUKU	RURAL	MALE	60.36	56.93	2.74	19.89	2.74	18.52
MALUKU	RURAL	FEMA	81.50	81.50	3.67	26.43	4.41	16.89
IJAYA	URBAN	MALE	64.98	64.98	7.92	11.09	26.94	44.37
IJAYA	URBAN	FEMA	69.89	69.89	17.92	17.92	17.92	48.39
IJAYA	RURAL	MALE	87.47	85.66	11.72	27.05	***	4.51
IJAYA	RURAL	FEMA	81.74	81.74	7.06	29.26	***	6.05

Utilization12

1990 Provincial Health Service Utilization/1000 by place,age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
ACEH	URBAN	LESS 5	101.19	101.19	***	47.62	17.86	5.95
ACEH	URBAN	6-14	58.18	58.18	7.27	18.18	***	7.27
ACEH	URBAN	15-49	50.75	50.75	4.48	10.45	13.43	25.37
ACEH	URBAN	50-64	192.31	192.31	12.82	38.46	25.64	12.82
ACEH	URBAN	65+	150.00	150.00	***	50.00	100.00	100.00
ACEH	RURAL	LESS 5	157.47	155.88	1.60	47.96	7.99	2.40
ACEH	RURAL	6-14	68.84	66.54	2.29	22.03	3.67	6.42
ACEH	RURAL	15-49	75.02	74.28	1.99	21.93	5.48	17.45
ACEH	RURAL	50-64	167.16	167.16	2.99	43.28	17.91	16.42
ACEH	RURAL	65+	205.48	187.21	***	73.06	9.13	31.96
N.SUM	RURAL	LESS 5	102.77	102.77	2.68	33.96	2.68	10.72
N.SUM	RURAL	6-14	42.85	42.85	1.03	8.26	0.52	6.71
N.SUM	RURAL	15-49	57.00	56.70	3.06	11.34	1.53	14.40
N.SUM	RURAL	50-64	144.60	144.60	1.74	15.68	6.97	31.36
N.SUM	RURAL	65+	236.95	236.95	4.02	32.13	12.05	48.19
W.SUM	URBAN	LESS 5	64.81	64.81	27.78	***	18.52	9.26
W.SUM	URBAN	6-14	43.29	38.96	***	4.33	4.33	***
W.SUM	URBAN	15-49	61.26	61.26	3.31	11.59	19.87	8.28
W.SUM	URBAN	50-64	83.33	83.33	35.71	11.90	11.90	23.81
W.SUM	URBAN	65+	166.67	166.67	55.56	27.78	***	***
W.SUM	RURAL	LESS 5	145.92	144.58	8.03	41.50	9.37	2.68
W.SUM	RURAL	6-14	55.83	53.71	2.12	14.13	2.83	2.83
W.SUM	RURAL	15-49	75.82	73.84	4.37	15.88	7.94	11.51
W.SUM	RURAL	50-64	151.90	150.09	10.85	21.70	23.51	14.47
W.SUM	RURAL	65+	306.57	299.27	18.25	36.50	58.39	18.25
RIAU	URBAN	LESS 5	146.34	146.34	***	39.02	24.39	4.88
RIAU	URBAN	6-14	103.84	103.84	4.51	33.86	9.03	2.26
RIAU	URBAN	15-49	73.73	72.81	8.29	12.90	13.82	9.22
RIAU	URBAN	50-64	183.10	183.10	7.04	35.21	35.21	28.17
RIAU	URBAN	65+	181.82	181.82	***	30.30	60.61	***
RIAU	RURAL	LESS 5	111.50	111.50	1.74	8.71	***	3.48
RIAU	RURAL	6-14	73.05	73.05	***	10.86	1.97	2.96
RIAU	RURAL	15-49	81.87	81.34	2.13	12.76	5.85	7.44
RIAU	RURAL	50-64	172.73	163.64	4.55	18.18	9.09	13.64
RIAU	RURAL	65+	245.28	245.28	***	18.87	***	***

Utilization12-cont

1990 Provincial Health Service Utilization/1000 by place,age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
JAMBI	URBAN	LESS 5	161.29	154.84	12.90	51.61	32.26	6.45
JAMBI	URBAN	6-14	95.74	95.74	7.09	49.65	14.18	21.28
JAMBI	URBAN	15-49	54.57	54.57	7.37	10.32	8.85	16.22
JAMBI	URBAN	50-64	183.67	183.67	10.20	40.82	20.41	40.82
JAMBI	URBAN	65+	160.00	160.00	***	***	120.00	40.00
JAMBI	RURAL	LESS 5	104.00	104.00	5.33	29.33	8.00	48.00
JAMBI	RURAL	6-14	71.01	69.57	2.90	21.74	10.14	21.74
JAMBI	RURAL	15-49	88.36	88.36	1.44	18.68	10.06	27.30
JAMBI	RURAL	50-64	179.78	179.78	***	33.71	16.85	50.56
JAMBI	RURAL	65+	317.07	317.07	48.78	24.39	24.39	48.78
S.SUM	URBAN	LESS 5	152.00	148.00	16.00	44.00	52.00	16.00
S.SUM	URBAN	6-14	68.13	65.93	15.38	15.38	10.99	17.58
S.SUM	URBAN	15-49	42.08	42.08	6.01	4.01	16.03	12.02
S.SUM	URBAN	50-64	144.93	144.93	36.23	21.74	36.23	36.23
S.SUM	URBAN	65+	177.78	177.78	***	44.44	66.67	***
S.SUM	RURAL	LESS 5	98.99	97.86	2.25	25.87	9.00	6.75
S.SUM	RURAL	6-14	65.17	63.20	1.97	11.19	1.32	0.66
S.SUM	RURAL	15-49	65.93	65.21	2.87	12.90	3.94	5.37
S.SUM	RURAL	50-64	110.33	110.33	7.04	9.39	28.17	11.74
S.SUM	RURAL	65+	107.84	107.84	***	9.80	19.61	9.80
BNGKULU	URBAN	LESS 5	100.59	100.59	17.75	35.50	23.67	23.67
BNGKULU	URBAN	6-14	36.59	36.59	***	20.33	8.13	***
BNGKULU	URBAN	15-49	80.73	78.90	5.50	18.35	18.35	20.18
BNGKULU	URBAN	50-64	250.00	250.00	***	66.67	***	16.67
BNGKULU	URBAN	65+	296.30	296.30	***	37.04	148.15	37.04
BNGKULU	RURAL	LESS 5	152.74	152.74	2.88	31.70	5.76	11.53
BNGKULU	RURAL	6-14	52.23	52.23	3.07	9.22	1.54	3.07
BNGKULU	RURAL	15-49	65.14	65.14	3.67	16.51	5.50	16.51
BNGKULU	RURAL	50-64	160.71	160.71	***	29.76	17.86	47.62
BNGKULU	RURAL	65+	137.93	137.93	17.24	34.48	17.24	17.24
LAMPUNG	URBAN	LESS 5	159.48	155.17	4.31	47.41	56.03	8.62
LAMPUNG	URBAN	6-14	57.83	57.83	2.41	21.69	19.28	4.82
LAMPUNG	URBAN	15-49	66.23	64.06	6.51	17.37	18.46	6.51
LAMPUNG	URBAN	50-64	169.35	169.35	16.13	24.19	24.19	***
LAMPUNG	URBAN	65+	266.67	266.67	22.22	44.44	22.22	22.22
LAMPUNG	RURAL	LESS 5	117.40	117.40	2.13	30.95	8.54	7.47
LAMPUNG	RURAL	6-14	68.51	66.71	0.60	10.22	2.40	4.21
LAMPUNG	RURAL	15-49	69.80	69.48	2.89	11.58	4.82	11.26
LAMPUNG	RURAL	50-64	147.61	147.61	***	29.11	6.24	12.47
LAMPUNG	RURAL	65+	178.77	178.77	5.59	44.69	5.59	16.76
JAKARTA	URBAN	LESS 5	222.22	222.22	16.41	73.23	77.02	10.10
JAKARTA	URBAN	6-14	89.74	89.09	3.87	23.89	30.34	13.56
JAKARTA	URBAN	15-49	60.59	60.59	5.41	8.56	15.32	4.73
JAKARTA	URBAN	50-64	126.79	125.00	19.64	8.93	25.00	19.64
JAKARTA	URBAN	65+	182.39	182.39	12.58	12.58	62.89	25.16

Utilization12-cont

1990 Provincial Health Service Utilization/1000 by place,age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
WJAVA	URBAN	LESS 5	230.05	227.70	10.56	84.51	56.34	5.87
WJAVA	URBAN	6-14	96.77	96.77	4.52	31.61	16.77	7.74
WJAVA	URBAN	15-49	100.03	99.20	8.57	17.68	25.42	14.92
WJAVA	URBAN	50-64	192.45	190.65	10.79	34.17	41.37	16.19
WJAVA	URBAN	65+	227.72	222.77	29.70	34.65	54.46	34.65
WJAVA	RURAL	LESS 5	169.48	168.47	3.04	57.73	10.47	3.38
WJAVA	RURAL	6-14	80.23	79.21	1.01	25.12	5.47	3.44
WJAVA	RURAL	15-49	103.55	101.83	4.63	19.24	6.45	9.07
WJAVA	RURAL	50-64	184.02	183.46	5.06	42.77	15.19	10.13
WJAVA	RURAL	65+	292.19	289.06	7.81	75.00	17.19	18.75
CJAVA	URBAN	LESS 5	186.75	177.71	13.55	64.76	36.14	24.10
CJAVA	URBAN	6-14	87.05	84.86	0.73	21.21	20.48	8.78
CJAVA	URBAN	15-49	83.90	81.95	5.22	17.96	14.37	15.34
CJAVA	URBAN	50-64	178.46	170.42	11.25	46.62	38.59	22.51
CJAVA	URBAN	65+	261.90	253.97	11.90	39.68	63.49	43.65
CJAVA	RURAL	LESS 5	180.45	175.18	2.03	65.29	15.41	8.52
CJAVA	RURAL	6-14	92.93	84.98	1.36	24.77	6.36	7.04
CJAVA	RURAL	15-49	91.64	81.49	2.78	17.52	6.41	12.28
CJAVA	RURAL	50-64	166.36	159.87	3.71	37.53	16.22	16.22
CJAVA	RURAL	65+	252.02	246.24	4.62	41.62	21.97	17.34
YOGYA	URBAN	LESS 5	218.39	218.39	22.99	114.94	22.99	40.23
YOGYA	URBAN	6-14	112.18	112.18	3.21	48.08	19.23	12.82
YOGYA	URBAN	15-49	88.87	87.84	9.19	23.49	16.34	23.49
YOGYA	URBAN	50-64	138.21	138.21	12.20	36.59	28.46	20.33
YOGYA	URBAN	65+	229.17	229.17	20.83	31.25	20.83	31.25
YOGYA	RURAL	LESS 5	212.58	208.24	10.85	75.92	21.69	6.51
YOGYA	RURAL	6-14	127.24	121.27	2.98	33.80	11.93	7.95
YOGYA	RURAL	15-49	131.26	127.30	6.15	34.24	14.49	12.73
YOGYA	RURAL	50-64	188.13	186.69	5.79	39.07	28.94	14.47
YOGYA	RURAL	65+	241.55	241.55	7.25	70.05	16.91	26.57
EJAVA	URBAN	LESS 5	234.55	234.55	25.28	80.06	40.73	18.26
EJAVA	URBAN	6-14	113.71	113.71	7.79	35.83	15.58	13.24
EJAVA	URBAN	15-49	138.41	137.64	8.81	25.92	19.96	11.66
EJAVA	URBAN	50-64	228.96	226.49	14.85	43.32	38.37	33.42
EJAVA	URBAN	65+	304.20	304.20	20.98	31.47	73.43	41.96
EJAVA	RURAL	LESS 5	192.72	191.83	4.88	52.84	15.10	9.77
EJAVA	RURAL	6-14	100.45	100.22	1.91	25.11	5.74	7.18
EJAVA	RURAL	15-49	117.70	116.68	2.70	16.58	9.31	9.31
EJAVA	RURAL	50-64	185.20	183.30	4.93	31.88	16.70	17.84
EJAVA	RURAL	65+	233.20	232.21	4.94	31.62	17.79	12.85

Utilization12-cont

1990 Provincial Health Service Utilization/1000 by place,age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
BALI	URBAN	LESS 5	267.52	267.52	44.59	31.85	121.02	***
BALI	URBAN	6-14	98.10	94.94	15.82	15.82	41.14	6.33
BALI	URBAN	15-49	64.21	62.11	9.47	8.42	22.11	14.74
BALI	URBAN	50-64	155.04	155.04	***	7.75	77.52	15.50
BALI	URBAN	65+	175.44	175.44	35.09	17.54	35.09	17.54
BALI	RURAL	LESS 5	192.62	190.57	10.25	55.33	43.03	6.15
BALI	RURAL	6-14	56.06	54.05	2.00	12.01	15.02	5.01
BALI	RURAL	15-49	95.60	94.41	3.17	19.04	14.68	14.68
BALI	RURAL	50-64	185.38	183.60	7.13	33.87	35.65	12.48
BALI	RURAL	65+	226.59	226.59	6.04	30.21	30.21	21.15
NTB	URBAN	LESS 5	107.57	107.57	3.98	51.79	23.90	15.94
NTB	URBAN	6-14	56.56	56.56	12.85	28.28	2.57	15.42
NTB	URBAN	15-49	61.48	60.32	5.80	27.84	11.60	10.44
NTB	URBAN	50 64	107.69	107.69	7.69	15.38	46.15	***
NTB	URBAN	65+	131.58	105.26	***	***	26.32	26.32
NTB	RURAL	LESS 5	139.90	138.92	1.97	43.35	6.90	3.94
NTB	RURAL	6-14	74.61	71.99	1.31	24.87	3.93	3.93
NTB	RURAL	15-49	97.92	96.80	2.23	26.06	8.19	10.05
NTB	RURAL	50-64	154.84	154.84	4.30	40.86	19.35	21.51
NTB	RURAL	65+	178.95	178.95	***	36.84	5.26	63.16
NTT	URBAN	LESS 5	190.48	190.48	47.62	41.67	17.86	11.90
NTT	URBAN	6-14	73.85	73.85	18.46	12.31	***	9.23
NTT	URBAN	15-49	94.74	93.42	25.00	21.05	9.21	30.26
NTT	URBAN	50-64	108.43	108.43	12.05	12.05	48.19	12.05
NTT	URBAN	65+	68.97	68.97	34.48	***	34.48	68.97
NTT	RURAL	LESS 5	197.80	196.80	7.99	61.94	1.00	20.98
NTT	RURAL	6-14	114.44	113.77	2.66	41.92	0.67	9.98
NTT	RURAL	15-49	124.60	123.54	4.96	38.23	2.12	30.80
NTT	RURAL	50-64	173.76	171.99	8.87	47.87	***	30.14
NTT	RURAL	65+	237.74	237.74	***	52.83	3.77	60.38
E.TIMUR	URBAN	LESS 5	90.91	90.91	68.18	***	22.73	***
E.TIMUR	URBAN	6-14	109.76	109.76	85.37	***	24.39	***
E.TIMUR	URBAN	15-49	71.43	65.93	49.45	***	10.99	***
E.TIMUR	RURAL	LESS 5	85.71	85.71	12.86	38.57	***	15.71
E.TIMUR	RURAL	6-14	75.89	75.89	12.28	33.48	***	11.16
E.TIMUR	RURAL	15-49	65.85	64.39	6.83	23.90	0.98	6.34
E.TIMUR	RURAL	50-64	147.29	139.53	11.63	50.39	***	7.75
E.TIMUR	RURAL	65+	208.96	208.96	***	59.70	***	14.93
W.KAL.	URBAN	LESS 5	130.18	124.26	5.92	23.67	53.25	11.83
W.KAL.	URBAN	6-14	91.22	81.08	13.51	37.16	27.03	3.38
W.KAL.	URBAN	15-49	87.38	85.99	9.71	19.42	30.51	8.32
W.KAL.	URBAN	50-64	207.55	198.11	37.74	84.91	37.74	47.17
W.KAL.	URBAN	65+	222.22	222.22	22.22	44.44	44.44	22.22
W.KAL	RURAL	LESS 5	120.71	120.71	2.21	27.69	2.21	13.29
W.KAL.	RURAL	6-14	64.23	63.03	2.40	16.21	0.60	10.80
W.KAL.	RURAL	15-49	78.01	77.69	3.13	16.92	1.57	18.80
W.KAL	RURAL	50-64	179.38	179.38	12.37	32.99	2.06	16.49
W.KAL.	RURAL	65+	263.44	263.44	5.38	32.26	21.51	37.63

Utilization12-cont

1990 Provincial Health Service Utilization/1000 by place,age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
C.KAL	URBAN	LESS 5	107.91	107.91	7.19	35.97	21.58	28.78
C.KAL	URBAN	6-14	69.77	69.77	***	7.75	***	31.01
C.KAL	URBAN	15-49	56.84	56.84	3.07	1.54	6.14	6.14
C.KAL	URBAN	50-64	87.72	87.72	***	***	***	35.09
C.KAL	URBAN	65+	111.11	111.11	37.04	***	***	74.07
C.KAL	RURAL	LESS 5	120.19	120.19	***	38.46	2.40	43.27
C.KAL	RURAL	6-14	85.31	83.92	***	8.39	***	22.38
C.KAL	RURAL	15-49	74.10	72.66	1.44	10.07	2.16	15.83
C.KAL	RURAL	50-64	150.00	150.00	***	18.75	6.25	31.25
C.KAL	RURAL	65+	345.45	345.45	***	54.55	18.18	90.91
S.KAL	URBAN	LESS 5	139.42	139.42	4.81	33.65	14.42	9.62
S.KAL	URBAN	6-14	56.60	56.60	2.70	2.70	2.70	5.39
S.KAL	URBAN	15-49	126.47	125.40	3.22	6.43	8.57	3.22
S.KAL	URBAN	50-64	224.00	224.00	8.00	32.00	8.00	***
S.KAL	URBAN	65+	315.79	315.79	***	52.63	***	52.63
S.KAL	RURAL	LESS 5	163.23	161.51	3.44	46.39	6.87	10.31
S.KAL	RURAL	6-14	101.20	101.20	1.00	25.05	4.01	10.02
S.KAL	RURAL	15-49	127.36	126.42	0.47	21.23	6.60	9.91
S.KAL	RURAL	50-64	314.94	314.94	9.74	38.96	16.23	32.47
S.KAL	RURAL	65+	351.65	340.66	***	54.95	10.99	21.98
E.KAL	URBAN	LESS 5	317.92	317.92	63.58	144.51	52.02	34.68
E.KAL	URBAN	6-14	131.47	131.47	3.98	47.81	19.92	***
E.KAL	URBAN	15-49	96.27	96.27	9.32	24.84	21.74	18.63
E.KAL	URBAN	50-64	213.11	213.11	16.39	98.36	16.39	49.18
E.KAL	URBAN	65+	200.00	200.00	50.00	***	100.00	***
E.KAL	RURAL	LESS 5	162.73	162.73	2.62	31.50	5.25	7.87
E.KAL	RURAL	6-14	78.24	78.24	2.84	18.49	4.27	4.27
E.KAL	RURAL	15-49	92.42	91.70	4.33	25.99	3.61	17.33
E.KAL	RURAL	50-64	203.21	203.21	10.70	16.04	10.70	26.74
E.KAL	RURAL	65+	280.70	280.70	17.54	35.09	70.18	70.18
N.SUL	URBAN	LESS 5	238.10	238.10	28.57	57.14	76.19	66.67
N.SUL	URBAN	6-14	105.26	105.26	9.57	52.63	9.57	47.85
N.SUL	URBAN	15-49	74.14	72.41	8.62	12.07	12.07	27.59
N.SUL	URBAN	50-64	126.32	126.32	10.53	10.53	42.11	42.11
N.SUL	URBAN	65+	200.00	200.00	33.33	***	66.67	133.33
N.SUL	RURAL	LESS 5	177.02	177.02	3.11	52.80	12.42	49.69
N.SUL	RURAL	6-14	105.76	105.76	5.35	13.39	12.05	29.45
N.SUL	RURAL	15-49	104.14	103.02	1.68	16.24	10.64	32.47
N.SUL	RURAL	50-64	201.10	201.10	8.26	57.35	33.06	68.87
N.SUL	RURAL	65+	283.78	283.78	6.76	60.81	33.78	155.41

Utilization12-cont

1990 Provincial Health Service Utilization/1000 by place,age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
C.SUL	URBAN	LESS 5	191.36	191.36	18.52	18.52	92.59	12.35
C.SUL	URBAN	6-14	75.54	68.35	14.39	7.19	25.18	21.58
C.SUL	URBAN	15-49	95.03	92.11	14.62	4.39	38.01	24.85
C.SUL	URBAN	50-64	184.62	184.62	***	46.15	61.54	61.54
C.SUL	URBAN	65+	173.91	173.91	***	***	43.48	***
C.SUL	RURAL	LESS 5	141.30	141.30	***	21.74	10.87	6.52
C.SUL	RURAL	6-14	100.25	99.00	6.27	26.32	2.51	5.01
C.SUL	RURAL	15-49	131.19	129.85	2.01	27.44	8.03	16.06
C.SUL	RURAL	50-64	201.06	195.77	***	21.16	5.29	15.87
C.SUL	RURAL	65+	298.25	298.25	17.54	35.09	***	***
S.SUL	URBAN	LESS 5	77.42	77.42	3.23	32.26	9.68	9.68
S.SUL	URBAN	6-14	50.35	50.35	8.68	20.83	3.47	6.94
S.SUL	URBAN	15-49	51.26	50.56	9.13	10.53	8.43	12.64
S.SUL	URBAN	50-64	101.85	97.22	9.26	41.67	23.15	41.67
S.SUL	URBAN	65+	147.06	147.06	29.41	58.82	29.41	73.53
S.SUL	RURAL	LESS 5	98.98	98.98	1.27	22.84	2.54	7.61
S.SUL	RURAL	6-14	59.07	55.59	2.78	18.76	2.78	7.64
S.SUL	RURAL	15-49	76.46	75.75	3.19	14.87	2.48	12.39
S.SUL	RURAL	50-64	130.67	130.67	5.44	30.85	1.81	10.89
S.SUL	RURAL	65+	204.08	204.08	10.20	40.82	10.20	20.41
SE.SUL	URBAN	LESS 5	107.69	107.69	20.51	20.51	25.64	15.38
SE.SUL	URBAN	6-14	76.71	76.71	8.22	10.96	38.36	8.22
SE.SUL	URBAN	15-49	106.88	106.88	20.50	21.96	29.28	10.25
SE.SUL	URBAN	50-64	102.94	102.94	14.71	14.71	14.71	***
SE.SUL	URBAN	65+	35.71	35.71	***	***	35.71	35.71
SE.SUL	RURAL	LESS 5	128.30	128.30	***	30.19	3.77	11.32
SE.SUL	RURAL	6-14	85.85	83.43	***	15.72	***	10.88
SE.SUL	RURAL	15-49	97.18	92.25	6.34	20.42	0.70	27.46
SE.SUL	RURAL	50-64	189.19	183.78	***	32.43	***	43.24
SE.SUL	RURAL	65+	223.88	223.88	14.93	29.85	***	***

Utilization12-cont

1990 Provincial Health Service Utilization/1000 by place,age

PROVINCE	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
MALUKU	URBAN	LESS 5	202.45	202.45	55.21	55.21	85.89	30.67
MALUKU	URBAN	6-14	52.47	52.47	9.26	12.35	21.60	21.60
MALUKU	URBAN	15-49	38.90	38.90	5.76	11.53	12.97	28.82
MALUKU	URBAN	50-64	85.11	85.11	21.28	10.64	21.28	42.55
MALUKU	URBAN	65+	179.49	179.49	51.28	***	128.21	76.92
MALUKU	RURAL	LESS 5	88.79	88.79	7.01	14.02	2.34	21.03
MALUKU	RURAL	6-14	66.85	64.07	5.57	27.86	4.18	13.93
MALUKU	RURAL	15-49	53.91	52.44	1.48	20.68	3.69	13.29
MALUKU	RURAL	50-64	102.22	97.78	***	22.22	***	40.00
MALUKU	RURAL	65+	178.95	178.95	***	63.16	10.53	42.11
IJAYA	URBAN	LESS 5	123.60	123.60	28.09	44.94	28.09	56.18
IJAYA	URBAN	6-14	64.98	64.98	10.83	7.22	25.27	36.10
IJAYA	URBAN	15-49	52.94	52.94	8.82	10.29	20.59	48.53
IJAYA	URBAN	50-64	86.96	86.96	21.74	***	21.74	21.74
IJAYA	URBAN	65+	***	***	***	***	***	125.00
IJAYA	RURAL	LESS 5	112.68	112.68	16.90	36.62	***	5.63
IJAYA	RURAL	6-14	79.93	79.93	9.29	31.60	***	***
IJAYA	RURAL	15-49	72.44	70.67	6.18	25.62	***	5.30
IJAYA	RURAL	50-64	158.73	158.73	31.75	***	***	47.62
IJAYA	RURAL	65+	250.00	250.00	***	***	***	***

Utilization13

1987 Regional Health Service Utilization/1000

REGION	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
SUMATRA	119.19	123.70	6.88	38.30	9.43	4.13
JAV/BAL	124.55	129.55	7.65	41.81	18.01	4.53
KALIMAN	143.55	147.93	7.36	49.54	7.53	7.90
SULEWES	115.19	126.03	7.44	26.34	10.33	7.97
E.ISLES	187.00	202.77	11.48	89.22	6.53	10.24

Utilization14

1987 Regional Health Service Utilization/1000 by sex

REGION	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPAT
SUMATRA	MALE	118.26	122.56	7.65	36.75	9.63	4.28
SUMATRA	FEMA	120.14	124.86	6.08	39.89	9.23	3.98
JAV/BAL	MALE	127.34	132.66	8.15	42.55	18.19	4.60
JAV/BAL	FEMA	121.84	126.53	7.15	41.08	17.84	4.45
KALIMAN	MALE	140.52	143.99	7.97	48.46	8.12	8.52
KALIMAN	FEMA	146.67	152.00	6.73	50.65	6.92	7.26
SULEWES	MALE	115.63	128.67	7.71	25.59	10.44	8.25
SULEWES	FEMA	114.77	123.46	7.18	27.06	10.23	7.71
E.ISLES	MALE	189.31	205.02	12.76	89.34	6.62	11.25
E.ISLES	FEMA	184.63	200.46	10.16	89.08	6.44	9.20

Utilization15

1987 Regional Health Service Utilization/1000 by age

REGION	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
SUMATRA	LESS 5	161.17	164.73	8.27	60.68	8.99	4.11
SUMATRA	6-14	87.20	90.82	4.16	28.95	4.44	1.52
SUMATRA	15-49	97.04	100.91	6.62	29.59	9.28	4.51
SUMATRA	50-64	211.71	219.11	12.07	60.41	20.91	7.89
SUMATRA	65+	293.51	315.24	14.34	80.60	30.36	12.23
JAV/BAL	LESS 5	185.42	190.15	6.91	83.78	24.25	3.71
JAV/BAL	6-14	100.41	104.20	5.15	36.43	12.45	2.35
JAV/BAL	15-49	99.96	104.00	7.54	29.88	15.43	4.57
JAV/BAL	50-64	177.82	186.90	12.17	50.94	27.88	8.39
JAV/BAL	65+	236.65	251.62	14.46	58.71	37.06	9.61
KALIMAN	LESS 5	191.08	196.42	7.86	83.95	10.66	10.97
KALIMAN	6-14	119.09	122.35	4.37	43.65	4.46	5.94
KALIMAN	15-49	117.44	121.14	7.28	36.97	5.67	6.65
KALIMAN	50-64	245.78	252.45	10.30	72.11	14.76	11.63
KALIMAN	65+	348.03	366.52	30.47	87.58	39.64	25.19
SULEWES	LESS 5	154.71	168.32	8.01	38.24	11.46	7.34
SULEWES	6-14	86.99	97.97	4.34	23.18	3.09	3.78
SULEWES	15-49	102.04	111.14	5.81	22.54	11.03	7.76
SULEWES	50-64	173.19	185.08	17.87	32.80	19.37	16.82
SULEWES	65+	201.98	221.34	25.41	37.07	28.28	23.44
E.ISLES	LESS 5	251.39	266.10	13.45	133.81	6.66	9.87
E.ISLES	6-14	144.22	156.36	10.16	72.00	4.56	7.08
E.ISLES	15-49	166.55	181.87	10.73	75.92	6.48	10.25
E.ISLES	50-64	256.90	281.07	15.85	117.41	9.36	18.18
E.ISLES	65+	316.12	352.75	11.60	116.19	15.41	17.41

Utilization16

1990 Regional Health Service Utilization/1000 by place

REGION	PLACE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPAT
SUMATRA	URBAN	82.34	83.87	10.93	29.22	18.29	4.31
SUMATRA	RURAL	129.47	134.81	5.75	40.83	6.96	4.09
JAV/BAL	URBAN	116.09	118.56	12.64	32.26	31.61	6.32
JAV/BAL	RURAL	128.26	134.36	5.46	45.98	12.07	3.74
KALIMAN	URBAN	133.53	135.46	18.36	43.89	23.59	3.63
KALIMAN	RURAL	146.71	151.87	3.89	51.32	2.46	9.25
SULEWES	URBAN	91.59	99.18	14.80	21.05	24.63	8.59
SULEWES	RURAL	119.94	131.42	5.96	27.40	7.46	7.85
E.ISLES	URBAN	154.21	163.11	28.96	50.90	27.06	11.80
E.ISLES	RURAL	192.22	209.08	8.70	95.31	3.26	9.99

Utilization17

1987 Regional Health Service Utilization/1000 by place,sex

REGION	PLACE	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
SUMATRA	URBAN	MALE	84.53	86.28	11.37	29.71	18.02	4.25
SUMATRA	URBAN	FEMA	80.04	81.35	10.47	28.72	18.58	4.36
SUMATRA	RURAL	MALE	127.81	132.83	6.60	38.74	7.26	4.29
SUMATRA	RURAL	FEMA	131.16	136.82	4.88	42.96	6.66	3.88
JAV/BAL	URBAN	MALE	121.34	124.04	13.32	33.79	31.58	6.30
JAV/BAL	URBAN	FEMA	111.02	113.28	11.98	30.77	31.63	6.34
JAV/BAL	RURAL	MALE	129.95	136.41	5.90	46.35	12.37	3.86
JAV/BAL	RURAL	FEMA	126.60	132.36	5.03	45.61	11.77	3.62
KALIMAN	URBAN	MALE	126.94	128.07	16.40	36.94	24.58	3.16
KALIMAN	URBAN	FEMA	140.40	143.17	20.40	51.12	22.56	4.11
KALIMAN	RURAL	MALE	144.84	149.05	5.30	52.12	2.90	10.22
KALIMAN	RURAL	FEMA	148.63	154.77	2.43	50.50	2.01	8.25
SULEWES	URBAN	MALE	88.67	96.14	15.84	18.86	22.83	10.86
SULEWES	URBAN	FEMA	94.50	102.21	13.77	23.23	26.41	6.34
SULEWES	RURAL	MALE	121.13	135.31	6.05	26.96	7.91	7.72
SULEWES	RURAL	FEMA	118.78	127.67	5.87	27.82	7.02	7.98
E.ISLES	URBAN	MALE	162.95	173.94	28.34	57.05	25.01	12.12
E.ISLES	URBAN	FEMA	144.07	150.53	29.68	43.75	29.43	11.42
E.ISLES	RURAL	MALE	193.80	210.32	10.11	94.85	3.48	11.10
E.ISLES	RURAL	FEMA	190.62	207.84	7.27	95.78	3.04	8.88

Utilization18-cont

1987 Regional Health Service Utilization/1000 by place,age

REGION	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPAT
E.ISLES	URBAN	LESS 5	224.65	232.00	49.63	83.74	39.66	16.45
E.ISLES	URBAN	6-14	128.76	134.38	17.01	48.33	23.51	4.87
E.ISLES	URBAN	15-49	137.67	147.24	27.00	43.08	21.48	10.46
E.ISLES	URBAN	50-64	192.57	212.81	45.69	39.14	44.90	31.16
E.ISLES	URBAN	65+	310.71	317.44	35.02	103.57	79.16	41.49
E.ISLES	RURAL	LESS 5	254.76	270.39	8.89	140.12	2.50	9.05
E.ISLES	RURAL	6-14	146.64	159.81	9.09	75.71	1.59	7.43
E.ISLES	RURAL	15-49	171.87	188.24	7.74	81.96	3.72	10.21
E.ISLES	RURAL	50-64	264.66	289.30	12.25	126.85	5.07	16.62
E.ISLES	RURAL	65+	316.64	356.15	9.34	117.40	9.27	15.09

Uilization18

1987 Regional Health Service Utilization/1000 by place,age

REGION	PLACE	AGE	RSEEK	RSICK	RHOS	RIIC	RDOCP	RINPAT
SUMATRA	URBAN	LESS 5	123.99	125.27	15.19	54.98	21.58	5.39
SUMATRA	URBAN	6-14	71.73	73.23	9.90	27.22	12.79	1.23
SUMATRA	URBAN	15-49	60.92	62.08	9.49	19.25	13.91	4.79
SUMATRA	URBAN	50-64	143.67	146.25	13.96	44.54	46.99	7.19
SUMATRA	URBAN	65+	227.62	236.63	17.75	64.79	67.98	9.13
SUMATRA	RURAL	LESS 5	170.30	174.41	6.57	62.08	5.90	3.79
SUMATRA	RURAL	6-14	90.99	95.12	2.75	29.37	2.40	1.59
SUMATRA	RURAL	15-49	108.64	113.38	5.70	32.91	7.79	4.42
SUMATRA	RURAL	50-64	228.30	236.87	11.61	64.27	14.55	8.06
SUMATRA	RURAL	65+	308.02	332.56	13.58	84.08	22.07	12.92
JAV/BAL	URBAN	LESS 5	175.21	177.12	12.50	70.77	48.75	4.11
JAV/BAL	URBAN	6-14	102.71	105.30	9.79	32.57	26.60	3.62
JAV/BAL	URBAN	15-49	89.18	91.50	11.21	19.91	24.31	5.63
JAV/BAL	URBAN	50-64	181.04	183.97	21.26	42.19	52.38	15.56
JAV/BAL	URBAN	65+	241.85	247.15	32.52	56.22	61.44	19.13
JAV/BAL	RURAL	LESS 5	189.57	195.45	4.64	89.06	14.29	3.54
JAV/BAL	RURAL	6-14	99.48	103.75	3.26	37.99	6.70	1.84
JAV/BAL	RURAL	15-49	105.18	110.05	5.77	34.71	11.13	4.05
JAV/BAL	RURAL	50 64	176.63	187.98	8.82	54.16	18.83	5.74
JAV/BAL	RURAL	65+	234.90	253.12	8.40	59.55	28.88	6.41
KALIMAN	URBAN	LESS 5	211.13	212.39	25.98	95.59	37.73	0.63
KALIMAN	URBAN	6-14	106.90	110.28	13.21	38.65	15.49	2.15
KALIMAN	URBAN	15-49	96.36	98.18	15.95	28.62	13.86	2.97
KALIMAN	URBAN	50-64	253.45	253.45	29.15	55.34	57.85	15.96
KALIMAN	URBAN	65+	394.90	394.90	44.31	81.44	132.68	15.88
KALIMAN	RURAL	LESS 5	185.11	191.68	2.47	80.49	2.61	14.04
KALIMAN	RURAL	6-14	122.57	125.80	1.85	45.07	1.31	7.02
KALIMAN	RURAL	15-49	124.60	128.95	4.34	39.80	2.88	7.91
KALIMAN	RURAL	50-64	243.58	252.17	4.88	76.93	2.38	10.39
KALIMAN	RURAL	65+	330.96	356.19	25.44	89.81	5.77	28.57
SULEWES	URBAN	LESS 5	126.27	136.43	16.85	46.71	26.34	8.82
SULEWES	URBAN	6-14	62.87	66.87	9.93	21.95	7.58	5.69
SULEWES	URBAN	15-49	74.66	81.92	9.35	12.92	24.06	6.56
SULEWES	URBAN	50-64	192.36	205.15	60.93	31.71	46.14	28.56
SULEWES	URBAN	65+	263.35	282.32	37.36	26.43	127.43	21.95
SULEWES	RURAL	LESS 5	159.92	174.16	6.39	36.69	8.74	7.07
SULEWES	RURAL	6-14	90.95	103.08	3.42	23.38	2.35	3.46
SULEWES	RURAL	15-49	108.64	118.18	4.96	24.85	7.89	8.05
SULEWES	RURAL	50-64	169.97	181.71	10.63	32.98	14.87	14.84
SULEWES	RURAL	65+	194.76	214.17	24.00	38.32	16.62	23.62

Utilization19

1990 Regional Health Service Utilization/1000

REGION	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
SUMATRA	84.08	83.21	3.69	18.00	7.90	11.53
JAV/BAL	125.25	122.60	5.14	28.28	15.60	11.12
KALIMAN	113.95	113.06	4.94	24.33	8.76	15.21
SULEWES	97.64	96.37	4.87	21.24	7.97	18.74
E.ISLES	102.53	101.38	6.46	31.38	5.79	17.01

Utilization20

1990 Regional Health Servie Utilization /1000 by sex

REGION	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
SUMATRA	MALE	83.97	82.96	3.81	17.38	7.51	11.04
SUMATRA	FEMA	84.18	83.46	3.56	18.63	8.28	12.03
JAV/BAL	MALE	126.10	123.09	5.47	28.14	15.67	12.20
JAV/BAL	FEMA	124.43	122.13	4.82	28.41	15.53	10.06
KALIMAN	MALE	116.96	115.78	5.56	24.38	8.85	15.15
KALIMAN	FEMA	110.87	110.28	4.30	24.27	8.67	15.27
SULEWES	MALE	103.06	101.86	5.31	22.44	7.40	20.12
SULEWES	FEMA	92.33	91.00	4.44	20.07	8.53	17.40
E.ISLES	MALE	101.08	99.68	6.62	29.46	6.50	16.69
E.ISLES	FEMA	103.99	103.09	6.31	33.32	5.08	17.33

Utilization21

1990 Regional Health Service Utilization/1000 by age

REGION	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
SUMATRA	LESS 5	121.05	120.24	4.11	33.56	10.89	9.18
SUMATRA	6-14	61.65	60.39	2.45	13.88	3.43	5.84
SUMATRA	15-49	67.11	66.52	3.45	13.51	6.92	12.84
SUMATRA	50-64	149.90	149.22	6.80	24.16	16.96	21.49
SUMATRA	65+	218.33	215.14	8.74	37.48	26.08	26.55
JAV/BAL	LESS 5	193.61	191.20	7.65	64.79	26.73	9.07
JAV/BAL	6-14	92.66	90.44	2.44	26.17	11.03	7.32
JAV/BAL	15-49	101.84	99.04	4.86	17.93	12.11	11.00
JAV/BAL	50-64	181.27	178.26	7.43	36.12	23.37	17.63
JAV/BAL	65+	252.20	249.21	9.94	42.20	31.58	22.61
KALIMAN	LESS 5	156.41	155.66	9.20	46.14	13.40	18.45
KALIMAN	6-14	83.55	82.33	2.67	20.25	5.19	10.15
KALIMAN	15-49	95.30	94.58	3.65	17.64	7.93	13.98
KALIMAN	50-64	216.04	215.26	12.11	39.55	11.06	26.69
KALIMAN	65+	281.80	279.69	10.18	38.82	29.38	40.97
SULEWES	LESS 5	121.21	121.21	3.09	29.10	10.72	15.17
SULEWES	6-14	74.80	72.74	4.61	19.78	5.26	12.42
SULEWES	15-49	85.98	84.70	4.77	16.06	6.92	18.33
SULEWES	50-64	150.13	148.77	5.94	35.75	13.49	30.33
SULEWES	65+	220.42	220.42	13.15	43.38	19.30	57.92
E.ISLES	LESS 5	142.38	141.84	10.48	43.94	7.21	14.94
E.ISLES	6-14	82.96	81.68	5.97	29.72	3.60	9.25
E.ISLES	15-49	87.10	85.89	5.38	26.80	5.46	17.89
E.ISLES	50-64	145.16	143.46	8.08	35.00	10.34	26.71
E.ISLES	65+	197.91	196.83	2.45	43.31	10.58	54.92

Utilization22

1990 Regional Health Service Utilization/1000 by place

REGION	PLACE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
SUMATRA	URBAN	79.47	78.64	8.19	18.39	18.46	12.93
SUMATRA	RURAL	85.07	84.19	2.72	17.92	5.62	11.23
JAV/BAL	URBAN	123.76	122.44	8.72	28.72	26.55	13.86
JAV/BAL	RURAL	126.04	122.69	3.24	28.04	9.79	9.66
KALIMAN	URBAN	122.16	120.79	10.98	30.44	21.43	12.73
KALIMAN	RURAL	110.86	110.15	2.67	22.03	4.00	16.14
SULEWES	URBAN	77.95	76.95	10.59	19.23	17.14	20.73
SULEWES	RURAL	103.07	101.72	3.30	21.79	5.44	18.20
E.ISLES	URBAN	77.22	76.56	15.60	20.82	18.27	25.02
E.ISLES	RURAL	107.31	106.07	4.74	33.38	3.43	15.49

Utilization23

1990 Regional Health Service Utilization/1000 by place,sex

REGION	PLACE	SEX	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
SUMATRA	URBAN	MALE	69.11	68.18	7.44	13.28	16.42	12.67
SUMATRA	URBAN	FEMA	89.79	89.05	8.94	23.47	20.49	13.19
SUMATRA	RURAL	MALE	87.17	86.13	3.03	18.26	5.59	10.69
SUMATRA	RURAL	FEMA	82.97	82.26	2.40	17.58	5.64	11.78
JAV/BAL	URBAN	MALE	124.41	122.88	9.30	26.86	27.02	16.31
JAV/BAL	URBAN	FEMA	123.14	122.01	8.16	30.52	26.09	11.50
JAV/BAL	RURAL	MALE	126.99	123.19	3.46	28.82	9.71	10.04
JAV/BAL	RURAL	FEMA	125.11	122.19	3.03	27.28	9.87	9.29
KALIMAN	URBAN	MALE	125.53	123.23	11.05	29.91	20.02	13.25
KALIMAN	URBAN	FEMA	118.71	118.30	10.92	30.99	22.88	12.20
KALIMAN	RURAL	MALE	113.73	112.98	3.50	22.30	4.64	15.86
KALIMAN	RURAL	FEMA	107.93	107.27	1.82	21.75	3.34	16.42
SULEWES	URBAN	MALE	77.41	76.49	9.84	19.57	15.71	19.79
SULEWES	URBAN	FEMA	78.45	77.38	11.29	18.92	18.50	21.60
SULEWES	RURAL	MALE	109.94	108.67	4.09	23.21	5.17	20.21
SULEWES	RURAL	FEMA	96.26	94.35	2.51	20.39	5.72	16.21
E.ISLES	URBAN	MALE	78.36	77.86	15.64	19.35	19.57	23.39
E.ISLES	URBAN	FEMA	76.00	75.18	15.56	22.37	16.89	26.74
E.ISLES	RURAL	MALE	105.51	103.93	4.86	31.43	3.95	15.38
E.ISLES	RURAL	FEMA	109.10	108.20	4.61	35.32	2.92	15.61

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Utilization24

1990 Regional Health Service Utilization/1000 by place,age

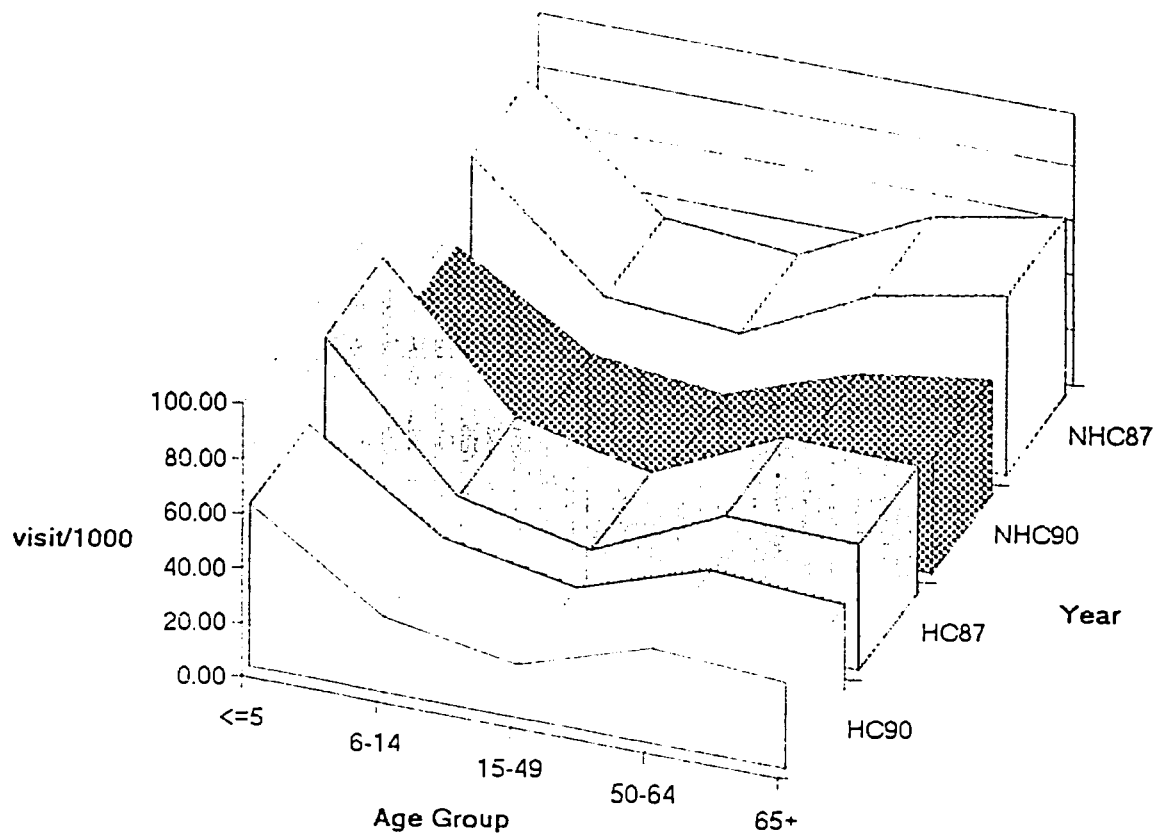
REGION	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
SUMATRA	URBAN	LESS 5	131.62	129.35	10.26	39.91	35.91	10.55
SUMATRA	URBAN	6-14	68.83	67.62	7.55	20.90	9.17	9.11
SUMATRA	URBAN	15-49	56.87	56.38	5.92	10.26	15.59	13.26
SUMATRA	URBAN	50-64	159.03	159.03	22.03	28.30	27.25	24.84
SUMATRA	URBAN	65+	189.02	189.02	13.81	37.11	57.62	19.45
SUMATRA	RURAL	LESS 5	119.13	118.59	2.99	32.41	6.36	8.93
SUMATRA	RURAL	6-14	60.29	59.03	1.48	12.55	2.35	5.22
SUMATRA	RURAL	15-49	69.62	69.01	2.84	14.31	4.79	12.74
SUMATRA	RURAL	50-64	148.08	147.27	3.77	23.33	14.91	20.82
SUMATRA	RURAL	65+	223.42	219.67	7.86	37.54	20.61	27.78
JAV/BAL	URBAN	LESS 5	221.17	218.58	16.33	77.42	53.37	13.79
JAV/BAL	URBAN	6-14	97.05	96.39	4.39	28.79	20.65	10.39
JAV/BAL	URBAN	15-49	95.77	94.90	7.31	17.54	19.42	12.17
JAV/BAL	URBAN	50-64	185.44	182.21	13.43	34.90	37.11	23.19
JAV/BAL	URBAN	65+	250.41	247.11	20.25	31.55	60.98	37.12
JAV/BAL	RURAL	LESS 5	180.64	178.31	3.56	58.86	14.19	6.84
JAV/BAL	RURAL	6-14	90.45	87.45	1.45	24.86	6.21	5.77
JAV/BAL	RURAL	15-49	105.38	101.46	3.43	18.16	7.84	10.31
JAV/BAL	RURAL	50-64	179.36	176.46	4.69	36.67	17.10	15.09
JAV/BAL	RURAL	65+	252.93	250.08	5.68	46.61	19.42	16.60
KALIMAN	URBAN	LESS 5	206.37	204.88	29.00	76.06	39.98	21.94
KALIMAN	URBAN	6-14	93.74	91.03	5.79	28.44	15.06	5.43
KALIMAN	URBAN	15-49	98.56	97.90	7.10	16.00	18.80	10.42
KALIMAN	URBAN	50-64	205.70	202.67	19.42	65.93	19.42	31.96
KALIMAN	URBAN	65+	230.73	230.73	25.01	30.75	43.01	29.37
KALIMAN	RURAL	LESS 5	138.78	138.29	2.21	35.58	4.02	17.21
KALIMAN	RURAL	6-14	80.23	79.50	1.65	17.58	1.97	11.69
KALIMAN	RURAL	15-49	93.96	93.21	2.23	18.32	3.45	15.45
KALIMAN	RURAL	50-64	219.63	219.63	9.58	30.40	8.16	24.87
KALIMAN	RURAL	65+	300.63	297.73	4.71	41.79	24.35	45.25
SULEWES	URBAN	LESS 5	121.48	121.48	11.11	33.98	32.23	20.62
SULEWES	URBAN	6-14	65.88	65.14	9.39	24.46	10.28	16.28
SULEWES	URBAN	15-49	64.72	63.63	10.43	11.09	13.77	16.87
SULEWES	URBAN	50-64	113.32	110.35	9.22	33.10	29.83	40.96
SULEWES	URBAN	65+	154.16	154.16	26.24	36.82	39.61	79.71
SULEWES	RURAL	LESS 5	121.15	121.15	1.13	27.91	5.47	13.84
SULEWES	RURAL	6-14	77.01	74.52	3.43	18.62	4.02	11.46
SULEWES	RURAL	15-49	92.51	91.17	3.04	17.59	4.82	18.77
SULEWES	RURAL	50-64	159.22	158.25	5.13	36.40	9.46	27.71
SULEWES	RURAL	65+	234.95	234.95	10.28	44.82	14.84	53.14

Utilization24-cont

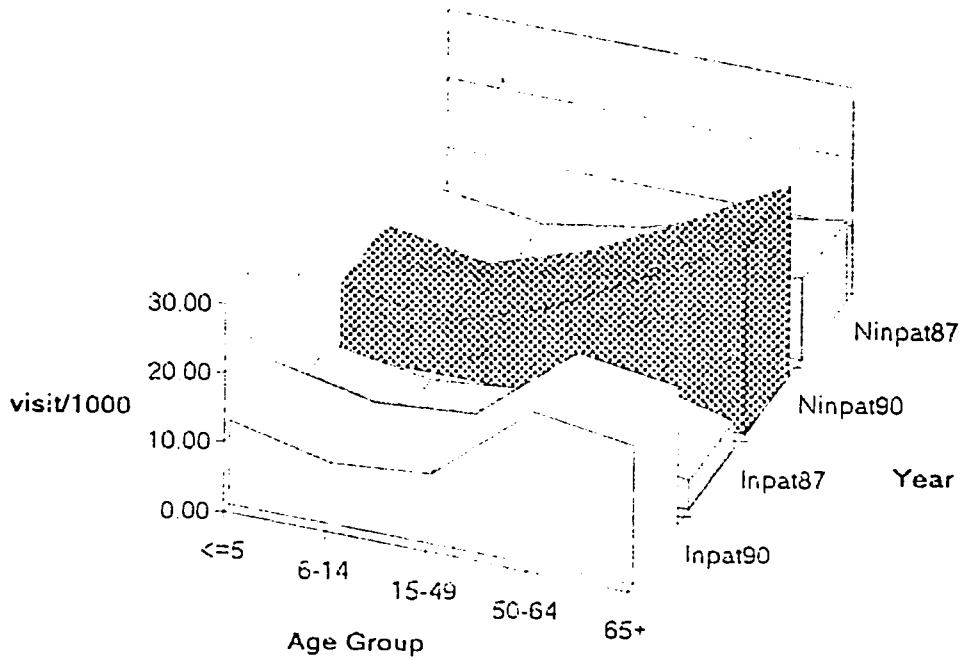
1990 Regional Health Service Utilization/1000 by place,age

REGION	PLACE	AGE	RSEEK	RSICK	RHOS	RHC	RDOCP	RINPATY
E.ISLES	URBAN	LESS 5	143.10	143.10	29.12	47.13	34.65	27.02
E.ISLES	URBAN	6-14	63.14	63.14	15.46	15.98	11.71	19.39
E.ISLES	URBAN	15-49	62.68	61.83	12.20	18.09	13.46	26.96
E.ISLES	URBAN	50-64	97.29	97.29	13.35	11.15	36.52	14.93
E.ISLES	URBAN	65+	116.92	107.00	22.52	***	54.73	56.92
E.ISLES	RURAL	LESS 5	142.26	141.63	7.53	43.44	2.87	13.03
E.ISLES	RURAL	6-14	86.50	85.00	4.28	32.17	2.15	7.44
E.ISLES	RURAL	15-49	92.33	91.05	3.92	28.66	3.75	15.95
E.ISLES	RURAL	50-64	152.71	150.75	7.25	38.77	6.21	28.57
E.ISLES	RURAL	65+	207.77	207.77	***	48.59	5.20	54.68

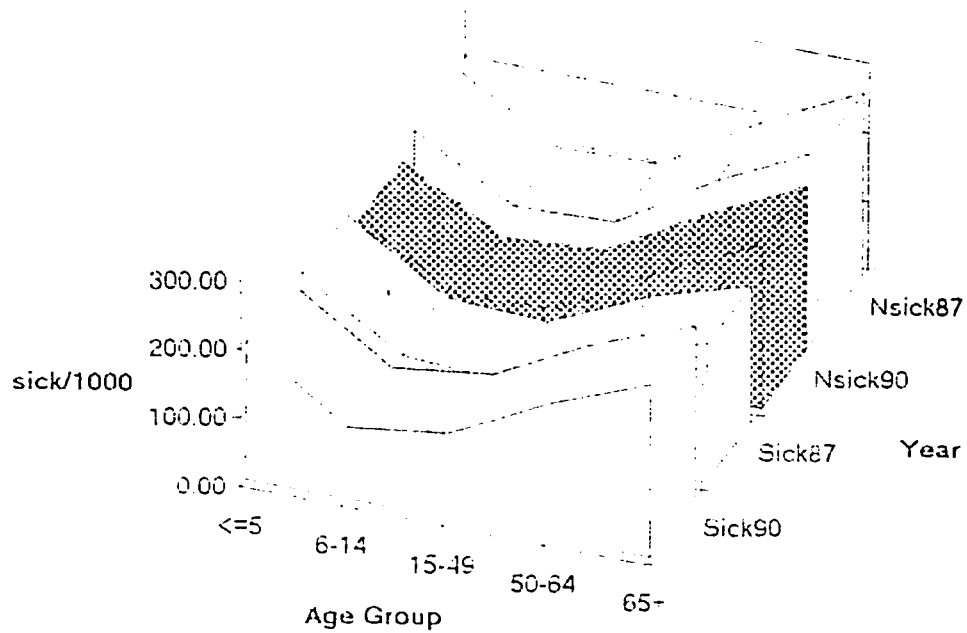
1987, 1990 National and Provincial Health Center Utilization Rates per thousand by Age: East Java



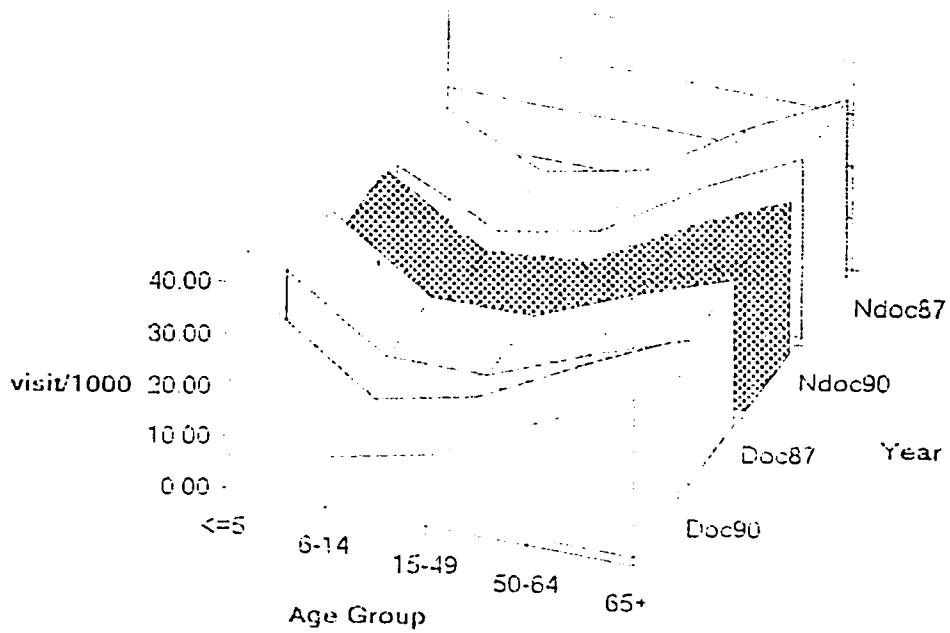
1987, 1990 National and Provincial Inpatient Utilization Rates per thousand by Age: East Java



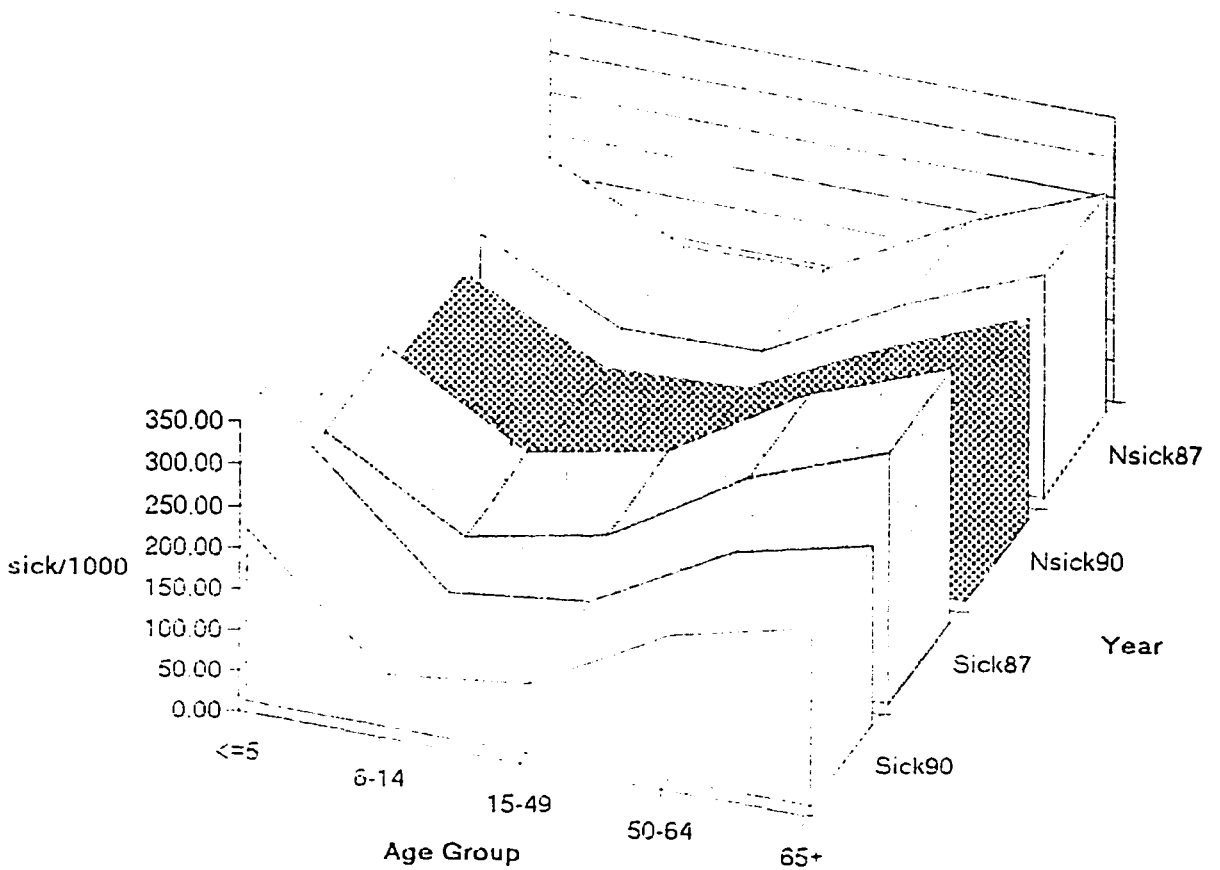
1987, 1990 National and Provincial Sickness Rates per thousand by Age: East Java



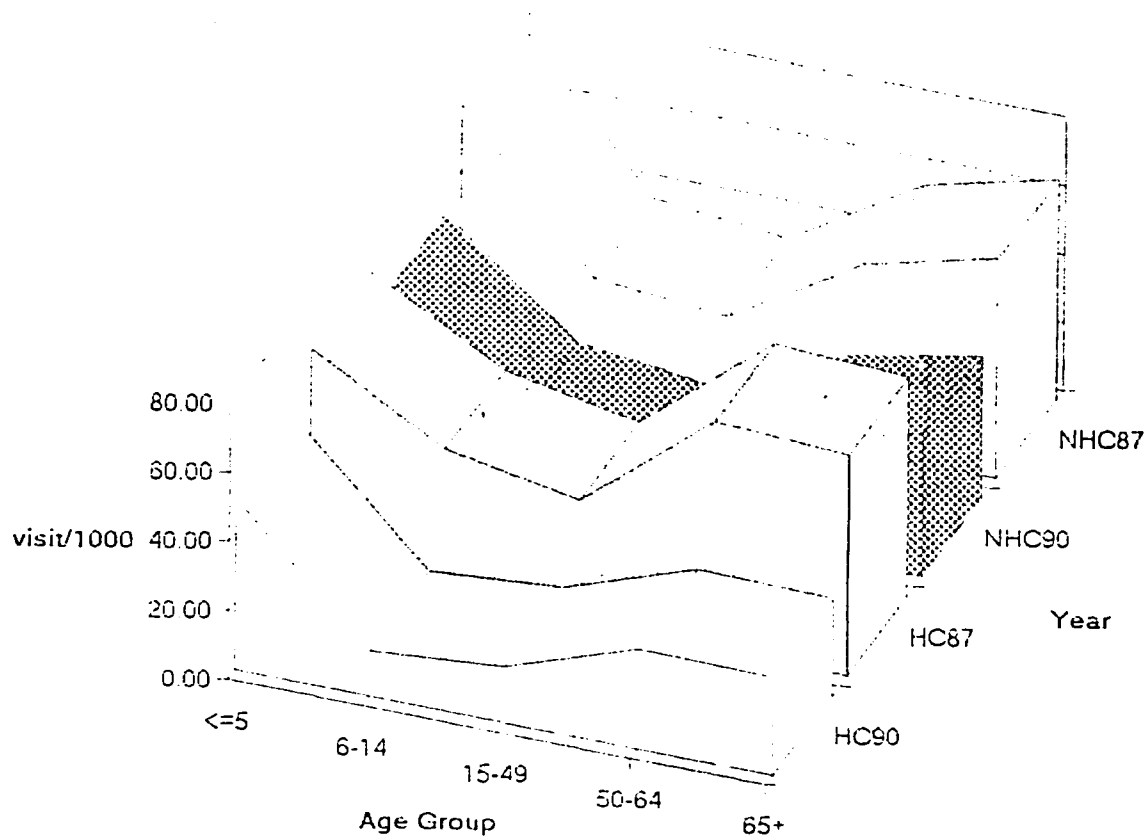
1987, 1990 National and Provincial Practical Doctor Utilization Rates per thousand by Age: East Java



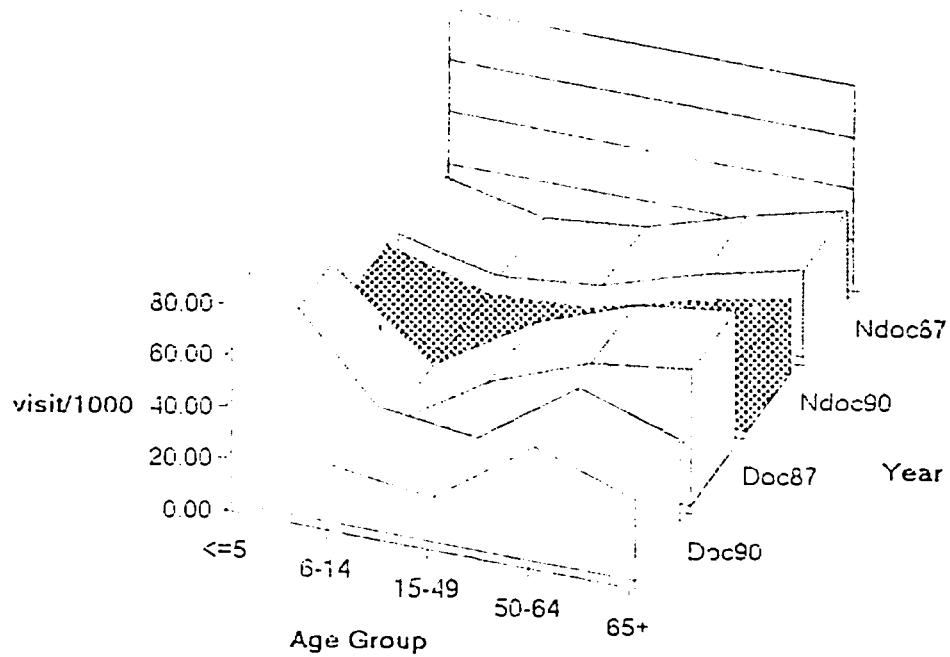
1987, 1990 National and Provincial Sickness Rates per thousand by Age: Bali



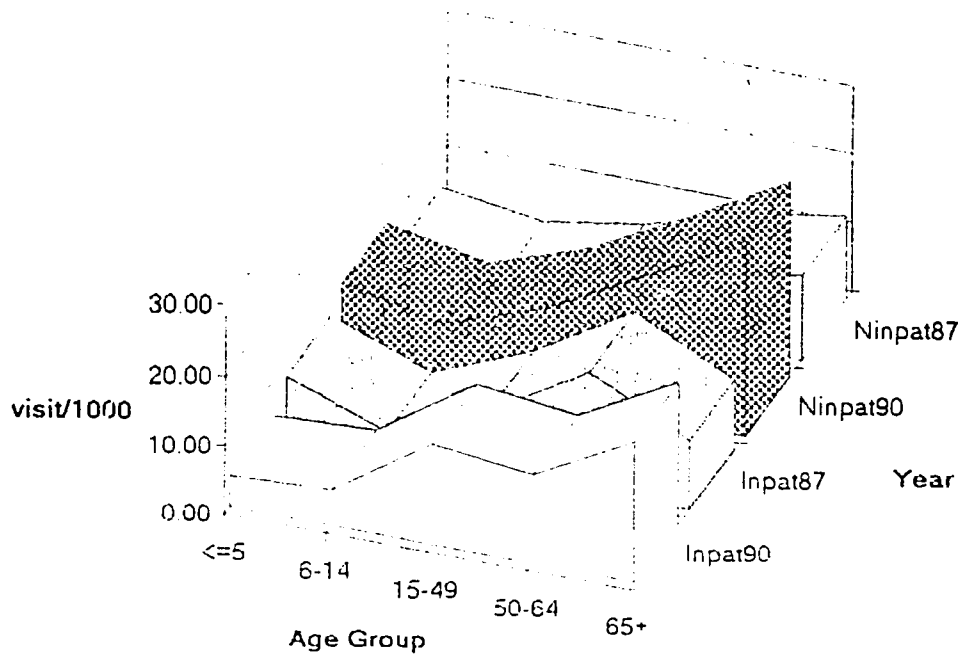
1987, 1990 National and Provincial Health Center Utilization Rates per thousand by Age: Bali



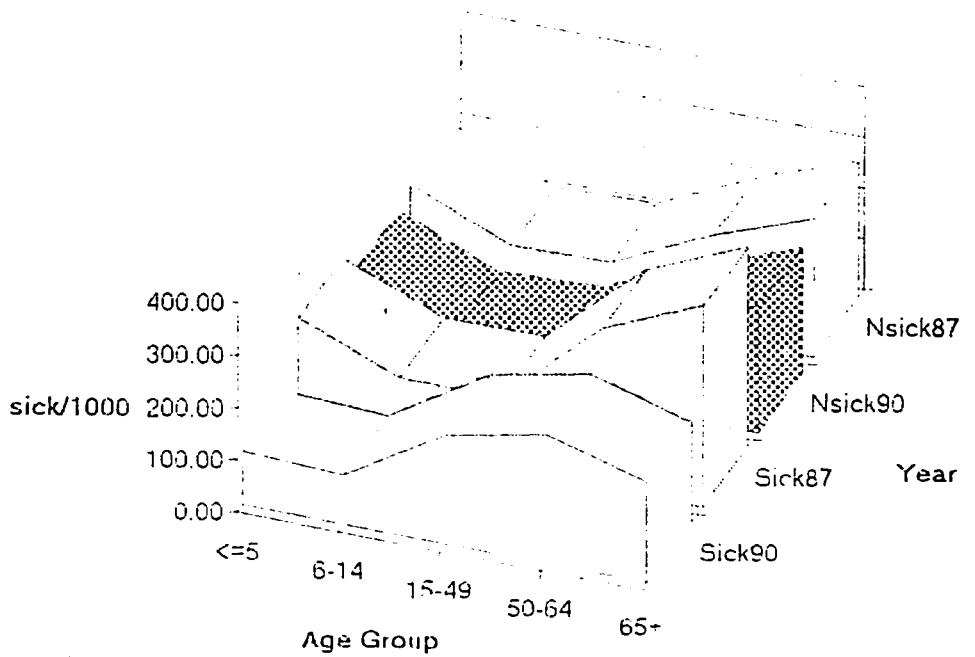
1987, 1990 National and Provincial Practical Doctor Utilization Rates per thousand by Age: Bali



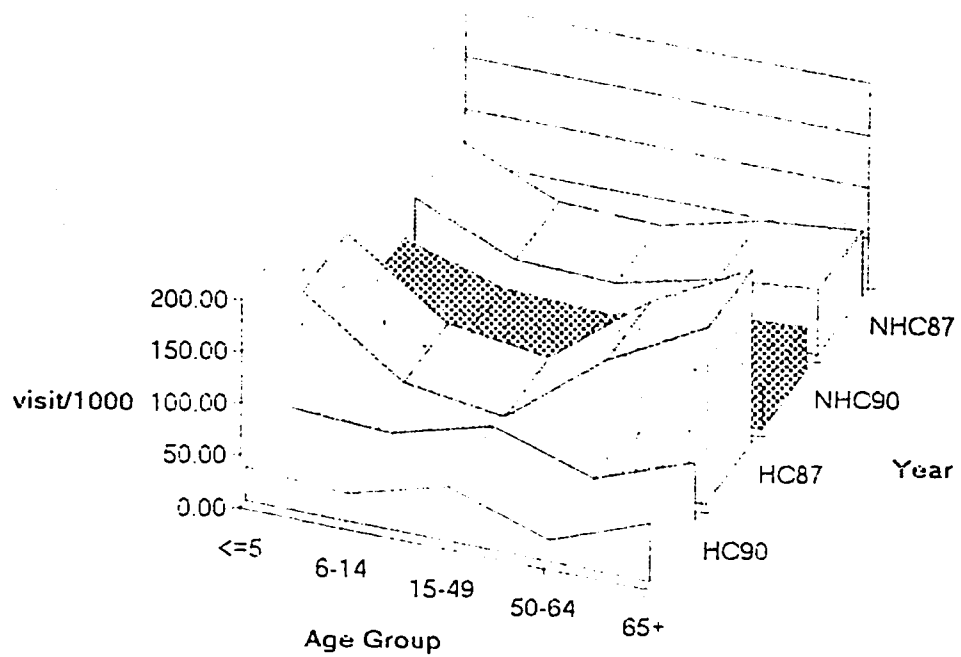
1987, 1990 National and Provincial Inpatient Utilization Rates per thousand by Age: Bali



1987, 1990 National and Provincial Sickness Rates per thousand by Age:East Kalimantan



1987, 1990 National and Provincial Health Center Utilization Rates per thousand by Age: East Kalimantan



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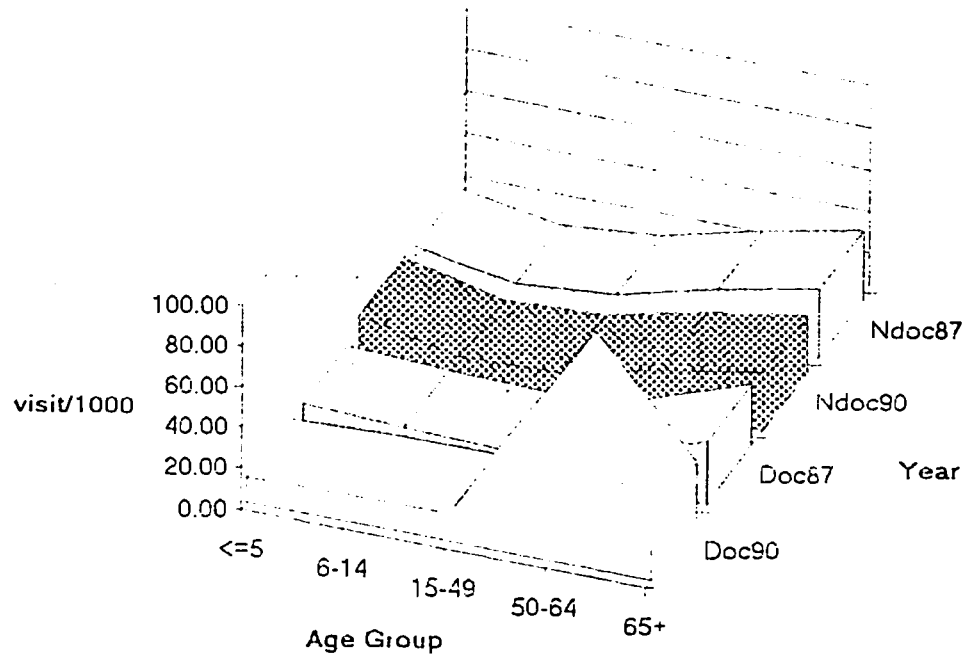
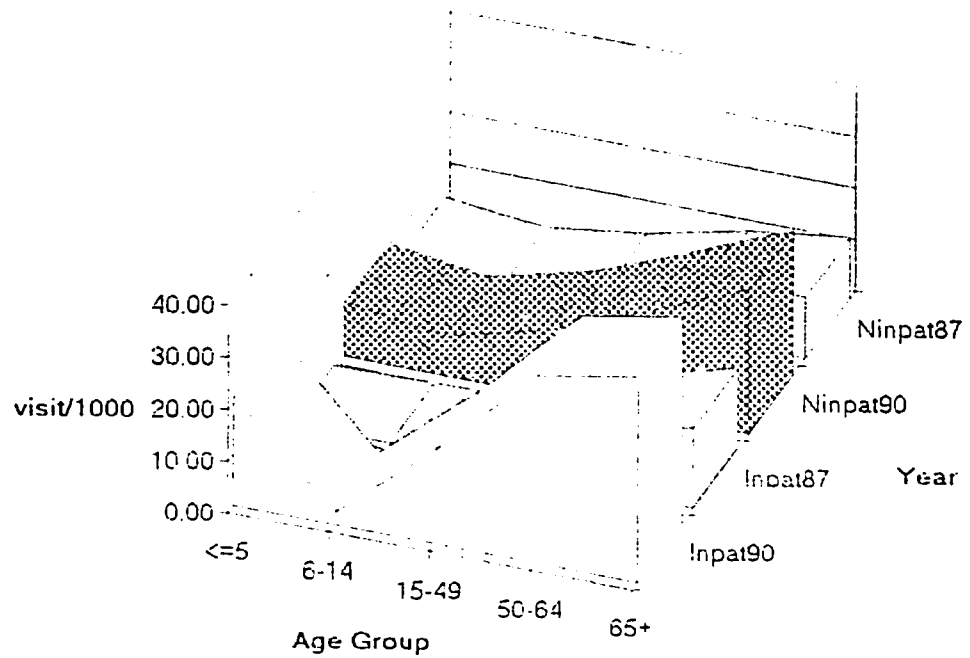
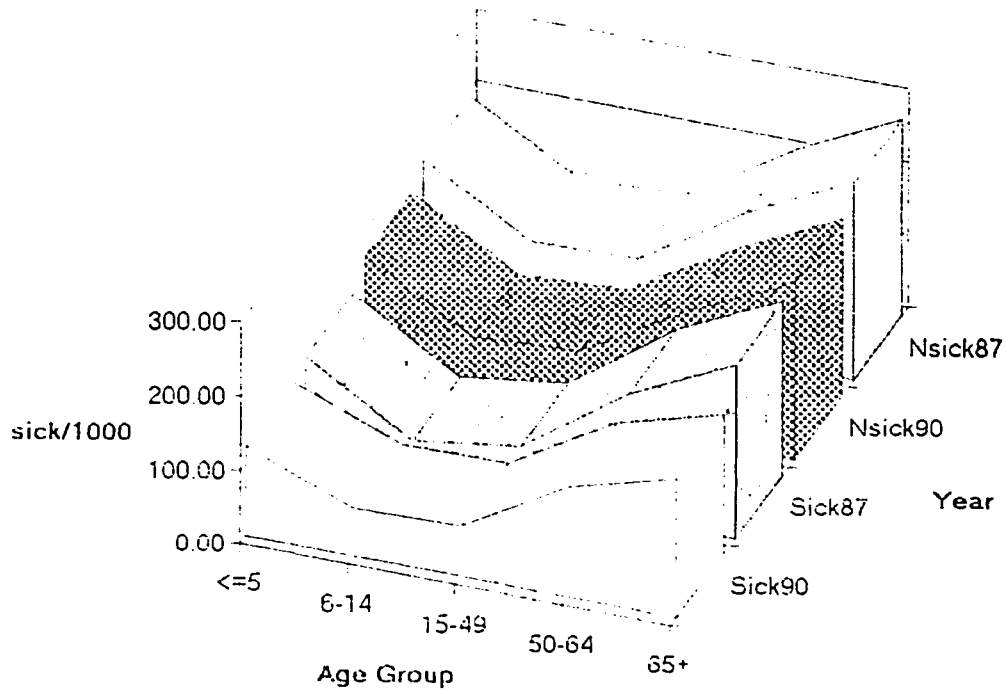
1987, 1990 National and Provincial Practical Doctor Utilization Rates per thousand
by Age: East Kalimantan



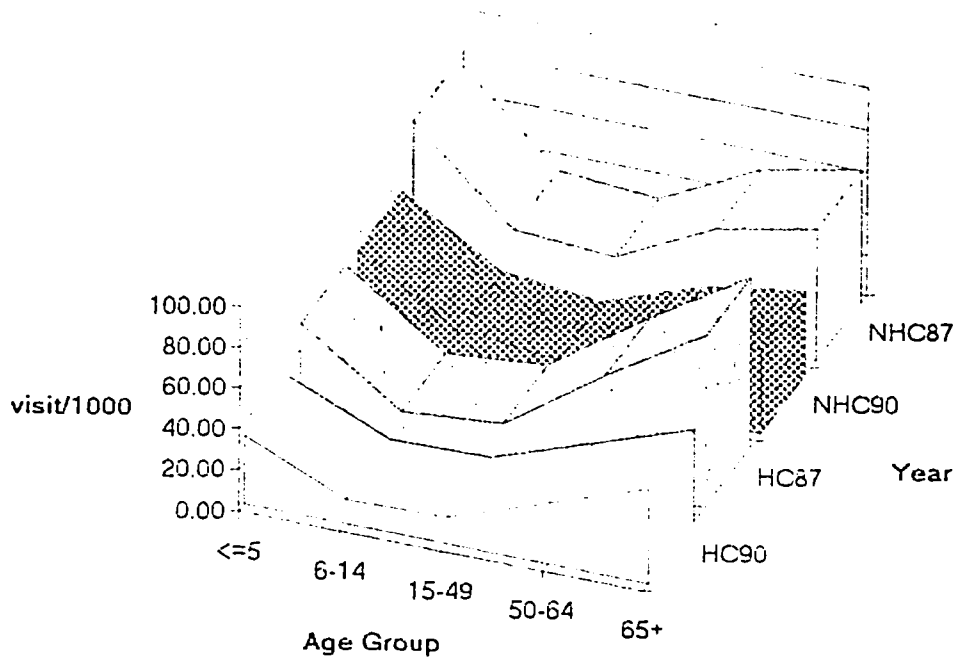
1987, 1990 National and Provincial Inpatient Utilization Rates per thousand by Age:
East Kalimantan



1987, 1990 National and Provincial Sickness Rates per thousand by Age: Lampung



1987, 1990 National and Provincial Health Center Utilization Rates per thousand by Age:Lampung



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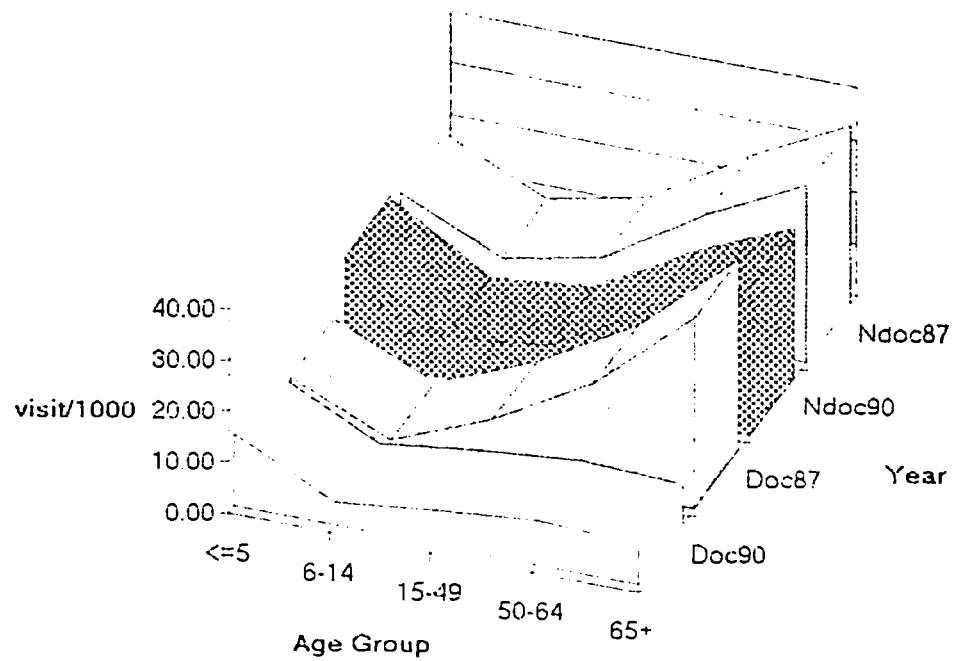
1987, 1990 National and Provincial Practical Doctor Utilization Rates per thousand by Age: Lampung



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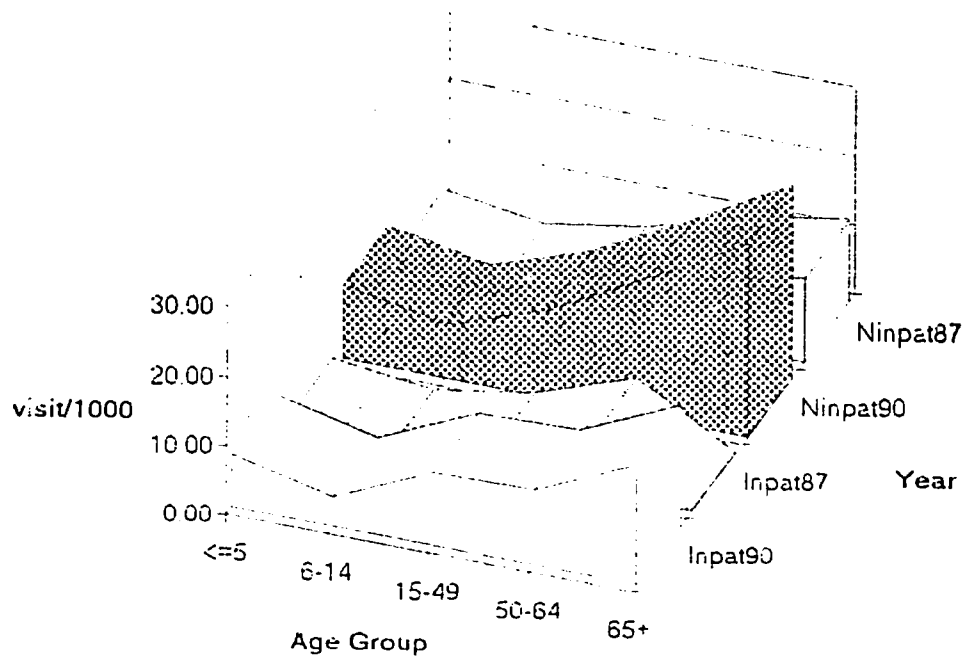
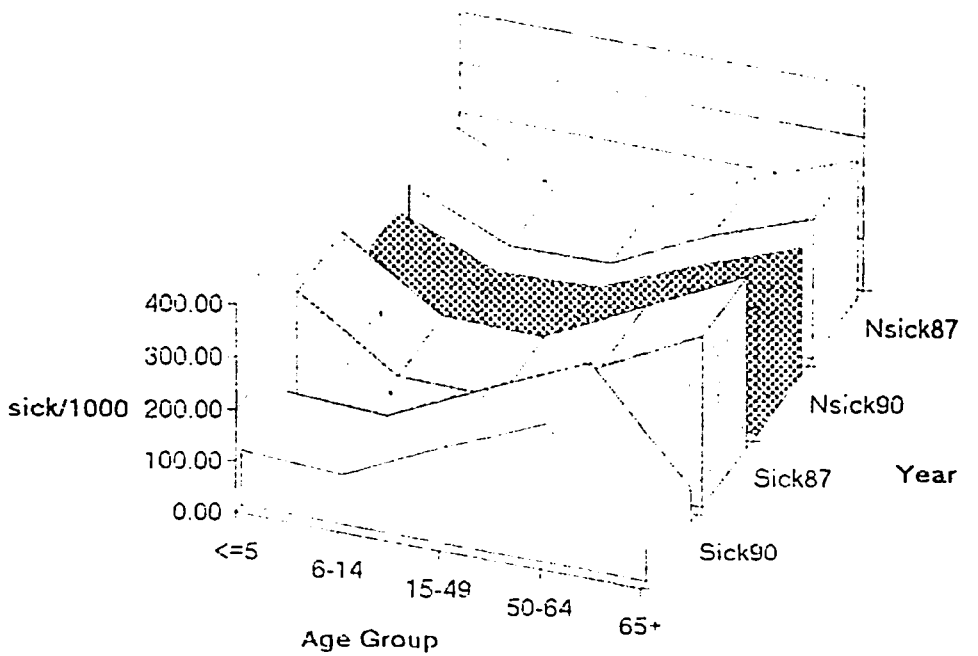
1987, 1990 National and Provincial Inpatient Utilization Rates per thousand by Age: Lampung



1987, 1990 National and Provincial Sickness Rates per thousand by Age: North Sulewesi



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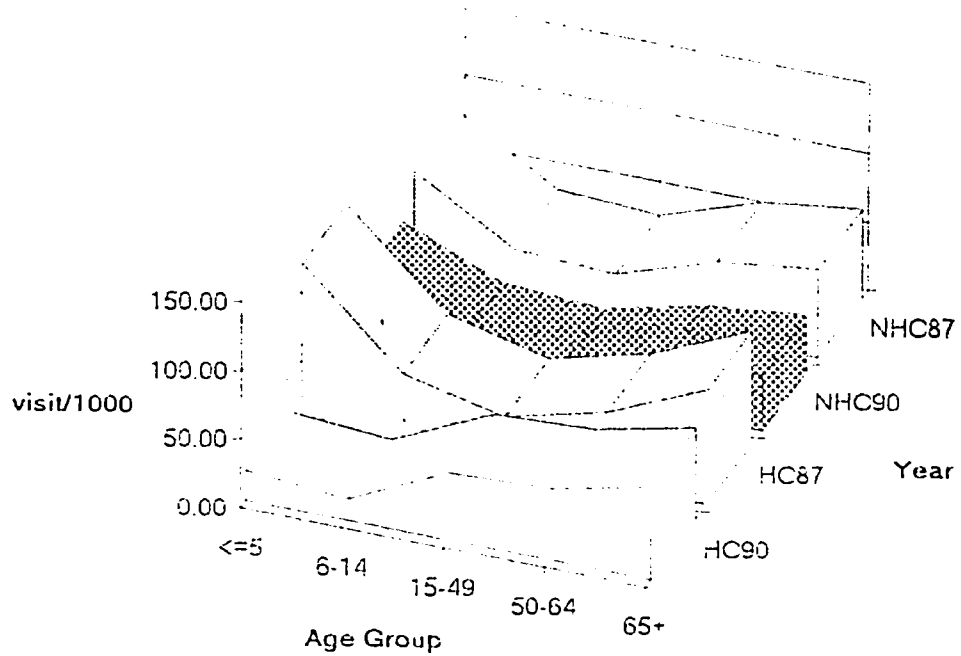
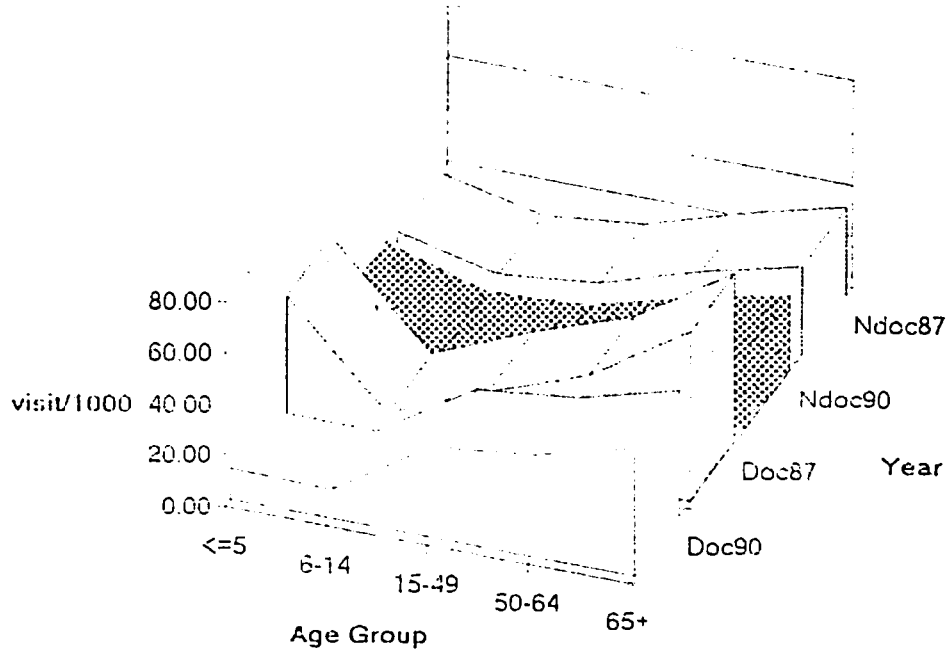
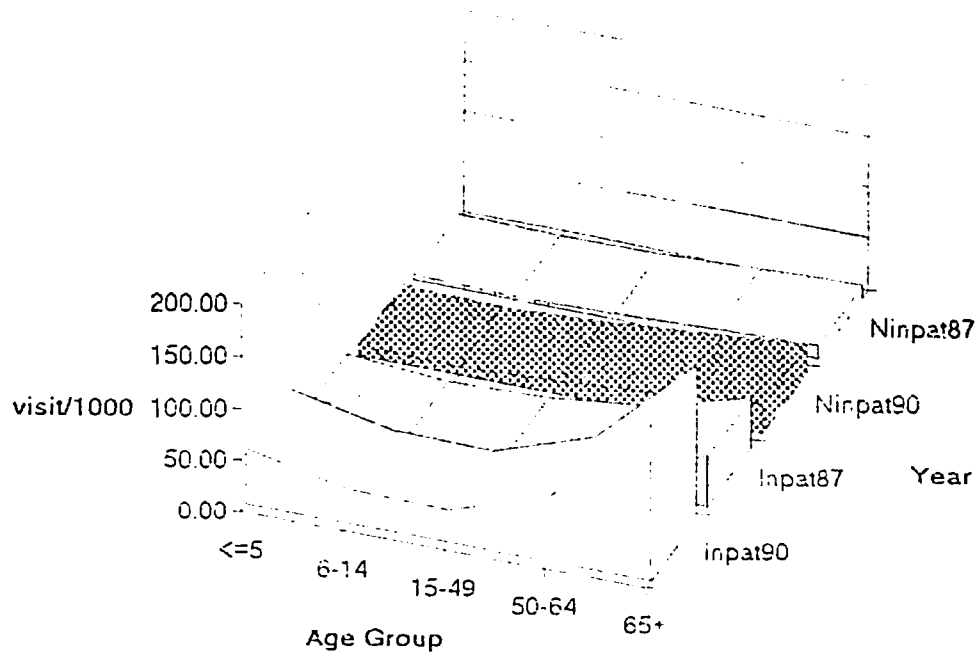
1987, 1990 National and Provincial Health Center Utilization Rates per thousand by Age: North Sulewesi



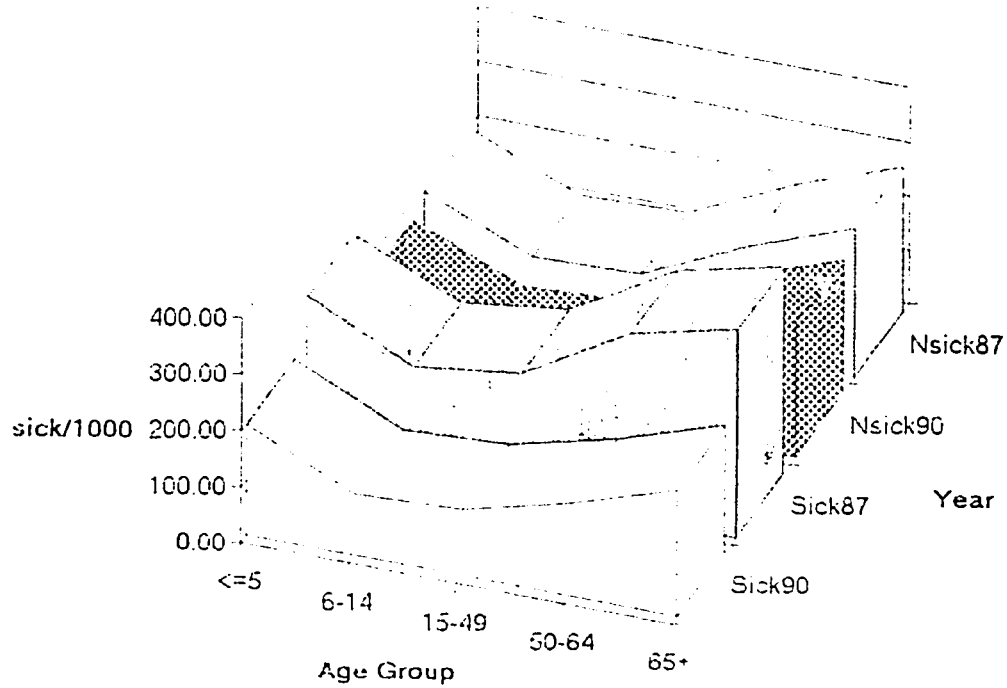
1987, 1990 National and Provincial Practical Doctor Utilization Rates per thousand by Age: North Sulewesi



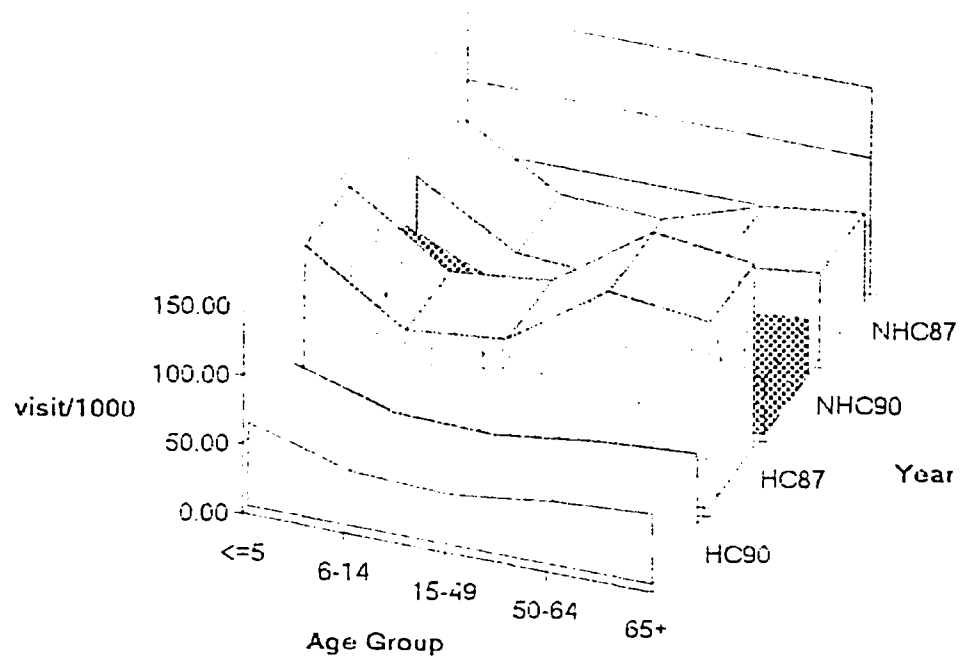
1987, 1990 National and Provincial Inpatient Utilization Rates per thousand by Age: North Sulewesi



1987, 1990 National and Provincial Sickness Rates per thousand by Age: NTT



1987, 1990 National and Provincial Health Center Utilization Rates per thousand by Age: NTT



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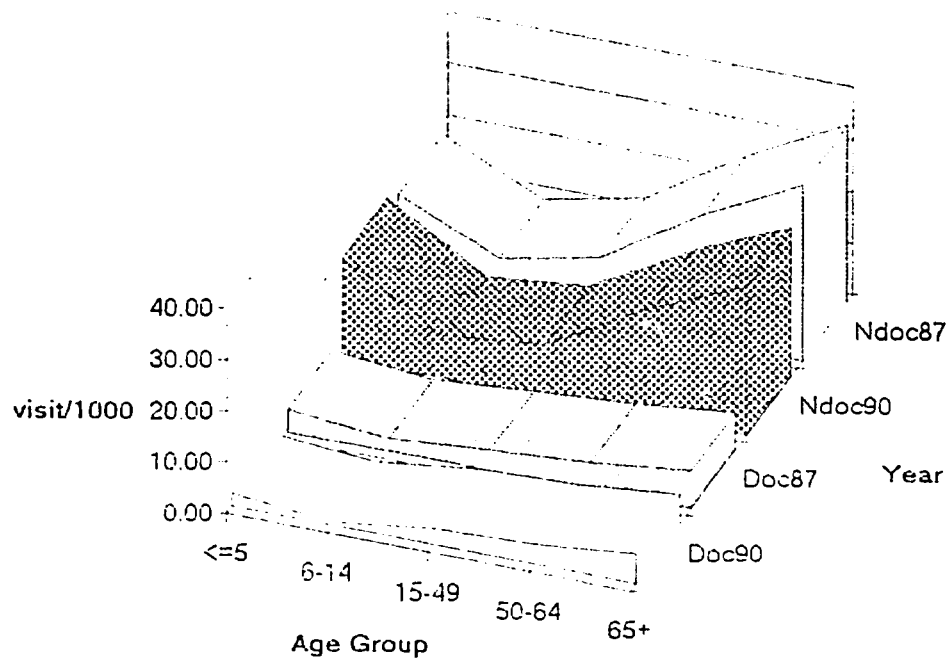
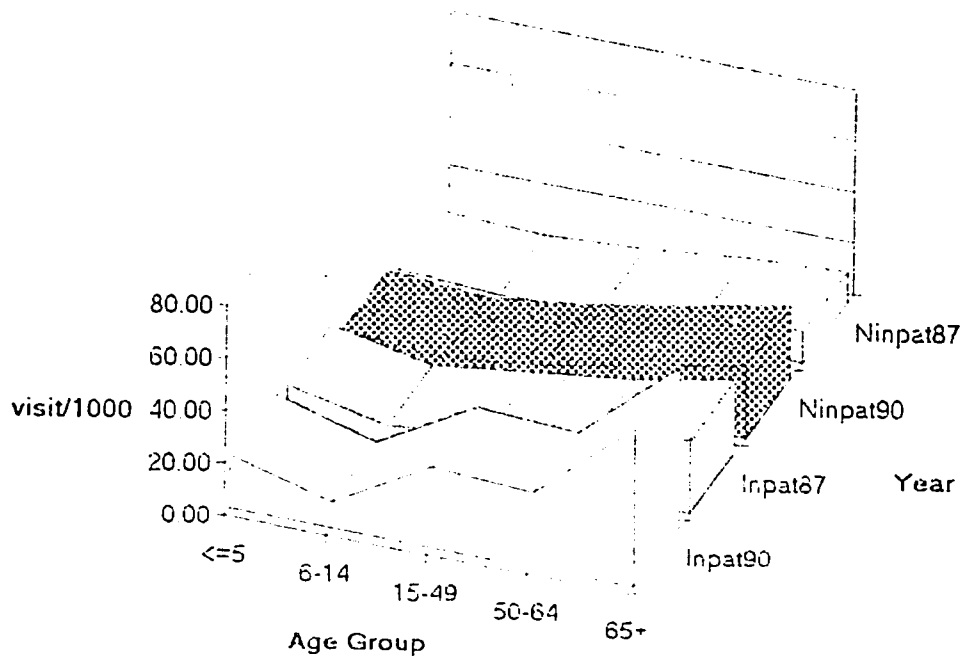
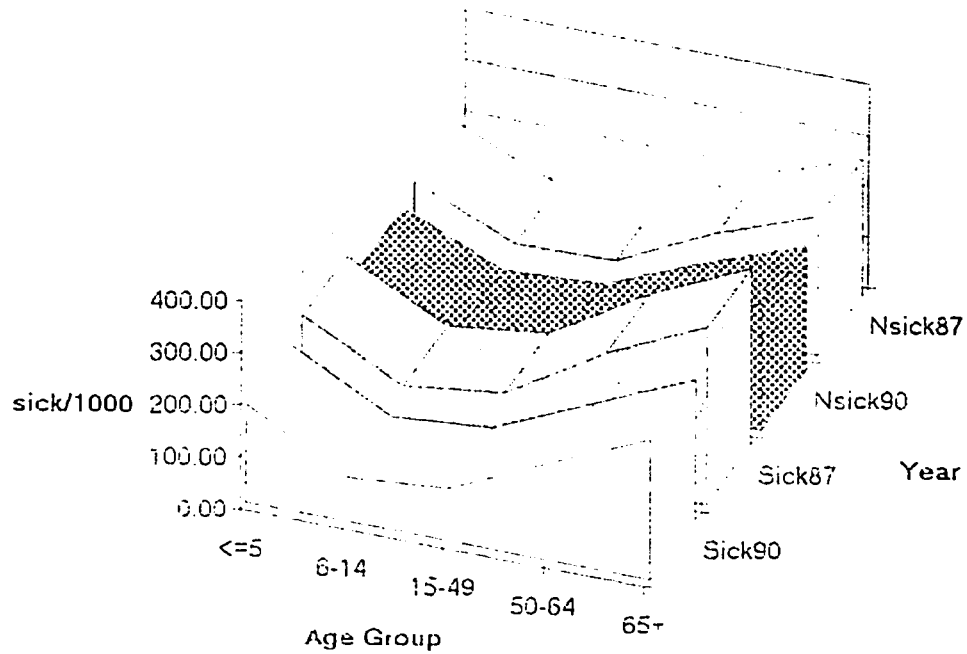
1987, 1990 National and Provincial Practical Doctor Utilization Rates per thousand by Age: NTT



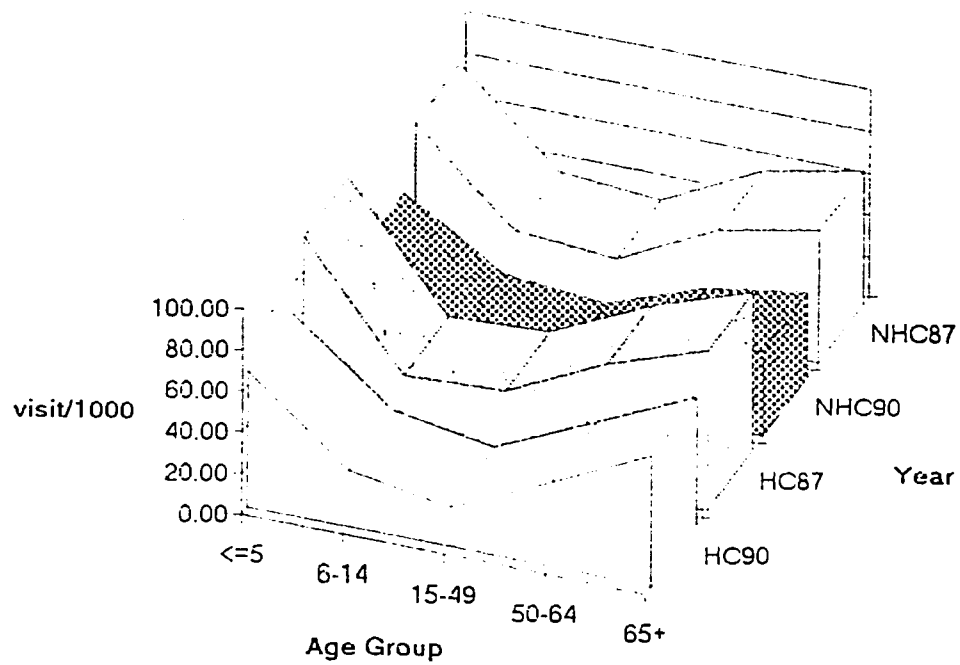
1987, 1990 National and Provincial Inpatient Utilization Rates per thousand by Age: NTT



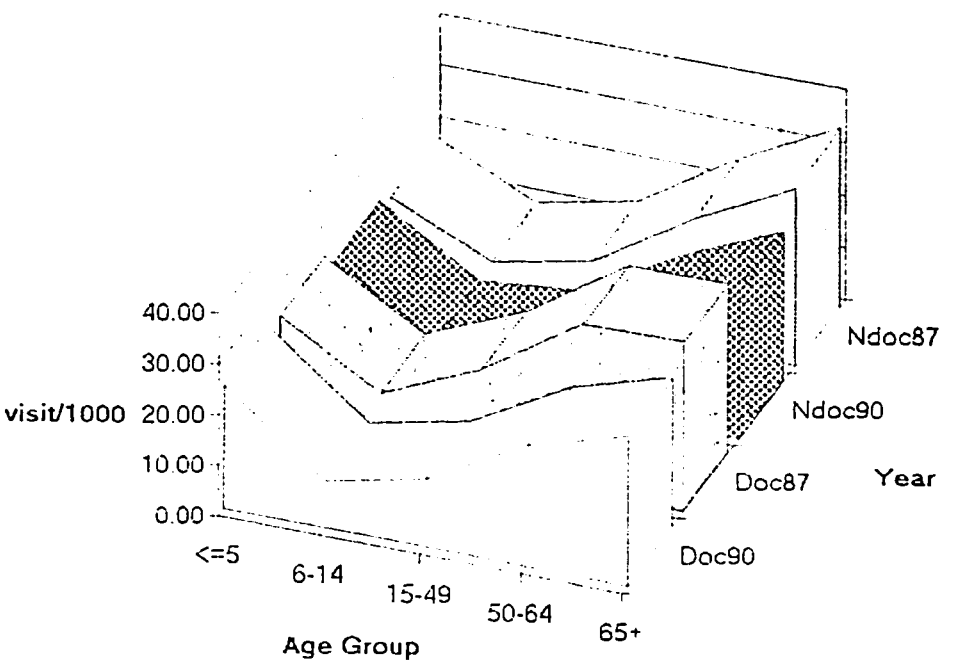
1987, 1990 National and Provincial Sickness Rates per thousand by Age: West Java



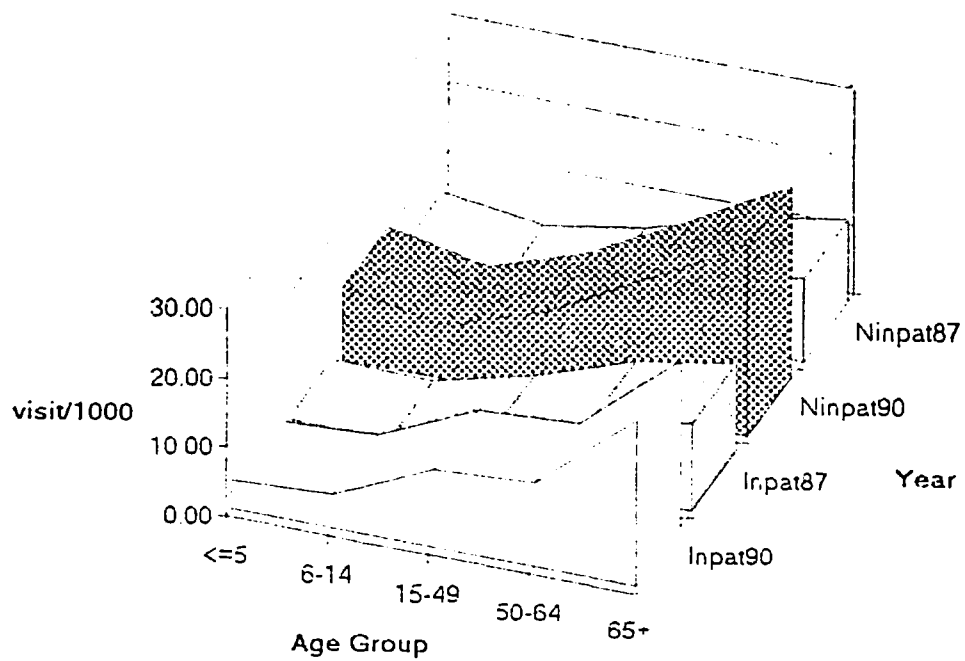
1987, 1990 National and Provincial Health Center Utilization Rates per thousand by Age: West Java



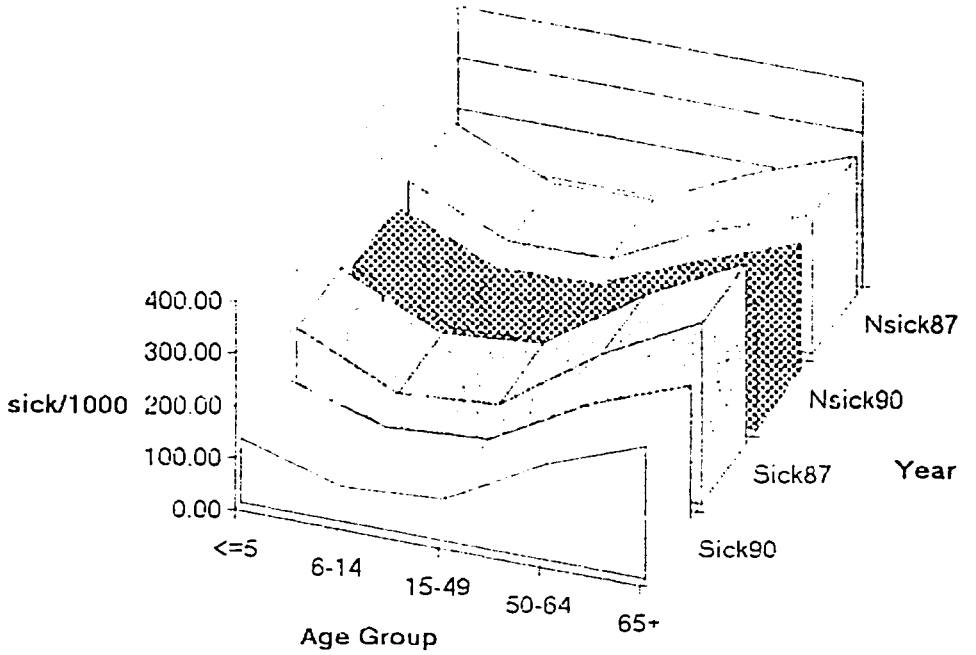
1987, 1990 National and Provincial Practical Doctor Utilization Rates per thousand by Age: West Java



1987, 1990 National and Provincial Inpatient Utilization Rates per thousand by Age:
West Java



1987, 1990 National and Provincial Sickness Rates per thousand by Age: West Kalimantan



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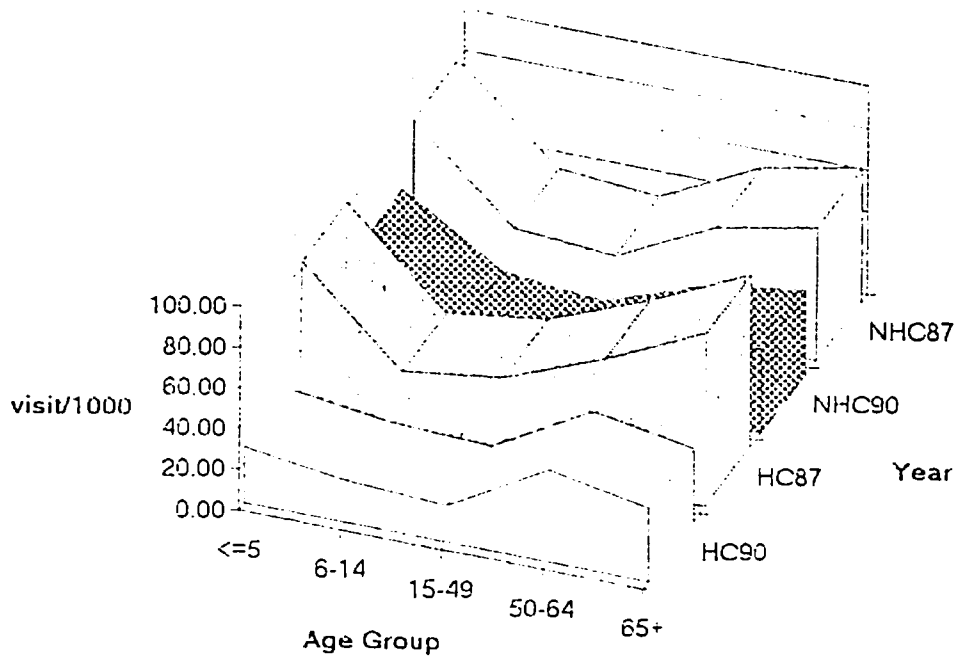
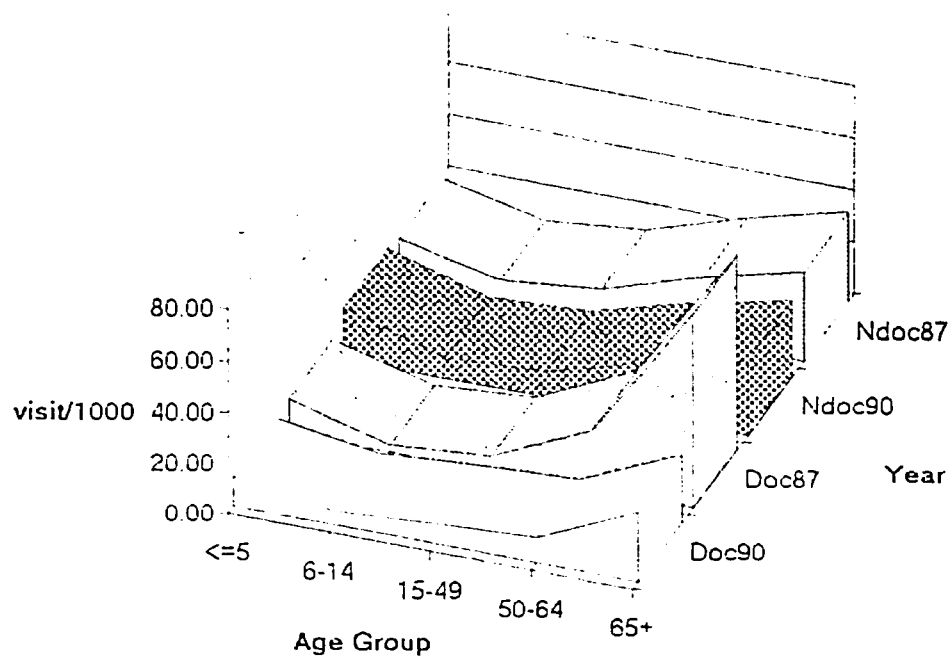
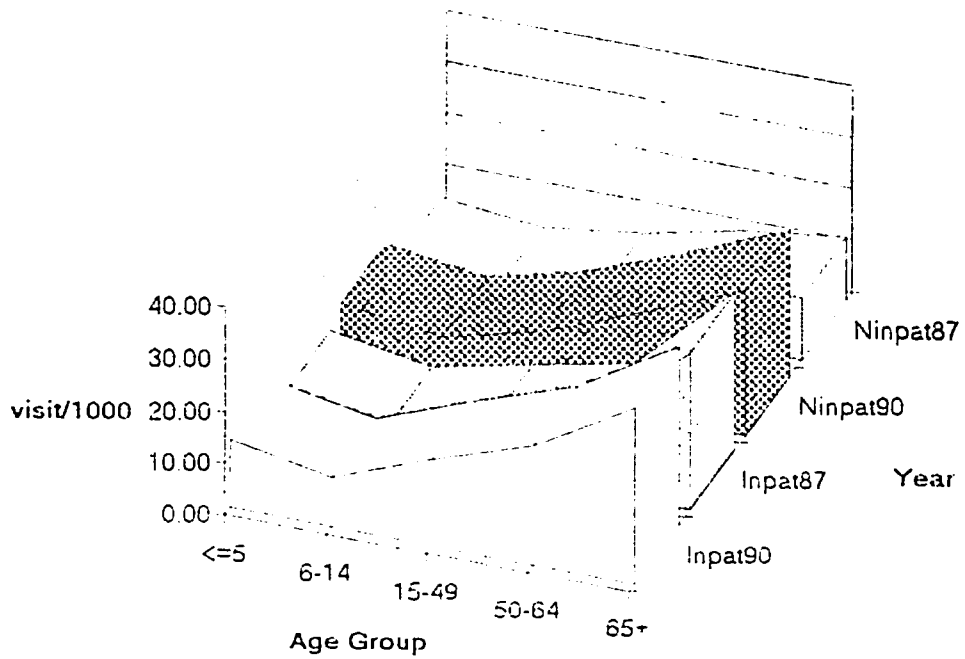
1987, 1990 National and Provincial Health Center Utilization Rates per thousand by Age: West Kalimantan



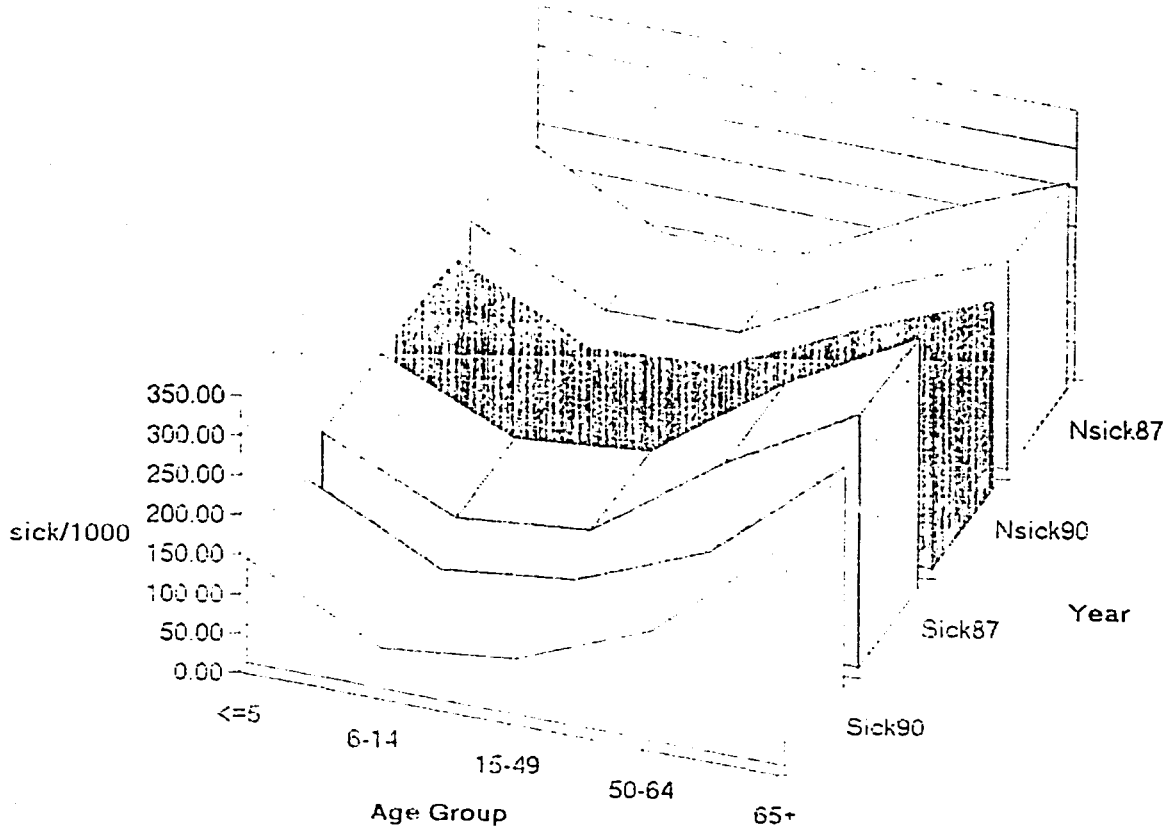
1987, 1990 National and Provincial Practical Doctor Utilization Rates per thousand by Age: West Kalimantan



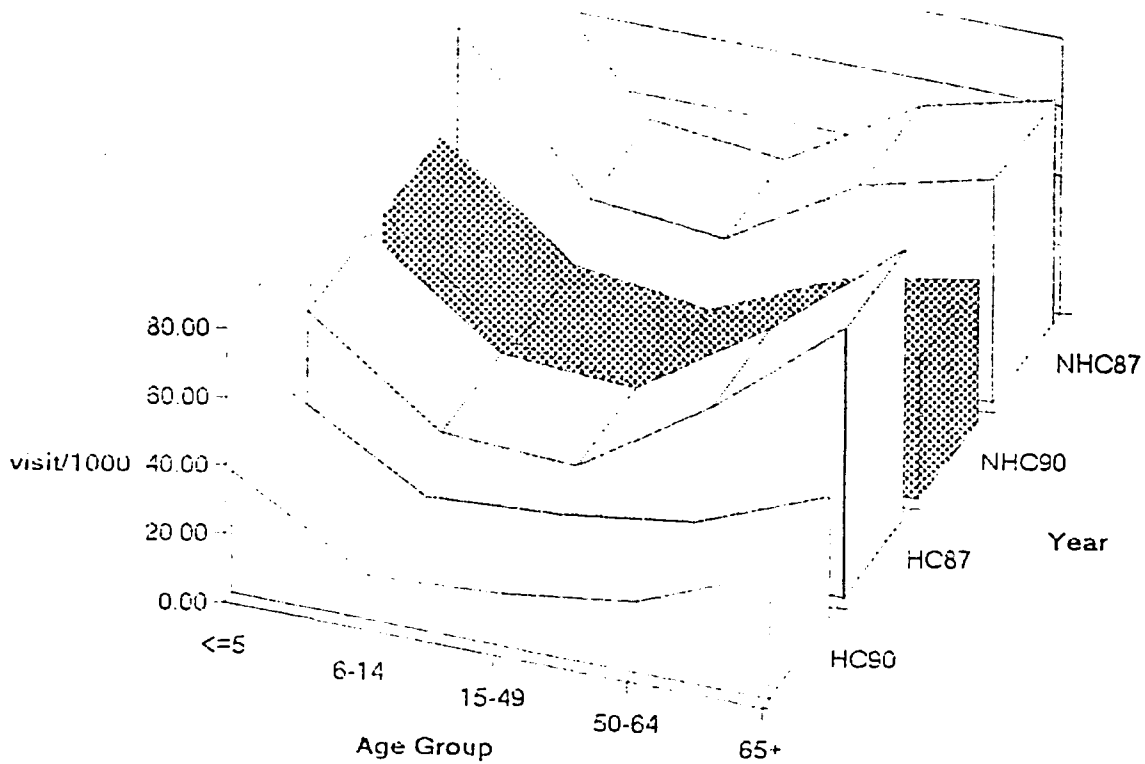
1987, 1990 National and Provincial Inpatient Utilization Rates per thousand by Age:
West Kalimantan



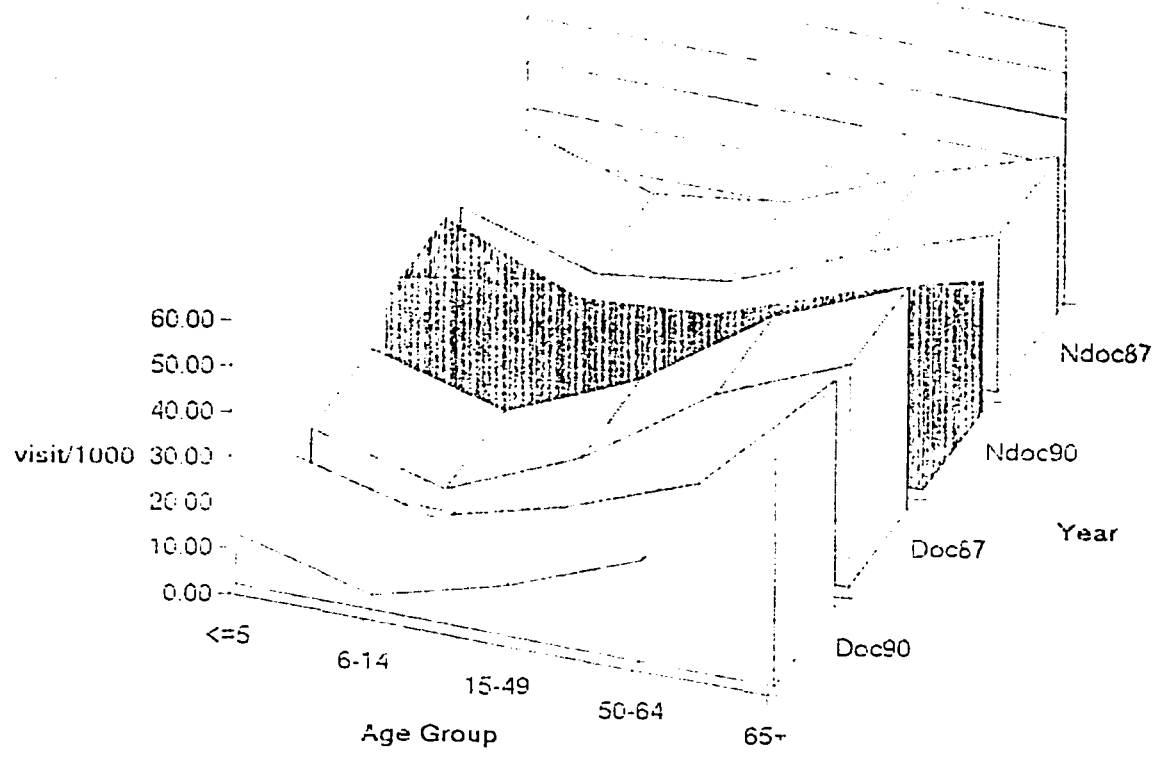
1987, 1990 National and Provincial Sickness rates per thousand by Age: West Sumatra



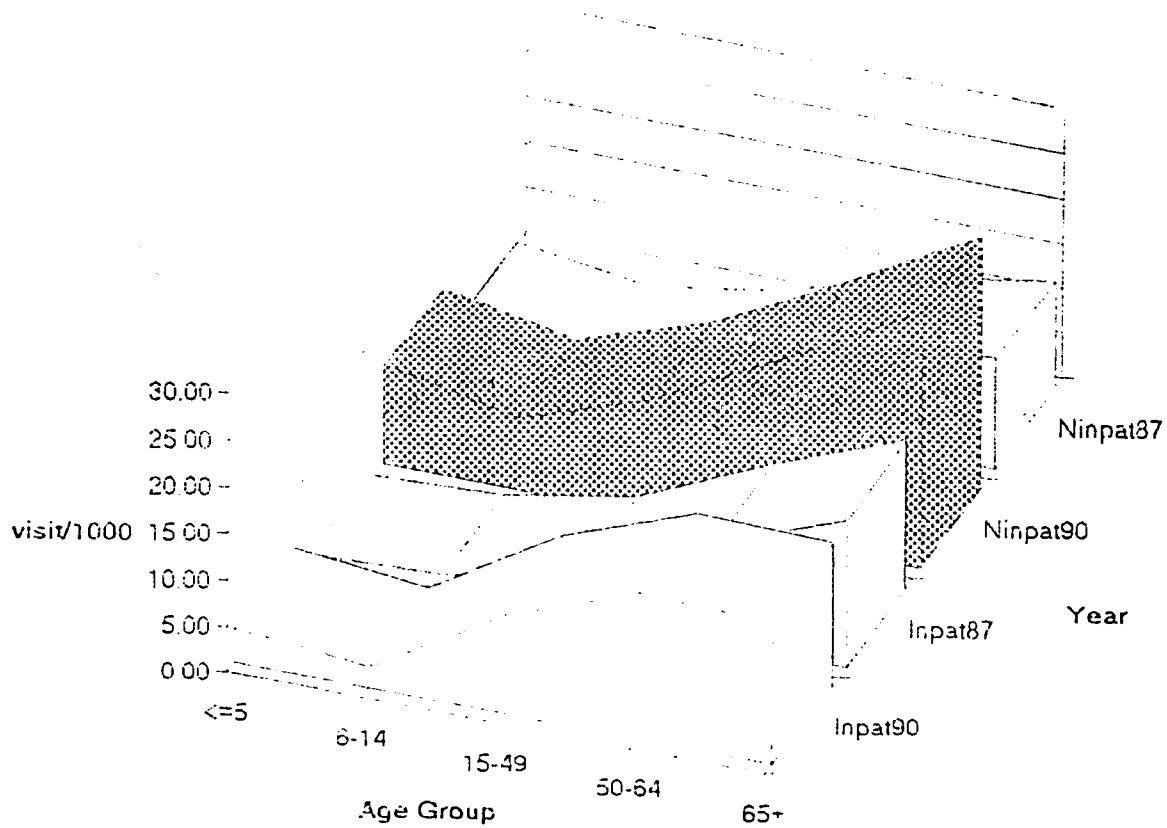
1987, 1990 National and Provincial Health Center Utilization Rates per thousand by Age: West Sumatra



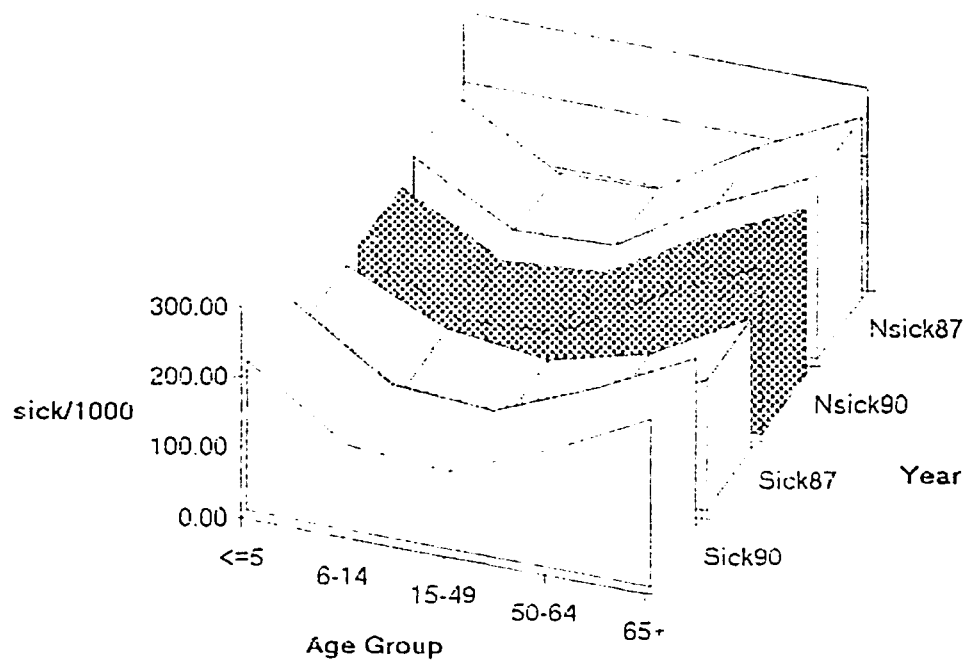
1987, 1990 National and Provincial Practical Doctor Utilization Rates per thousand by Age: West Sumatra



1987, 1990 National and Provincial Inpatient Utilization Rates per thousand by Age: West Sumatra



1987, 1990 National and Provincial Sickness Rates per thousand by Age: Yogyakarta



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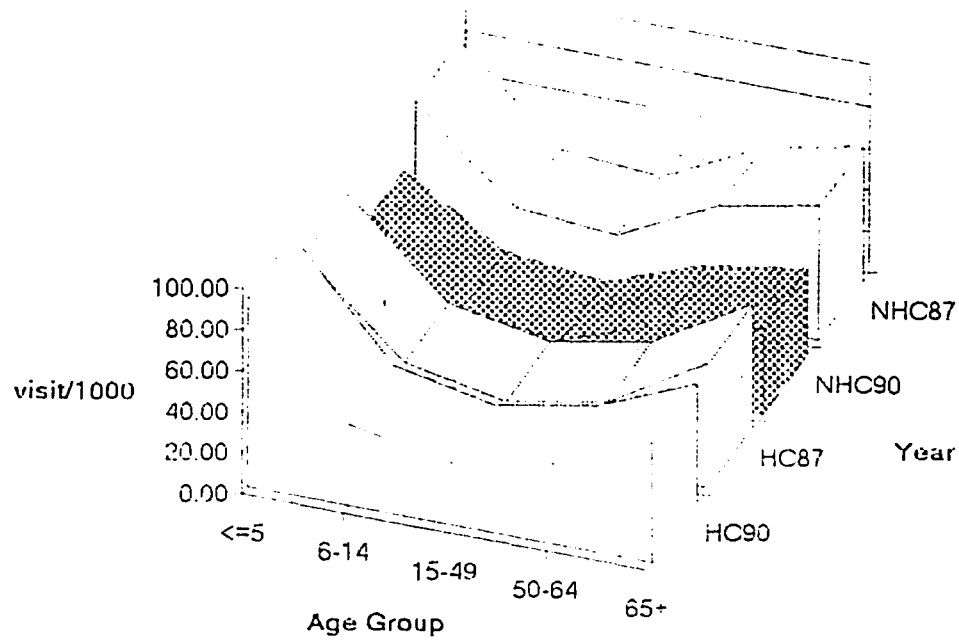
1987, 1990 National and Provincial Health Center Utilization Rates per thousand by Age: Yogyakarta



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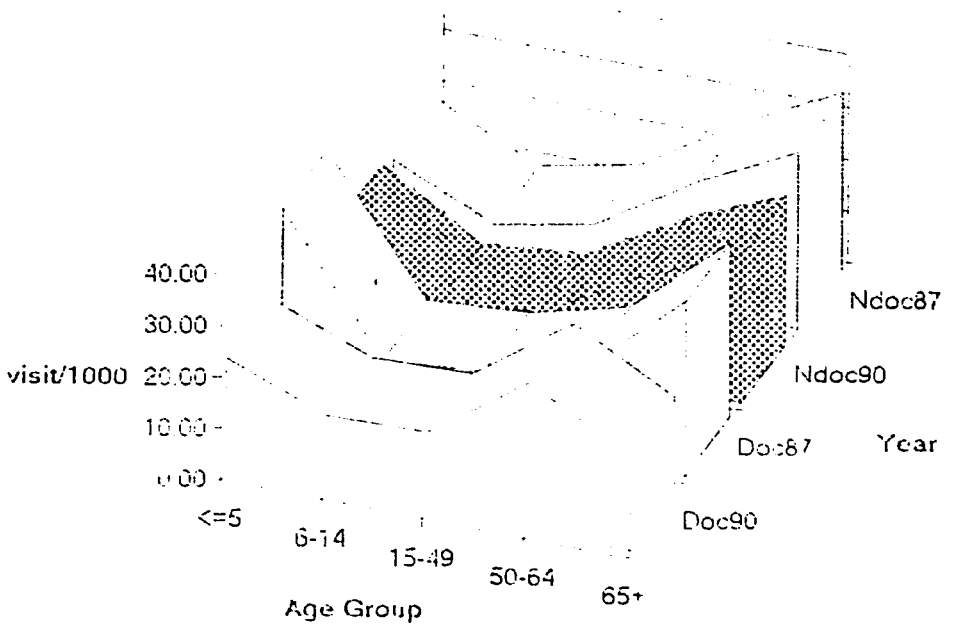
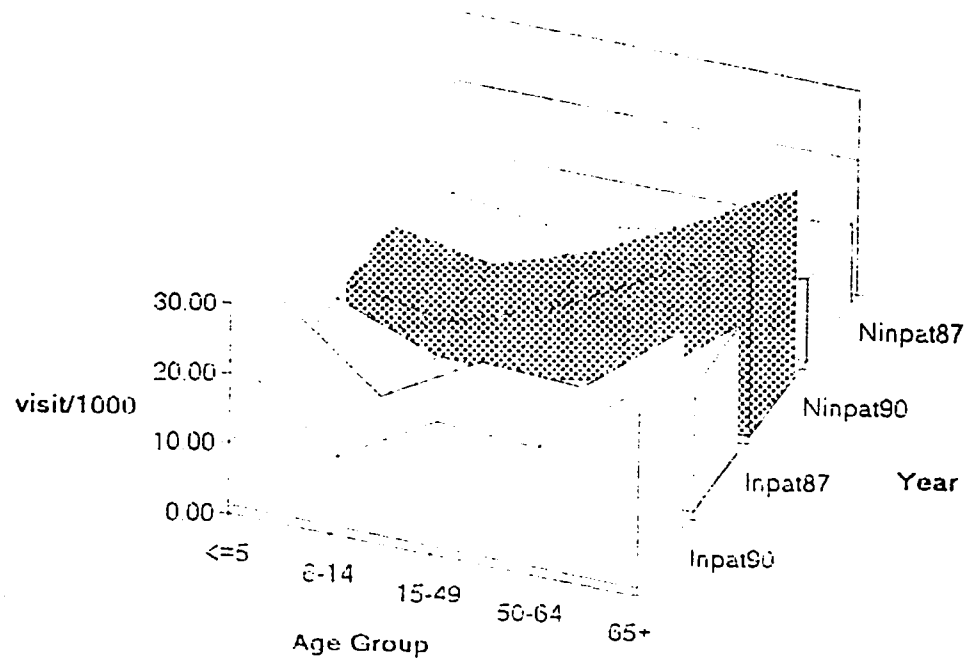
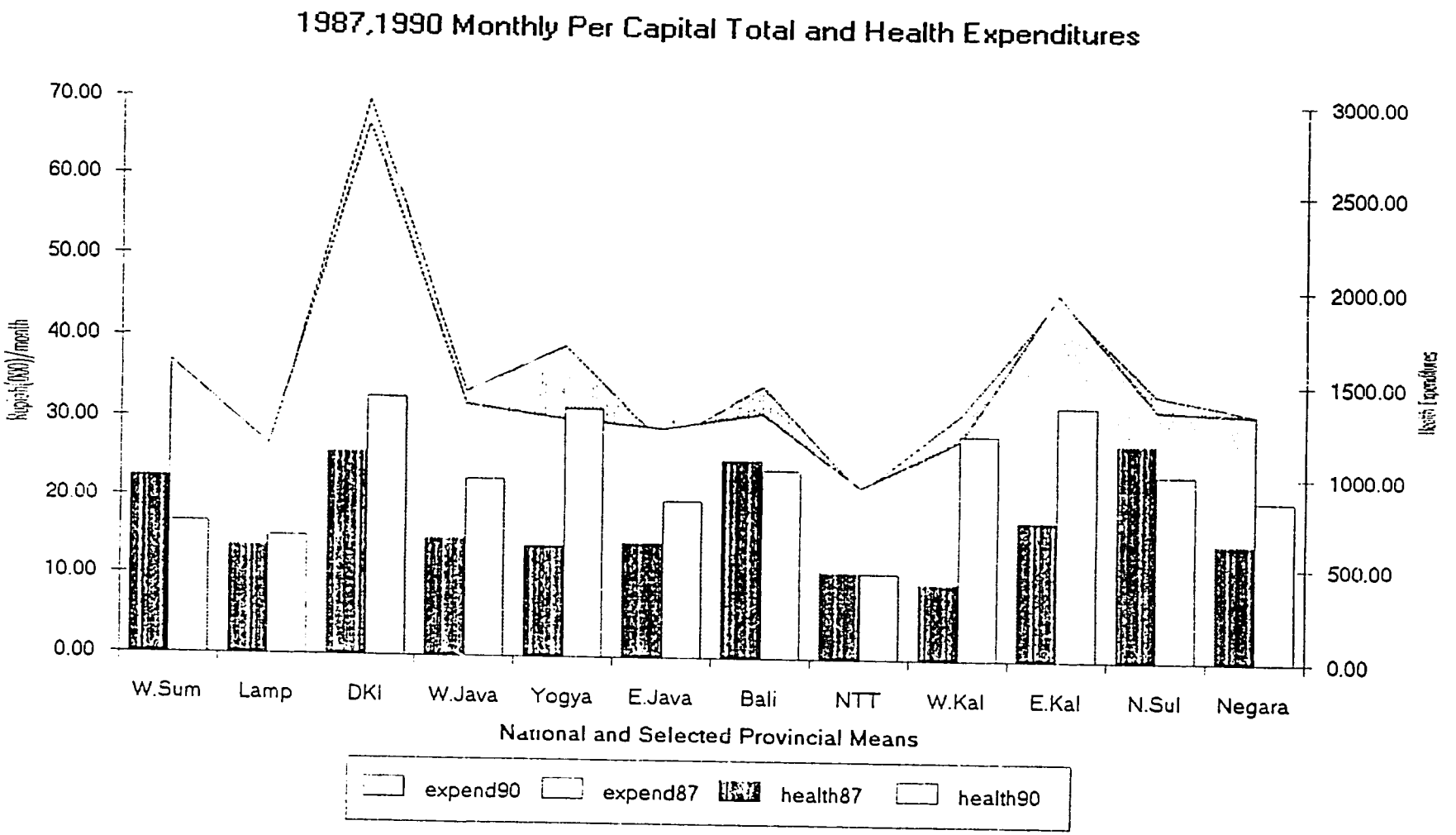


1987, 1990 National and Provincial Inpatient Utilization Rates per thousand by Age: Yogyakarta



CHAPTER 3

APPENDICES


1987,1990 Monthly Per Capital Total and Health Expenditures
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
3000.00
2500.00
2000.00
1500.00
1000.00
500.00
0.00
W.Sum
Lamp
DKI
W.Java
Yogya
E.Java
Bali
NTT
W.Kal
E.Kal
N.Sul
Negara
National and Selected Provincial Means
expend90
expend87
health87
health90

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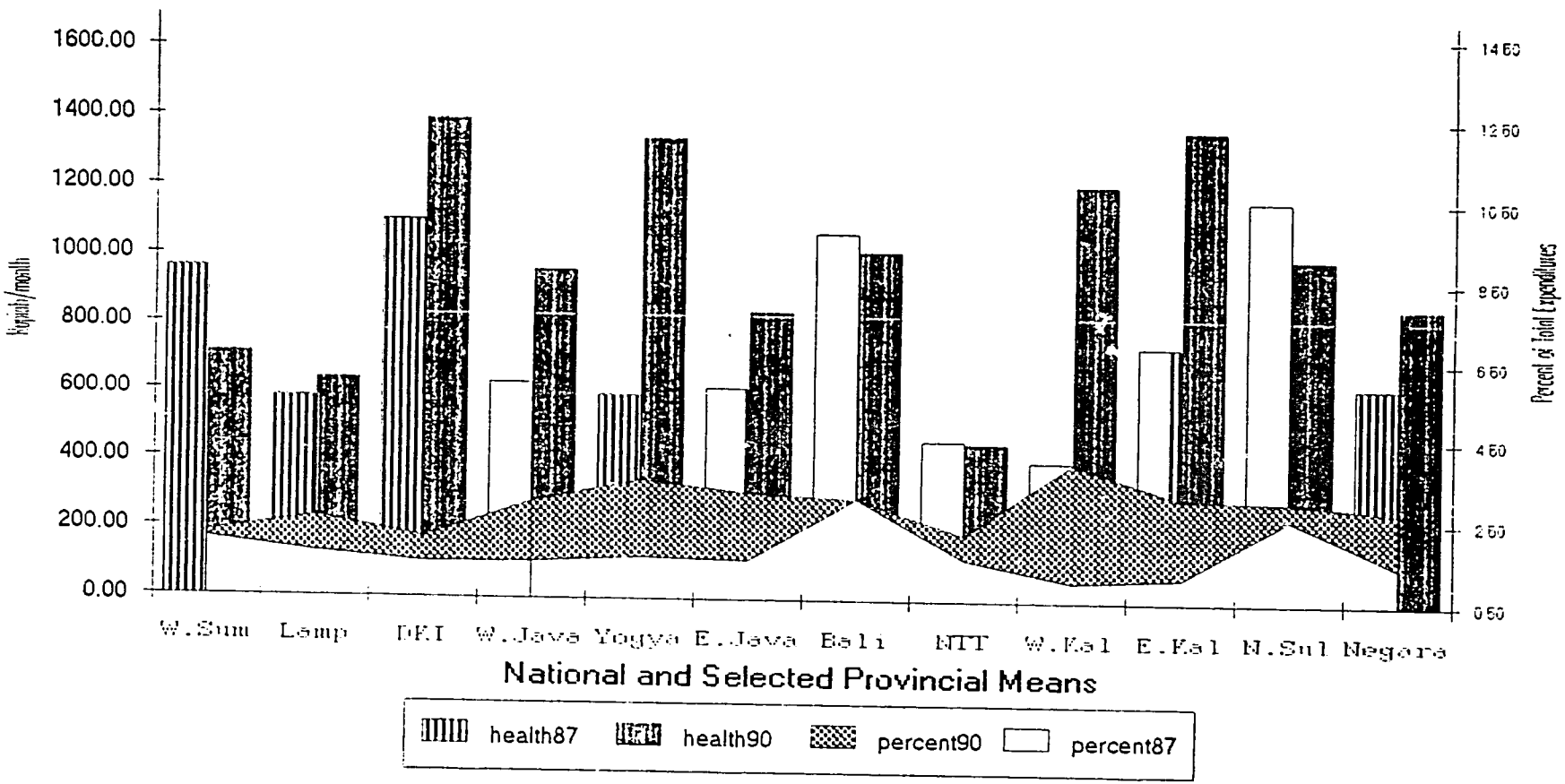
1987,1990 Monthly Per Capita Health Expenditures and Percentage of Health to Total Expenditures



Mean Health Expenditure Differences 1987, 1990 Urban/Rural Rich/Poor (unadjusted Rupiah)

Province	MHurb87	MHurb90	MHurb87L	MHurb90L	MHurb87H	MHurb90H	MHrur87	MHrur90	MHrur87L	MHrur90L	MHrur87H	MHrur90H
Aceh	7294.76	5044.17	7576.43	4925.54	4837.94	6111.79	1801.26	4202.70	1225.40	2351.61	6925.00	20819.52
N. Sumatra	2915.68		2475.28		6807.27		1819.48	3732.24	1514.80	3345.32	4542.78	7193.15
W.Sumatra	5906.38	3254.21	5517.34	2791.42	9370.91	7419.38	2190.33	3253.12	1790.52	2543.72	5779.17	9625.92
Riau	3249.79	5044.45	2638.03	3426.24	8679.17	19608.33	1465.71	241[illegible].13	1064.18	2027.43	5021.09	5838.79
Jambi	2095.04	3851.63	1784.93	3532.23	4845.65	6726.29	1083.82	3488.65	526.54	2321.44	2213.09	13993.53
S.Sumatra	1951.05	5085.15	1919.75	3314.73	2232.73	21018.97	1420.95	4799.06	1170.76	4997.94	3657.69	3019.73
Bengkulu	3243.20	4790.83	3065.76	3718.84	4727.27	14438.75	764.53	2045.57	635.24	1843.00	1914.29	3864.52
Lampung	7677.24	6117.89	2444.81	3990.31	53274.11	25266.09	1602.68	2433.29	1289.36	1924.78	4402.10	6990.04
Jakarta	4113.18	6825.89	3270.29	5906.55	11699.18	15088.10						
W.Java	3405.07	6108.56	2886.61	4534.08	8071.21	20246.10	1360.78	3102.91	1122.78	2590.33	3498.56	7709.71
C.Jaya	3932.62	4632.21	2977.93	3177.97	12447.39	17708.90	1213.48	2826.55	997.49	2201.51	3150.31	8446.20
Yogyakarta	3425.26	6499.07	2247.57	3158.94	13813.08	36421.04	1514.59	3234.75	1288.64	2330.17	3530.77	11330.69
E.Java	3860.36	5803.03	2567.79	4228.62	15482.33	19952.39	1227.92	2622.21	932.20	1640.81	3881.79	11452.83
Bali	4319.03	5305.51	2934.06	4362.00	16406.06	13797.17	3819.04	4046.64	2151.42	2991.42	18642.28	13533.73
NTB	2034.81	1886.99	1474.44	1265.39	7078.13	7481.39	992.47	1884.37	698.92	1388.99	3606.33	6342.86
NTT	5728.39	3552.50	3374.01	3611.43	26873.83	3022.17	1462.08	2133.18	1215.45	1681.37	3678.21	6188.10
E.Timur		1377.72		1467.83		566.67	316.67	2854.69	351.85	2680.46	0.00	4416.05
W.Kalimanta	4347.24	9764.68	3236.46	7909.14	14272.58	26464.50	802.13	4586.34	753.79	4240.16	1234.18	7686.04
C.Kalimanta	2714.46	2088.10	1687.04	1882.23	11250.00	3940.88	804.56	1477.66	553.06	1405.03	3052.34	2131.33
S.Kalimanta	2672.07	1825.20	2164.20	1443.28	7212.12	5251.83	1262.46	2423.67	883.21	2070.20	4643.66	5604.86
E.Kalimanta	3162.19	9392.56	2654.86	8272.08	7728.13	19336.75	1980.63	2358.69	1438.92	1562.32	6763.83	9526.02
N.Sulewesi	4838.02	5589.88	4449.51	4575.50	8281.03	14550.29	3036.81	3684.47	2095.51	2950.31	11508.46	10282.09
C.Sulewesi	2869.44	6653.13	2568.75	5920.23	5275.00	13218.62	1463.05	3974.13	960.16	2964.63	5821.43	13026.00
S.Sulewesi	1695.52	4712.94	1453.54	3873.95	3821.43	12263.83	786.15	2621.24	743.61	2259.12	1165.82	5880.36
SE.Sulewesi	3646.52	4806.49	3885.02	3696.56	1500.00	14815.92	1122.63	1932.36	999.34	1496.27	2211.67	5857.17
Maluku	3415.85	4988.89	2558.33	3888.29	9590.00	14802.62	683.92	1687.68	504.19	1467.69	2292.50	3673.02
Irian Jaya	4149.77	4488.08	4000.30	3862.22	5472.97	9984.70	767.83	1613.84	658.76	1680.28	1741.03	1023.00

Mean Health Expenditure Differences 1987, 1990 Urban/Rural Rich/Poor (9% Annual Inflation Rate)

Province	D 90/87 U	D 90/87 UL	D 90/87 UH	D 90/87 R	D90/87 RL	D 90/87 RH	R/U all	R/U L	R/U H
Aceh	0.53	0.50	0.98	1.80	1.48	2.32	3.37	2.95	2.38
N. Sumatra	0.00	0.00	0.00	1.58	1.71	1.22	#DIV/0!	#DIV/0!	#DIV/0!
W.Sumatra	0.43	0.39	0.61	1.15	1.10	1.29	2.70	2.81	2.10
Riau	1.20	1.00	1.74	1.27	1.47	0.90	1.06	1.47	0.51
Jambi	1.42	1.53	1.07	2.49	1.87	4.88	1.75	1.23	4.56
S.Sumatra	2.01	1.33	7.27	2.61	3.30	0.64	1.30	2.47	0.09
Bengkulu	1.14	0.94	2.36	2.07	2.24	1.56	1.81	2.39	0.66
Lampung	0.62	1.26	0.37	1.17	1.15	1.23	1.91	0.91	3.35
Jakarta	1.28	1.39	1.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
W.Java	1.39	1.21	1.94	1.76	1.78	1.70	1.27	1.47	0.88
C.Jaya	0.91	0.82	1.10	1.80	1.70	2.07	1.98	2.07	1.88
Yogyakarta	1.47	1.09	2.04	1.65	1.40	2.48	1.13	1.29	1.22
E.Java	1.16	1.27	1.00	1.65	1.36	2.28	1.42	1.07	2.29
Bali	0.95	1.15	0.65	0.82	1.07	0.56	0.86	0.94	0.86
NTB	0.72	0.66	0.82	1.47	1.53	1.36	2.05	2.32	1.66
NTT	0.48	0.83	0.09	1.13	1.07	1.30	2.35	1.29	14.96
E.Timur	#DIV/0!	#DIV/0!	#DIV/0!	6.96	5.88	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
W.Kalimant	1.73	1.89	1.43	4.42	4.34	4.81	2.55	2.30	3.36
C.Kalimanta	0.59	0.86	0.27	1.42	1.96	0.54	2.39	2.28	1.99
S.Kalimanta	0.53	0.51	0.56	1.48	1.81	0.93	2.81	3.51	1.66
E.Kalimanta	2.29	2.41	1.93	0.92	0.84	1.09	0.40	0.35	0.56
N.Sulewesi	0.89	0.79	1.36	0.94	1.09	0.69	1.05	1.37	0.51
C.Sulewesi	1.79	1.78	1.94	2.10	2.38	1.73	1.17	1.34	0.89
S.Sulewesi	2.15	2.06	2.48	2.57	2.35	3.89	1.20	1.14	1.57
SE.Sulewes	1.02	0.73	7.63	1.33	1.16	2.05	1.31	1.57	0.27
Maluku	1.13	1.17	1.19	1.91	2.25	1.24	1.69	1.91	1.04
Irian Jaya	0.84	0.75	1.41	1.62	1.97	0.45	1.94	2.64	0.32

D 90/87 U	change in urban expenditures (#>1=increase)
D 90/87 UL	change in urban lower 90% expenditures (#>1=increase)
D 90/87 UH	change in urban upper 10% expenditures (#>1=increase)
D 90/87 R	change in rural expenditures (#>1=increase)
D90/87 RL	change in rural lower 90% expenditures (#>1=increase)
D 90/87 RH	change in rural upper 10% expenditures (#>1=increase)
R/U all	change rural to change urban expenditures (#>1=rural increased relative to urban)
R/U L	change rural to change urb exp Low 90% (#>1=rural increased relative to urban)
R/U H	change rural to change urb exp Upper 10% (#>1=rural increased relative to urban)

Health and Utilization Statistics–National Upper 10% Removed

PROVINCE	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	3,061	2,818	3,574	4.96	0.09	0.58	35,294	7,081	3,174,463
N. Sumatra	2,002	9,640	3,497	5.05	0.07	0.35	111,228	6,391	6,390,852
W.Sumatra	2,171	9,305	3,222	4.78	0.04	0.39	285,321	6,376	3,574,797
Riau	1,890	3,669	2,493	5.31	0.03	0.46	119,340	4,283	2,902,062
Jambi	3,034	3,167	3,600	4.78	0.13	0.43	25,316	7,558	1,820,236
S Sumatra	1,906	9,314	4,597	5.23	0.04	0.37	245,143	6,004	5,882,574
Bengkulu	1,381	4,691	2,008	4.90	0.07	0.35	79,988	4,098	1,087,788
Lampung	1,772	2,678	2,292	5.11	0.04	0.41	72,908	4,389	5,888,070
Jakarta	3,442	4,578	4,466	5.39	0.02	0.48	223,188	7,877	4,616,899
W.Java	2,194	5,054	3,174	4.46	0.03	0.50	141,321	4,704	31,915,894
C.Jaya	1,519	9,151	2,847	4.53	0.05	0.48	183,773	3,416	27,326,879
Yogyakarta	1,863	7,165	2,652	4.15	0.05	0.56	134,135	3,695	2,568,710
E.Java	1,949	4,963	2,667	4.26	0.04	0.56	120,692	3,877	31,276,258
Bali	2,538	4,803	3,200	4.65	0.04	0.50	114,653	5,545	2,431,884
NTB	918	6,784	1,631	4.52	0.05	0.42	173,841	2,622	3,263,889
NTT	1,544	4,130	2,226	5.28	0.13	0.68	36,049	2,601	3,099,745
E.Timur	462	18,779	2,615	5.29	0.04	0.37	471,210	1,393	716,082
W.Kalimantan	2,332	28,050	5,014	5.22	0.07	0.48	378,594	5,435	2,943,865
C.Kalimantan	1,172	1,445	1,511	4.74	0.10	0.42	16,225	2,945	1,259,613
S.Kalimantan	1,663	2,101	1,967	4.54	0.04	0.59	56,635	3,016	2,368,352
E Kalimantan	2,281	4,797	2,955	4.96	0.06	0.54	76,896	4,829	1,457,482
N Sulewesi	2,579	7,638	3,459	4.62	0.18	0.56	46,687	5,075	2,240,166
C.Sulewesi	2,645	12,639	3,975	5.11	0.06	0.62	234,116	4,974	1,623,335
S.Sulewesi	1,522	6,720	2,850	5.03	0.06	0.36	128,319	4,664	6,458,392
SE.Sulewesi	1,500	1,930	1,872	5.19	0.10	0.49	23,196	3,264	1,245,459
Maluku	1,550	3,336	2,022	5.34	0.11	0.36	41,187	4,761	1,662,984
Irian Jaya	777	1,424	1,912	4.82	0.06	0.34	26,431	2,426	1,386,677
Indonesia	1,944	6,479	2,972	4.64	0.05	0.49	132,992	4,377	160,583,407

Health and Utilization Statistics–National Health Expenditures Only

PROVINCE	Mean Cost Out	Mean Cost I	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	9,056	22,351	11,586	5.18	0.23	1.40	122,102	8,301	1,468,556
N. Sumatra	5,700	27,940	9,821	5.26	0.19	0.93	122,204	6,856	2,660,086
W.Sumatra	5,742	23,617	8,549	4.96	0.10	0.97	260,722	6,751	1,618,311
Riau	5,660	13,326	7,455	5.55	0.08	1.04	189,082	5,725	1,580,342
Jambi	6,347	7,322	7,632	5.03	0.28	0.89	27,727	7,571	1,000,052
S.Sumatra	6,386	25,384	13,396	5.50	0.11	1.02	230,589	7,073	2,472,754
Bengkulu	4,180	16,118	6,785	5.17	0.18	0.95	101,732	4,526	479,790
Lampung	5,199	11,915	6,893	5.36	0.11	1.01	123,704	5,465	2,730,849
Jakarta	11,670	50,898	18,117	5.21	0.11	1.15	411,050	11,592	3,360,742
W.Java	5,865	17,394	8,649	4.71	0.09	1.11	202,953	5,660	17,618,158
C.Jaya	3,749	28,979	7,487	4.81	0.13	1.10	230,855	3,713	13,389,746
Yogyakarta	5,199	56,652	10,685	4.38	0.15	1.20	377,828	5,059	1,393,240
E.Java	4,855	19,472	7,217	4.49	0.11	1.20	195,991	4,469	16,730,364
Bali	6,835	27,519	10,017	4.78	0.13	1.13	229,959	6,740	1,233,414
NTB	2,339	16,440	4,696	4.85	0.12	1.02	166,748	2,697	1,472,460
NTT	3,129	8,079	4,450	5.62	0.25	1.31	36,214	2,749	1,757,860
E.Timur	2,351	56,432	8,845	5.44	0.14	1.20	430,809	2,318	246,298
W.Kalimantan	6,065	67,149	12,642	5.47	0.18	1.09	370,426	6,162	1,510,125
C.Kalimantan	2,707	3,935	3,606	4.90	0.24	0.92	17,724	3,075	640,398
S.Kalimantan	3,444	7,554	4,373	4.57	0.09	1.12	99,149	3,288	1,395,736
E.Kalimantan	8,041	19,133	10,890	4.91	0.15	1.13	128,695	8,521	983,474
N.Sulewesi	5,986	19,459	8,210	4.58	0.38	1.08	56,054	6,043	1,242,643
C.Sulewesi	5,855	25,554	8,570	5.41	0.13	1.20	226,789	5,518	937,973
S.Sulewesi	4,958	21,177	8,806	5.49	0.17	1.00	137,344	5,345	2,668,330
SE.Sulewesi	3,361	9,803	4,708	5.51	0.19	0.97	60,656	3,540	713,038
Maluku	5,130	12,482	6,766	5.75	0.31	1.06	53,492	5,348	656,495
Irian Jaya	3,174	7,803	6,549	5.08	0.21	0.98	39,287	3,429	571,106
Indonesia	5,324	22,816	8,444	4.86	0.13	1.12	187,963	5,269	62,532,340

Health and Utilization Statistics--National Health Expenditures Only Upper 10% Removed

PROVINCE	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	7,352	6,768	8,584	5.27	0.22	1.40	35,294	7,081	1,403,610
N. Sumatra	5,262	25,337	9,193	5.35	0.17	0.93	111,228	6,391	2,577,016
W.Sumatra	5,525	23,678	8,198	5.11	0.09	1.00	285,321	6,376	1,499,796
Riau	4,309	8,367	5,686	5.78	0.08	1.04	119,340	4,283	1,385,476
Jambi	6,303	6,579	7,479	5.17	0.28	0.90	25,316	7,558	947,726
S.Sumatra	5,267	25,733	12,700	5.59	0.11	1.01	245,143	6,004	2,276,736
Bengkulu	3,688	12,526	5,362	5.31	0.18	0.94	79,988	4,098	441,552
Lampung	4,275	6,460	5,528	5.43	0.09	1.00	72,908	4,389	2,593,383
Jakarta	8,716	11,594	11,310	5.62	0.05	1.22	223,188	7,877	1,902,369
W.Java	4,739	11,056	6,943	4.81	0.08	1.10	141,321	4,704	15,705,432
C.Jaya	3,491	21,026	6,541	4.85	0.12	1.11	183,773	3,416	12,721,570
Yogyakarta	4,137	15,908	5,888	4.46	0.12	1.25	134,135	3,695	1,242,393
E.Java	4,166	10,610	5,701	4.56	0.09	1.21	120,692	3,877	15,660,792
Bali	5,881	11,128	7,415	4.82	0.10	1.17	114,653	5,545	1,089,990
NTB	2,266	16,750	4,028	4.08	0.11	1.03	173,841	2,622	1,426,972
NTT	2,983	7,981	4,300	5.67	0.25	1.32	36,049	2,601	1,724,515
E.Timur	1,487	60,363	8,405	5.53	0.14	1.20	471,210	1,393	233,234
W.Kalimantan	5,327	64,069	11,452	5.57	0.16	1.09	378,594	5,435	1,376,585
C.Kalimantan	2,650	3,271	3,417	5.07	0.22	0.94	16,225	2,945	595,643
S.Kalimantan	3,195	4,036	3,779	4.72	0.08	1.13	56,635	3,016	1,282,672
E.Kalimantan	4,695	9,875	6,081	5.32	0.12	1.12	76,896	4,829	759,384
N.Sulewesi	5,090	15,071	6,825	4.71	0.35	1.10	46,687	5,075	1,157,766
C.Sulewesi	5,147	24,591	7,735	5.48	0.12	1.20	234,116	4,974	894,581
S.Sulewesi	4,286	18,923	8,025	5.55	0.16	1.01	128,319	4,664	2,531,380
SE.Sulewesi	2,971	3,823	3,707	5.55	0.19	0.97	23,196	3,264	672,558
Maluku	4,552	9,792	5,936	5.98	0.31	1.05	41,187	4,781	611,677
Irian Jaya	2,243	4,113	5,522	5.19	0.17	0.98	26,431	2,426	517,548
Indonesia	4,423	14,742	6,764	4.95	0.12	1.12	132,992	4,377	75,232,356

Health and Utilization Statistics–Upper 10%

PROVINCE	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	13,781	102,110	22,550	3.17	0.17	0.59	840,633	26,055	141,084
N.Sumatra	5,384	29,786	8,334	3.11	0.16	0.36	233,333	15,934	201,214
W.Sumatra	2,278	6,837	3,466	3.09	0.05	0.22	140,068	10,635	341,427
Riau	5,057	15,619	6,639	3.97	0.03	0.42	535,167	13,433	455,835
Jambi	2,336	5,437	3,205	3.02	0.09	0.27	57,401	7,736	139,784
S.Sumatra	6,663	8,550	7,803	4.15	0.07	0.43	140,607	16,224	452,109
Bengkulu	3,707	20,723	8,386	3.12	0.09	0.44	275,438	8,055	68,258
Lampung	8,304	40,874	11,919	3.78	0.12	0.49	408,918	19,858	275,655
Jakarta	5,355	33,812	9,192	4.24	0.06	0.39	479,364	15,912	3,625,601
W.Java	7,052	32,657	10,899	3.76	0.08	0.63	413,524	12,141	3,326,893
C.Jaya	3,870	76,931	11,127	3.72	0.15	0.49	528,654	9,001	1,237,679
Yogyakarta	4,616	125,589	16,236	2.72	0.14	0.31	902,189	17,114	294,023
E.Java	7,205	68,908	13,937	3.48	0.14	0.64	496,354	11,513	1,822,656
Bali	6,350	67,142	13,294	3.85	0.13	0.42	530,158	16,323	262,889
NTB	1,389	2,602	7,338	3.79	0.07	0.26	36,353	5,310	127,357
NTT	2,951	4,123	3,478	3.34	0.13	0.35	40,601	7,933	81,010
E.Timur	4,259	1,100	4,490	3.20	0.07	0.39	13,333	17,498	32,952
W.Kalimantan	2,256	19,598	4,344	3.37	0.17	0.36	145,985	6,283	150,695
C.Kalimantan	1,314	4,042	2,166	3.32	0.17	0.29	24,484	4,402	106,471
S.Kalimantan	2,810	18,507	4,717	3.02	0.07	0.53	269,652	5,509	197,415
E.Kalimantan	10,110	26,042	14,116	3.77	0.14	0.71	191,648	17,864	351,328
N.Sulewesi	6,477	27,355	9,550	3.10	0.27	0.36	108,542	18,207	178,257
C.Sulewesi	7,813	18,524	9,960	3.77	0.11	0.50	174,588	15,473	84,003
S.Sulewesi	4,472	16,328	6,088	4.09	0.09	0.24	215,525	18,014	414,458
SE.Sulewesi	4,652	50,192	9,951	4.30	0.08	0.54	660,993	7,250	68,945
Maluku	3,269	11,530	4,498	3.15	0.11	0.36	143,389	10,335	115,542
Irian Jaya	3,627	12,719	5,053	3.69	0.20	0.34	72,675	11,556	135,215
Indonesia	5,821	41,069	10,192	3.74	0.10	0.49	421,830	13,024	14,688,755

Health and Utilization Statistics–Health Expenditures Only Upper 10%

PROVINCE	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	34,853	258,242	57,031	3.69	0.43	1.50	840,633	26,055	6[illegible]946
N.Sumatra	14,496	80,192	22,438	3.46	0.42	0.96	233,333	15,934	83,070
W.Sumatra	7,688	23,070	11,697	3.62	0.17	0.76	140,068	10,635	118,515
Riau	12,812	39,567	16,819	4.30	0.07	1.06	535,167	13,433	194,866
Jambi	6,859	15,964	9,411	3.32	0.25	0.80	57,401	7,736	52,326
S.Sumatra	17,165	22,024	20,100	4.64	0.17	1.11	140,607	16,224	196,018
Bengkulu	8,438	47,173	19,090	3.98	0.19	1.00	275,438	8,055	38,238
Lampung	19,183	94,416	27,531	4.35	0.28	1.13	408,918	19,858	137,466
Jakarta	14,931	94,287	25,632	4.76	0.18	1.08	479,364	15,912	1,458,373
W.Java	13,279	61,488	20,521	4.07	0.15	1.19	413,524	12,141	1,912,726
C.Java	7,919	157,411	2[illegible],767	4.11	0.31	0.99	528,654	9,001	666,176
Yogyakarta	12,785	347,804	44,963	3.87	0.40	0.86	902,189	17,114	150,847
E.Java	13,034	124,553	25,212	3.70	0.26	1.16	496,254	11,513	1,069,572
Bali	13,607	143,877	28,488	4.51	0.29	0.90	530,158	16,323	143,424
NTB	4,308	8,071	22,760	4.20	0.22	0.81	36,353	5,310	45,488
NTT	8,245	11,517	9,717	3.84	0.35	0.96	40,601	7,933	33,345
E.Timur	13,965	3,607	14,750	4.17	0.22	1.28	13,333	17,498	13,064
W.Kalimantan	6,034	52,412	11,618	4.85	0.45	1.03	145,965	6,283	81,220
C.Kalimantan	3,213	9,888	5,298	3.42	0.43	0.70	24,484	4,402	44,755
S.Kalimantan	5,454	35,929	9,158	3.36	0.13	1.03	269,652	5,509	113,064
E.Kalimantan	16,318	42,034	22,784	3.88	0.22	1.14	191,648	17,864	224,090
N.Sulewesi	14,646	61,857	21,595	3.33	0.61	0.82	108,542	18,207	84,877
C.Sulewesi	17,409	41,275	22,191	4.34	0.24	1.12	174,588	15,473	43,392
S.Sulewesi	15,342	56,014	20,886	4.64	0.32	0.82	215,525	18,014	136,950
SE.Sulewesi	9,210	99,361	19,698	5.00	0.15	1.08	660,993	7,250	40,480
Maluku	10,132	35,733	13,941	3.79	0.33	1.11	143,389	10,335	44,818
Irian Jaya	10,500	36,820	14,628	4.23	0.59	0.97	72,675	11,556	53,558
Indonesia	13,003	91,736	22,766	4.12	0.23	1.09	421,830	13,024	7,247,664

Cost and Utilization Statistics Rural Population–Upper 10%

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	24,954	168,571	39,039	2.61	0.12	0.53	1,477,000	45,766	56,832
N. Sumatra	5,384	29,786	8,334	3.11	0.16	0.36	233,333	15,934	201,214
W.Sumatra	2,813	16,413	4,868	3.37	0.08	0.32	224,700	9,380	146,487
Riau	2,195	0	2,660	3.55	0.00	0.42	0	4,191	167,349
Jambi	1,285	2,037	1,821	2.81	0.07	0.24	27,500	5,595	87,704
S.Sumatra	1,538	152	1,909	3.52	0.04	0.41	3,500	3,950	127,494
Bengkulu	2,636	0	7,659	3.05	0.00	0.32	0	6,600	27,470
Lampung	5,381	45,136	9,366	3.86	0.12	0.48	494,278	12,373	216,495
W.Java	5,939	23,316	8,453	3.40	0.06	0.67	389,786	9,302	1,042,131
C.Jaya	2,651	24,554	5,353	3.81	0.10	0.53	294,444	4,940	467,138
Yogyakarta	13,772	48,960	19,243	3.08	0.16	0.64	306,000	26,284	52,514
E.Java	7,445	63,796	15,306	3.04	0.17	0.61	532,773	11,104	467,566
Bali	7,121	144,230	19,280	3.62	0.15	0.49	1,189,000	15,084	91,494
NTB	1,121	2,500	10,027	3.55	0.05	0.35	50,000	2,883	68,018
NTT	3,918	6,520	4,645	2.92	0.20	0.44	45,000	7,431	33,580
E.Timur	4,707	1,275	4,985	3.06	0.08	0.39	13,333	20,380	27,144
W.Kalimanta	2,015	20,854	4,235	3.11	0.20	0.33	130,389	6,861	109,415
C.Kalimanta	502	5,750	1,466	3.07	0.23	0.25	25,722	1,848	55,620
S.Kalimanta	3,251	32,013	6,212	2.58	0.10	0.61	316,125	5,658	93,432
E.Kalimanta	3,219	34,866	6,161	3.21	0.12	0.48	292,000	5,401	73,960
N.Sulewesi	7,588	23,526	10,132	3.16	0.26	0.49	81,455	14,656	101,700
C.Sulewesi	8,896	2,917	9,371	3.50	0.04	0.33	70,000	26,600	40,740
S.Sulewesi	1,734	34,340	4,860	3.87	0.19	0.19	227,071	10,679	163,436
SE.Sulewes	3,384	91,046	11,176	4.32	0.09	0.45	1,001,500	6,072	34,295
Maluku	1,256	222	1,307	2.80	0.04	0.29	5,000	4,844	64,260
Irian Jaya	25	300	50	3.05	0.05	0.05	6,000	500	32,879
Indonesia	5,024	35,492	8,608	3.33	0.11	0.50	371,448	10,032	4,050,367

Cost and Utilization Statistics Rural Population--Upper 10% Health Expenditures only

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	58,226	393,333	91,091	3.33	0.29	1.24	1,477,000	45,766	31,080
N. Sumatra	14,496	80,192	22,438	3.46	0.42	0.96	233,333	15,934	83,070
W.Sumatra	7,815	45,593	13,523	4.04	0.22	0.89	224,700	9,380	63,111
Riau	5,282	0	6,402	3.88	0.00	1.00	0	4,191	76,012
Jambi	3,856	6,111	5,464	3.00	0.22	0.72	27,500	5,595	31,158
S.Sumatra	3,931	389	4,880	4.06	0.11	1.06	3,500	3,950	57,451
Bengkulu	7,250	0	21,063	3.75	0.00	0.88	0	6,600	12,300
Lampung	12,684	106,393	22,077	4.43	0.29	1.14	494,278	12,373	105,276
W.Java	10,625	41,714	15,123	3.65	0.10	1.20	389,786	9,302	625,512
C.Jaya	5,710	52,885	11,530	4.37	0.21	1.13	294,444	4,940	248,338
Yogyakarta	21,518	76,500	30,067	3.16	0.25	1.00	306,000	26,284	34,441
E.Java	13,103	156,280	26,938	3.23	0.29	1.08	532,773	11,104	282,172
Bali	15,514	314,214	42,002	4.04	0.32	1.07	1,189,000	15,084	46,782
NTB	3,204	7,143	28,650	3.71	0.14	1.00	50,000	2,883	24,908
NTT	9,795	16,300	11,612	4.20	0.50	1.10	45,000	7,431	19,320
E.Timur	15,003	4,063	15,888	4.25	0.25	1.25	13,333	20,380	11,832
W.Kalimantan	6,184	64,000	12,998	4.83	0.62	1.00	130,389	6,861	55,300
C.Kalimantan	1,163	13,316	3,396	3.21	0.53	0.58	25,722	1,848	25,132
S.Kalimantan	5,972	58,814	11,413	3.07	0.19	1.12	316,125	5,658	60,456
E.Kalimantan	8,294	89,846	15,877	3.50	0.31	1.23	292,000	5,401	31,304
N Sulewesi	15,447	47,893	20,626	3.25	0.54	1.00	81,455	14,656	51,415
C.Sulewesi	23,722	7,778	24,991	3.33	0.11	0.89	70,000	26,600	14,550
S.Sulewesi	5,433	107,600	15,228	4.40	0.60	0.60	227,071	10,679	59,268
SE.Sulewesi	6,768	182,091	22,351	5.00	0.18	0.91	1,001,500	6,072	19,855
Maluku	5,650	1,000	5,883	3.10	0.20	1.30	5,000	4,844	15,810
Irian Jaya	500	6,000	1,000	2.00	1.00	1.00	6,000	500	1,078
Indonesia	10,824	76,470	18,546	3.70	0.23	1.09	371,448	10,032	2,086,931

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Cost and Utilization Statistics Urban Population--Upper 10%

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	3,080	38,455	6,757	3.71	0.22	0.65	156,500	4,865	91,252
W.Sumatra	1,932	633	2,558	2.91	0.03	0.16	20,667	11,831	194,940
Riau	7,058	26,537	9,421	4.27	0.05	0.42	535,167	20,567	288,486
Jambi	4,502	12,444	6,058	3.44	0.11	0.33	108,750	10,800	52,080
S.Sumatra	9,217	12,733	10,739	4.47	0.08	0.44	159,167	22,604	324,615
Bengkulu	4,457	35,246	8,895	3.17	0.14	0.52	275,438	8,614	40,788
Lampung	17,960	26,795	20,349	3.49	0.13	0.51	209,000	45,944	59,160
Jakarta	5,355	33,812	9,192	4.24	0.06	0.39	479,364	15,912	3,625,601
W.Java	7,644	37,620	12,199	3.96	0.09	0.61	421,067	13,921	2,284,762
C.Jaya	4,582	107,503	14,497	3.67	0.19	0.46	591,914	11,517	770,541
Yogyakarta	2,901	139,949	15,672	2.65	0.14	0.25	1,037,250	12,941	241,509
E.Java	7,105	60,625	13,367	3.67	0.13	0.65	476,473	11,682	1,355,090
Bali	5,896	21,817	9,775	3.99	0.13	0.38	174,538	17,264	171,395
NTB	1,745	2,738	3,761	4.12	0.10	0.14	30,000	11,410	59,339
NTT	2,079	1,960	2,426	3.72	0.06	0.26	32,667	8,535	47,430
E.Timur	1,438	0	1,438	4.13	0.00	0.38	0	3,250	5,808
W.Kalimantan	3,140	15,000	4,744	4.30	0.05	0.60	300,000	5,380	41,280
C.Kalimantan	2,370	1,818	3,077	3.65	0.11	0.33	20,133	6,895	50,851
S.Kalimantan	2,263	1,761	2,864	3.56	0.03	0.44	62,500	5,261	103,983
E.Kalimantan	12,375	23,141	16,731	3.9[illegible]	0.14	0.78	163,769	20,390	277,368
N.Sulewesi	5,066	32,220	8,811	3.02	0.28	0.20	138,727	25,330	76,557
C.Sulewesi	6,631	35,569	10,602	4.06	0.18	0.69	201,556	9,605	43,263
S.Sulewesi	6,429	3,457	6,966	4.25	0.02	0.27	159,000	21,605	251,022
SE.Sulewesi	5,898	10,061	8,747	4.29	0.06	0.63	164,333	8,233	34,650
Maluku	6,6[illegible]	30,434	9,832	3.74	0.21	0.47	173,667	15,140	51,282
Irian Jaya	5,126	17,886	7,135	3.95	0.27	0.46	81,806	12,283	102,336
Indonesia	6,178	43,564	10,901	3.92	0.10	0.48	444,156	14,462	10,638,388

Cost and Utilization Statistics Urban Population--Health Expenditures Only Upper 10%

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	8,470	105,750	18,582	4.10	0.60	1.80	156,500	4,865	33,866
W.Sumatra	7,572	2,480	10,029	3.24	0.12	0.64	20,667	11,831	55,404
Riau	18,566	69,804	24,780	4.63	0.13	1.11	535,167	20,567	118,854
Jambi	12,663	35,000	17,037	3.94	0.31	0.94	108,750	10,800	21,168
S.Sumatra	23,836	32,931	27,773	4.93	0.21	1.14	159,167	22,604	138,567
Bengkulu	9,053	71,594	18,069	4.09	0.28	1.06	275,438	8,614	25,938
Lampung	38,914	58,056	44,090	4.11	0.28	1.11	209,000	45,944	32,190
Jakarta	14,931	94,287	25,632	4.76	0.18	1.08	479,364	15,912	1,458,373
W.Java	14,805	72,862	23,626	4.32	0.18	1.19	421,067	13,921	1,287,214
C.Java	9,110	213,726	28,822	3.98	0.37	0.92	591,914	11,517	419,838
Yogyakarta	9,393	453,167	50,748	4.14	0.45	0.81	1,037,250	12,941	116,406
E.Java	13,004	110,956	24,464	3.90	0.24	1.19	476,473	11,682	787,400
Bali	12,514	46,306	20,746	4.78	0.27	0.80	174,538	17,264	96,642
NTB	6,108	9,583	13,164	5.00	0.33	0.50	30,000	11,410	20,580
NTT	6,497	6,125	7,580	3.44	0.19	0.81	32,667	8,535	14,025
E.Timur	5,750	0	5,750	3.50	0.00	1.50	0	3,250	1,232
W.Kalimantan	5,709	27,273	8,626	4.91	0.09	1.09	300,000	5,380	25,920
C.Kalimantan	6,256	4,800	8,122	3.72	0.28	0.88	20,133	6,895	19,623
S.Kalimantan	4,725	3,677	5,981	[illegible]	0.06	0.91	62,500	5,261	52,608
E.Kalimantan	17,789	33,266	24,051	3.95	0.20	1.13	163,769	20,390	192,786
N.Sulewesi	13,332	84,790	23,187	3.47	0.74	0.53	138,727	25,330	33,462
C.Sulewesi	12,526	67,185	20,026	5.11	0.33	1.30	201,556	9,605	28,842
S.Sulewesi	23,657	12,720	25,636	4.84	0.08	1.00	159,000	21,605	77,682
SE.Sulewesi	11,560	19,720	17,145	5.00	0.12	1.24	164,333	8,233	20,625
Maluku	13,527	62,039	20,043	4.31	0.42	0.96	173,667	15,140	29,008
Irian Jaya	10,945	38,189	15,234	4.32	0.57	0.97	81,806	12,283	52,480
Indonesia	14,032	98,936	24,757	4.32	0.23	1.09	444,156	14,462	5,160,733

Health and Utilization Statistis Urban Population

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	3,650	13,067	5,044	5.05	0.19	0.70	61,500	5,277	500,143
W.Sumatra	2,565	1,333	3,254	4.43	0.03	0.26	40,000	11,352	727,092
Riau	3,526	13,400	5,044	5.30	0.04	0.51	301,500	7,863	1,064,664
Jambi	3,055	3,754	3,852	5.16	0.10	0.46	36,476	6,794	415,968
S.Sumatra	3,748	12,267	5,085	5.24	0.08	0.38	145,593	10,673	1,827,534
Bengkulu	2,807	13,846	4,791	4.36	0.07	0.37	202,219	7,713	207,306
Lampung	5,245	4,270	6,118	5.26	0.03	0.46	128,091	12,670	755,595
Jakarta	4,397	19,177	6,826	4.81	0.04	0.43	411,050	11,592	8,242,500
W.Java	4,183	15,180	6,109	4.72	0.06	0.58	259,366	7,845	11,619,206
C.Jaya	2,435	21,686	4,632	4.70	0.08	0.51	281,520	5,273	7,501,776
Yogyakarta	2,141	46,278	6,499	3.78	0.09	0.44	553,167	5,802	1,208,883
E.Java	3,769	17,649	5,803	4.49	0.07	0.70	245,886	6,170	8,823,960
Bali	3,722	7,528	5,306	4.47	0.05	0.44	147,639	9,861	364,517
NTB	1,392	1,172	1,887	4.64	0.06	0.33	26,131	4,891	572,810
NTT	2,515	7,992	3,553	5.69	0.13	0.55	71,788	5,393	348,075
E.Timur	1,175	0	1,378	5.50	0.00	0.42	0	3,057	58,080
W.Kalimantan	6,739	20,658	9,765	5.58	0.06	0.59	347,714	13,342	642,240
C.Kalimantan	1,429	2,071	2,088	4.72	0.08	0.32	27,598	4,467	238,852
S.Kalimantan	1,453	1,276	1,825	4.67	0.03	0.57	50,889	2,682	688,425
E.Kalimantan	7,310	10,511	9,393	4.85	0.09	0.69	118,619	13,607	875,538
N.Sulewesi	3,957	12,483	5,590	4.32	0.17	0.43	97,089	11,470	516,633
C.Sulewesi	4,523	14,322	6,653	5.07	0.12	0.54	117,926	9,120	253,308
S.Sulewesi	3,484	9,460	4,713	5.40	0.08	0.31	115,095	11,864	1,665,348
SE.Sulewesi	3,766	4,579	4,808	5.58	0.06	0.54	78,500	7,209	220,935
Maluku	3,247	14,508	4,989	5.52	0.16	0.38	96,162	9,098	340,326
Irian Jaya	2,932	10,249	4,488	5.28	0.24	0.34	50,374	9,193	389,992
Indonesia	3,702	16,710	5,698	4.74	0.07	0.53	249,119	7,824	50,369,706

Cost and Utilization Statistics Urban Population--After Upper 10% Removed

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	3.820	5.519	4.535	5.44	0.18	0.71	31,813	5,419	415,891
W.Sumatra	3.003	1.817	3.734	5.48	0.04	0.33	51,600	11,133	532,152
Riau	1.738	6.749	2.829	5.82	0.04	0.55	161,300	3,208	776,178
Jambi	2.721	1.749	3.343	5.55	0.09	0.49	19,471	6,136	363,888
S.Sumatra	2.308	12.144	3.597	5.44	0.08	0.36	141,714	7,163	1,502,919
Bengkulu	2.194	5.897	3.266	4.81	0.05	0.31	129,000	7,173	166,518
Lampung	3.541	1.251	4.211	5.50	0.02	0.45	60,667	7,551	696,435
Jakarta	3.442	4.578	4.466	5.39	0.02	0.48	223,188	7,877	4,616,899
W.Java	3.122	8.305	4.243	4.95	0.05	0.57	166,077	5,867	9,334,444
C.Java	2.110	8.681	3.137	4.86	0.06	0.52	143,036	4,393	6,731,235
Yogyakarta	1.839	9.029	2.851	4.23	0.07	0.51	138,238	4,164	967,374
E.Java	2.996	7.699	4.052	4.68	0.06	0.71	129,014	4,945	7,468,870
Bali	2.839	1.723	3.490	4.66	0.02	0.47	77,700	6,882	493,122
NTB	1.345	965	1.639	4.71	0.05	0.35	25,076	4,474	513,471
NTT	2.630	9.579	3.849	6.21	0.15	0.63	76,891	4,897	300,645
E.Timur	1.135	0	1.369	5.71	0.00	0.42	0	3,027	52,272
W.Kalimantan	5.809	5.000	7.296	6.07	0.05	0.59	98,750	12,626	512,640
C.Kalimantan	1.073	2.167	1.713	5.12	0.07	0.32	30,708	3,311	188,001
S.Kalimantan	1.253	1.156	1.569	4.94	0.02	0.60	47,571	2,213	584,442
E.Kalimantan	4.097	2.497	4.737	5.41	0.06	0.63	45,250	8,246	598,170
N.Sulewesi	3.659	7.177	4.724	4.67	0.15	0.49	58,688	9,080	440,076
C.Sulewesi	3.951	8.559	5.582	5.35	0.11	0.51	76,111	8,956	210,045
S.Sulewesi	2.705	10.884	4.179	5.68	0.10	0.32	112,586	9,972	1,414,326
SE.Sulewesi	3.219	3.173	3.798	5.91	0.06	0.52	55,091	6,878	186,285
Maluku	2.277	9.946	3.601	6.03	0.15	0.36	68,260	6,878	289,044
Irian Jaya	1.745	6.116	3.056	6.01	0.23	0.28	30,523	6,333	287,656
Indonesia	2.827	7.290	3.865	5.02	0.06	0.55	130,507	5,729	39,642,998

Cost and Utilization Statistics Urban Population–Health Expenditures Only

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	10,429	37,333	14,412	5.19	0.55	2.00	61,500	5,277	180,068
W.Sumatra	8,101	4,211	10,276	4.79	0.11	0.83	40,000	11,352	248,976
Riau	7,512	28,544	10,746	5.67	0.09	1.08	301,500	7,863	524,564
Jambi	6,489	7,974	8,180	5.61	0.20	0.97	36,476	6,794	213,024
S.Sumatra	9,776	32,000	13,266	5.70	0.21	0.99	145,593	10,673	762,603
Bengkulu	6,604	32,578	11,273	4.75	0.17	0.86	202,219	7,713	96,030
Lampung	12,822	10,437	14,955	5.72	0.08	1.12	128,091	12,670	335,820
Jakarta	11,670	50,898	18,117	5.21	0.11	1.15	411,050	11,592	3,360,742
W.Java	8,430	30,593	12,311	5.11	0.12	1.17	259,366	7,845	6,249,244
C.Jaya	5,194	46,250	9,879	4.92	0.17	1.10	281,520	5,273	3,680,496
Yogyakarta	5,473	118,294	16,613	4.52	0.22	1.12	553,167	5,802	565,974
E.Java	6,614	30,975	10,185	4.71	0.13	1.23	245,886	6,170	5,275,580
Bali	8,933	18,067	12,733	4.80	0.13	1.06	147,639	9,861	297,360
NTB	3,976	3,349	5,391	5.20	0.16	0.93	26,131	4,891	224,665
NTT	5,072	16,118	7,165	6.25	0.26	1.12	71,788	5,393	189,720
E.Timur	3,357	0	3,936	6.24	0.00	1.19	0	3,057	23,056
W.Kalimantan	12,736	39,039	18,453	5.86	0.12	1.12	347,714	13,342	357,120
C.Kalimantan	3,899	5,648	5,695	5.02	0.23	0.88	27,598	4,467	93,262
S.Kalimantan	2,621	2,302	3,293	4.87	0.05	1.03	50,889	2,682	398,670
E.Kalimantan	12,115	17,420	15,567	4.87	0.15	1.15	118,619	13,607	531,114
N.Sulewesi	8,979	28,327	12,685	4.46	0.39	0.98	87,089	11,470	235,248
C.Sulewesi	9,084	28,765	13,362	5.48	0.24	1.09	117,926	9,120	136,268
S.Sulewesi	8,803	23,900	11,906	5.79	0.21	0.78	115,095	11,864	706,200
SE.Sulewesi	8,217	9,991	10,491	6.21	0.13	1.18	78,500	7,209	112,695
Maluku	7,431	33,202	11,417	5.82	0.38	0.88	96,162	9,098	156,695
Irian Jaya	6,872	24,021	10,519	5.57	0.57	0.80	50,374	9,193	175,480
Indonesia	7,906	35,690	12,170	5.05	0.15	1.14	249,119	7,824	25,140,674

Cost and Utilization Statistics Urban Population--Health Expenditures Only Upper 10% Removed

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	11.041	15.953	13.109	5.53	0.53	2.06	31.813	5.419	146.202
W.Sumatra	8.360	5.059	10.398	5.55	0.10	0.92	51.600	11.133	193.572
Riau	3.378	13.114	5.497	6.06	0.08	1.07	161.300	3.208	415.710
Jambi	5.471	3.516	6.720	5.89	0.19	0.98	19.471	6.136	191.856
S.Sumatra	6.036	31.752	9.406	5.91	0.21	0.95	141.714	7.163	624.036
Bengkulu	5.485	14.743	8.166	5.06	0.11	0.77	129.000	7.173	70.092
Lampung	8.808	3.111	10.473	5.97	0.05	1.12	60.667	7.551	303.630
Jakarta	8.716	11.594	11.310	5.62	0.05	1.22	223.188	7.877	1.902.369
W.Java	6.371	16.948	8.659	5.37	0.10	1.17	166.077	5.867	4.962.030
C.Jaya	4.550	18.720	6.766	5.08	0.14	1.13	143.036	4.393	3.260.658
Yogyakarta	4.338	21.297	6.725	4.63	0.16	1.21	138.239	4.164	449.568
E.Java	5.209	13.386	7.045	4.89	0.11	1.24	129.014	4.945	4.488.180
Bali	7.196	4.356	8.846	4.81	0.06	1.19	77.700	6.882	200.718
NTB	3.751	2.693	4.573	5.22	0.14	0.97	25.076	4.474	204.085
NTT	4.851	17.670	7.100	6.69	0.27	1.17	76.891	4.897	175.695
E.Timur	3.105	0	3.745	6.53	0.00	1.16	0	3.027	21.824
W.Kalimantan	11.234	9.670	14.110	6.38	0.10	1.14	98.750	12.626	278.880
C.Kalimantan	2.963	5.984	4.731	5.54	0.21	0.87	30.708	3.311	73.639
S.Kalimantan	2.187	2.018	2.739	5.10	0.04	1.05	47.571	2.213	346.062
E.Kalimantan	7.519	4.582	8.694	5.62	0.10	1.16	45.250	8.246	338.328
N.Sulewesi	8.006	15.706	10.337	4.68	0.32	1.08	58.688	9.090	201.786
C.Sulewesi	8.073	17.489	11.407	5.59	0.22	1.03	76.111	8.956	107.426
S.Sulewesi	6.552	25.594	9.826	5.93	0.22	0.75	112.586	9.972	628.518
SE.Sulewesi	7.234	7.129	8.534	6.56	0.13	1.16	55.091	6.878	92.070
Maluku	5.400	23.590	8.542	6.32	0.36	0.85	68.260	6.878	127.687
Irian Jaya	4.319	15.136	7.562	6.36	0.58	0.69	30.523	6.333	123.000
indonesia	5.921	15.266	8.095	5.29	0.12	1.15	130.507	5.729	19.927.621

Cost and Utilization Statistics Rural Population

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	3,776	8,632	4,768	4.81	0.08	0.56	139,013	8,714	2,815,404
N. Sumatra	2,166	10,618	3,732	4.95	0.07	0.35	122,204	6,856	6,592,066
W.Sumatra	2,095	10,799	3,253	4.60	0.04	0.40	311,600	5,978	3,189,132
Riau	1,965	2,401	2,413	4.98	0.03	0.42	98,120	4,664	2,293,233
Jambi	2,936	3,333	3,489	4.46	0.14	0.41	26,241	7,767	1,544,052
S.Sumatra	1,766	8,056	4,799	5.10	0.02	0.37	335,241	5,510	4,507,149
Bengkulu	1,295	4,263	2,046	4.83	0.07	0.36	72,975	3,687	948,740
Lampung	1,752	5,042	2,433	5.00	0.05	0.41	123,219	4,517	5,408,130
W.Java	2,086	4,960	3,103	4.24	0.03	0.49	152,996	4,624	23,623,581
C.Jaya	1,377	9,683	2,827	4.42	0.05	0.47	203,766	3,148	21,062,782
Yogyakarta	2,376	7,868	3,235	4.06	0.05	0.59	154,233	4,615	1,653,850
E.Java	1,809	6,410	2,622	4.12	0.04	0.53	164,692	3,733	24,274,954
Bali	2,728	13,487	4,048	4.58	0.06	0.51	257,333	5,862	2,030,256
NTB	850	7,658	1,884	4.46	0.04	0.43	194,389	2,365	2,818,436
NTT	1,498	3,701	2,133	5.14	0.13	0.68	31,716	2,481	2,832,680
E.Timur	696	18,901	2,855	5.11	0.05	0.37	430,809	2,261	690,954
W.Kalimantan	1,740	31,340	4,586	4.93	0.08	0.45	375,329	4,023	2,540,640
C.Kalimantan	1,138	1,655	1,478	4.56	0.11	0.42	16,161	2,847	1,127,232
S.Kalimantan	1,904	4,817	2,424	4.27	0.05	0.58	108,656	3,506	1,877,342
E.Kalimantan	1,414	9,387	2,359	4.52	0.07	0.49	142,086	2,704	933,272
N.Sulewesi	2,720	8,949	3,684	4.49	0.19	0.57	48,206	4,957	1,901,790
C.Sulewesi	2,719	12,801	3,974	5.01	0.06	0.62	272,026	4,960	1,454,030
S.Sulewesi	1,238	6,839	2,621	4.83	0.05	0.36	148,045	3,607	5,207,502
SE.Sulewesi	1,319	5,017	1,932	5.05	0.10	0.48	58,417	2,869	1,093,469
Maluku	1,399	1,926	1,688	5.22	0.09	0.35	28,086	4,396	1,438,200
Irian Jaya	559	480	1,614	4.52	0.02	0.34	20,273	1,856	1,131,900
Indonesia	1,828	7,512	2,965	4.48	0.05	0.48	154,977	4,217	124,990,776

Cost and Utilization Statistics Rural Population--After the Upper 10% Removed

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	2.958	2.451	3.443	4.90	0.08	0.56	36,091	7,256	2,758,572
N. Sumatra	2.002	9.640	3.497	5.05	0.07	0.35	111,228	6,391	6,390,852
W.Sumatra	2.047	10.424	3.145	4.68	0.04	0.40	323,669	5,799	3,042,645
Riau	1.938	2.675	2.385	5.15	0.03	0.43	98,120	4,718	2,125,884
Jambi	3.099	3.462	3.654	4.62	0.14	0.42	26,167	7,884	1,456,348
S.Sumatra	1.776	8.393	4.922	5.16	0.02	0.37	348,000	5,595	4,379,655
Bengkulu	1.231	4.468	1.775	4.92	0.07	0.36	72,975	3,572	921,270
Lampung	1.554	2.854	2.055	5.06	0.04	0.41	73,744	4,005	5,191,635
W.Java	1.861	3.890	2.791	4.29	0.03	0.48	125,824	4,256	22,581,450
C.Jaya	1.343	9.291	2.760	4.44	0.05	0.47	199,537	3,097	20,595,644
Yogyakarta	1.878	6.072	2.535	4.10	0.05	0.59	130,885	3,455	1,601,336
E.Java	1.658	4.203	2.282	4.14	0.04	0.52	116,776	3,486	23,807,388
Bali	2.462	5.583	3.127	4.64	0.05	0.51	118,574	5,260	1,938,762
NTB	842	7.819	1.630	4.49	0.04	0.43	197,277	2,353	2,750,418
NTT	1.446	3.641	2.080	5.19	0.13	0.69	31,357	2,397	2,799,100
E.Timur	414	20.139	2.705	5.25	0.05	0.37	471,210	1,276	663,810
W.Kalimantan	1.720	32.108	4.612	5.07	0.07	0.46	419,199	3,885	2,431,225
C.Kalimantan	1.188	1.331	1.479	4.68	0.10	0.43	14,290	2,902	1,071,612
S.Kalimantan	1.783	2.378	2.084	4.42	0.05	0.58	58,361	3,286	1,783,910
E.Kalimantan	1.187	6.184	1.881	4.69	0.06	0.49	97,667	2,397	859,312
N.Sulewesi	2.319	7.749	3.153	4.60	0.19	0.57	44,512	4,349	1,800,090
C.Sulewesi	2.461	13.214	3.748	5.08	0.06	0.63	279,509	4,503	1,413,290
S.Sulewesi	1.218	5.718	2.530	4.87	0.05	0.37	136,521	3,454	5,044,066
SE.Sulewesi	1.240	1.742	1.581	5.08	0.10	0.43	19,924	2,745	1,059,174
Maluku	1.413	2.091	1.722	5.44	0.10	0.36	28,911	4,367	1,373,940
Irian Jaya	583	488	1.684	4.58	0.02	0.35	21,700	1,868	1,099,021
Indonesia	1.683	6.239	2.709	4.53	0.05	0.47	133,912	3,932	12[illegible],940,409

Cost and Utilization Statistics Rural Population--Health Expenditures Only

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	8.865	20.264	11.192	5.17	0.19	1.32	139,013	8.714	1.288.488
N. Sumatra	5.700	27.940	9.821	5.26	0.19	0.93	122.204	6.856	2.660,086
W.Sumatra	5.295	27.293	8.222	4.99	0.10	1.00	311,600	5.978	1.369,335
Riau	4.744	5.797	5.827	5.49	0.07	1.03	98.120	4.664	1.045,778
Jambi	6.313	7.169	7.502	4.89	0.29	0.87	26.241	7.767	787,028
S.Sumatra	4.950	22.581	13.452	5.42	0.07	1.03	335.241	5.510	1.710.151
Bengkulu	3.506	11.537	5.536	5.29	0.19	0.97	72.975	3.687	383.760
Lampung	4.206	12.107	5.842	5.31	0.11	0.99	123,219	4.517	2.395.029
W.Java	4.619	10.982	6.871	4.52	0.07	1.08	152.996	4.624	11.368.914
C.Jaya	3.219	22.641	6.609	4.76	0.12	1.10	203.766	3.148	9,709,250
Yogyakarta	5.021	16.627	6.836	4.29	0.11	1.25	154.233	4.615	827,266
E.Java	4.099	14.523	5.941	4.40	0.09	1.19	164,692	3.733	11.454.784
Bali	6.171	30.510	9.157	4.78	0.12	1.16	257,333	5.862	936.054
NTB	2.967	18.615	4.581	4.80	0.11	1.04	194.389	2.365	1.247.795
NTT	2.921	7.215	4.159	5.55	0.25	1.33	31.716	2.481	1.568.140
E.Timur	2.261	61.448	9.281	5.37	0.15	1.21	430.609	2.261	223.242
W.Kalimant	4.172	75.123	10.994	5.37	0.19	1.08	375.329	4.023	1.153.005
C.Kalimanta	2.509	3.651	3.260	4.88	0.24	0.93	16.161	2.847	547.136
S.Kalimanta	3.746	9.475	4.768	4.46	0.10	1.15	108.656	3.506	997.066
E.Kalimanta	3.189	21.173	5.320	4.94	0.15	1.10	142.086	2.704	452.360
N.Sulewesi	5.264	17.320	7.131	4.61	0.37	1.10	48.206	4.957	1.007.395
C.Sulewesi	5.314	25.016	7.766	5.40	0.11	1.22	272.026	4.960	801.705
S.Sulewesi	3.668	20.264	7.767	5.40	0.15	1.07	148.045	3.607	1.962.130
SE.Sulewes	2.569	9.773	3.764	5.40	0.20	0.94	58.417	2.869	600.343
Maluku	4.419	6.082	5.330	5.73	0.29	1.11	28.086	4.396	499.800
Irian Jaya	1.734	1.487	5.003	4.89	0.07	1.05	20.273	1.856	395.626
Indonesia	4.254	17.477	6.899	4.78	0.12	1.11	154.977	4.217	57.391.666

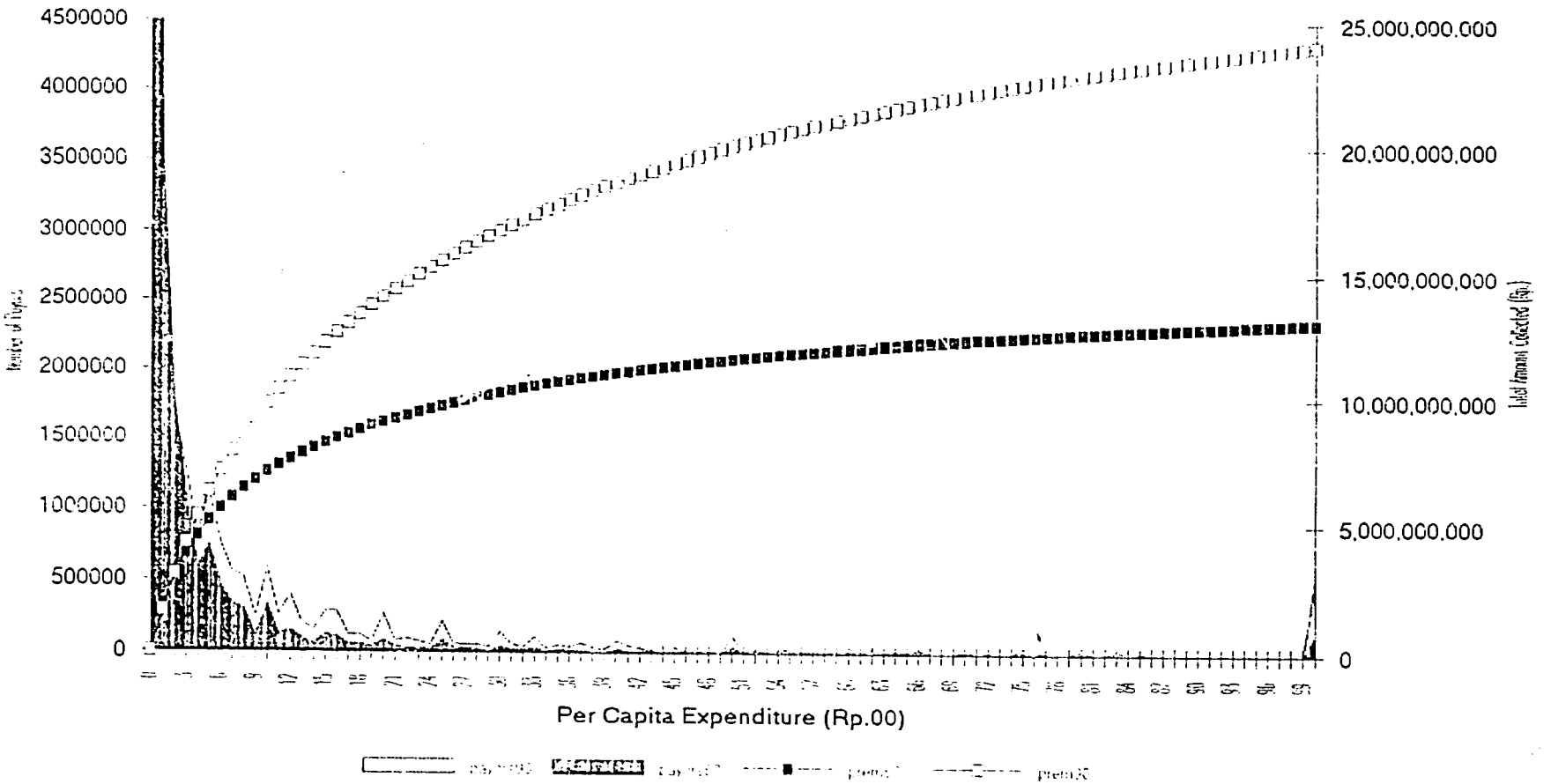
Cost and Utilization Statistics Rural Population--Health Expenditures Only, Upper 10% Removed

Province	Mean Cost Out	Mean Cost In	Mean Health	House Size	Mean In Visit	Mean Out Visit	Mean Cost In(1)	Mean Cost Out(1)	Population
Aceh	6,946	5,756	8,085	5.24	0.18	1.32	36,091	7,256	1,257,408
N. Sumatra	5,262	25,337	9,193	5.35	0.17	0.93	111,228	6,391	2,577,016
W.Sumatra	5,143	26,188	7,902	5.05	0.09	1.01	323,669	5,799	1,306,224
Riau	4,683	6,462	5,761	5.67	0.08	1.03	98,120	4,718	969,766
Jambi	6,483	7,241	7,643	5.02	0.30	0.89	26,167	7,884	755,870
S.Sumatra	4,998	23,624	13,855	5.48	0.07	1.03	348,000	5,595	1,652,700
Bengkulu	3,329	12,083	4,801	5.36	0.20	0.98	72,975	3,572	371,460
Lampung	3,734	6,859	4,939	5.36	0.10	0.98	73,744	4,005	2,289,753
W.Java	4,179	8,734	6,267	4.58	0.07	1.08	125,824	4,256	10,743,402
C.Jaya	3,147	21,773	6,469	4.78	0.11	1.10	199,537	3,097	9,460,912
Yogyakarta	4,030	13,032	5,441	4.36	0.10	1.27	130,885	3,455	792,825
E.Java	3,786	9,596	5,211	4.44	0.09	1.19	116,776	3,486	11,172,612
Bali	5,583	12,658	7,091	4.83	0.11	1.16	118,574	5,260	889,272
NTB	2,037	18,919	3,944	4.83	0.11	1.04	197,277	2,353	1,222,887
NTT	2,807	7,065	4,035	5.57	0.25	1.33	31,357	2,397	1,548,820
E.Timur	1,347	65,565	8,807	5.45	0.15	1.20	471,210	1,276	211,410
W.Kalimantan	4,059	75,750	10,881	5.40	0.17	1.08	419,199	3,885	1,097,705
C.Kalimantan	2,610	2,925	3,249	5.01	0.22	0.95	14,290	2,902	522,004
S.Kalimantan	3,531	4,708	4,126	4.60	0.09	1.15	58,361	3,286	936,610
E.Kalimantan	2,636	13,733	4,177	5.10	0.13	1.09	97,667	2,397	421,056
N.Sulewesi	4,470	14,936	6,078	4.71	0.36	1.11	44,512	4,349	955,980
C.Sulewesi	4,756	25,539	7,245	5.46	0.11	1.23	279,509	4,503	787,155
S.Sulewesi	3,601	16,905	7,480	5.43	0.14	1.09	136,521	3,454	1,902,862
SE.Sulewesi	2,413	3,391	3,076	5.41	0.20	0.94	19,924	2,745	580,488
Maluku	4,343	6,398	5,295	5.89	0.30	1.10	28,911	4,367	483,990
Irian Jaya	1,742	1,456	5,030	4.91	0.07	1.05	21,700	1,868	394,548
Indonesia	3,930	14,569	6,325	4.83	0.11	1.11	133,912	3,932	55,304,735

CHAPTER 4

APPENDICES

1987,1990 Per Capita Health Expenditures: Sliding Scale Indonesia



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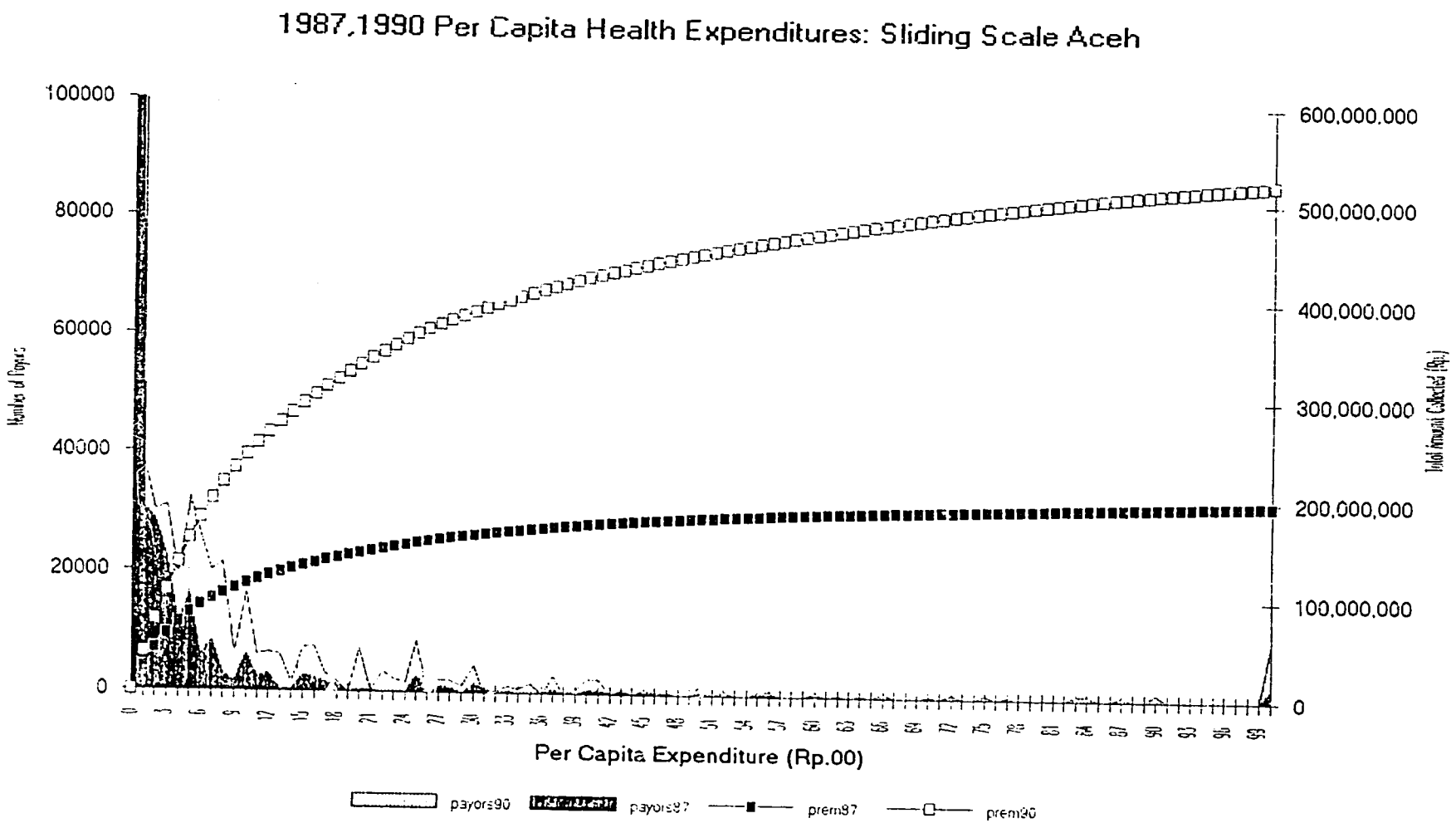
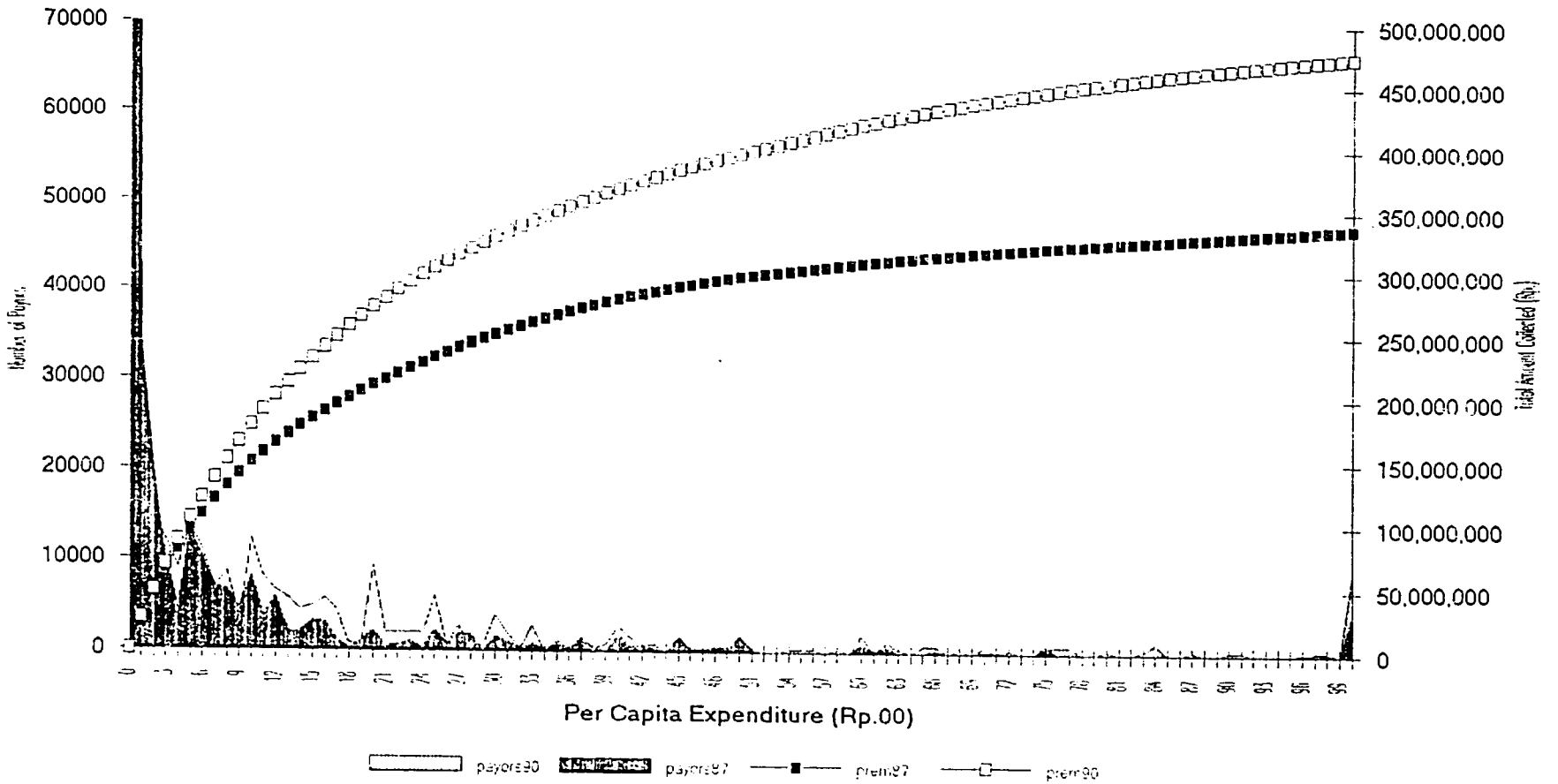
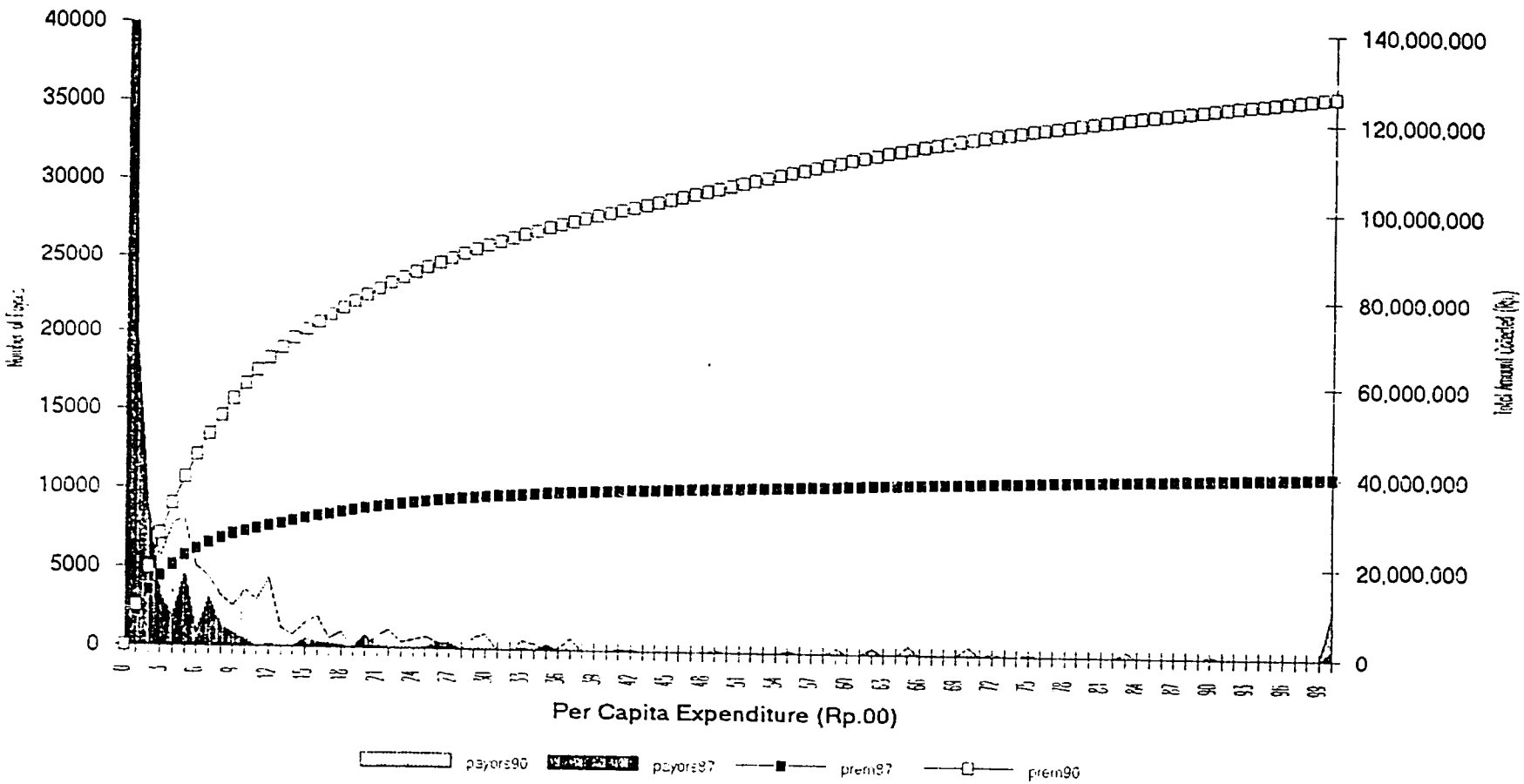

1987,1990 Per Capita Health Expenditures: Sliding Scale Aceh
100000
80000
60000
40000
20000
0
Number of Payors
600,000,000
500,000,000
400,000,000
300,000,000
200,000,000
100,000,000
0
Total Amount Collected (Rp.)
Per Capita Expenditure (Rp.00)
payors90
payors87
prem87
prem90

1987,1990 Per Capita Health Expenditures: Sliding Scale Bali

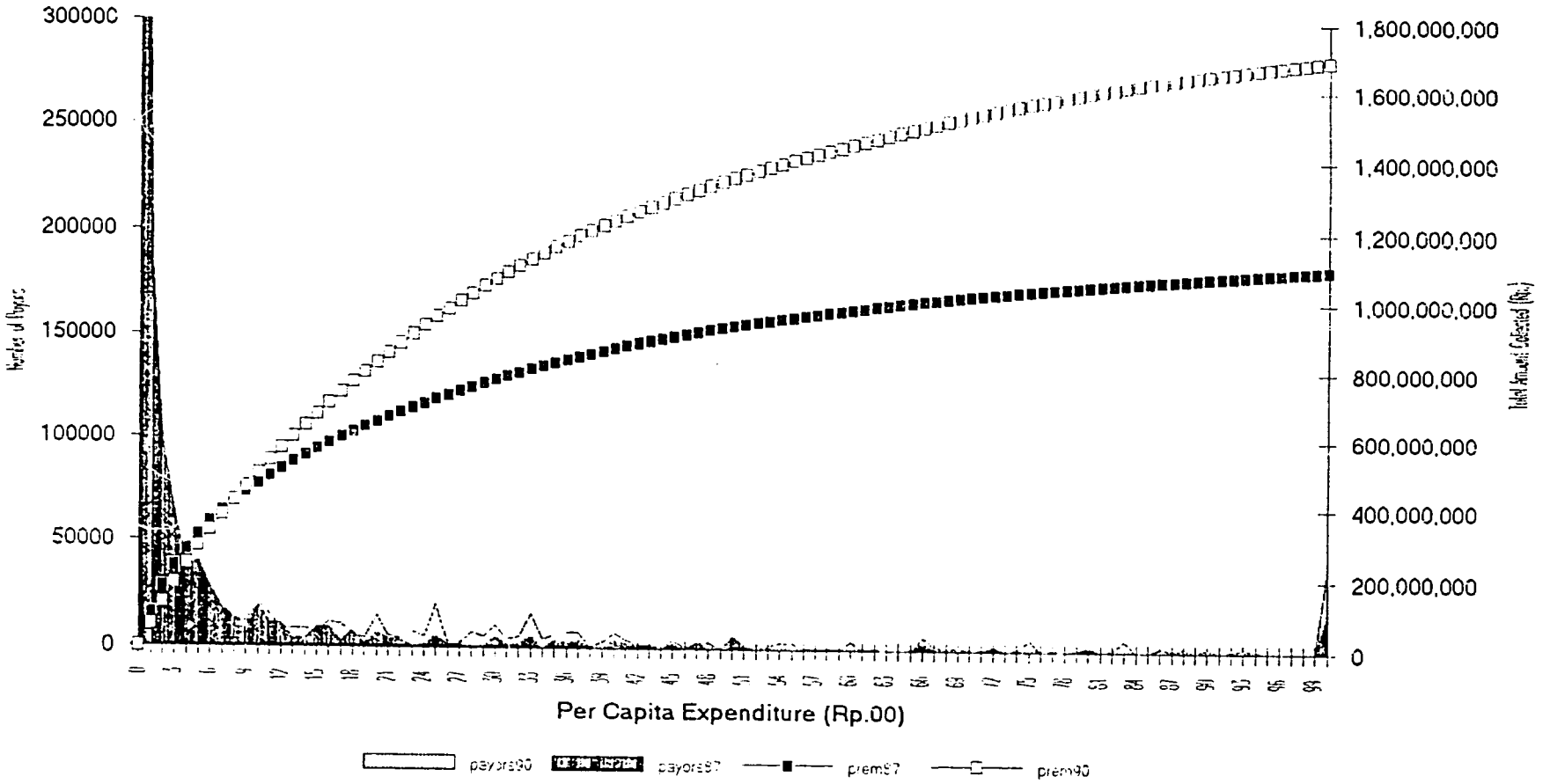


1987,1990 Per Capita Health Expenditures: Sliding Scale Bengkulu

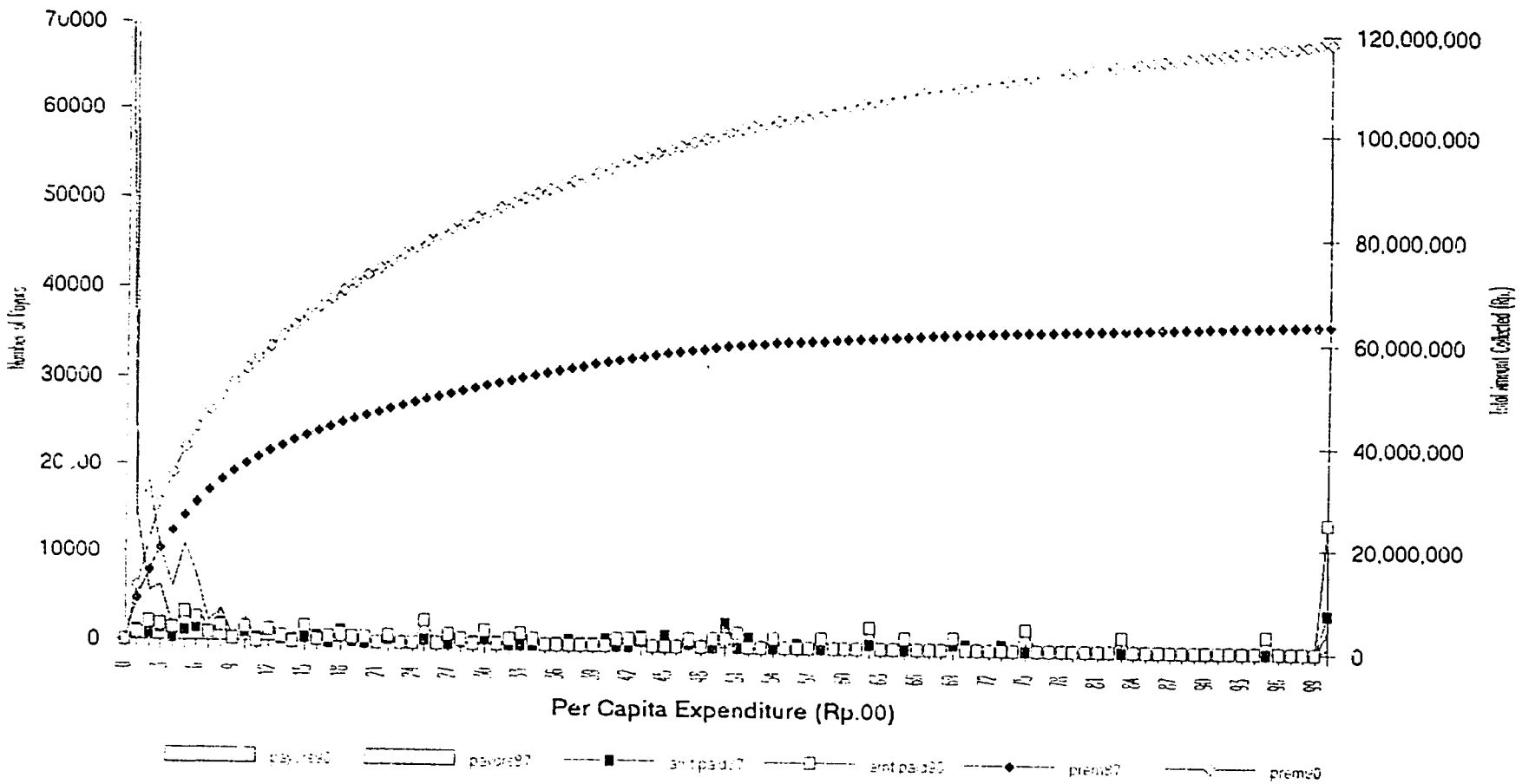


267

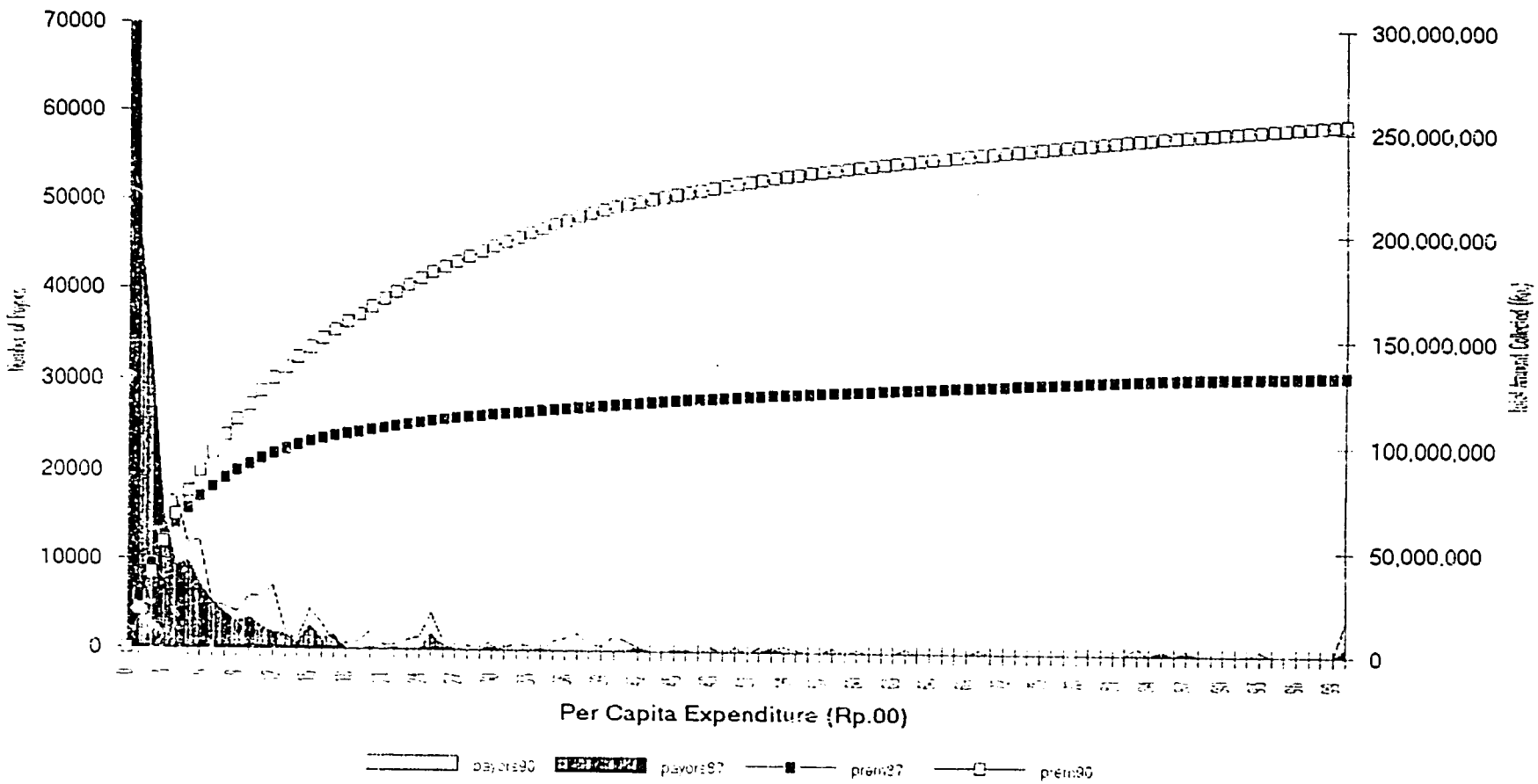
1987,1990 Per Capita Health Expenditures: Sliding Scale Jakarta



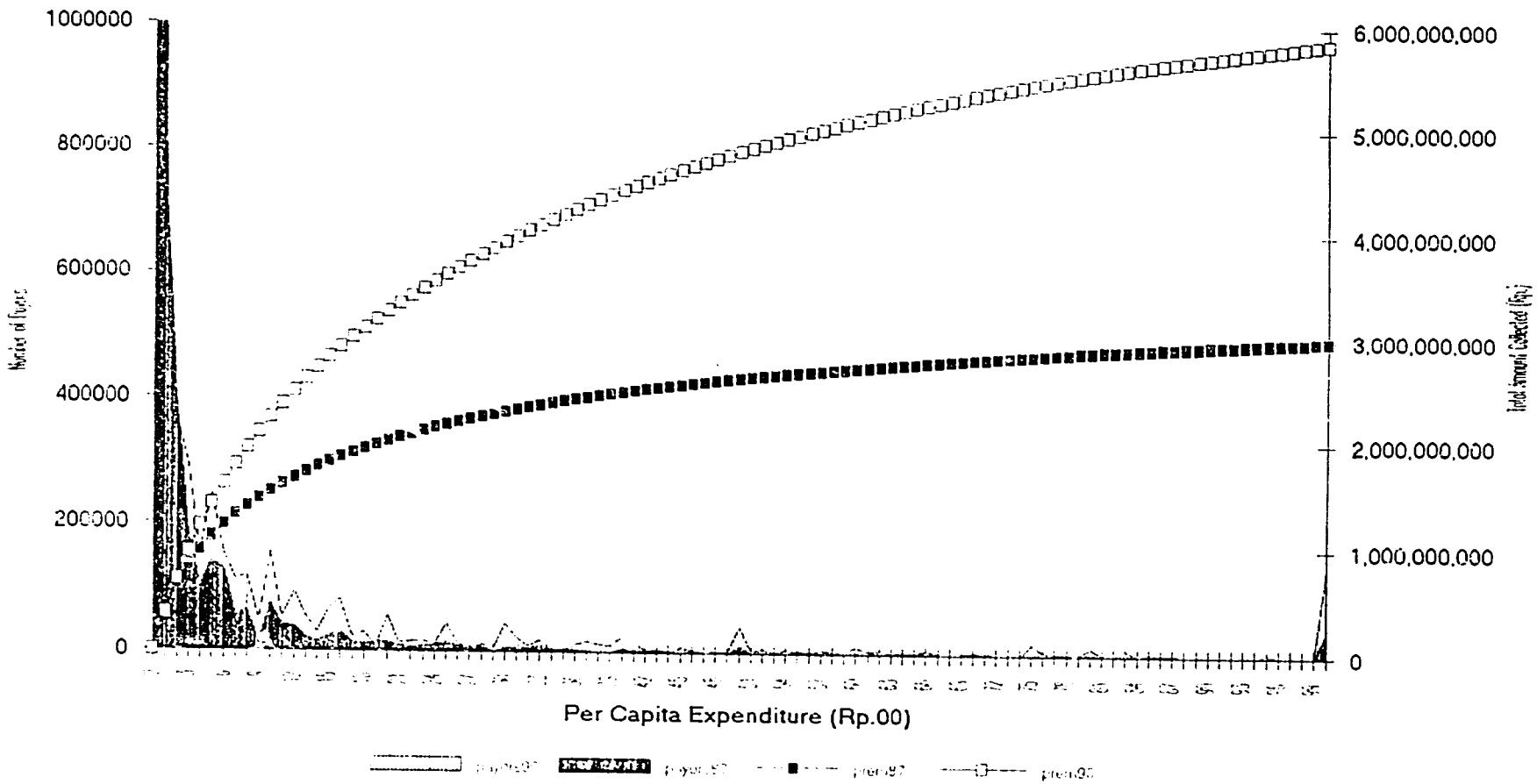
1987,1990 Per Capita Health Expenditures: Sliding Scale Irian Jaya



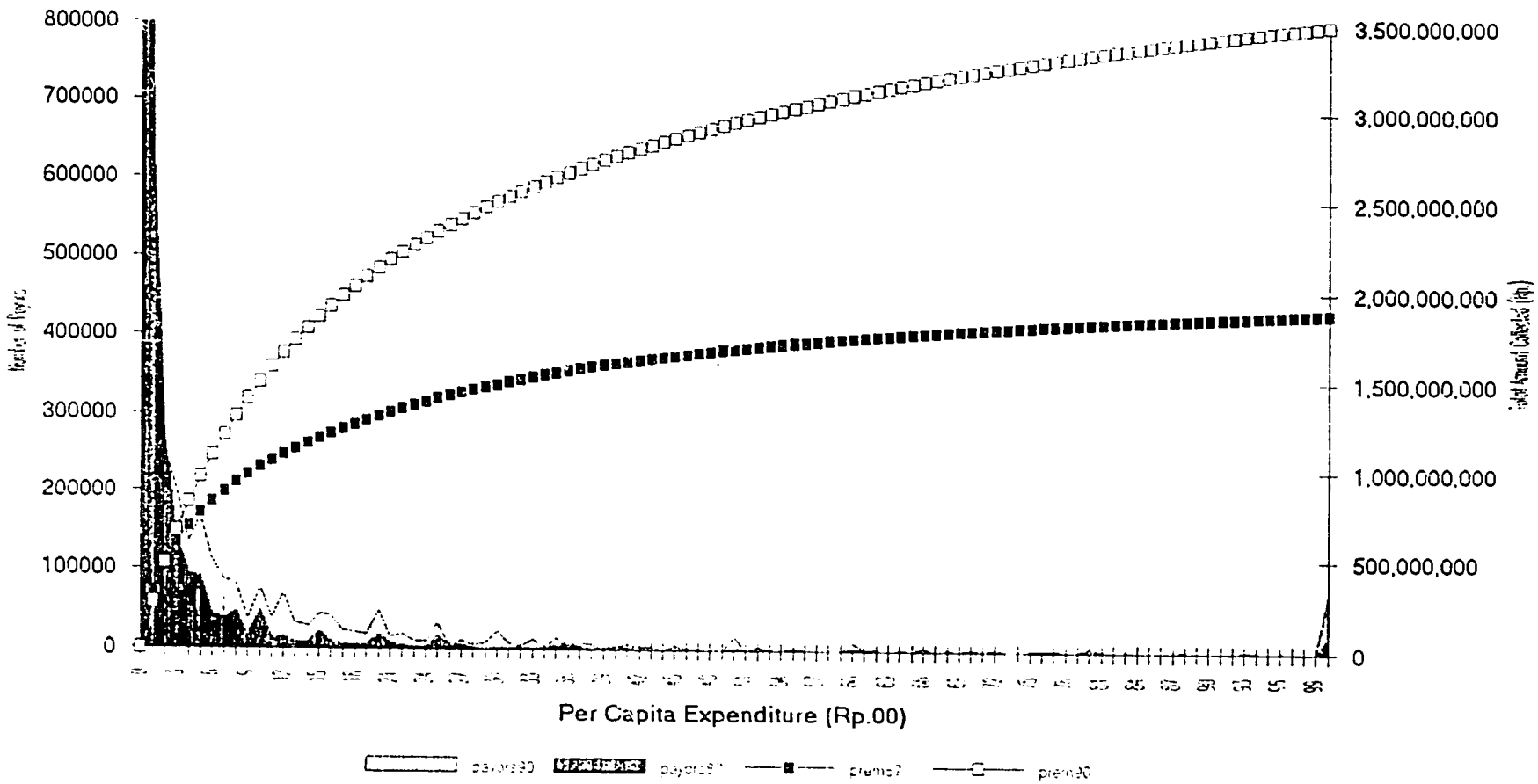
1987,1990 Per Capita Health Expenditures: Sliding Scale Jambi



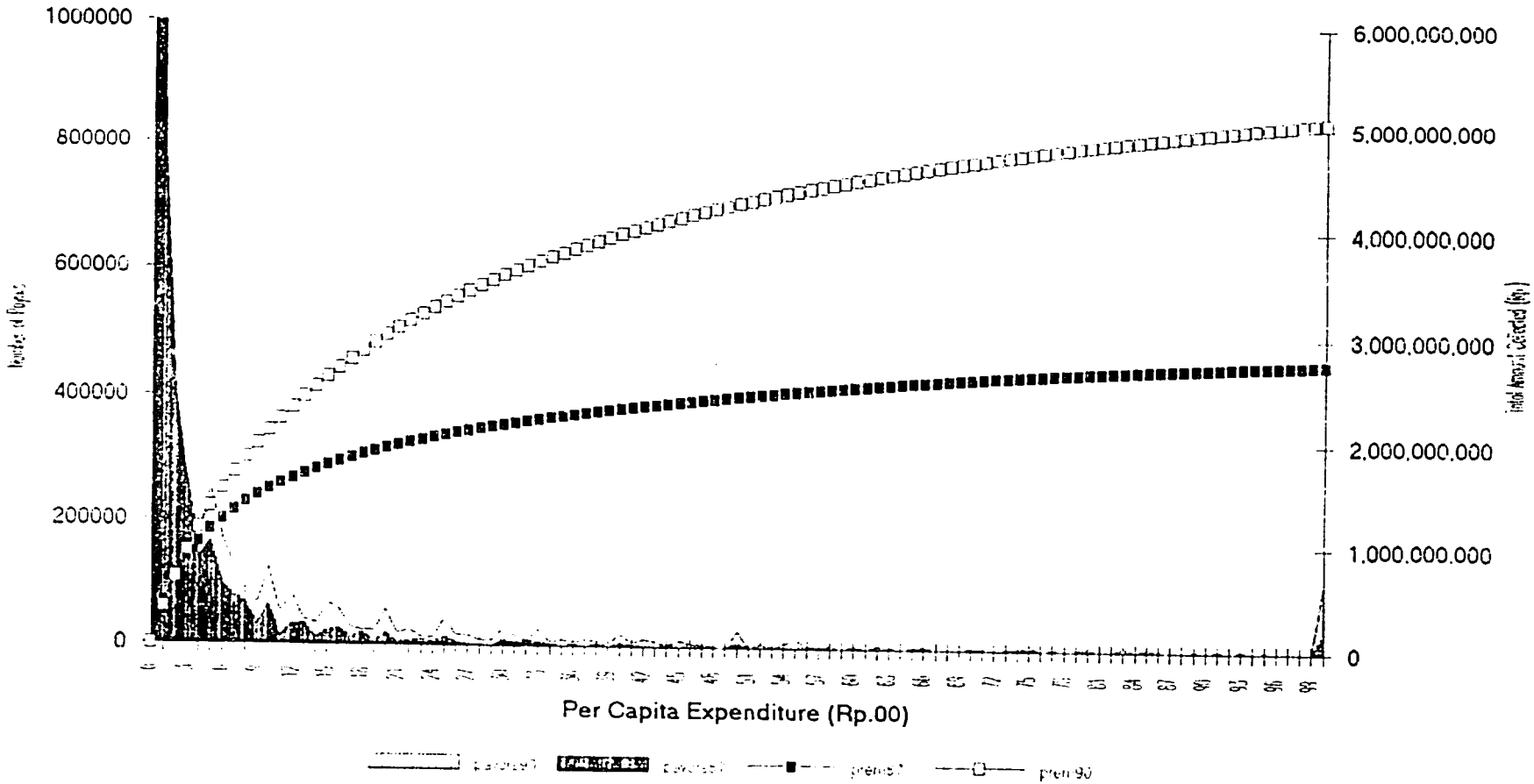
1987,1990 Per Capita Health Expenditures: Sliding Scale West Java



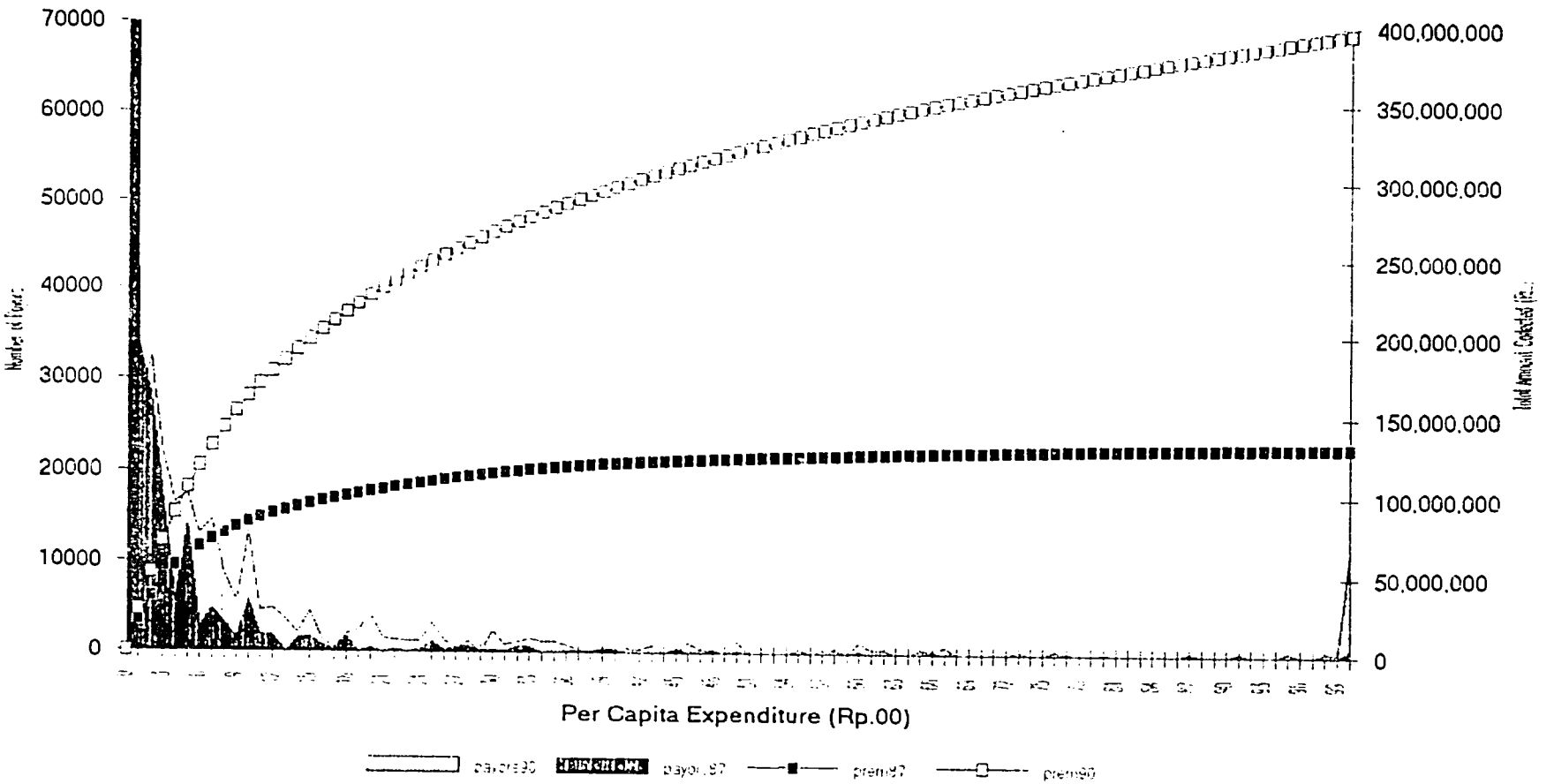
1987,1990 Per Capita Health Expenditures: Sliding Scale Central Java



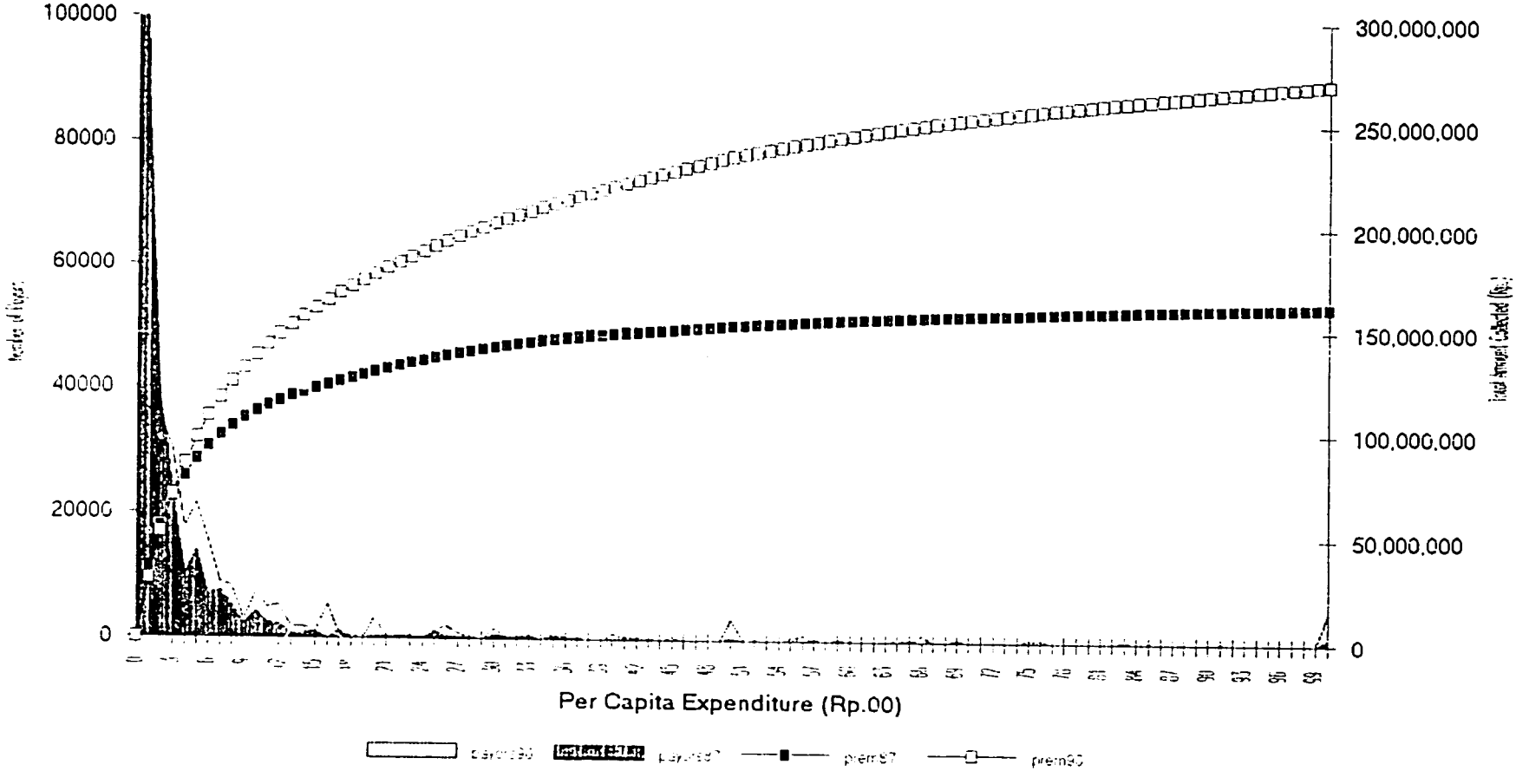
1987,1990 Per Capita Health Expenditures: Sliding Scale East Java



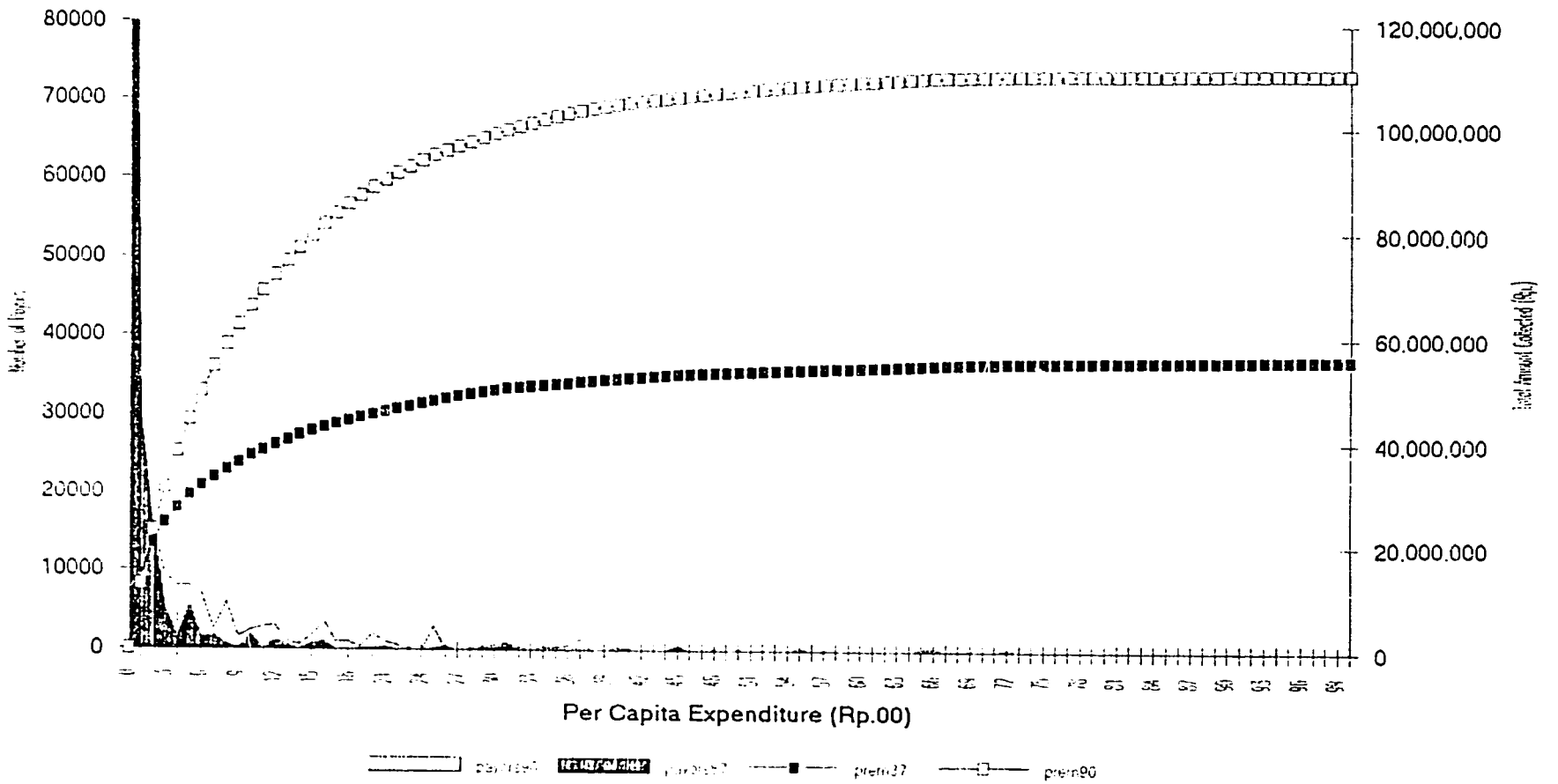
1987,1990 Per Capita Health Expenditures: S! ding Scale West Kalimantan



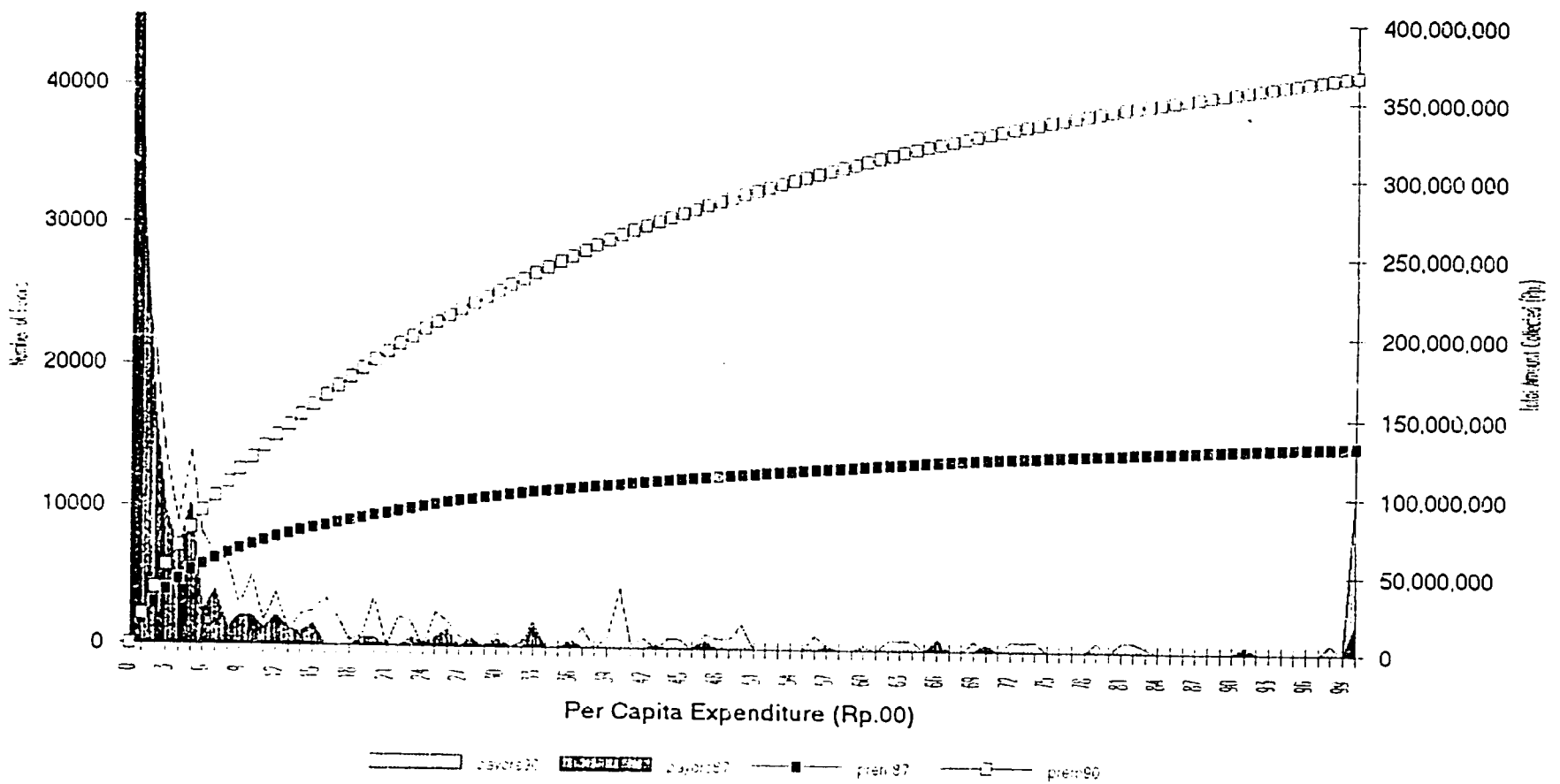
1987,1990 Per Capita Health Expenditures: Sliding Scale South Kalimantan



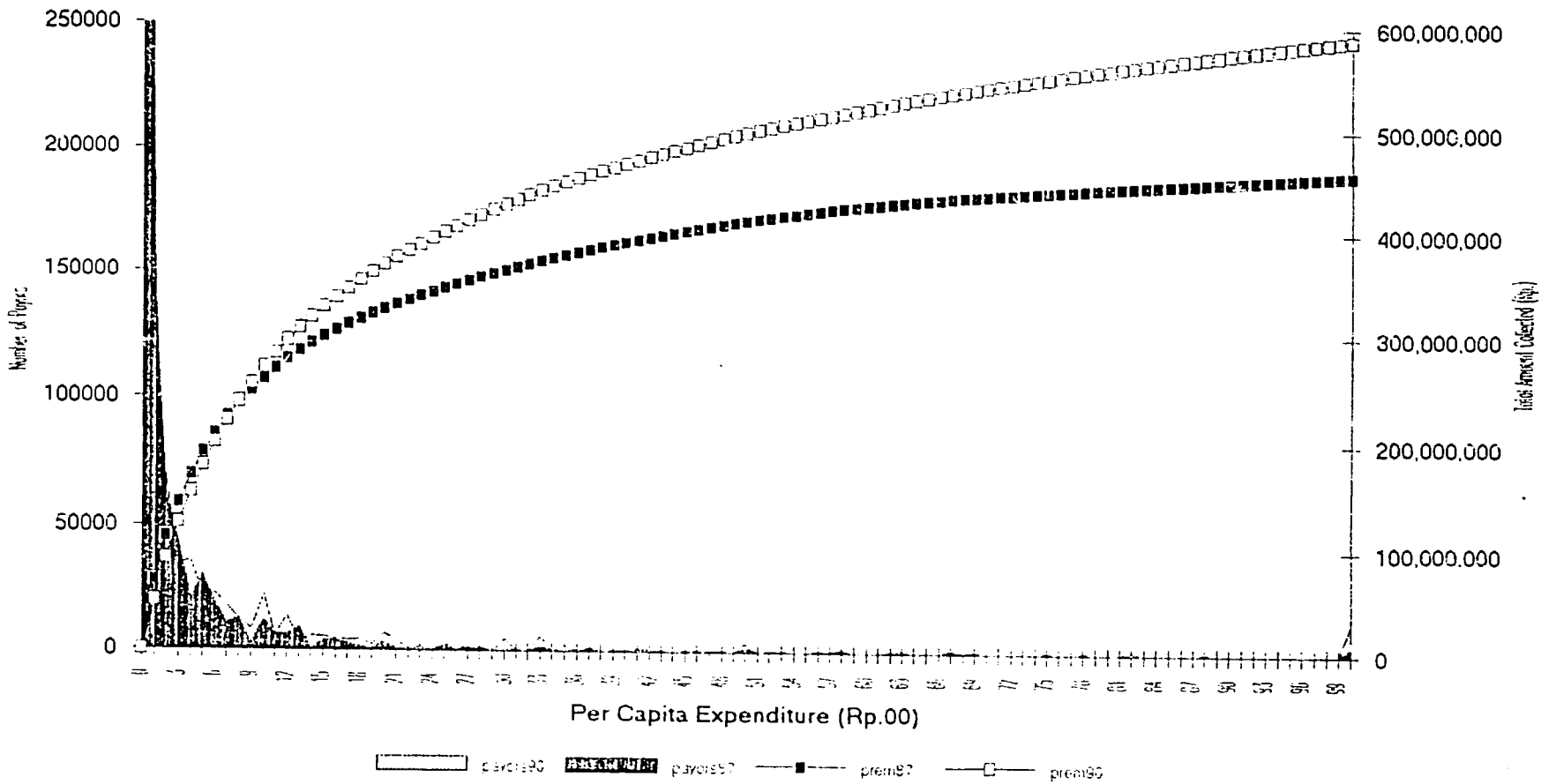
1987,1990 Per Capita Health Expenditures: Sliding Scale Central Kalimantan



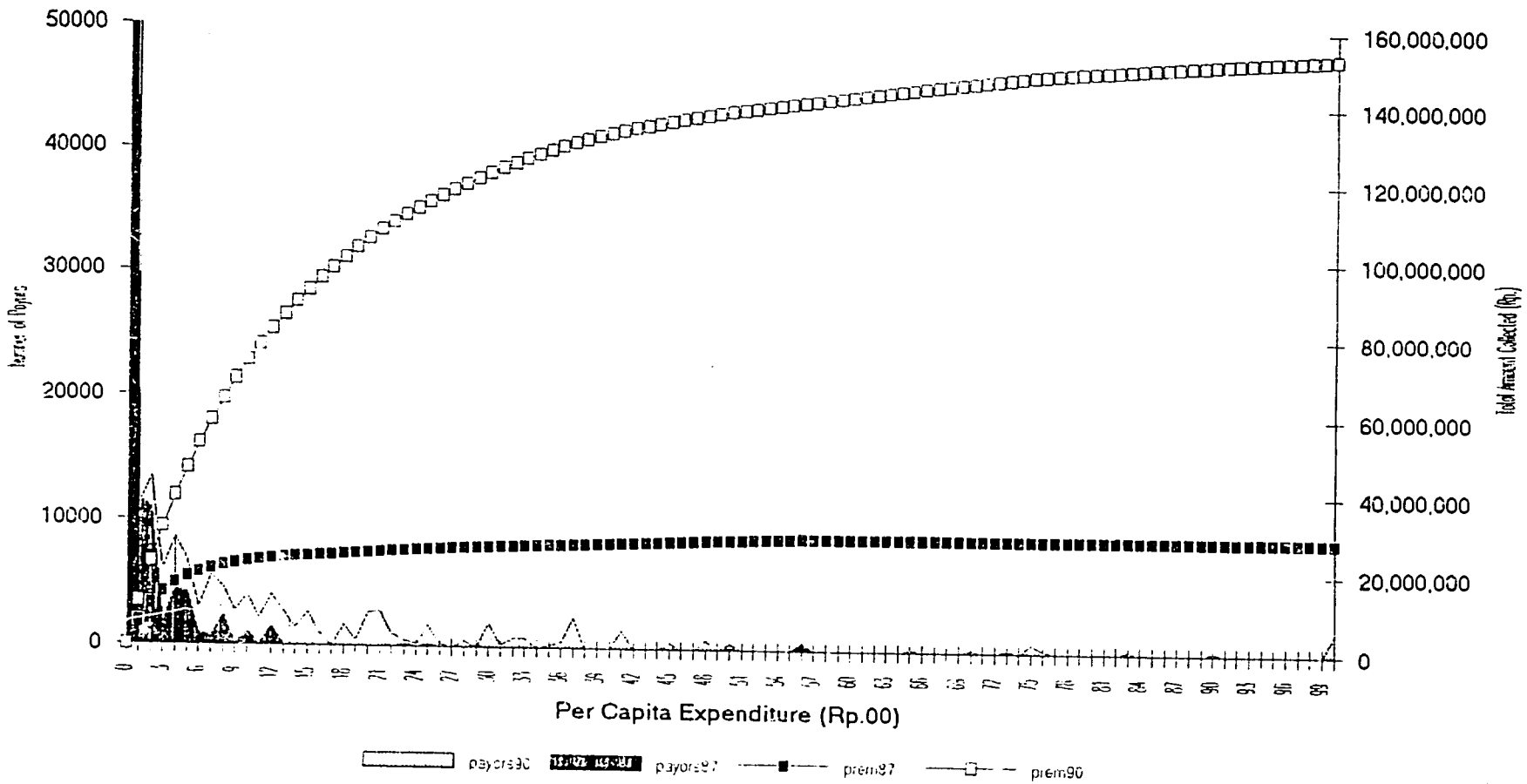
1987,1990 Per Capita Health Expenditures: Sliding Scale East Kalimantan

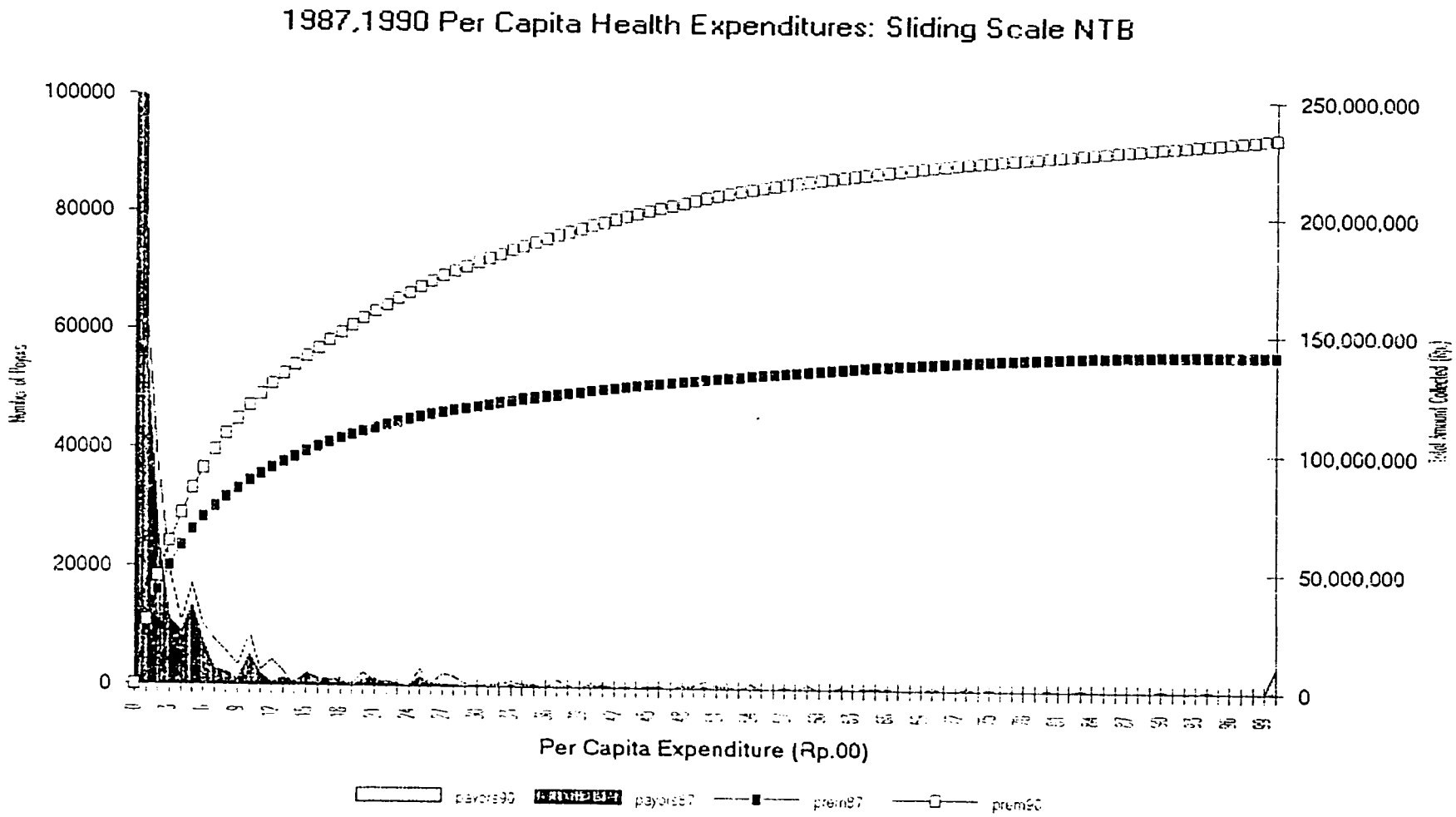


1987,1990 Per Capita Health Expenditures: Sliding Scale Lampung

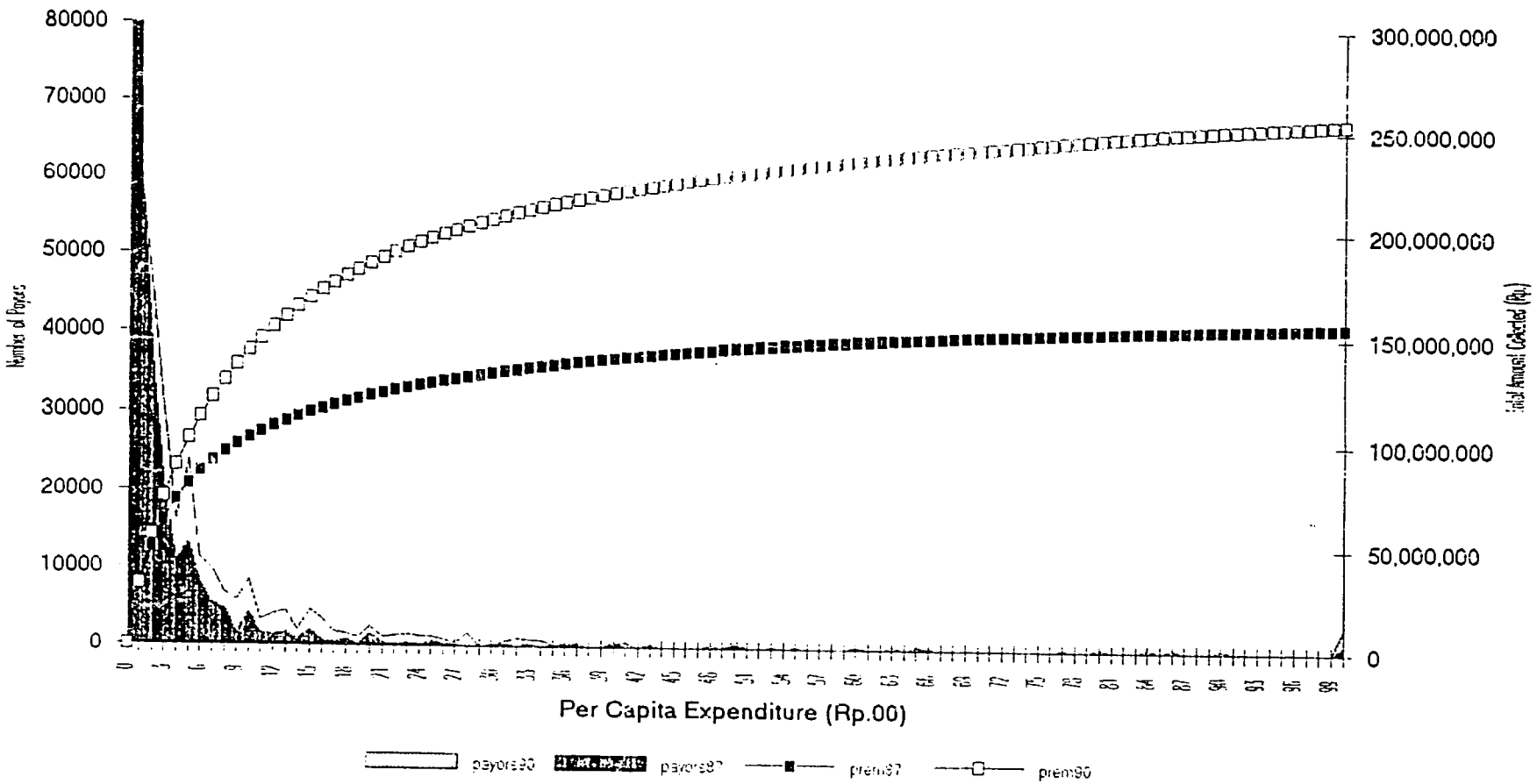


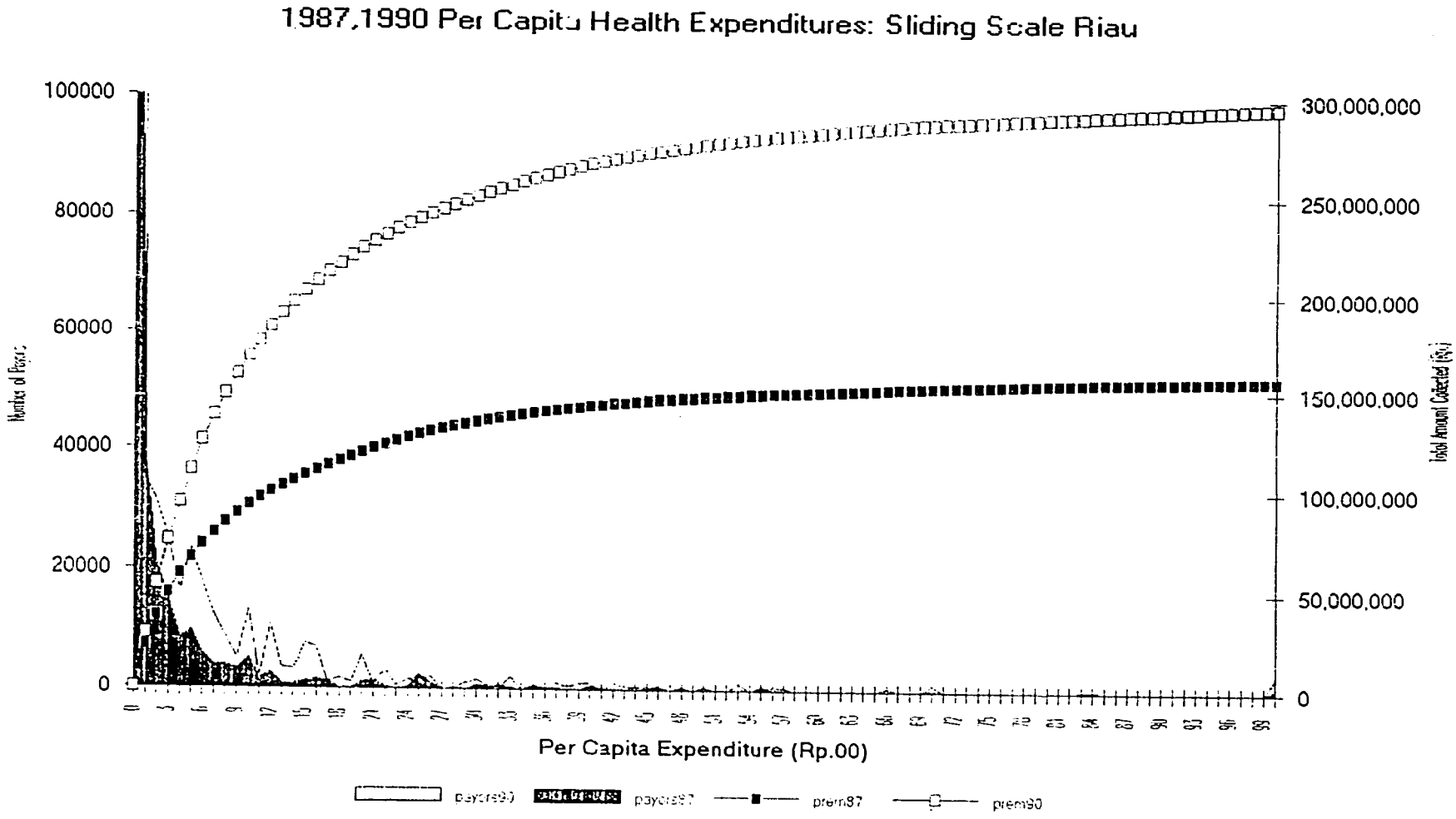
1987,1990 Per Capita Health Expenditures: Sliding Scale Maluku



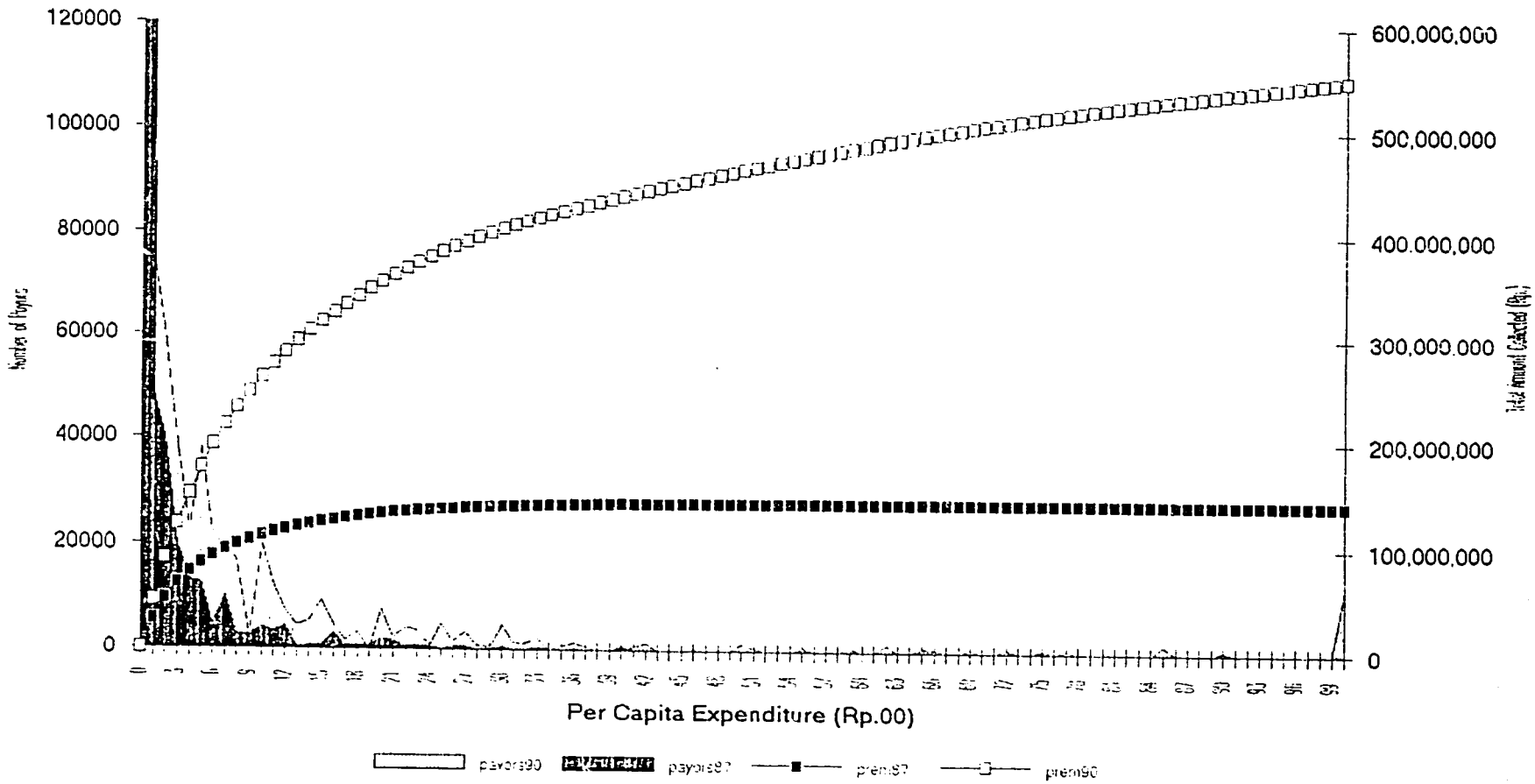

1987,1990 Per Capita Health Expenditures: Sliding Scale NTB
100000
80000
60000
40000
20000
0
Number of Payers
250,000,000
200,000,000
150,000,000
100,000,000
50,000,000
0
Total Amount Collected (Rp.)
Per Capita Expenditure (Rp.00)
payore90
payore87
prem87
prem90

1987,1990 Per Capita Health Expenditures: Sliding Scale NTT

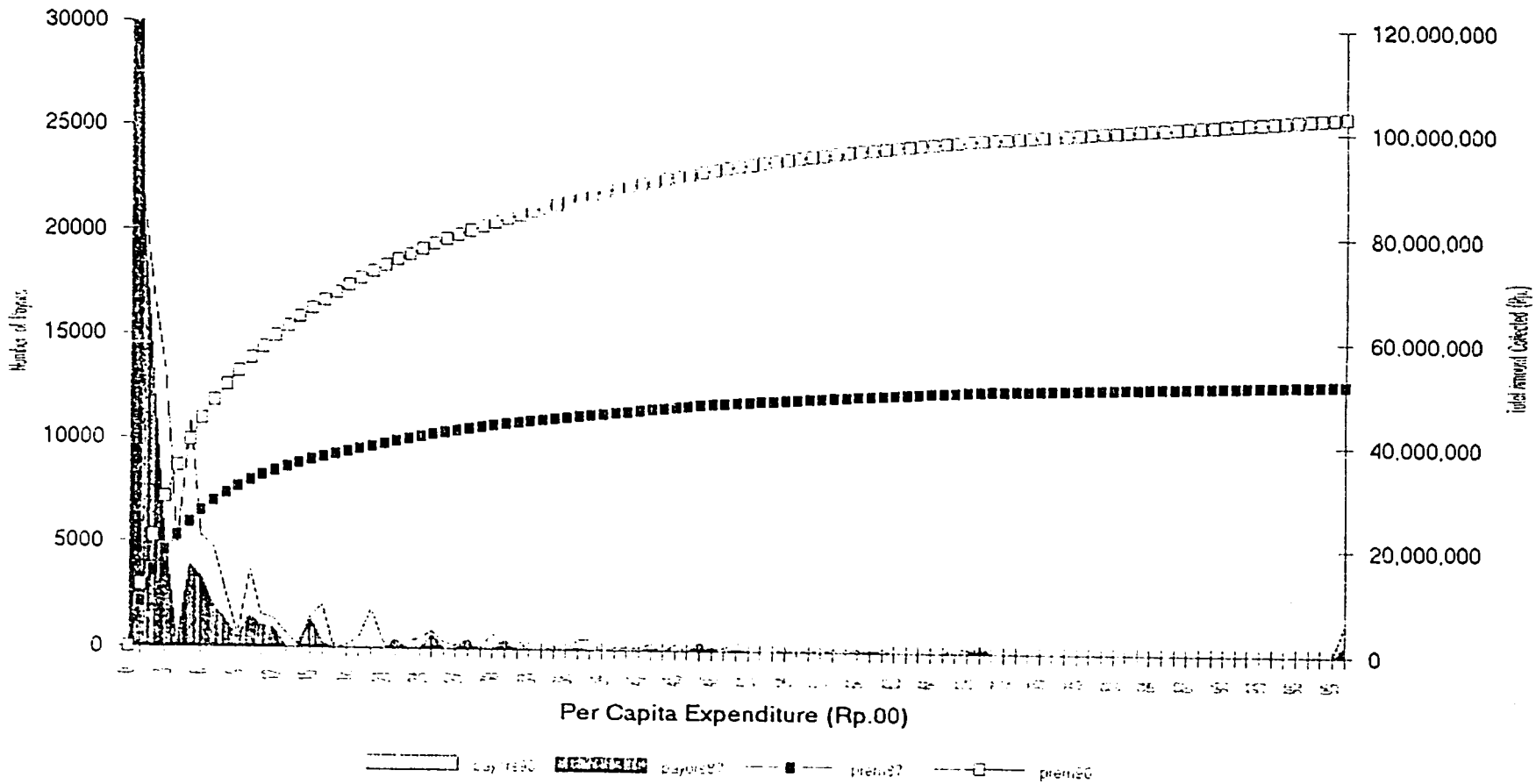



1987,1990 Per Capita Health Expenditures: Sliding Scale Riau
100000
80000
60000
40000
20000
0
300,000,000
250,000,000
200,000,000
150,000,000
100,000,000
50,000,000
0
Per Capita Expenditure (Rp.00)
payors87
prem87
prem90

1987,1990 Per Capita Health Expenditures: Sliding Scale South Sulewesi

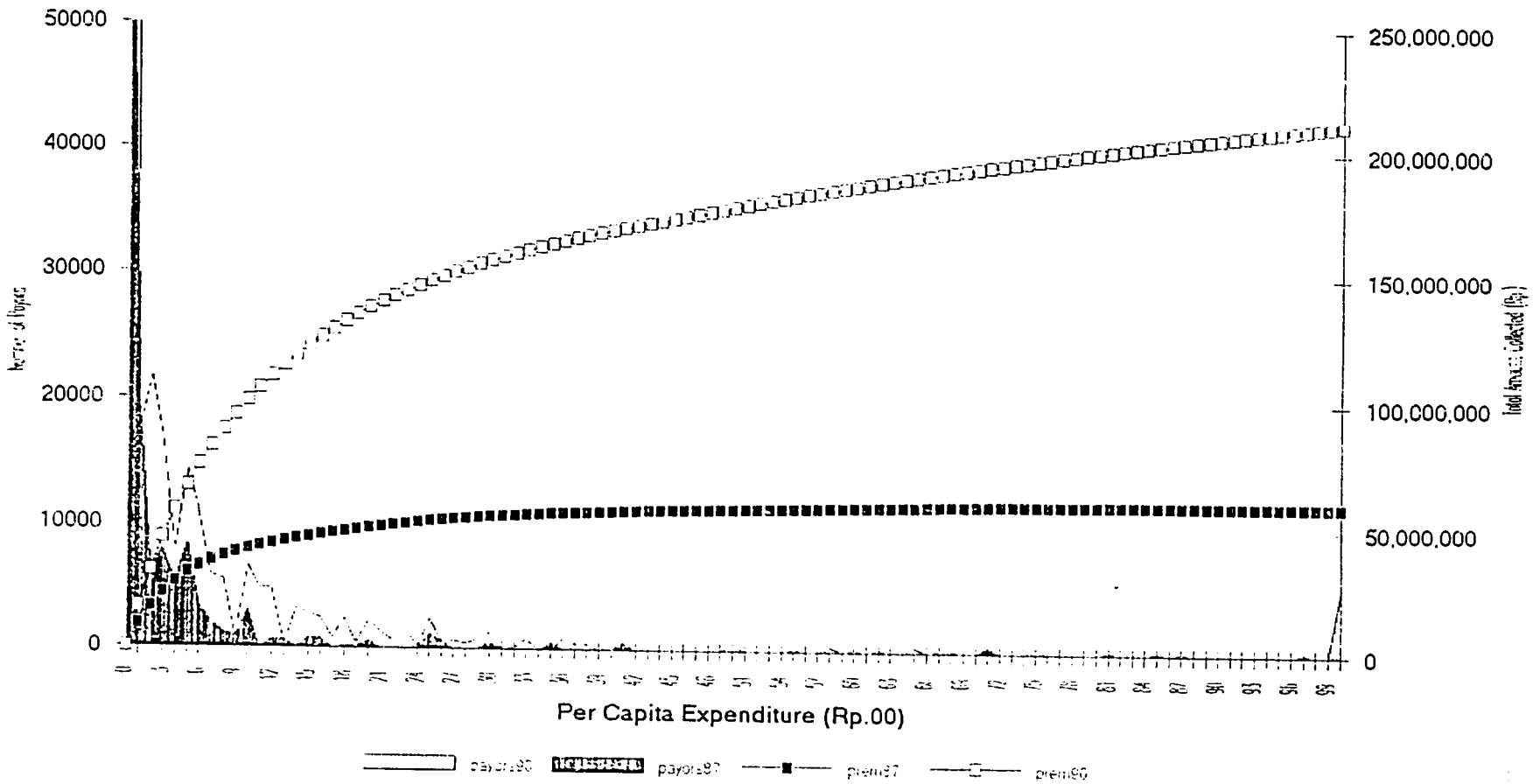


1987,1990 Per Capita Health Expenditures: Sliding Scale S.E.Sulewesi

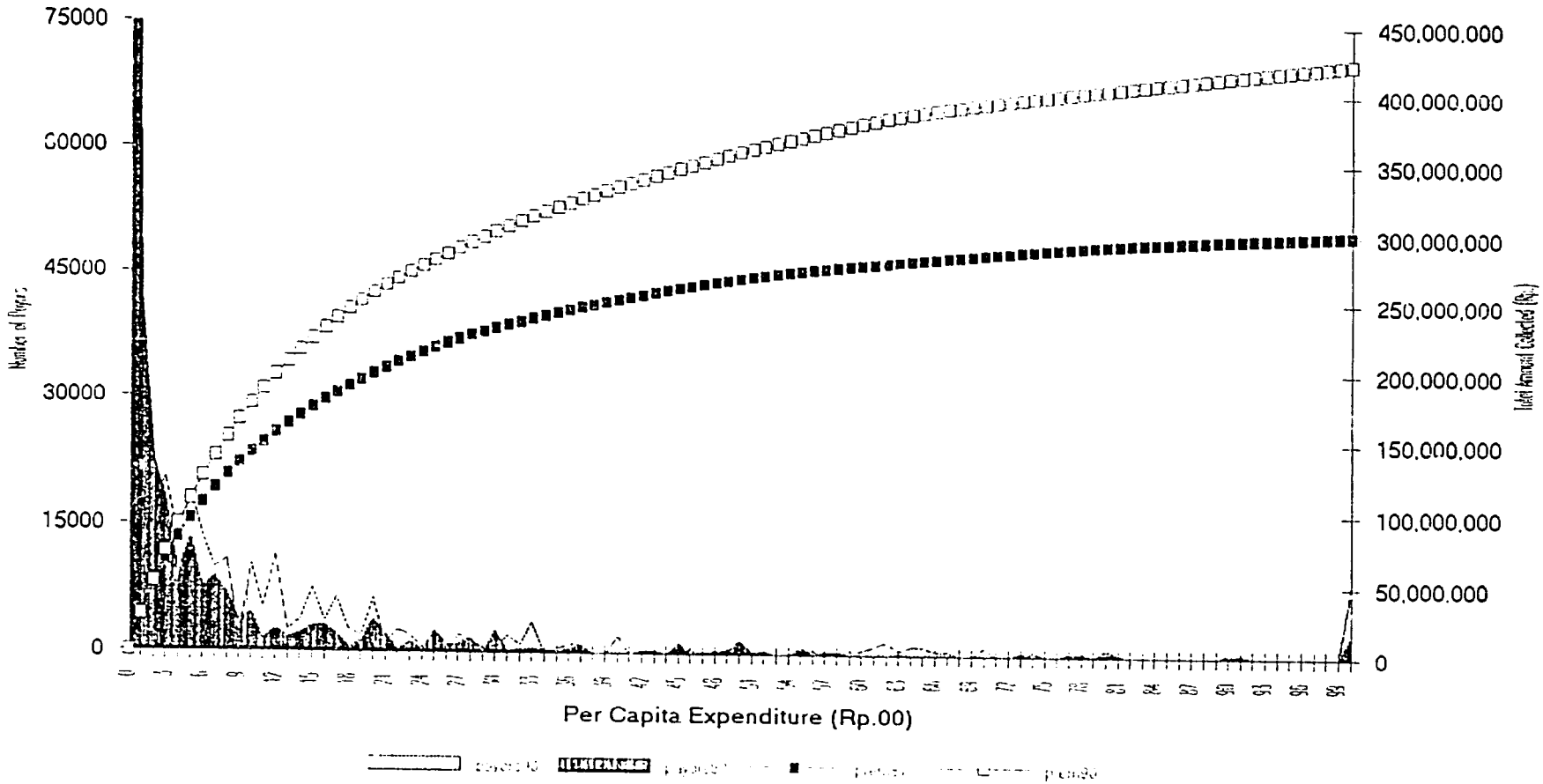


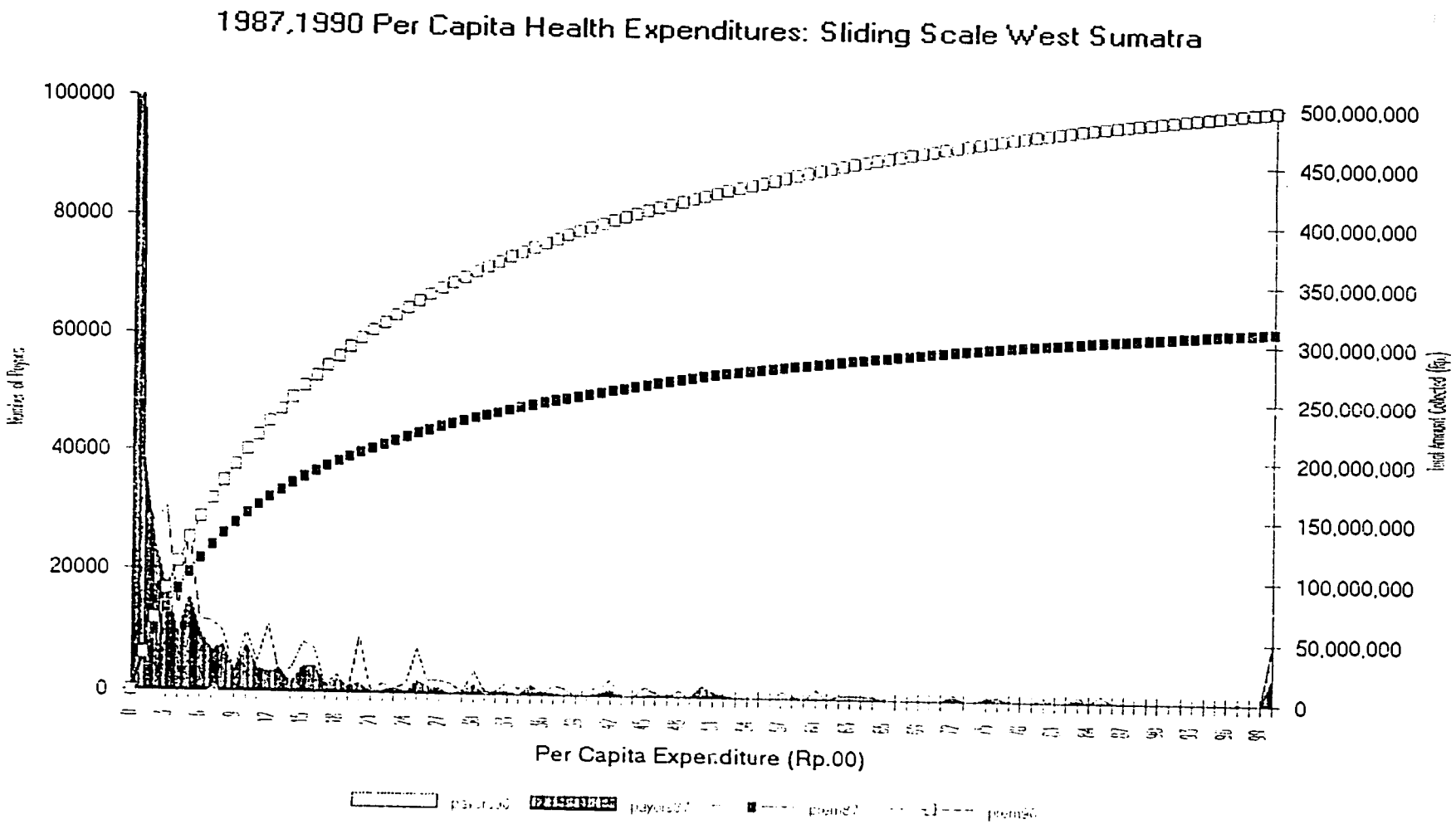
284

1987,1990 Per Capita Health Expenditures: Sliding Scale Central Sulewesi

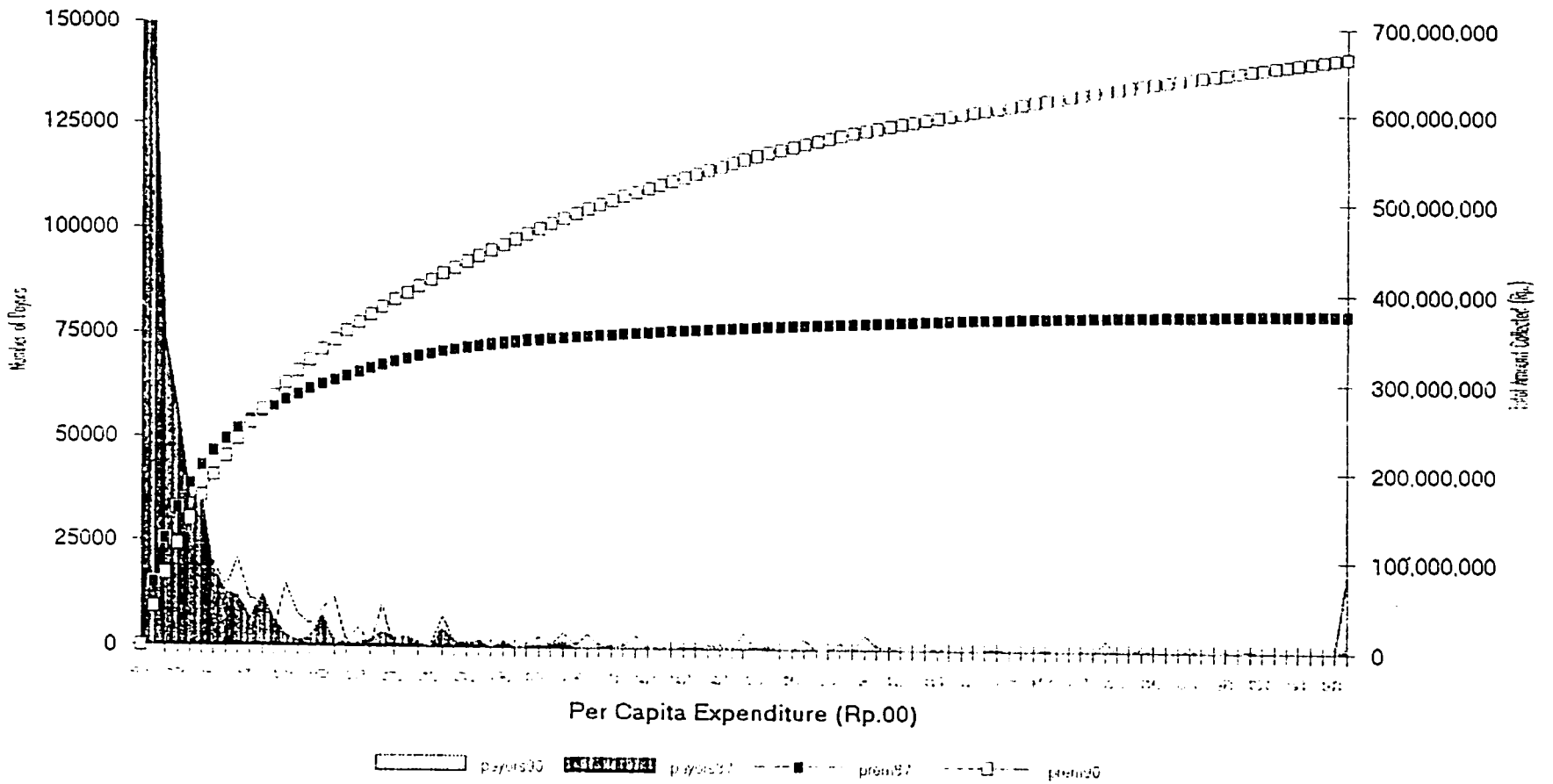


1987,1990 Per Capita Health Expenditures: Sliding Scale North Sulewesi

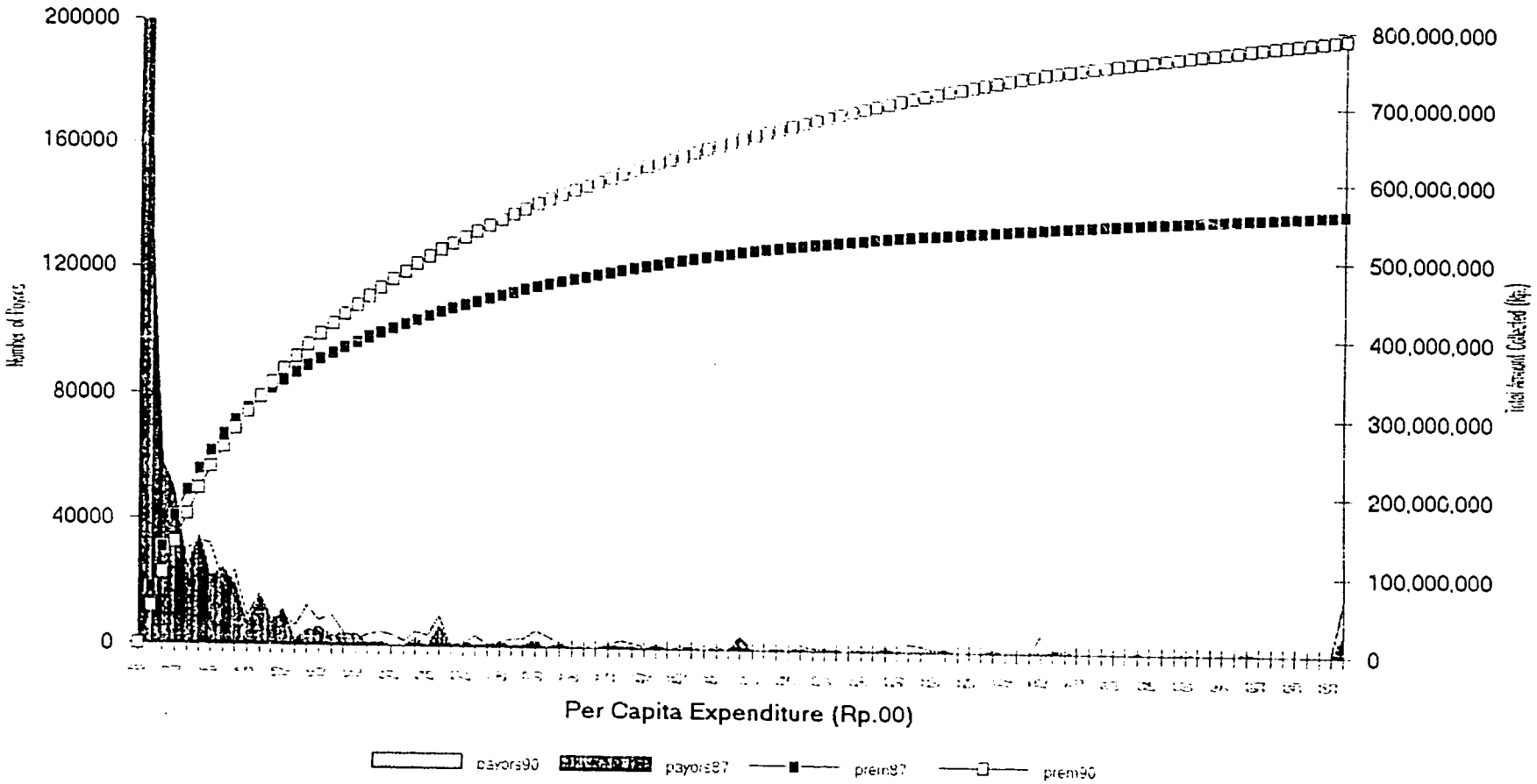



1987,1990 Per Capita Health Expenditures: Sliding Scale West Sumatra
100000
80000
60000
40000
20000
0
500,000,000
450,000,000
400,000,000
350,000,000
300,000,000
250,000,000
200,000,000
150,000,000
100,000,000
50,000,000
0
Per Capita Expenditure (Rp.00)

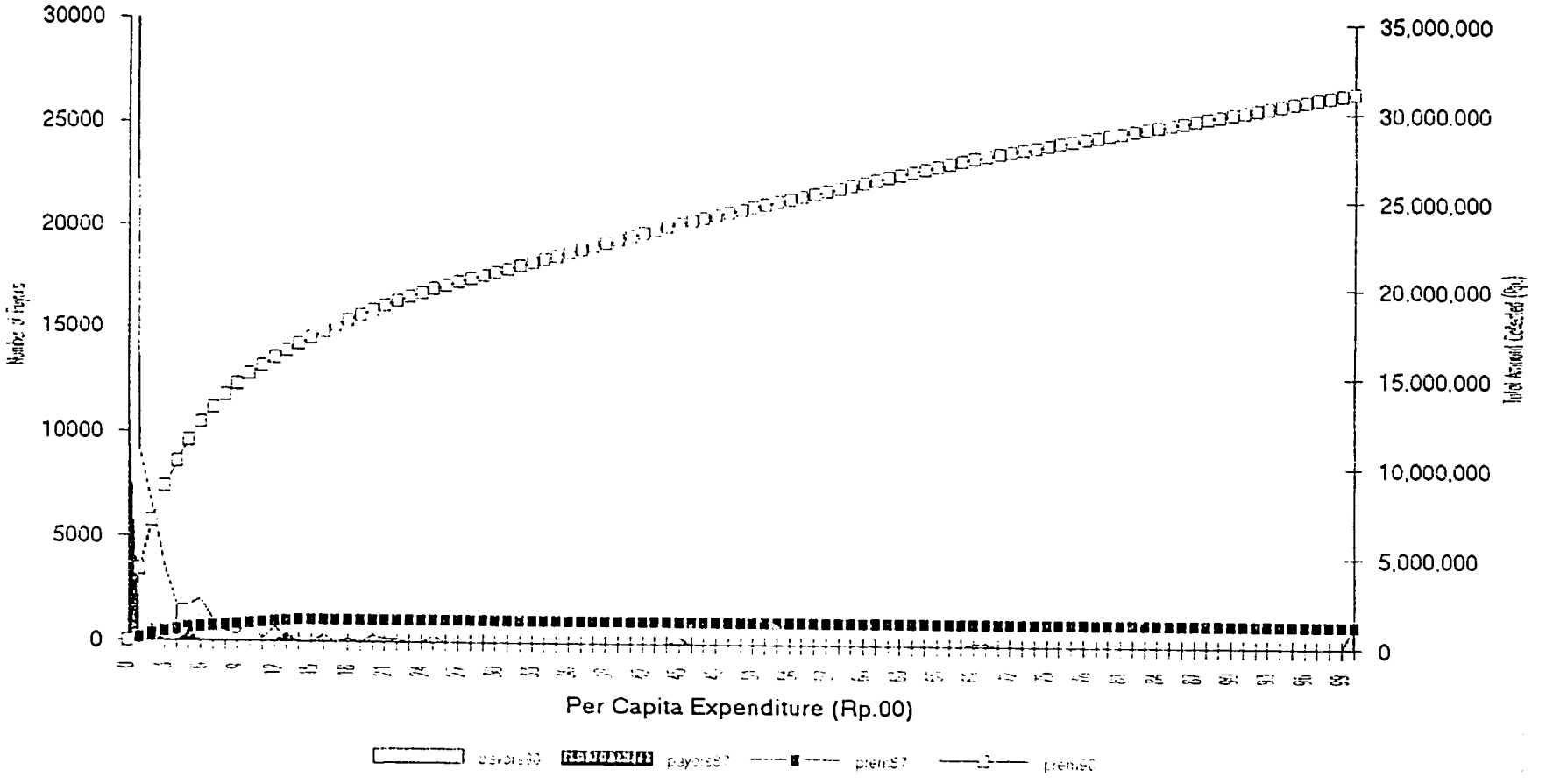
1987,1990 Per Capita Health Expenditures: Sliding Scale South Sumatra

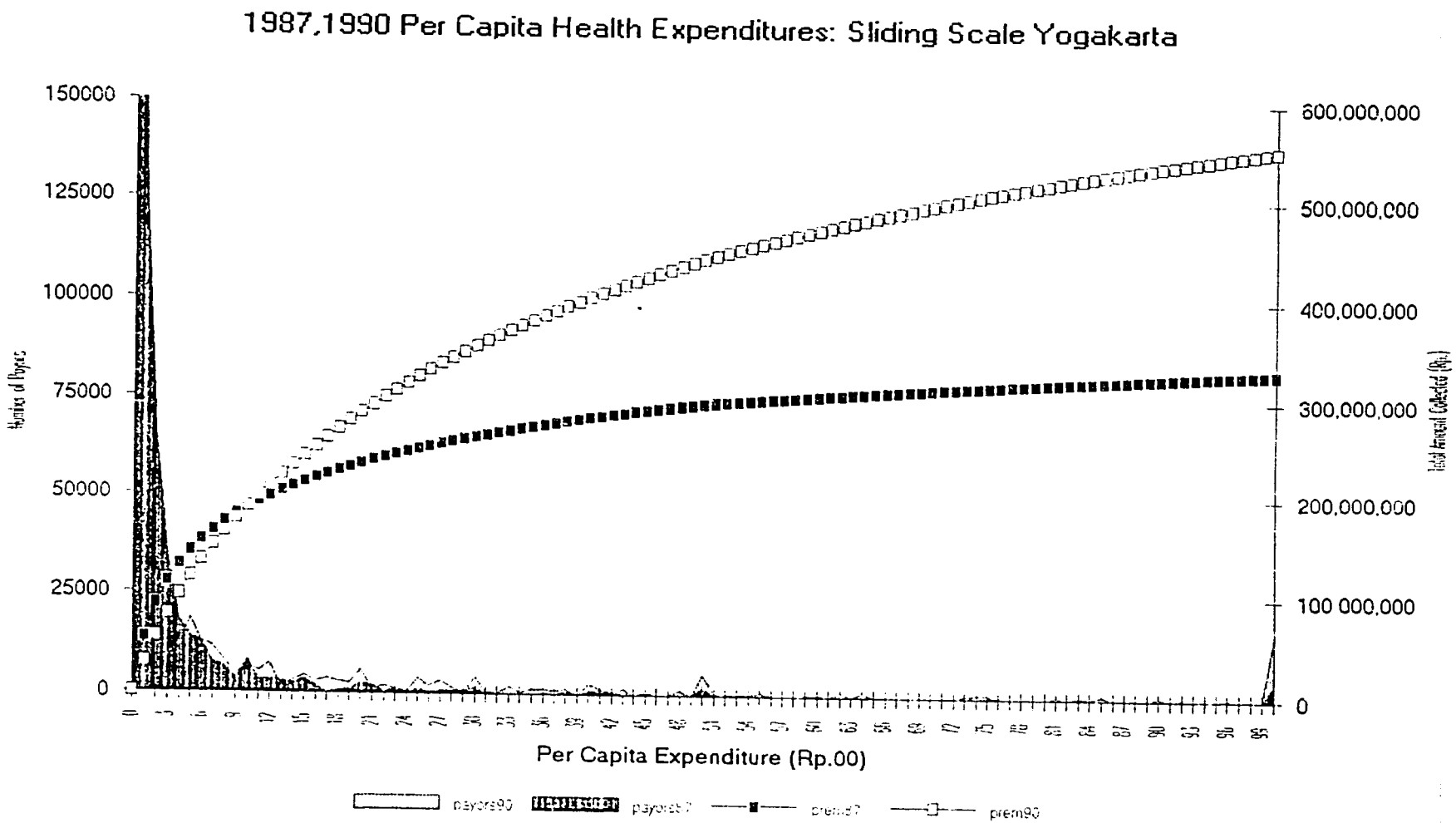


1987,1990 Per Capita Health Expenditures: Sliding Scale Rural North Sumatra

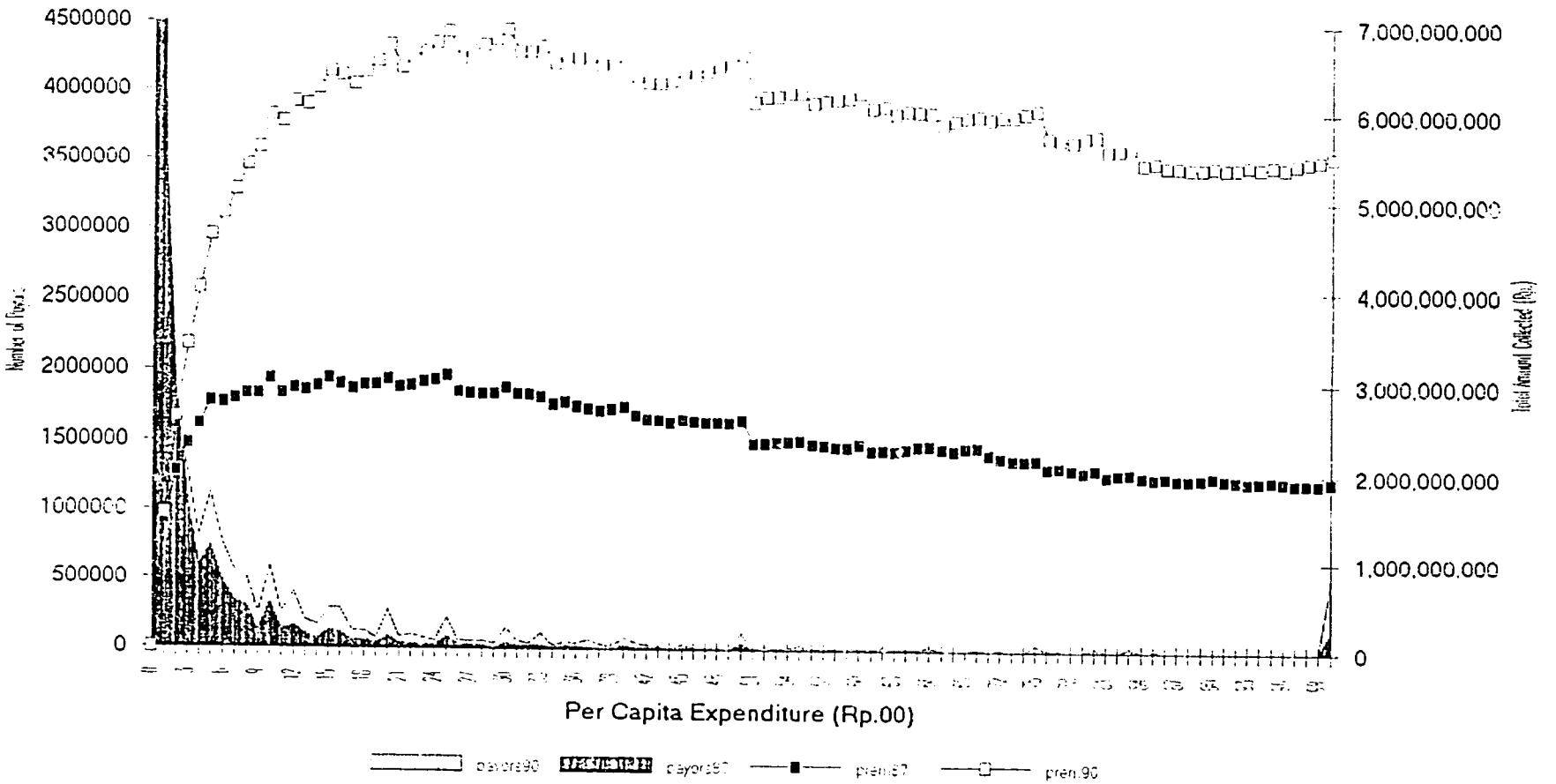


1987,1990 Per Capita Health Expenditures: Sliding Scale East Timur

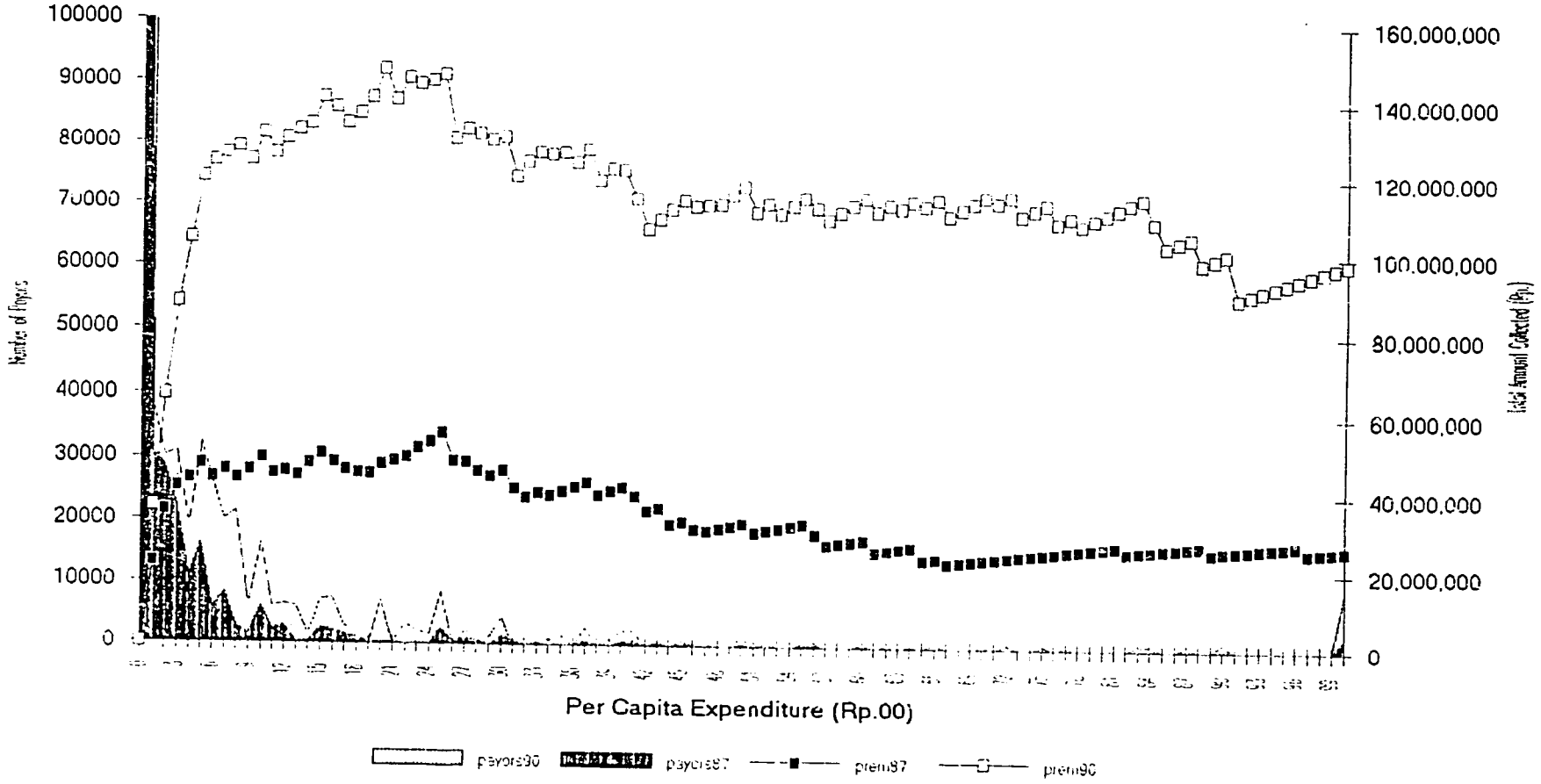



1987,1990 Per Capita Health Expenditures: Sliding Scale Yogakarta
150000
125000
100000
75000
50000
25000
0
600,000,000
500,000,000
400,000,000
300,000,000
200,000,000
100 000,000
0
Per Capita Expenditure (Rp.00)
payors90
payors87
prem87
prem90

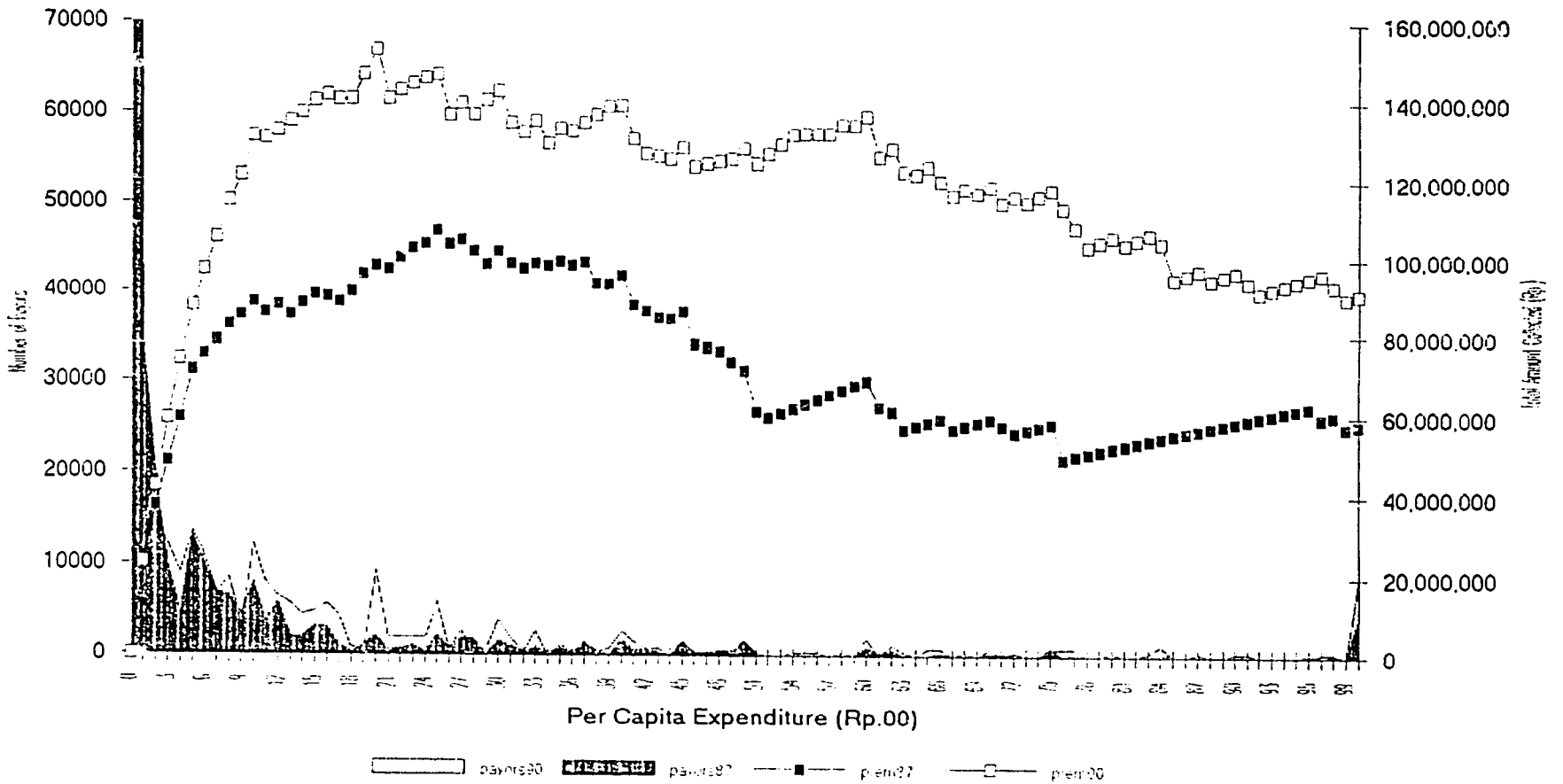
1987,1990 Per Capita Health Expenditures: Universal Coverage Indonesia



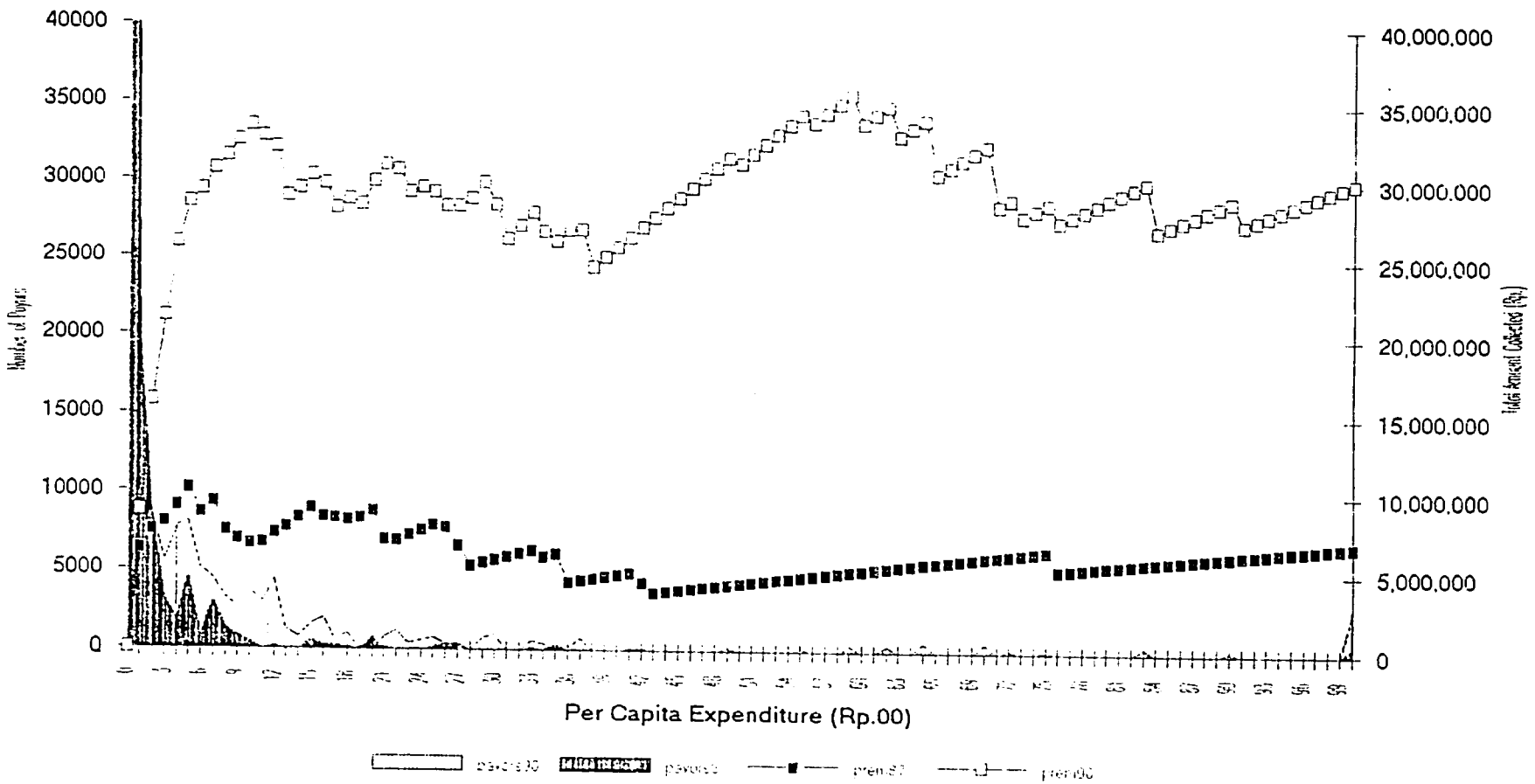
1987,1990 Per Capita Health Expenditures: Universal Coverage Aceh



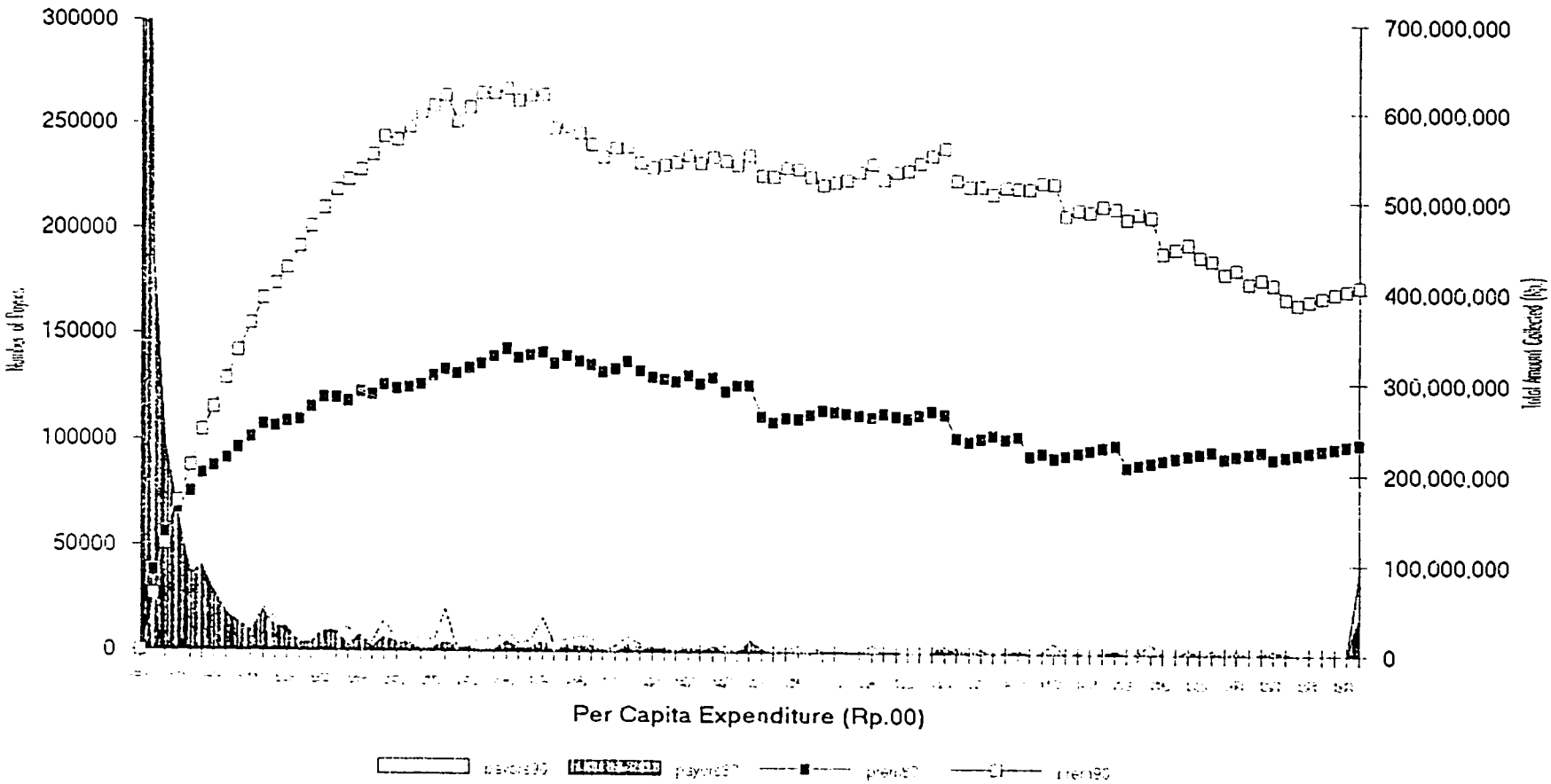
1987,1990 Per Capita Health Expenditures: Universal Coverage Bali



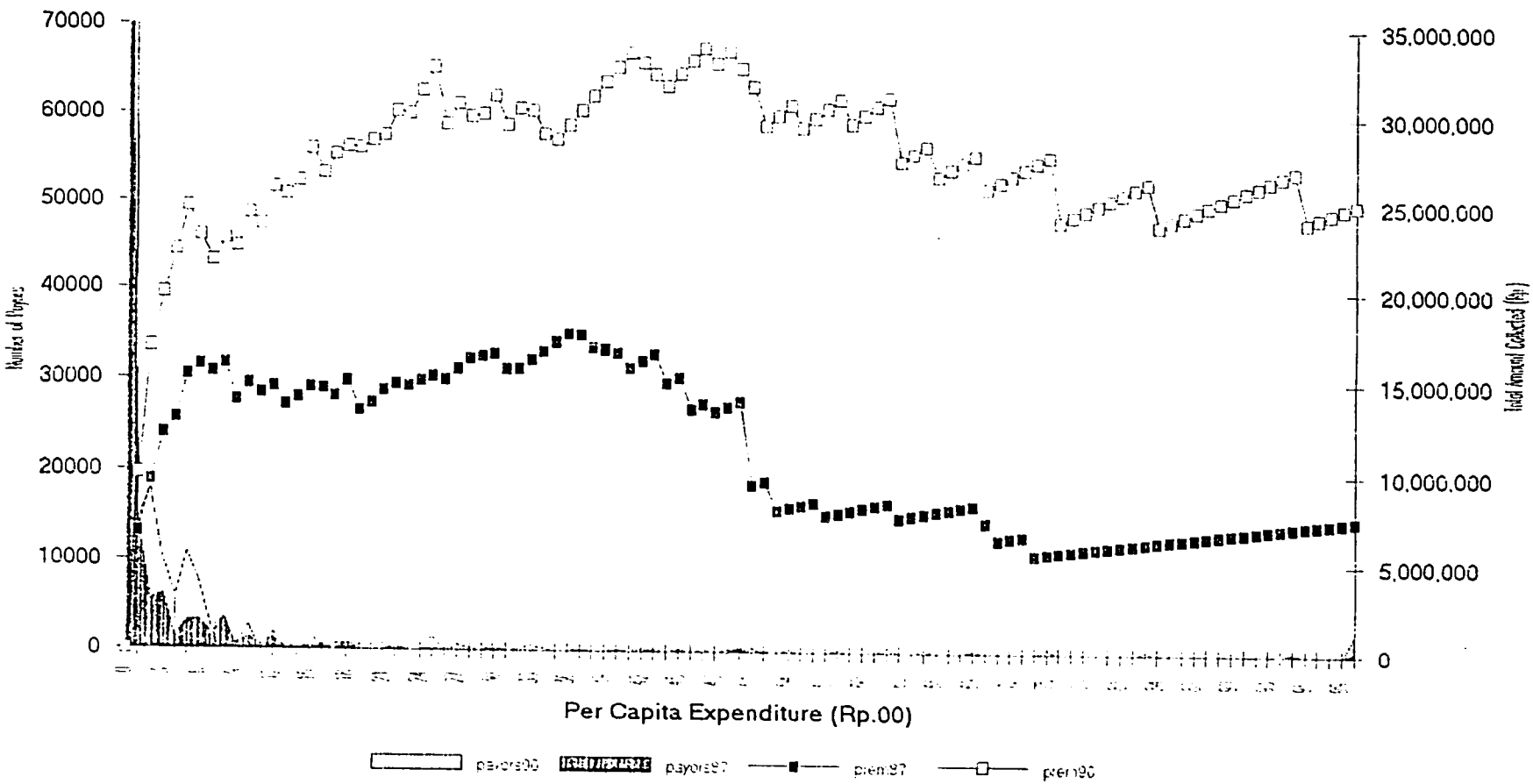
1987,1990 Per Capita Health Expenditures: Universal Coverage Bengkulu



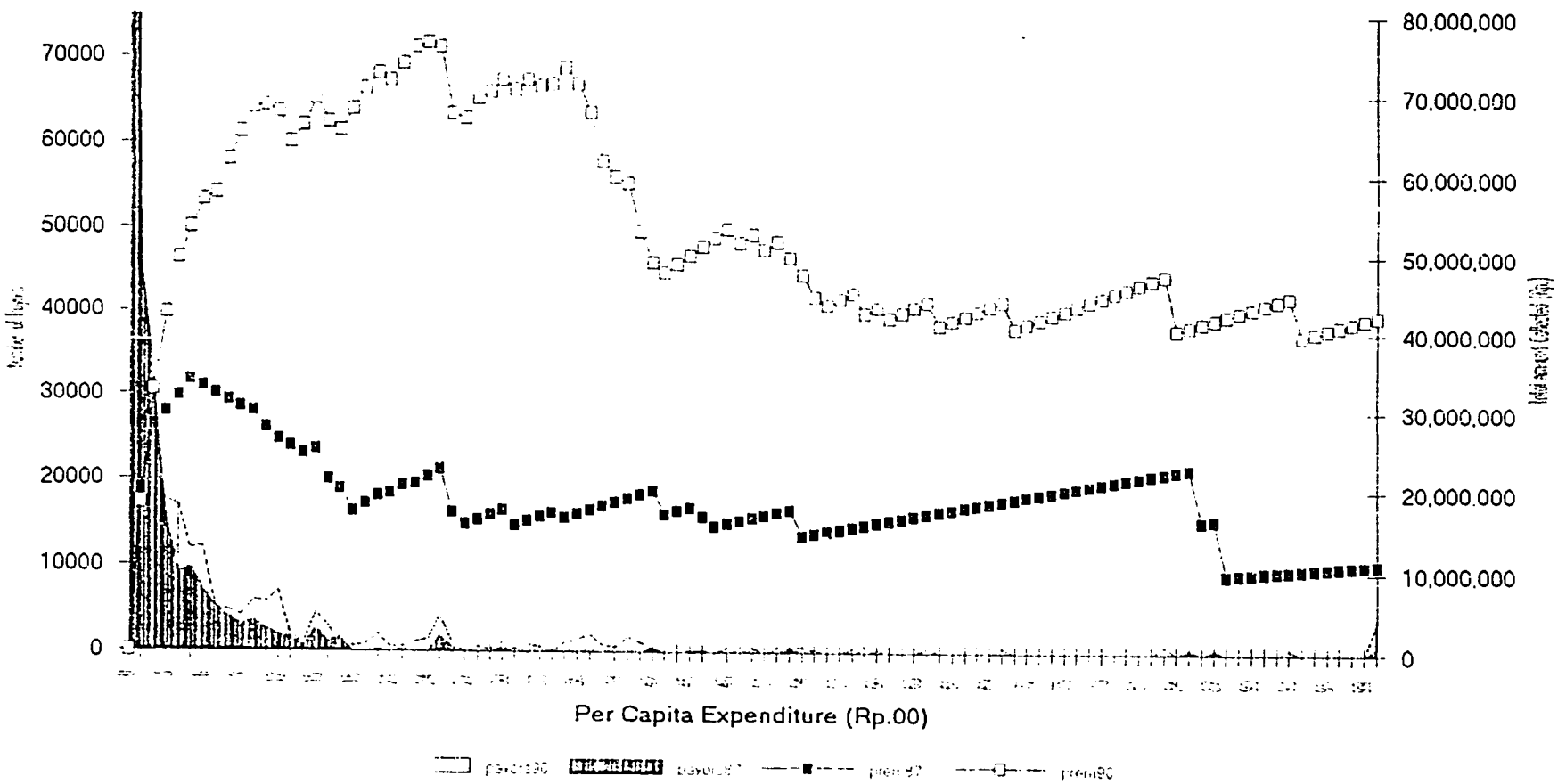
1987, 1990 Per Capita Health Expenditures: Universal Coverage Jakarta



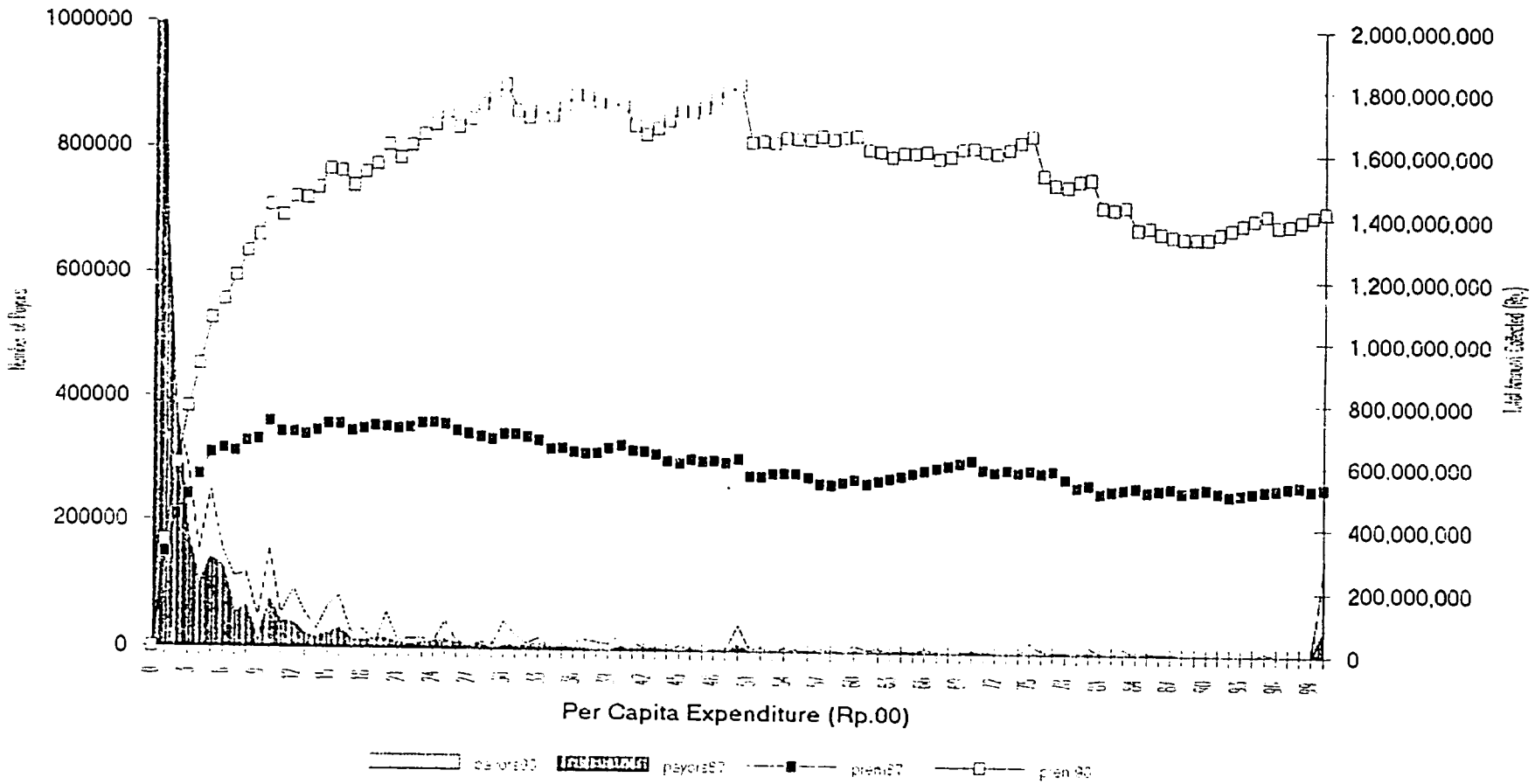
1987,1990 Per Capita Health Expenditures: Universal Coverage Irian Jaya



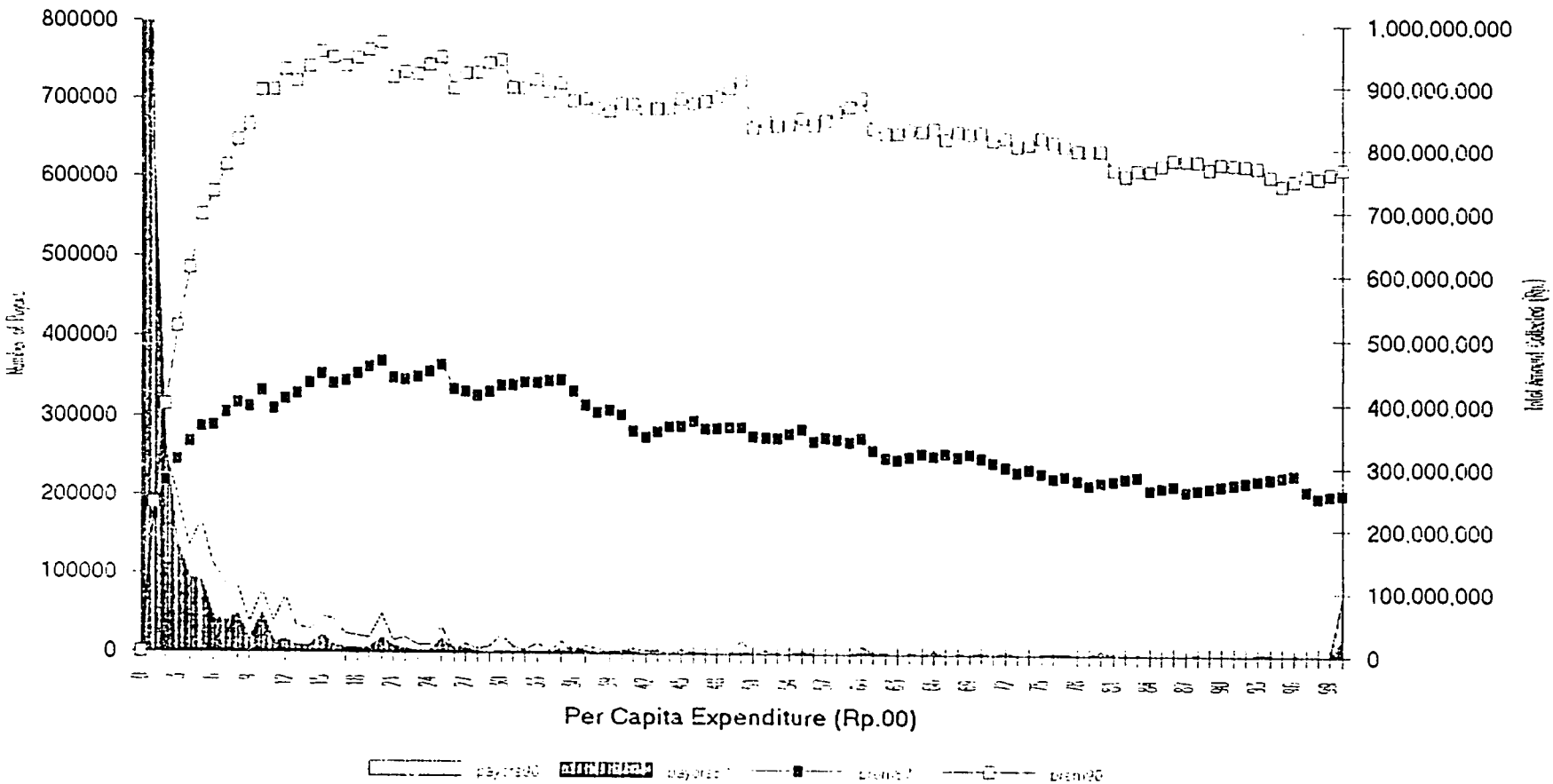
1987,1990 Per Capita Health Expenditures: Universal Coverage Jambi



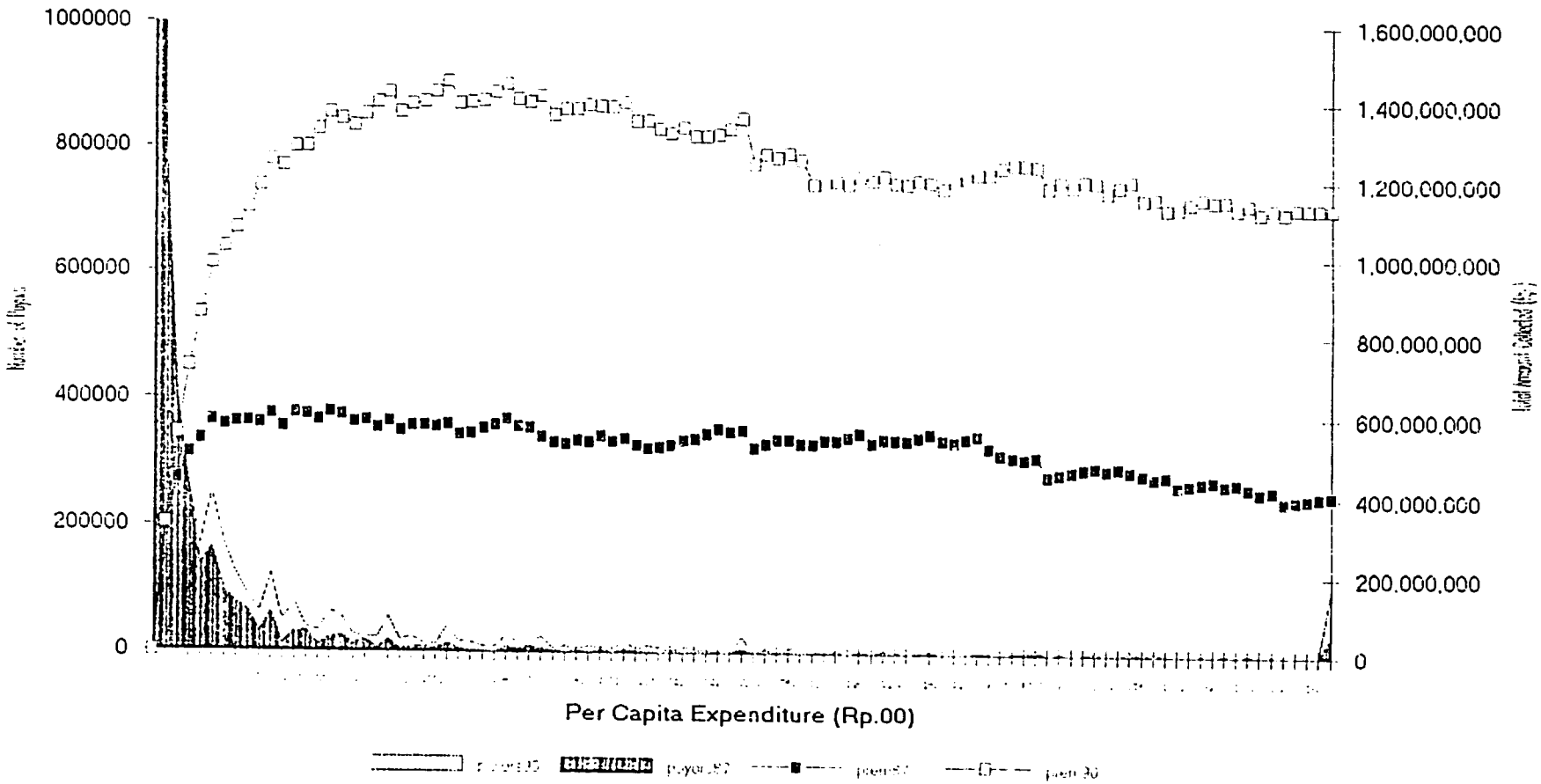
1987,1990 Per Capita Health Expenditures: Universal Coverage West Java



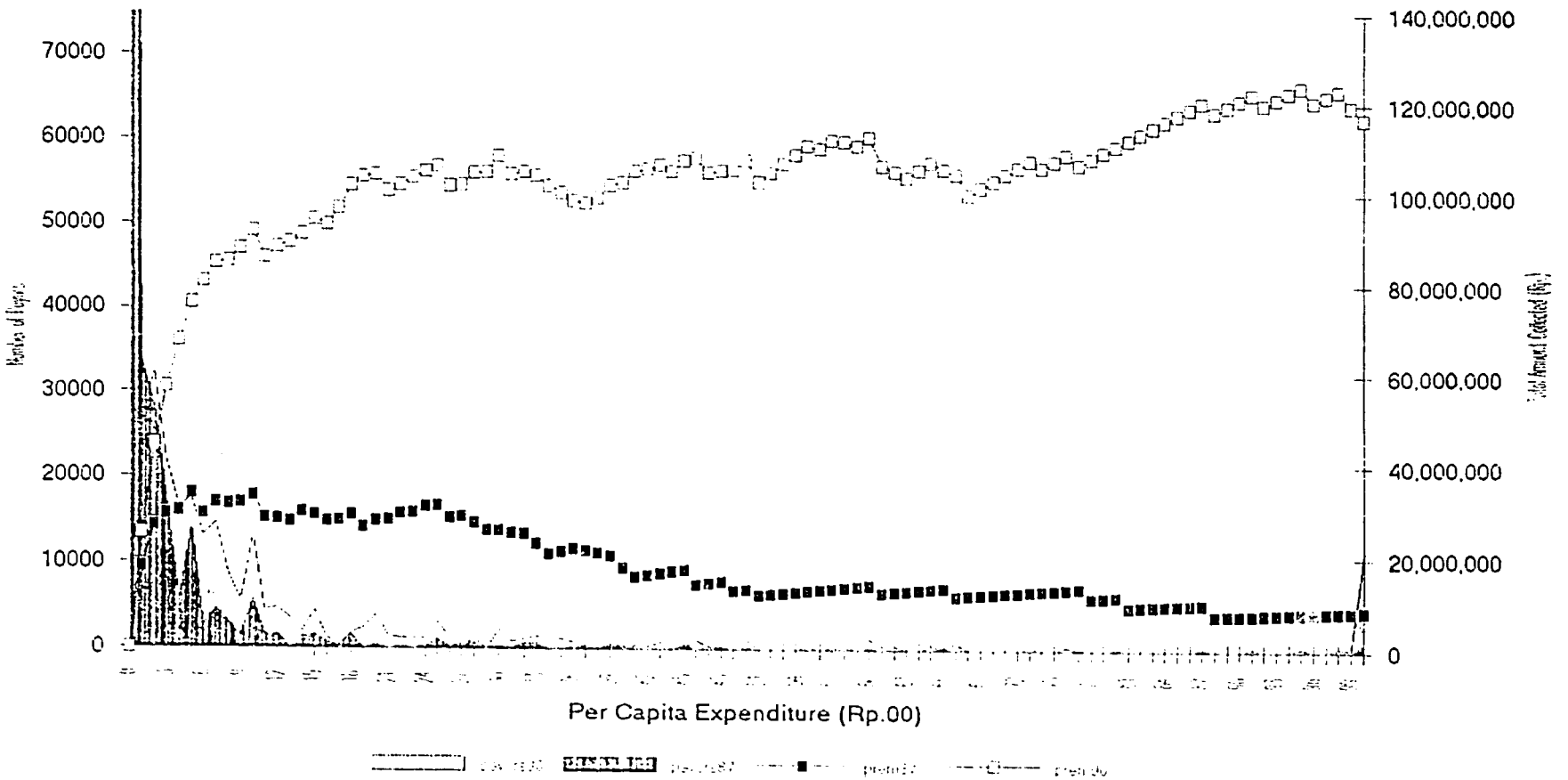
1987,1990 Per Capita Health Expenditures: Universal Coverage Central Java



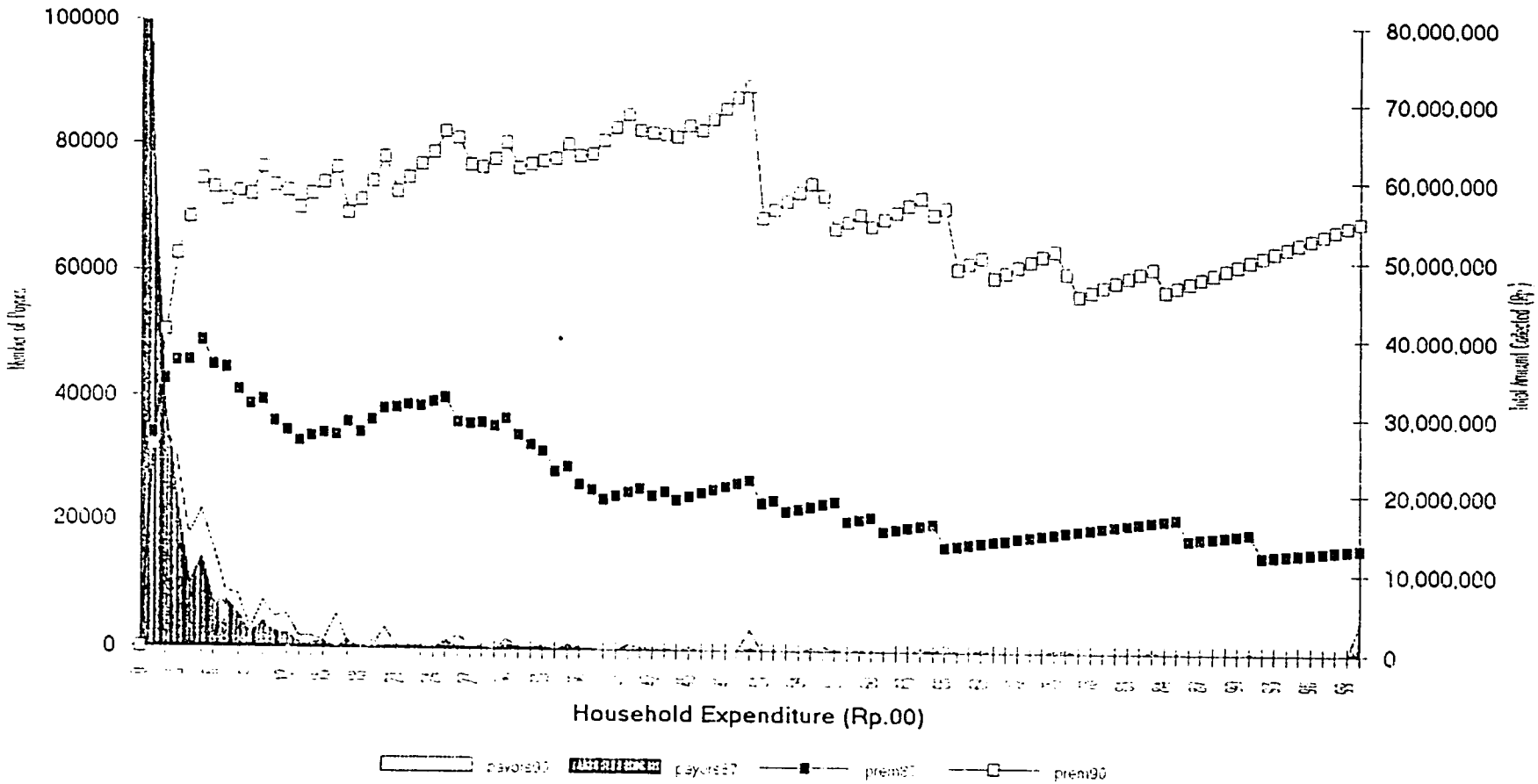
1987,1990 Per Capita Health Expenditures: Universal Coverage East Java



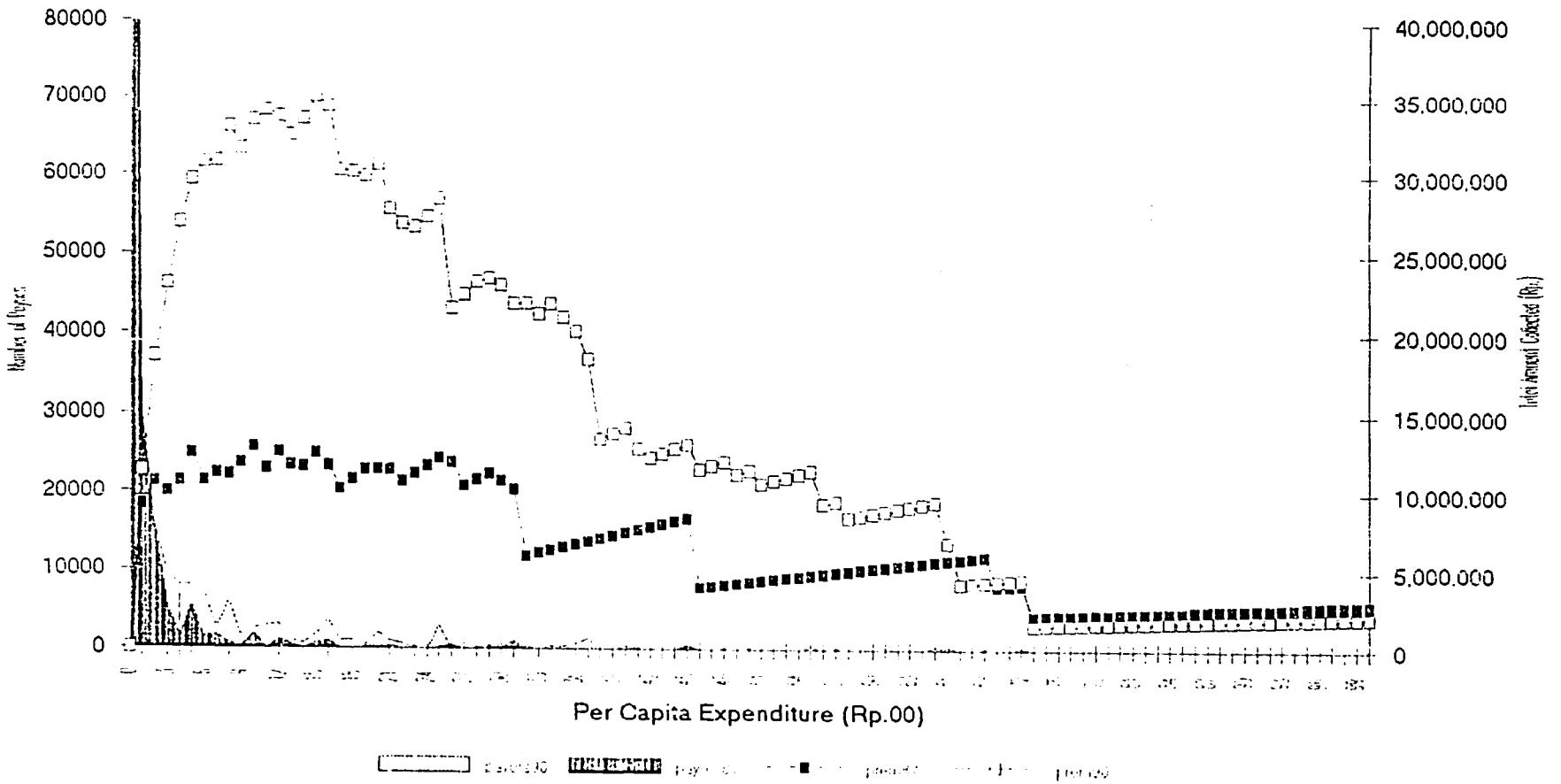
1987,1990 Per Capita Health Expenditures: Universal Coverage West Kalimantan



1987,1990 Per Capita Health Expenditures: Universal Coverage South Kalimantan



1987,1990 Per Capita Health Expenditures: Universal Coverage Central Kalimantan



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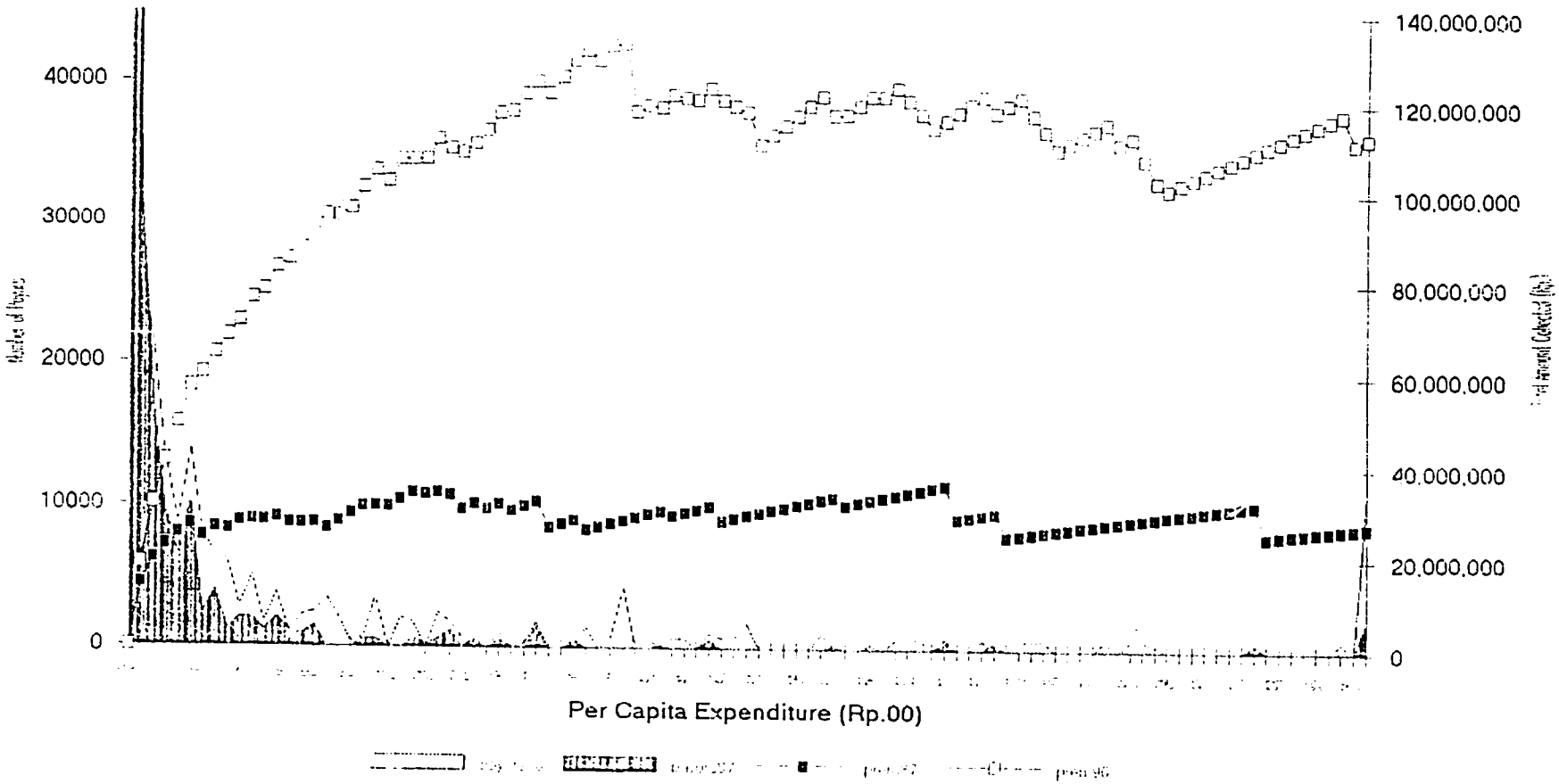
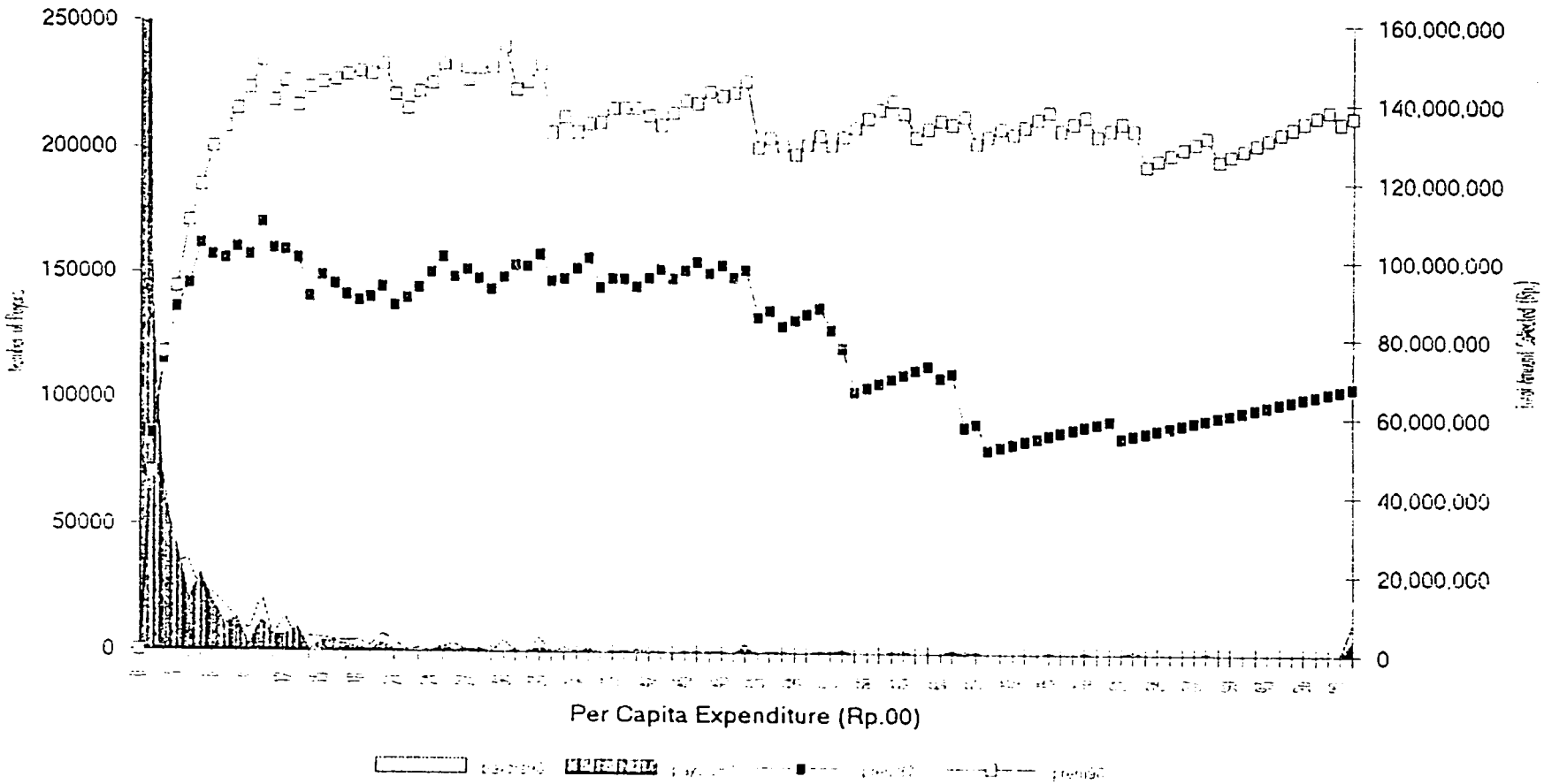
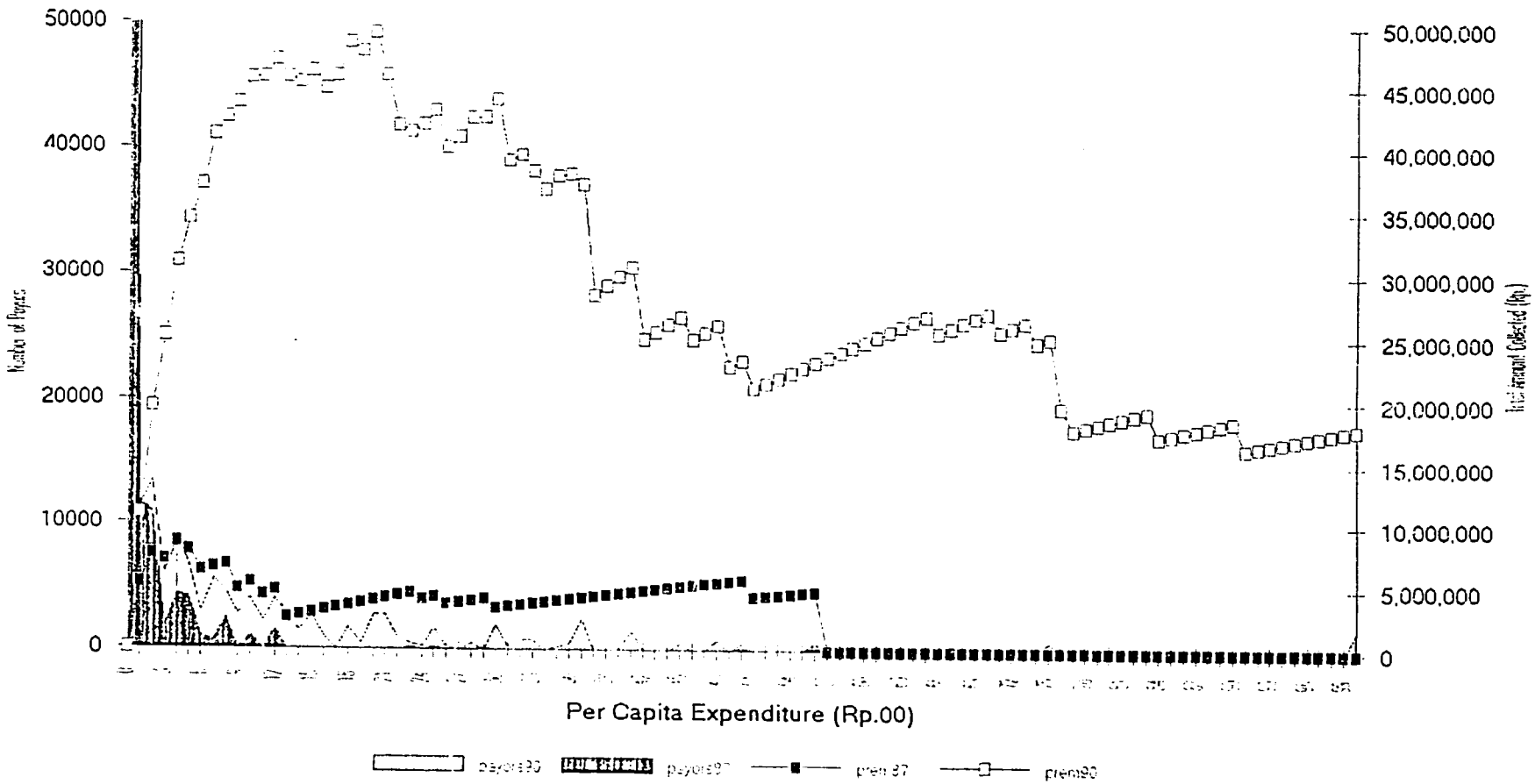
1987,1990 Per Capita Health Expenditures: Universal Coverage East Kalimantan



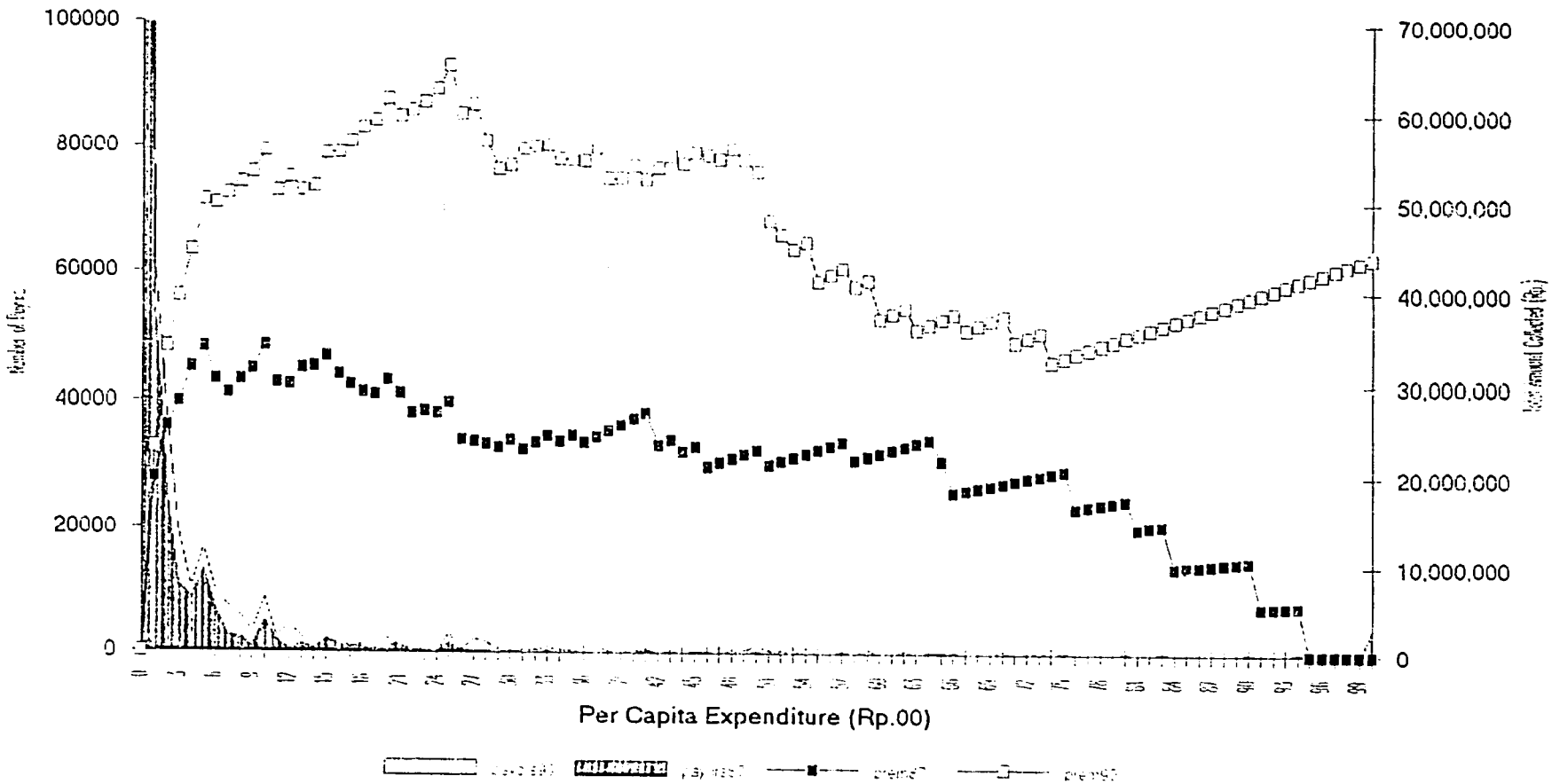
1987,1990 Per Capita Health Expenditures: Universal Coverage Lampung



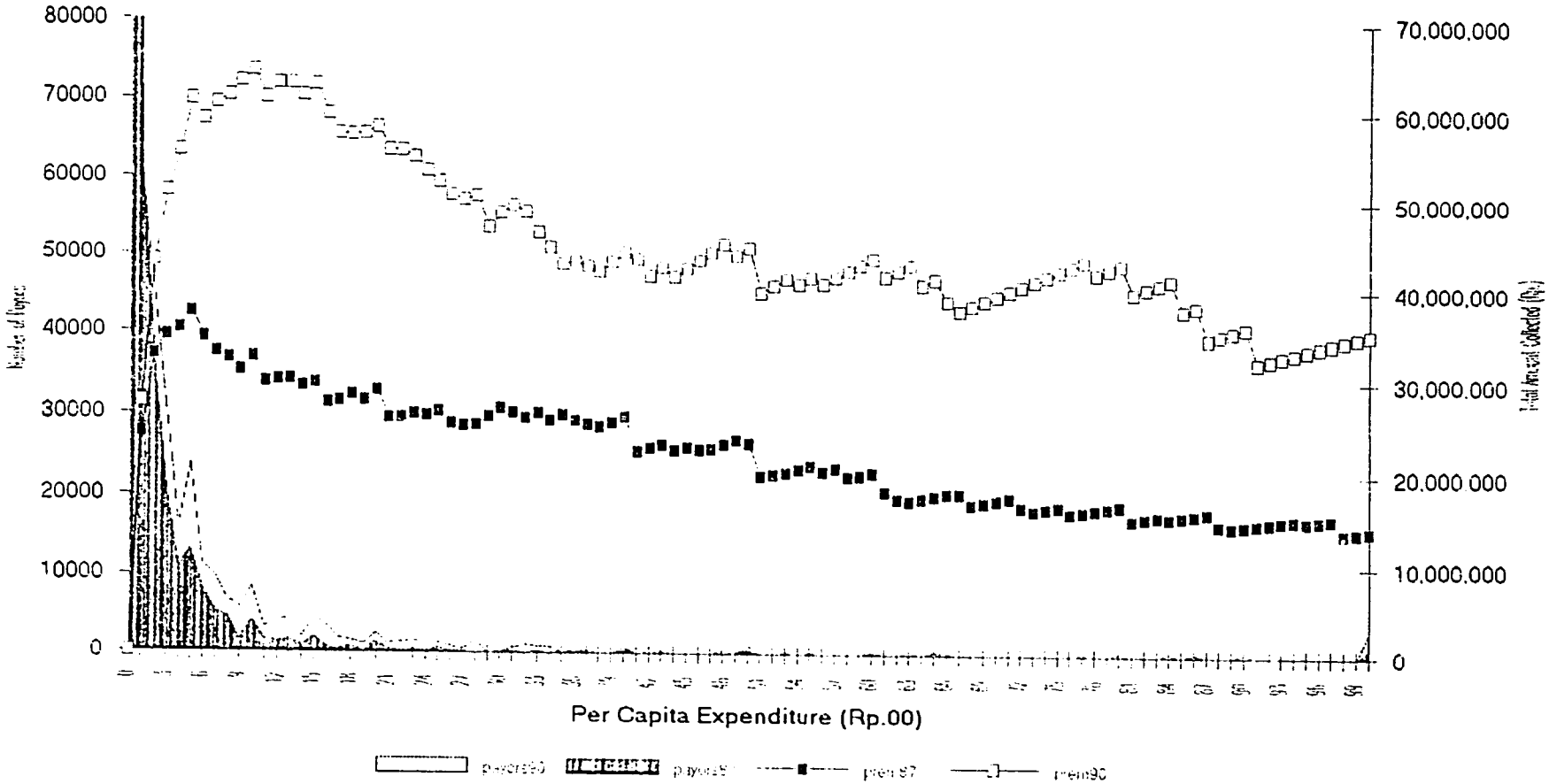
1987,1990 Per Capita Health Expenditures: Universal Coverage Maluku



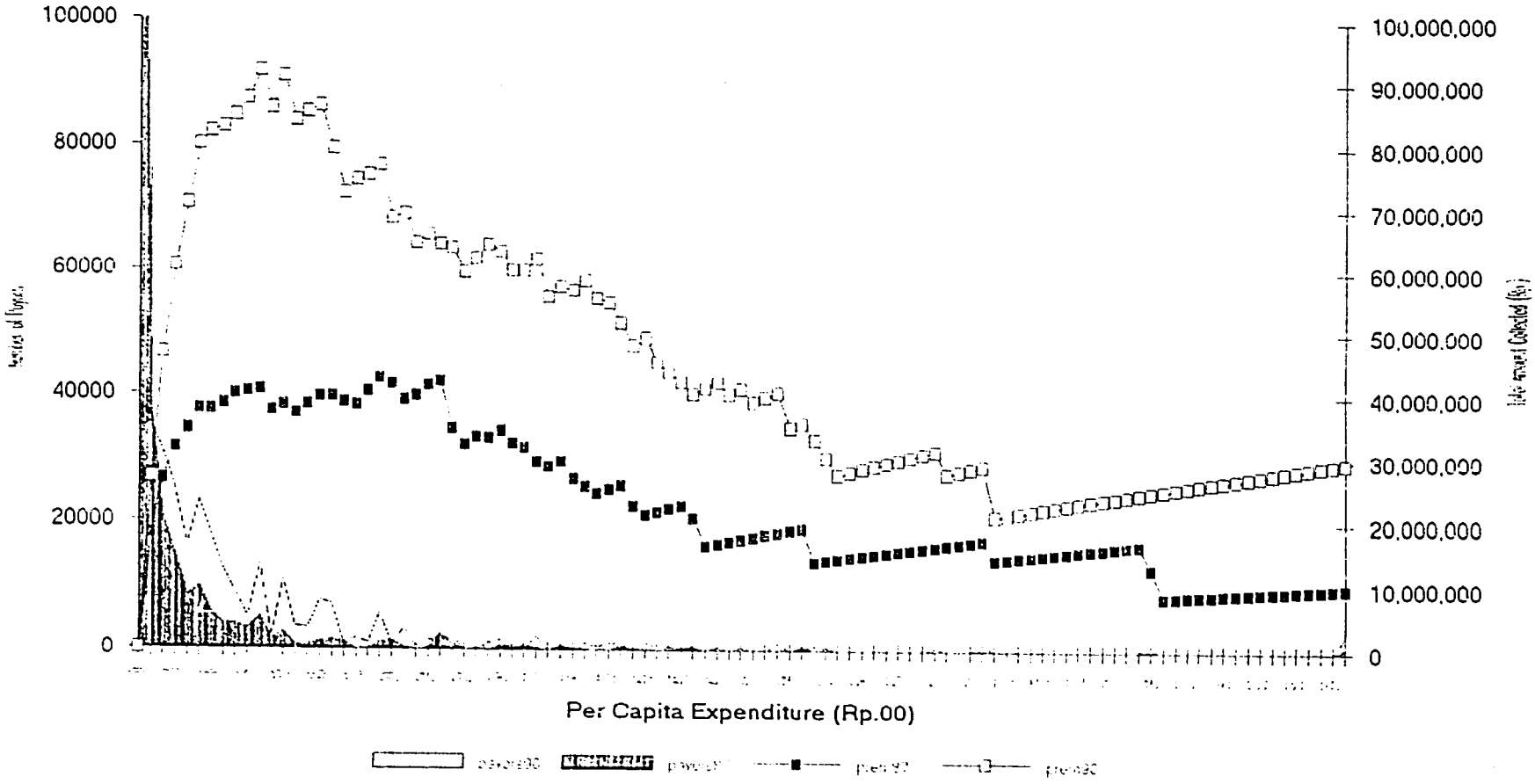
1987,1990 Per Capita Health Expenditures: Universal Coverage NTB



1987,1990 Per Capita Health Expenditures: Universal Coverage NTT

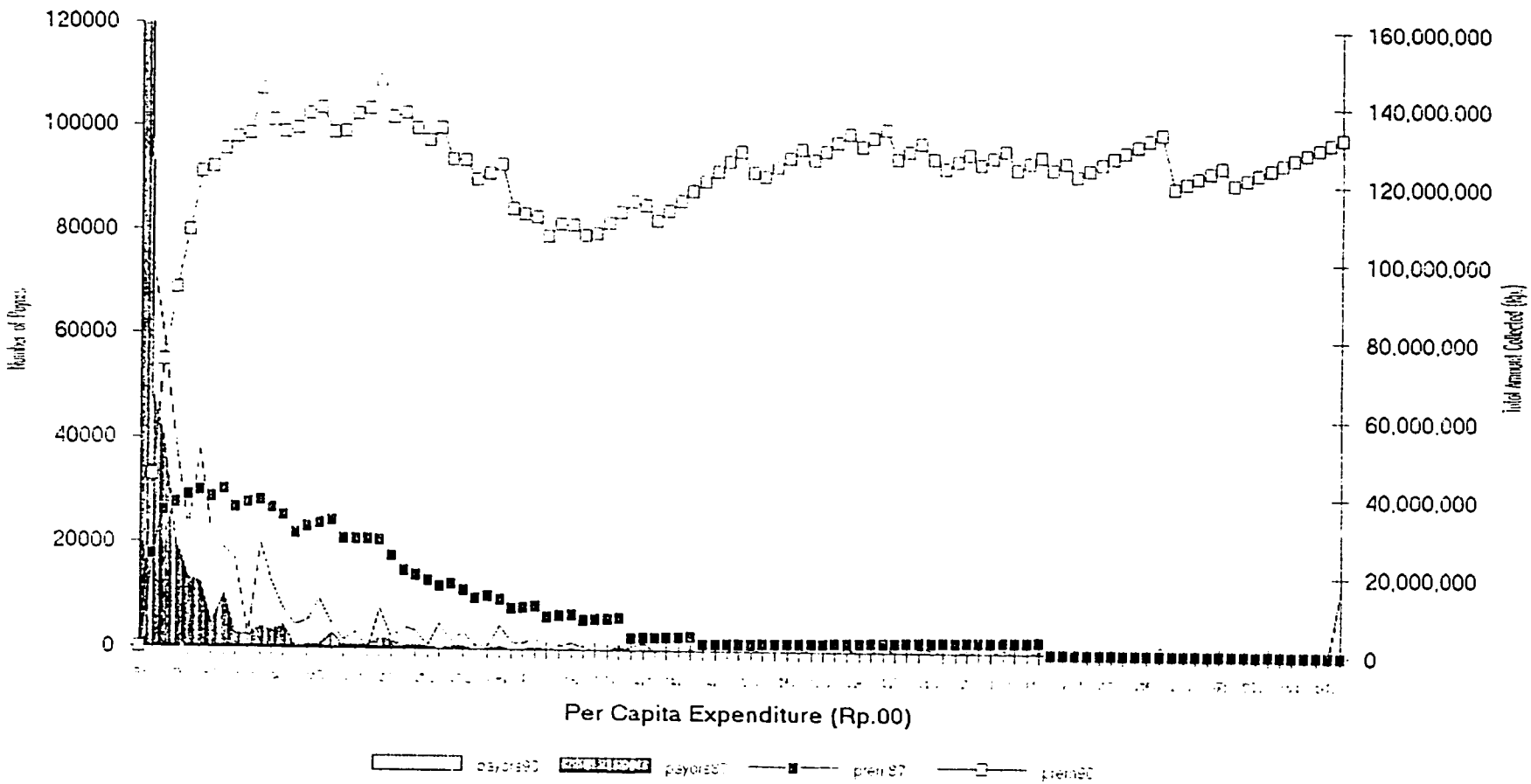


1987,1990 Per Capita Health Expenditures: Universal Coverage Riau

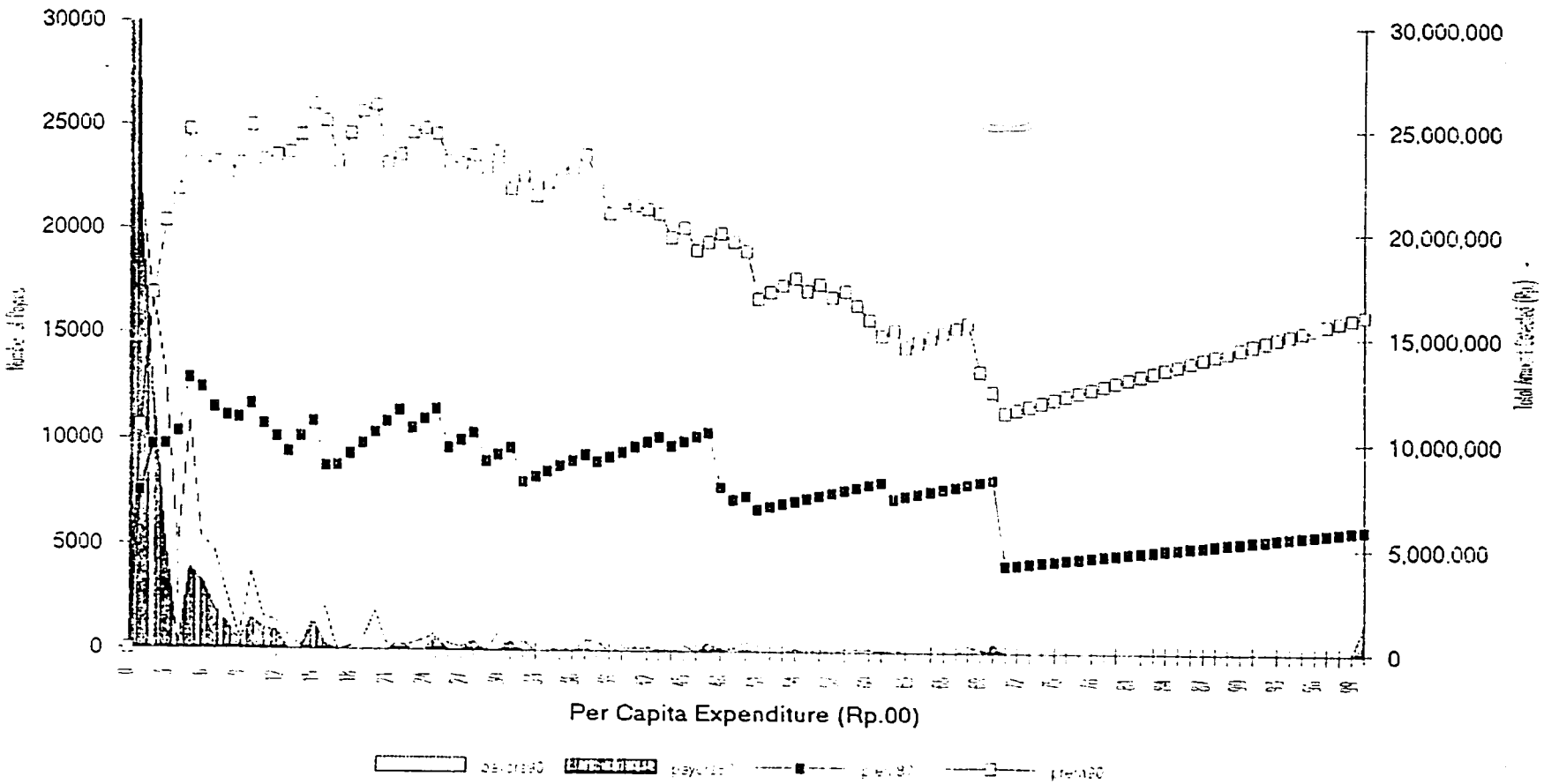


310

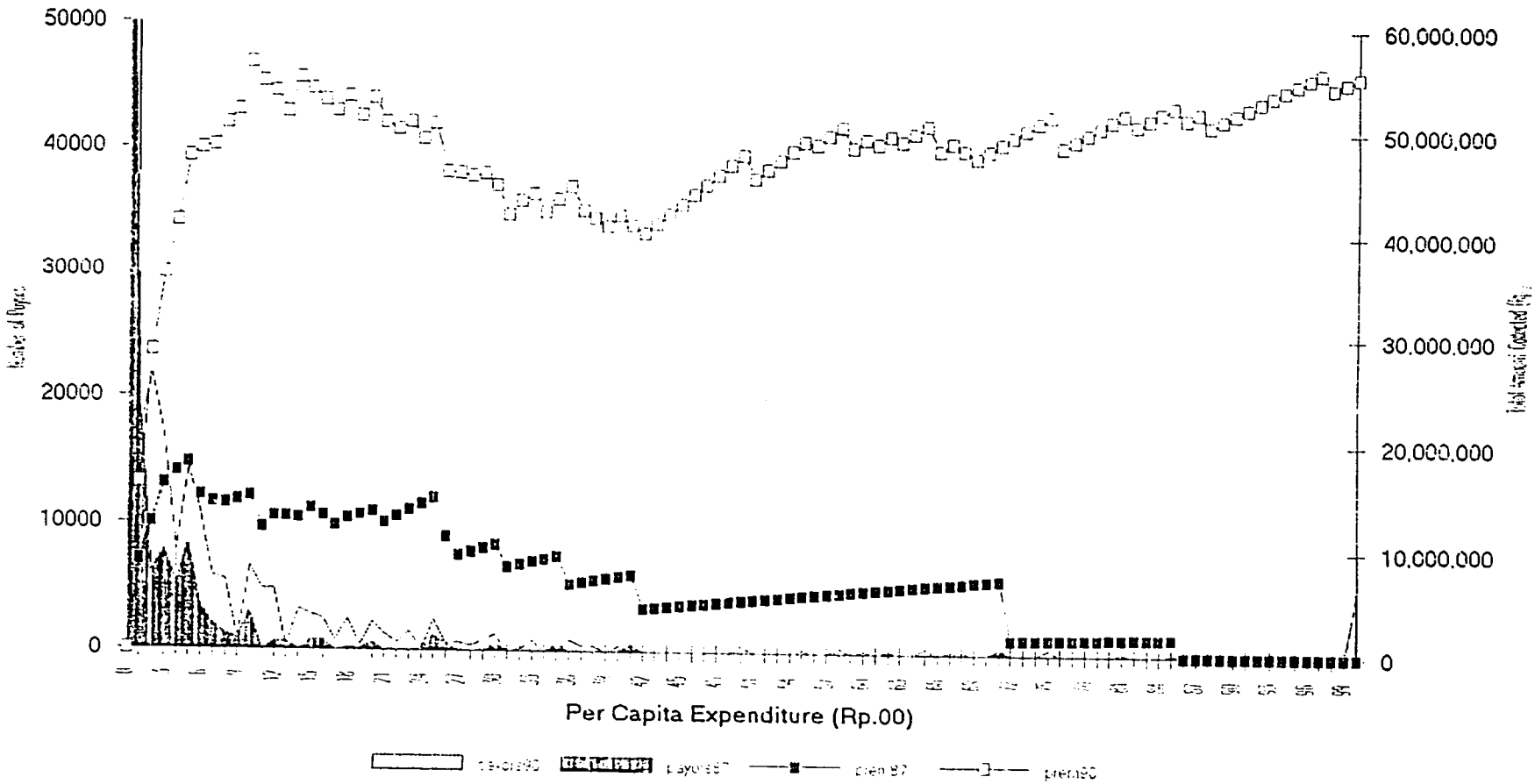
1987,1990 Per Capita Health Expenditures: Universal Coverage South Sulewesi



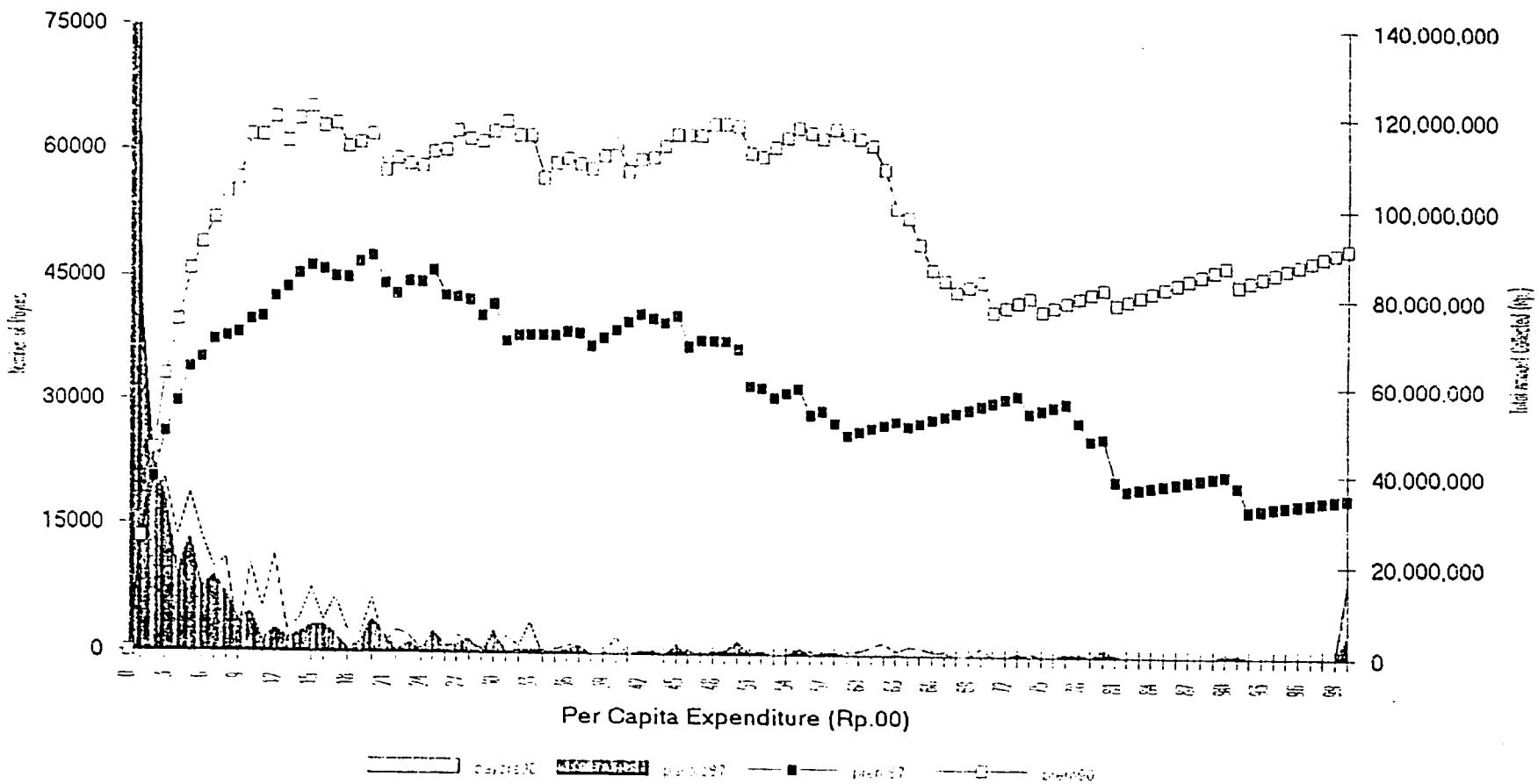
1987,1990 Per Capita Health Expenditures: Universal Coverage S.E.Sulewesi

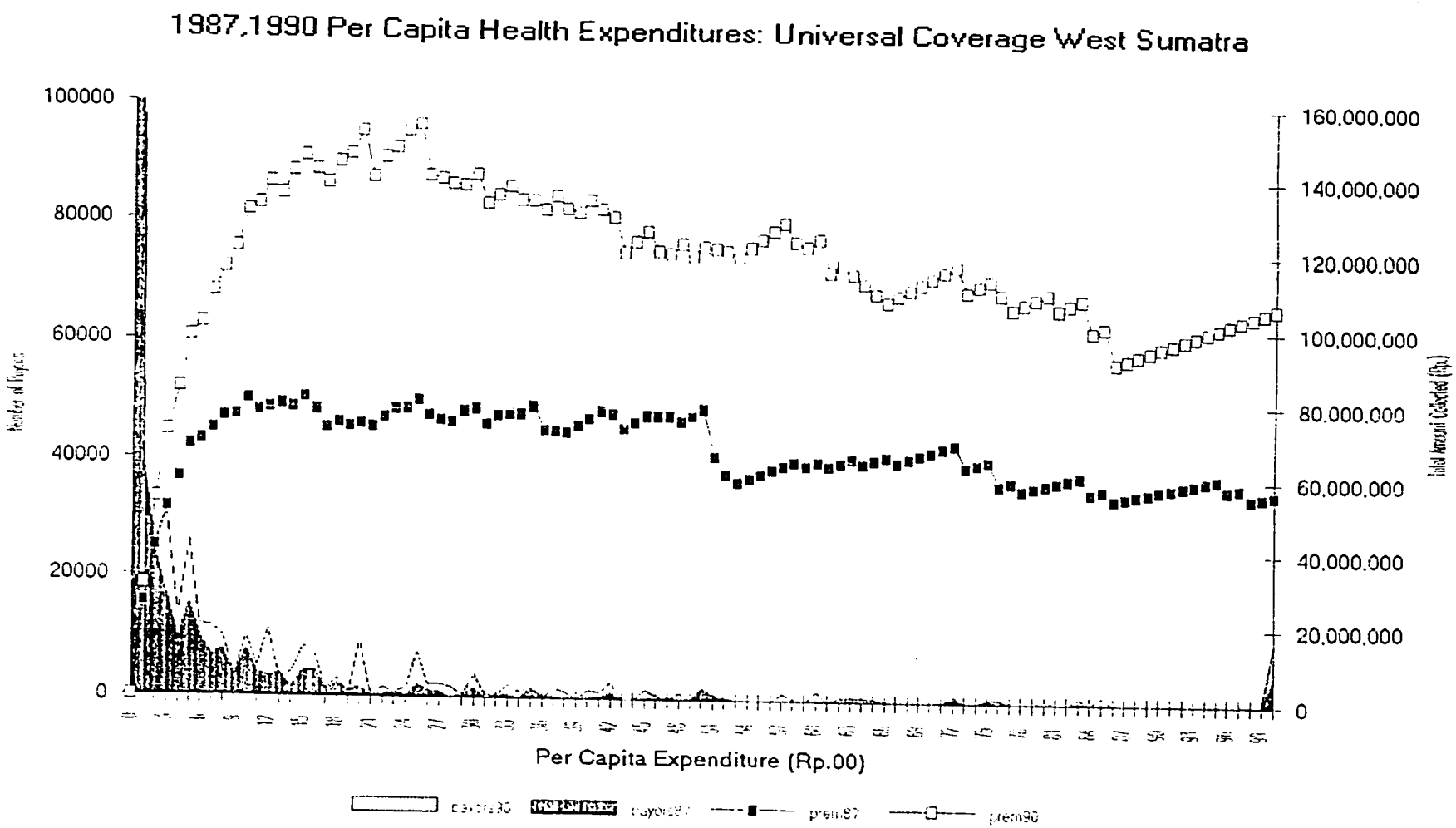


1987,1990 Per Capita Health Expenditures: Universal Coverage Central Sulewesi

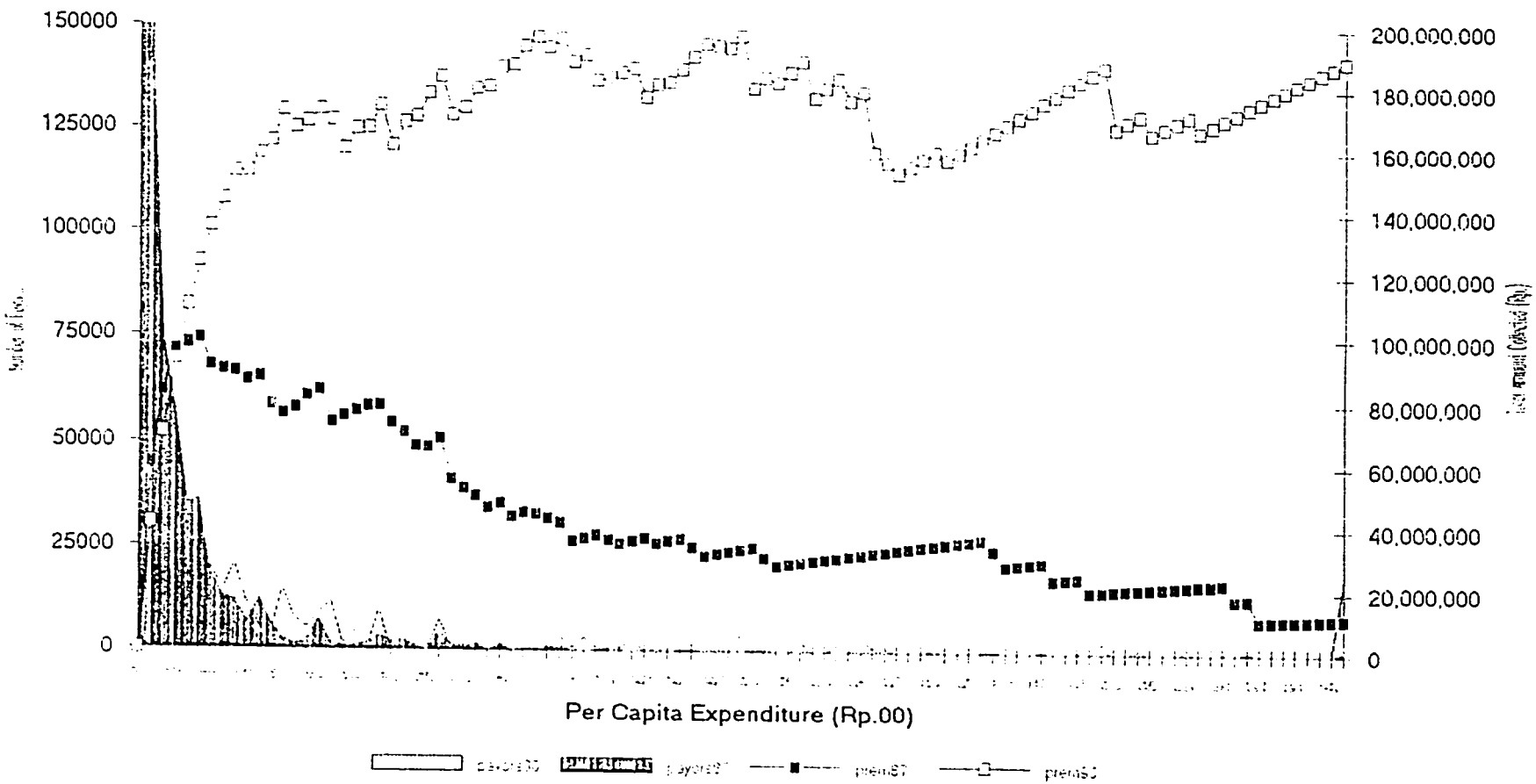


1987,1990 Per Capita Health Expenditures: Universal Coverage North Sulewesi

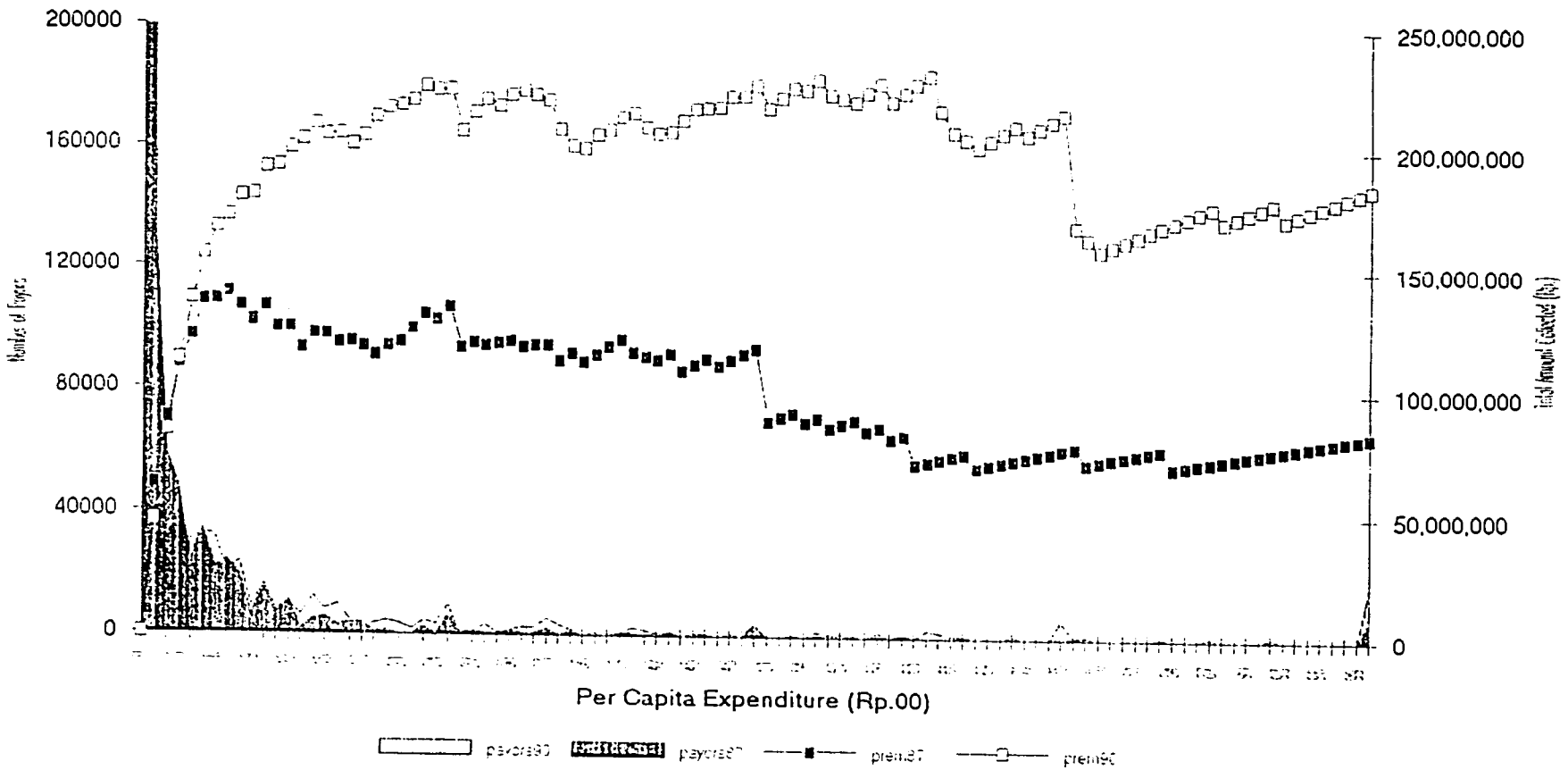



1987,1990 Per Capita Health Expenditures: Universal Coverage West Sumatra
100000
80000
60000
40000
20000
0
160,000,000
140,000,000
120,000,000
100,000,000
80,000,000
60,000,000
40,000,000
20,000,000
0
Per Capita Expenditure (Rp.00)
prem87
prem90

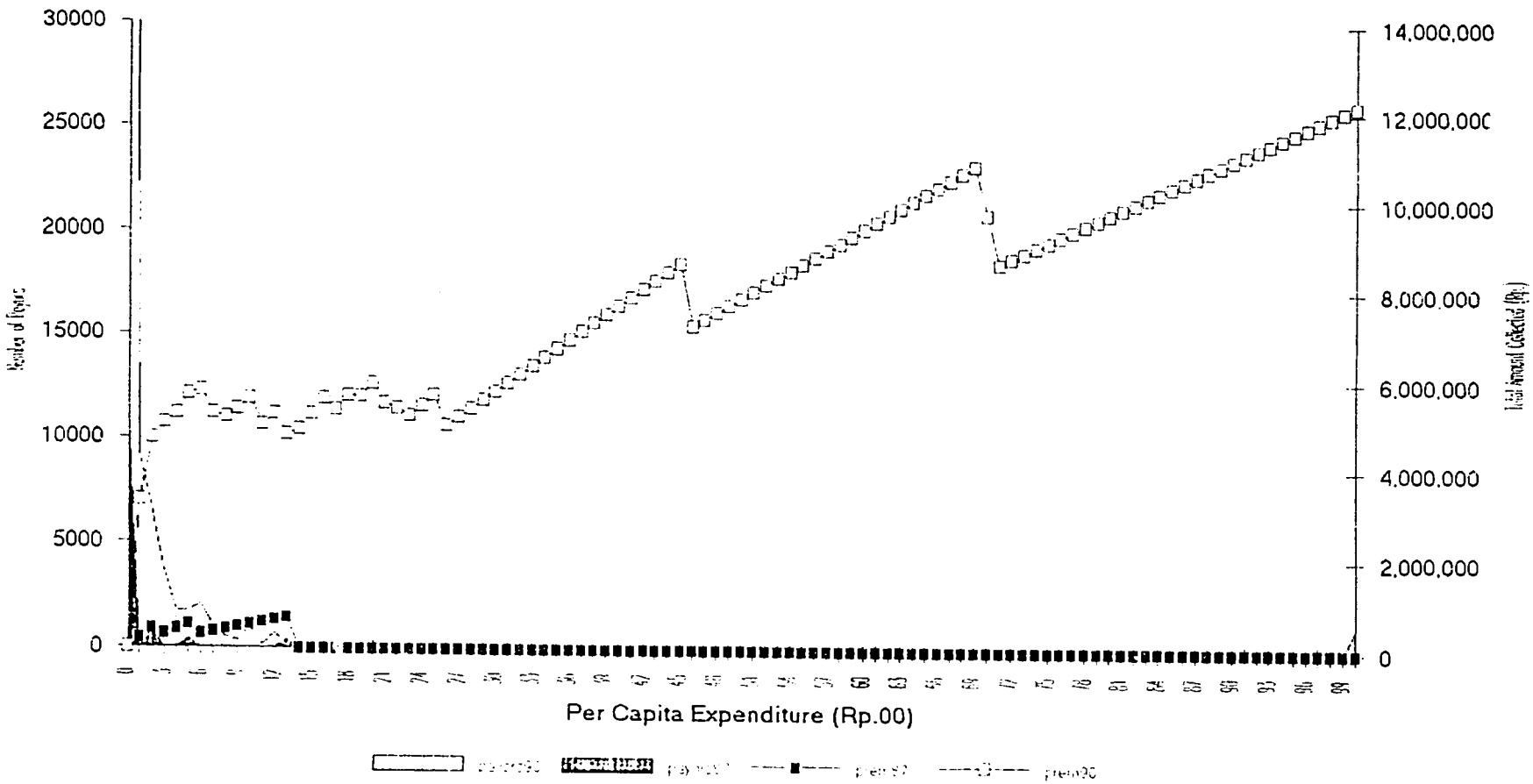
1987,1990 Per Capita Health Expenditures: Universal Coverage South Sumatra



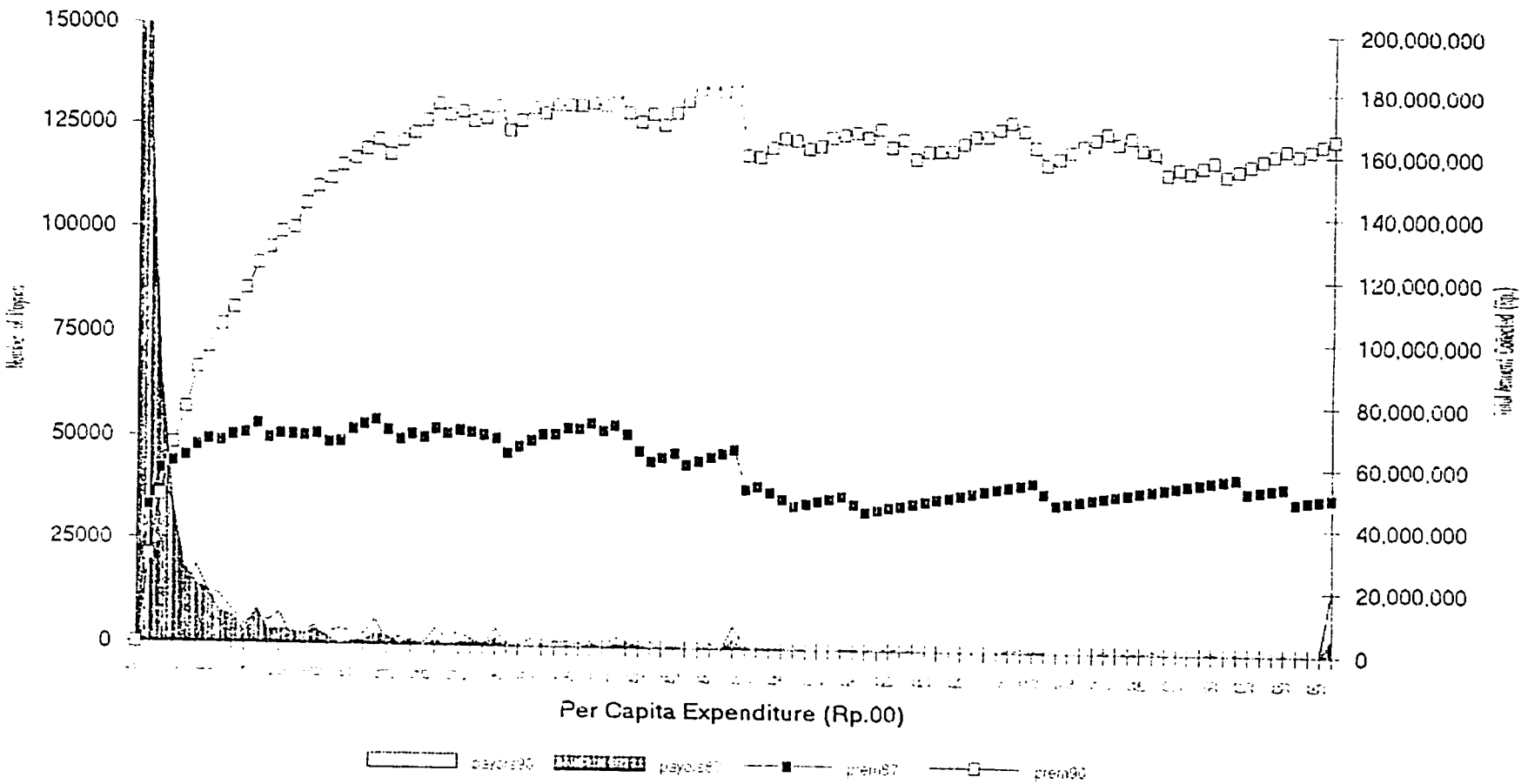
1987,1990 Per Capita Health Expenditures: Universal Coverage Rural North Sumatra



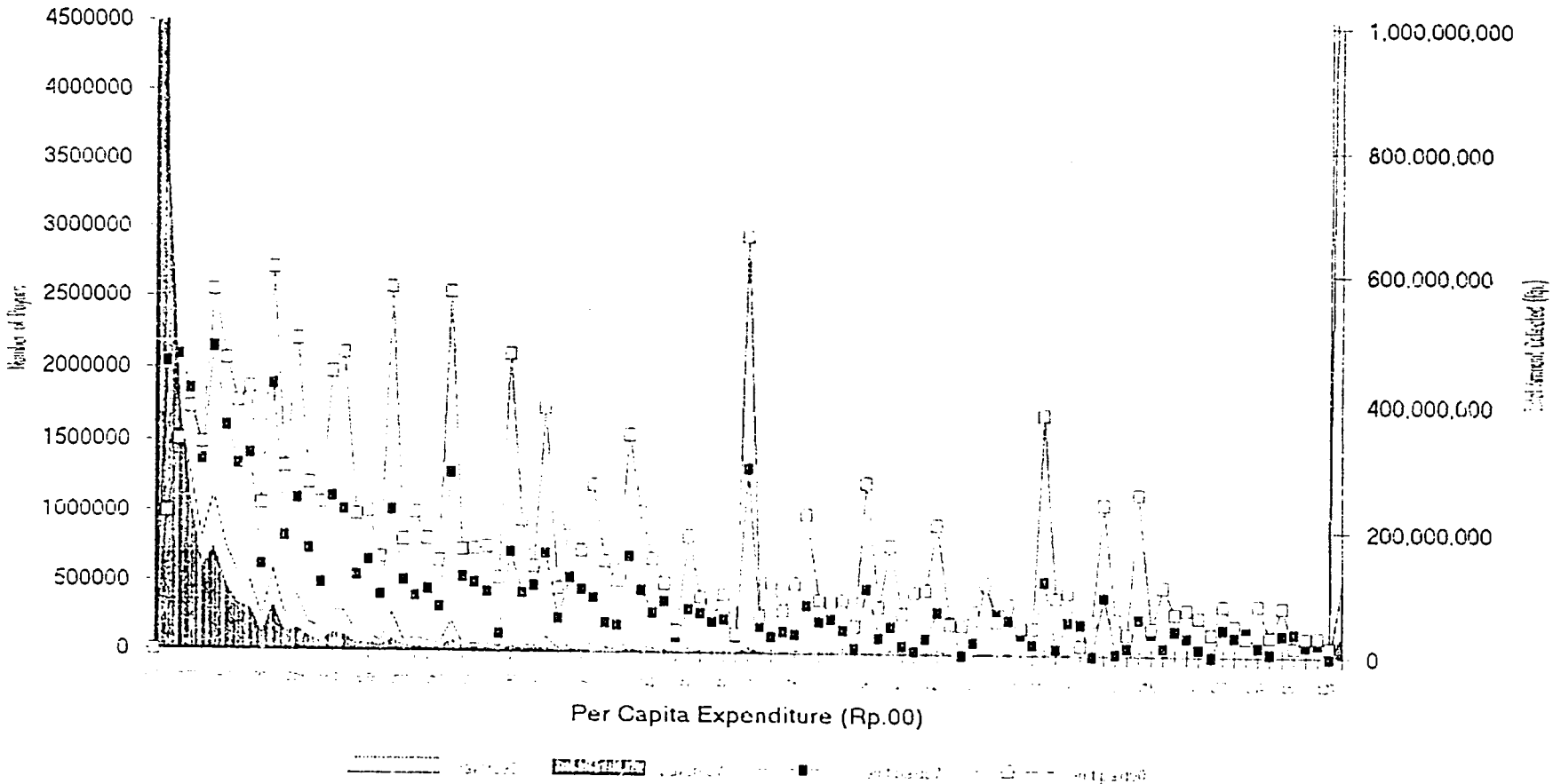
1987,1990 Per Capita Health Expenditures: Universal Coverage East Timur



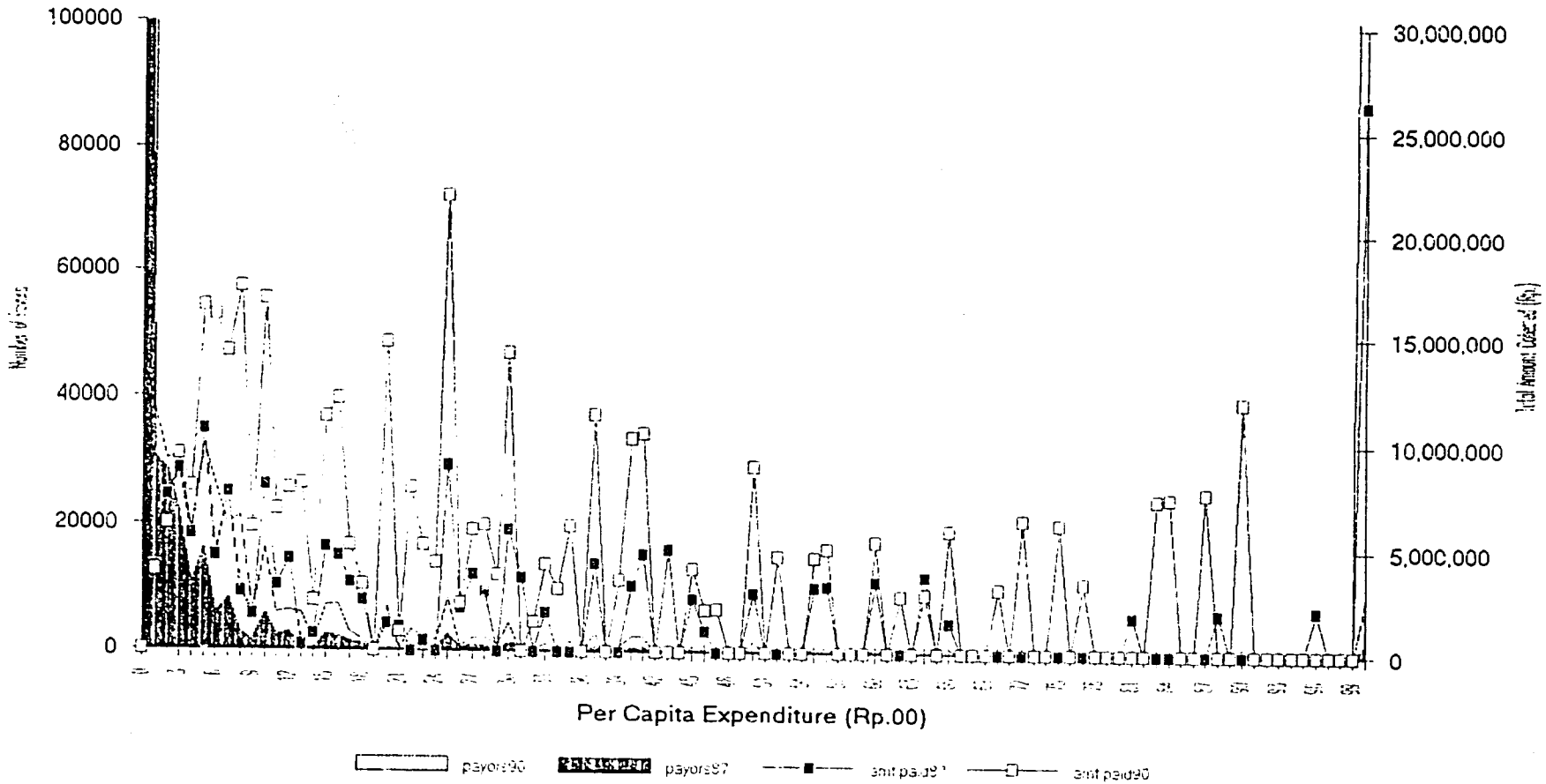
1987,1990 Per Capita Health Expenditures: Universal Coverage Yogyakarta

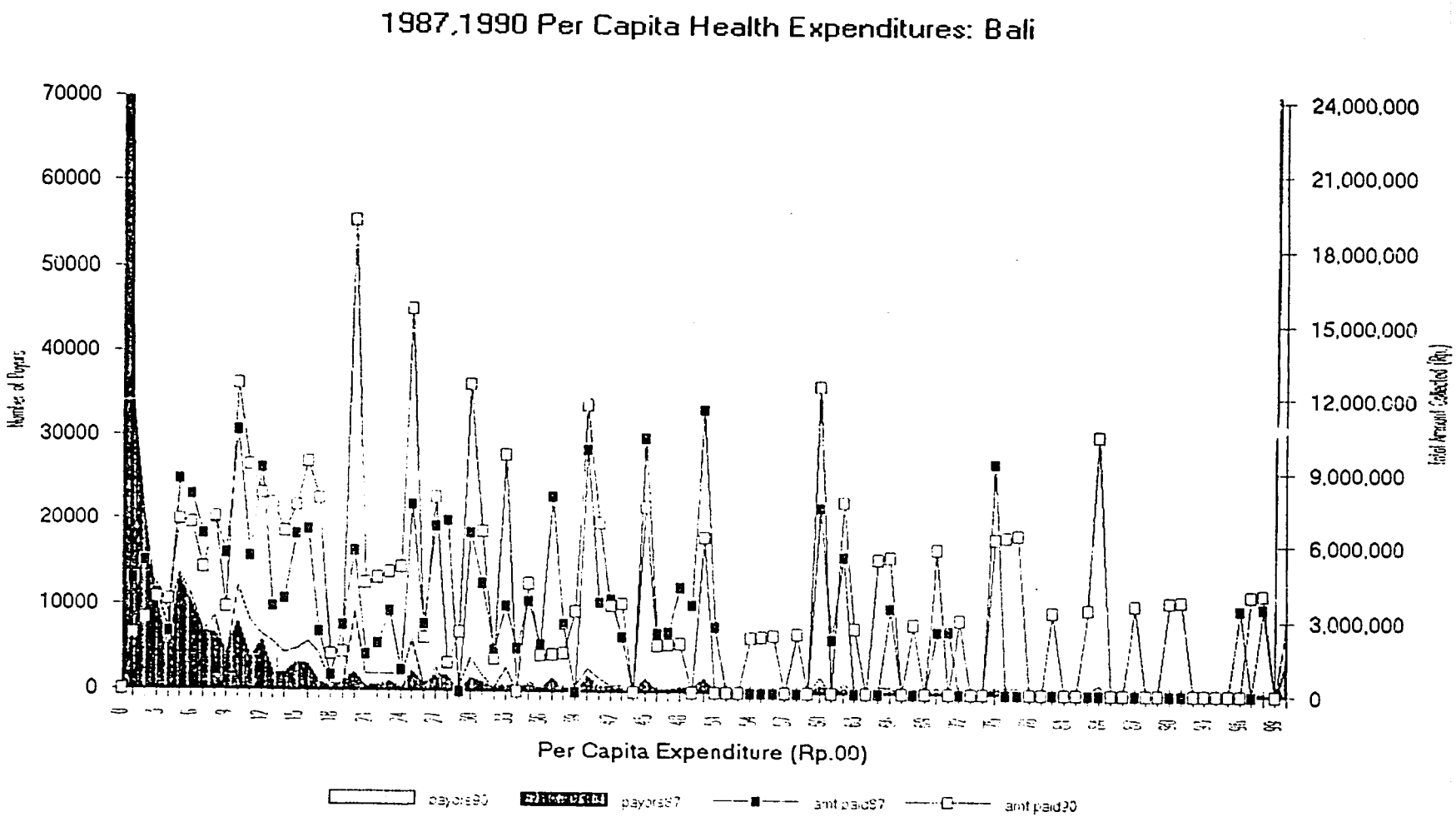


1987,1990 Per Capita Health Expenditures: Indonesia

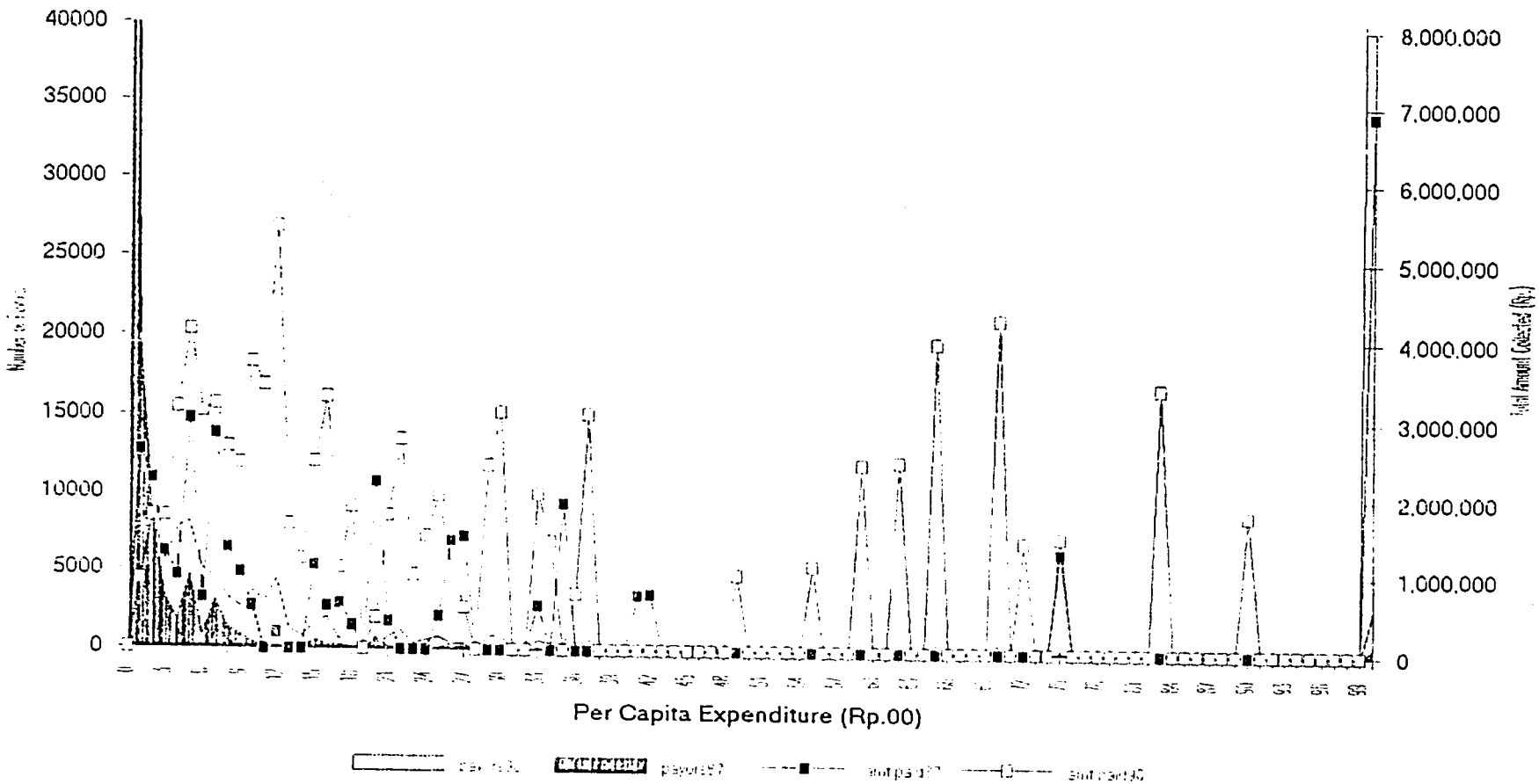


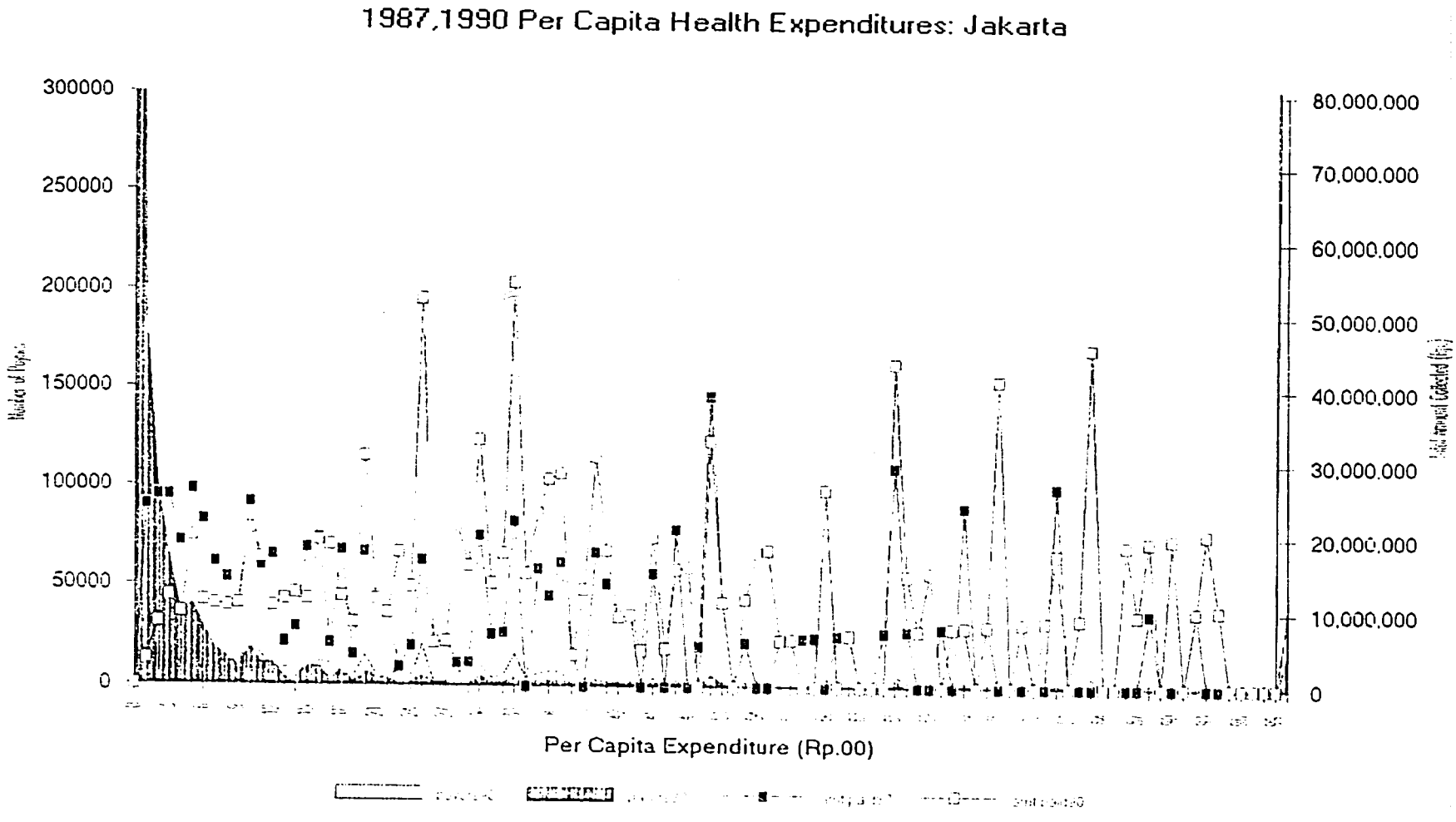
1987,1990 Per Capita Health Expenditures: Aceh



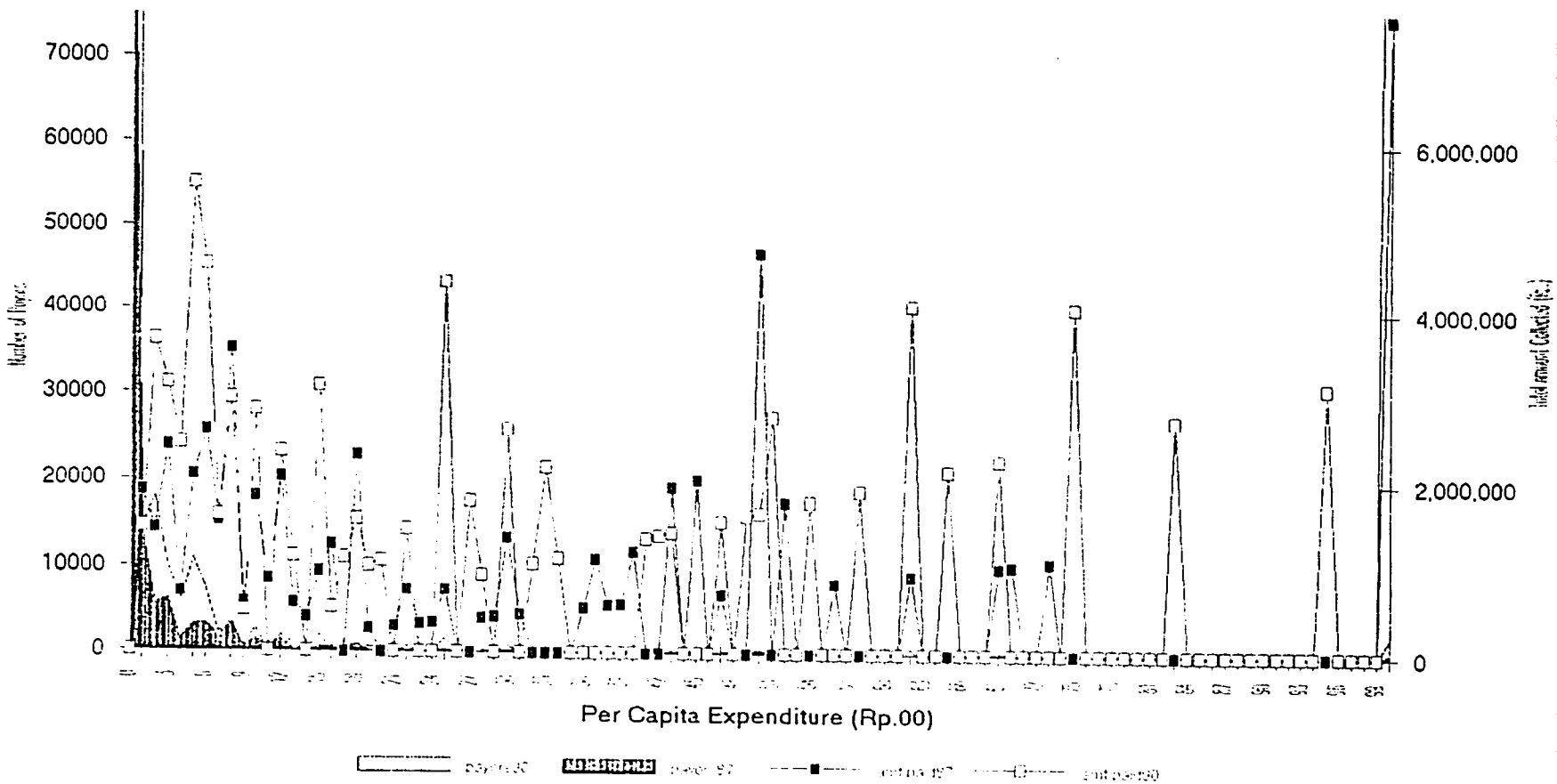

1987,1990 Per Capita Health Expenditures: Bali
70000
60000
50000
40000
30000
20000
10000
0
Number of Payers
24,000,000
21,000,000
18,000,000
15,000,000
12,000,000
9,000,000
6,000,000
3,000,000
0
Total Amount Collected (Rp.)
Per Capita Expenditure (Rp.00)
payers90
payers87
amt paid87
amt paid90

1987,1990 Per Capita Health Expenditures: Bengkulu

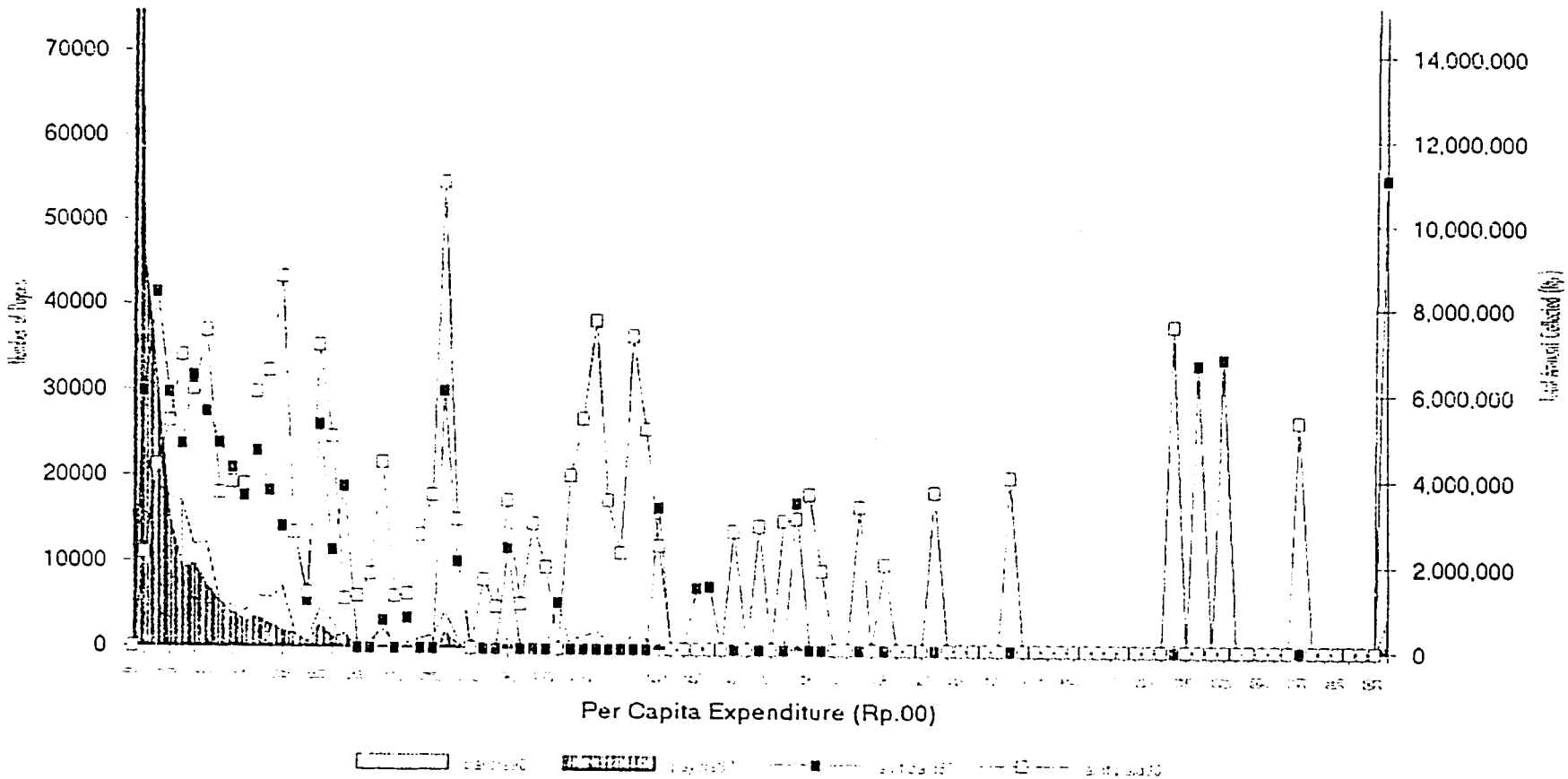



1987,1990 Per Capita Health Expenditures: Jakarta
300000
250000
200000
150000
100000
50000
0
80,000,000
70,000,000
60,000,000
50,000,000
40,000,000
30,000,000
20,000,000
10,000,000
0
Per Capita Expenditure (Rp.00)

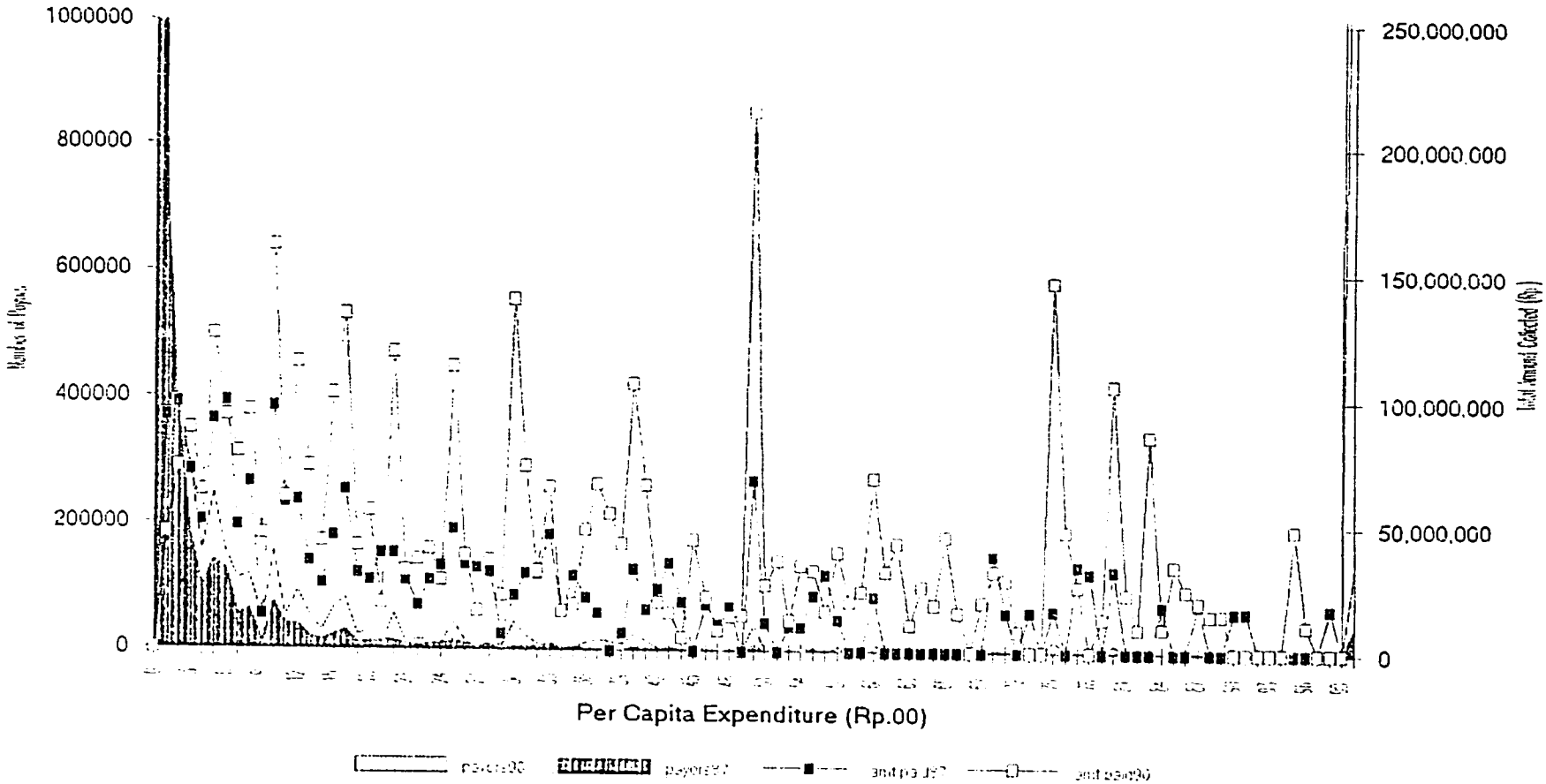
1987,1990 Per Capita Health Expenditures: Irian Jaya

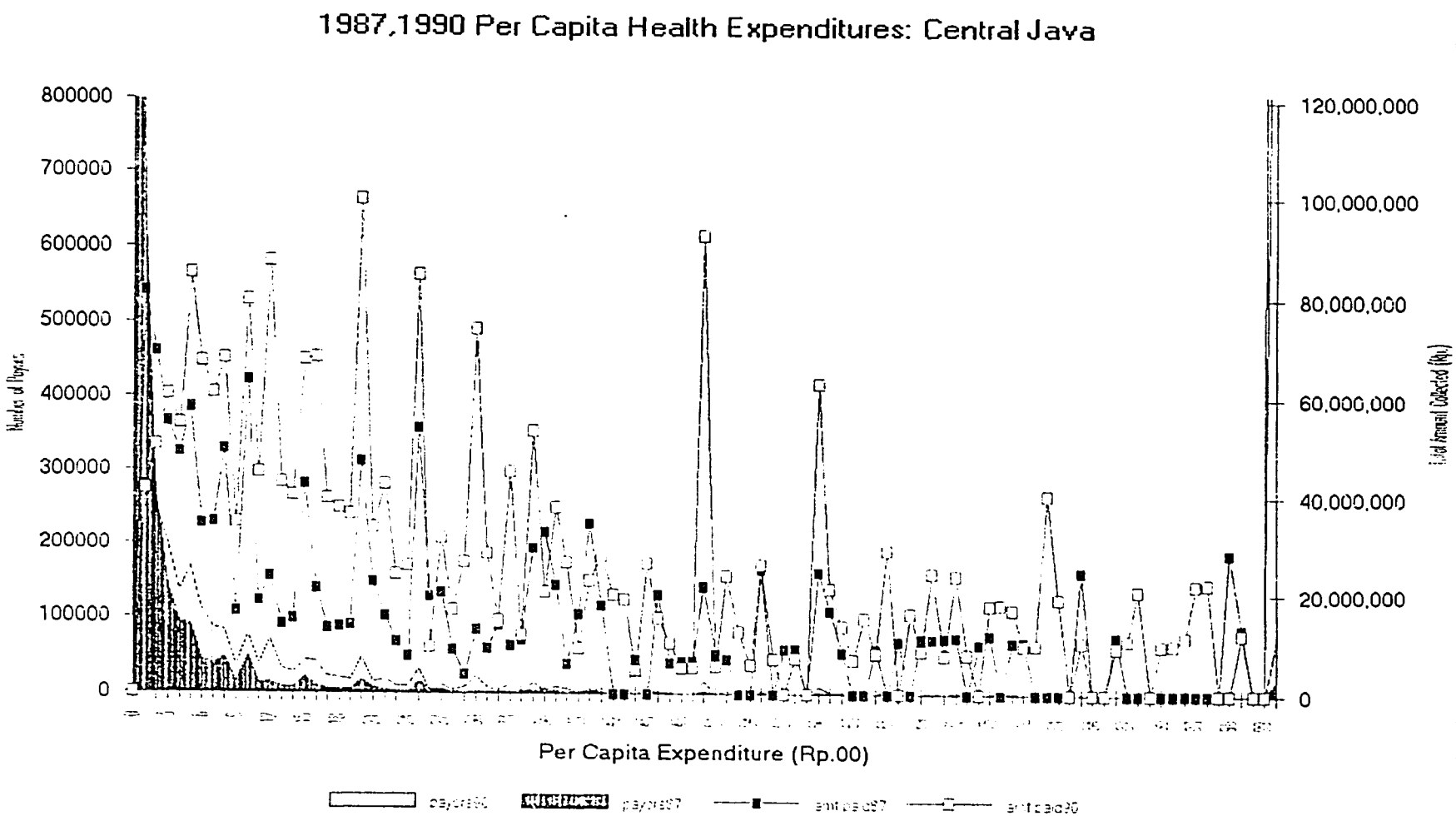


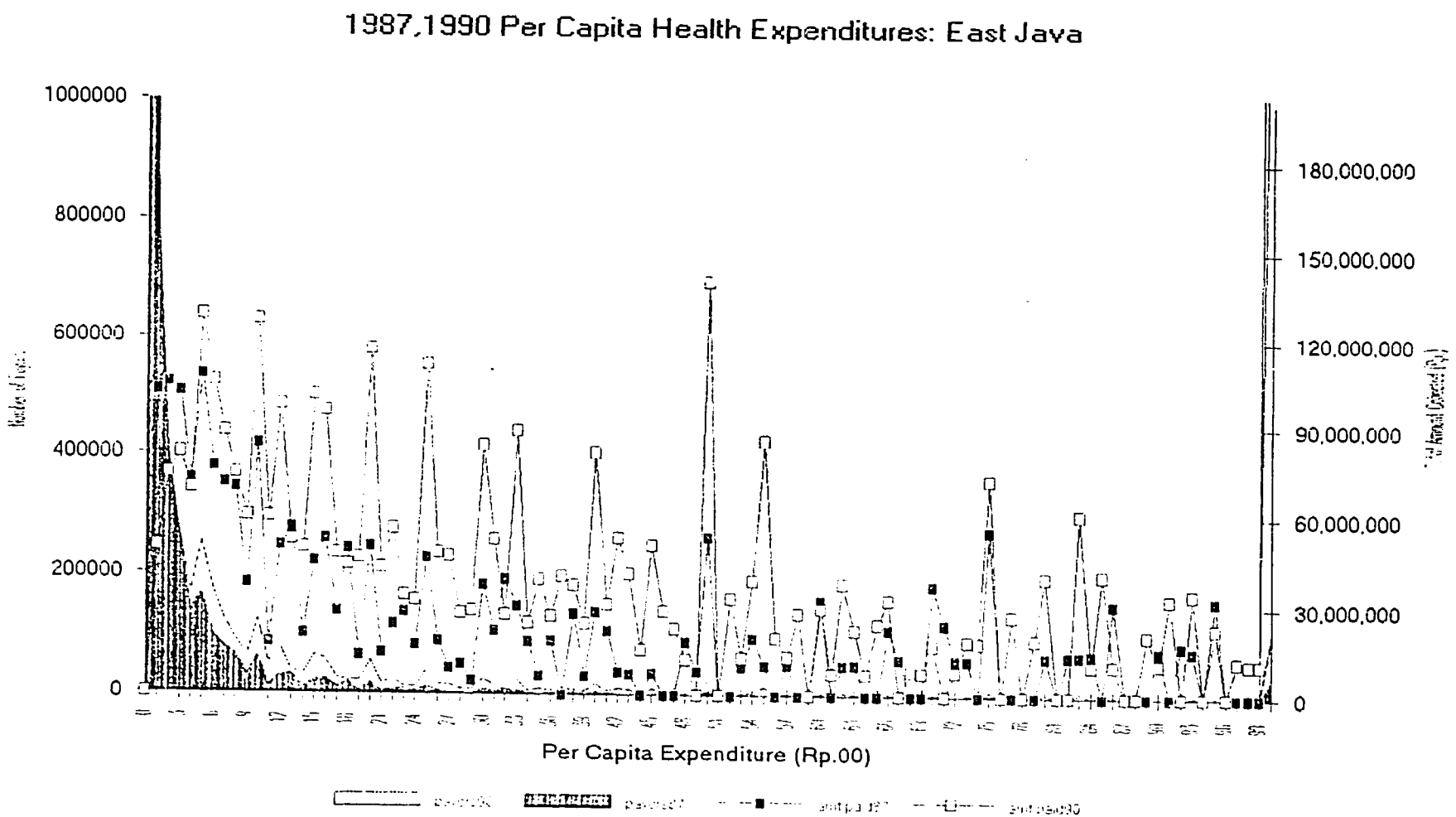
1987,1990 Per Capita Health Expenditures: Jambi



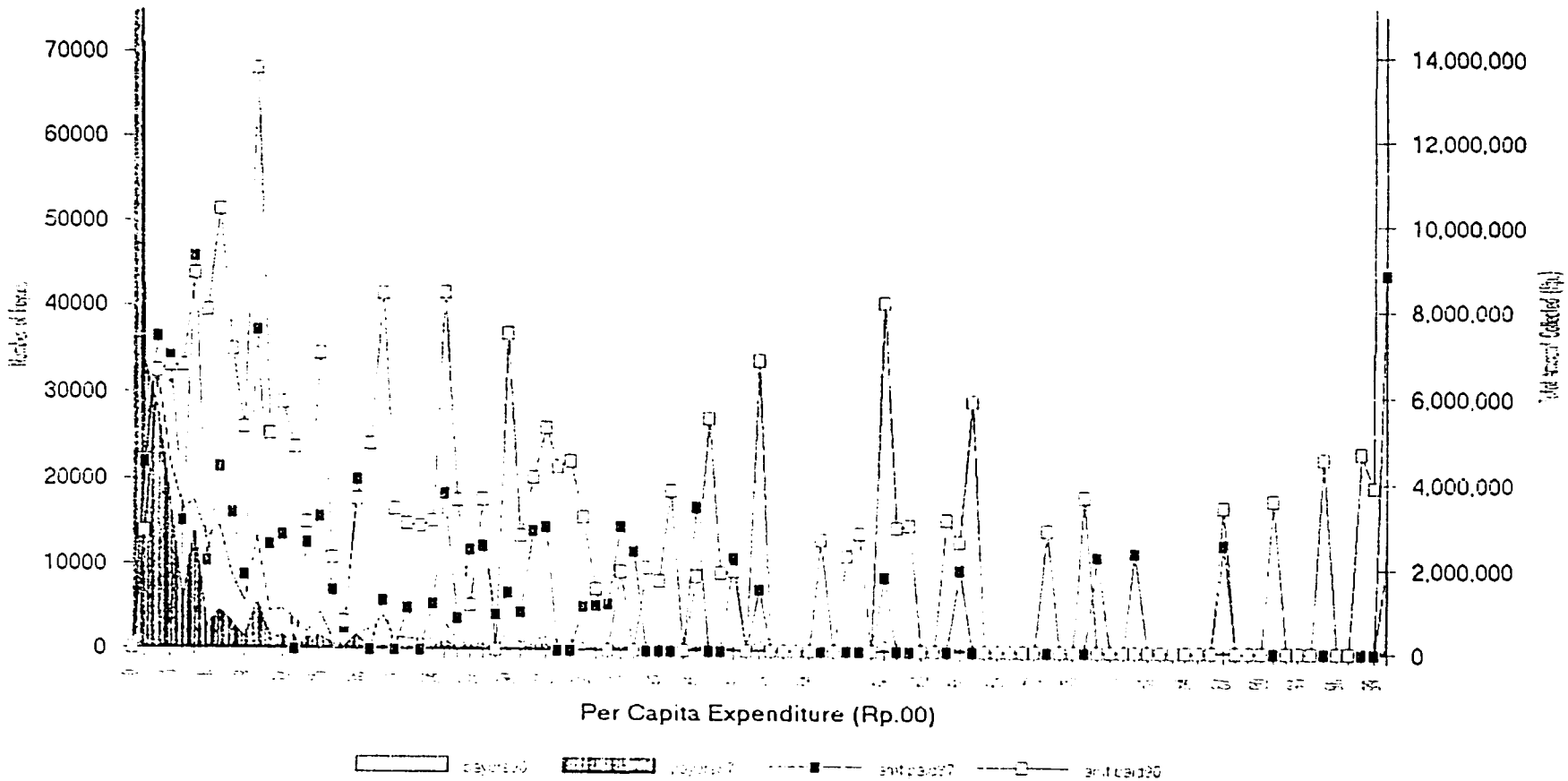
1987,1990 Per Capita Health Expenditures: West Java



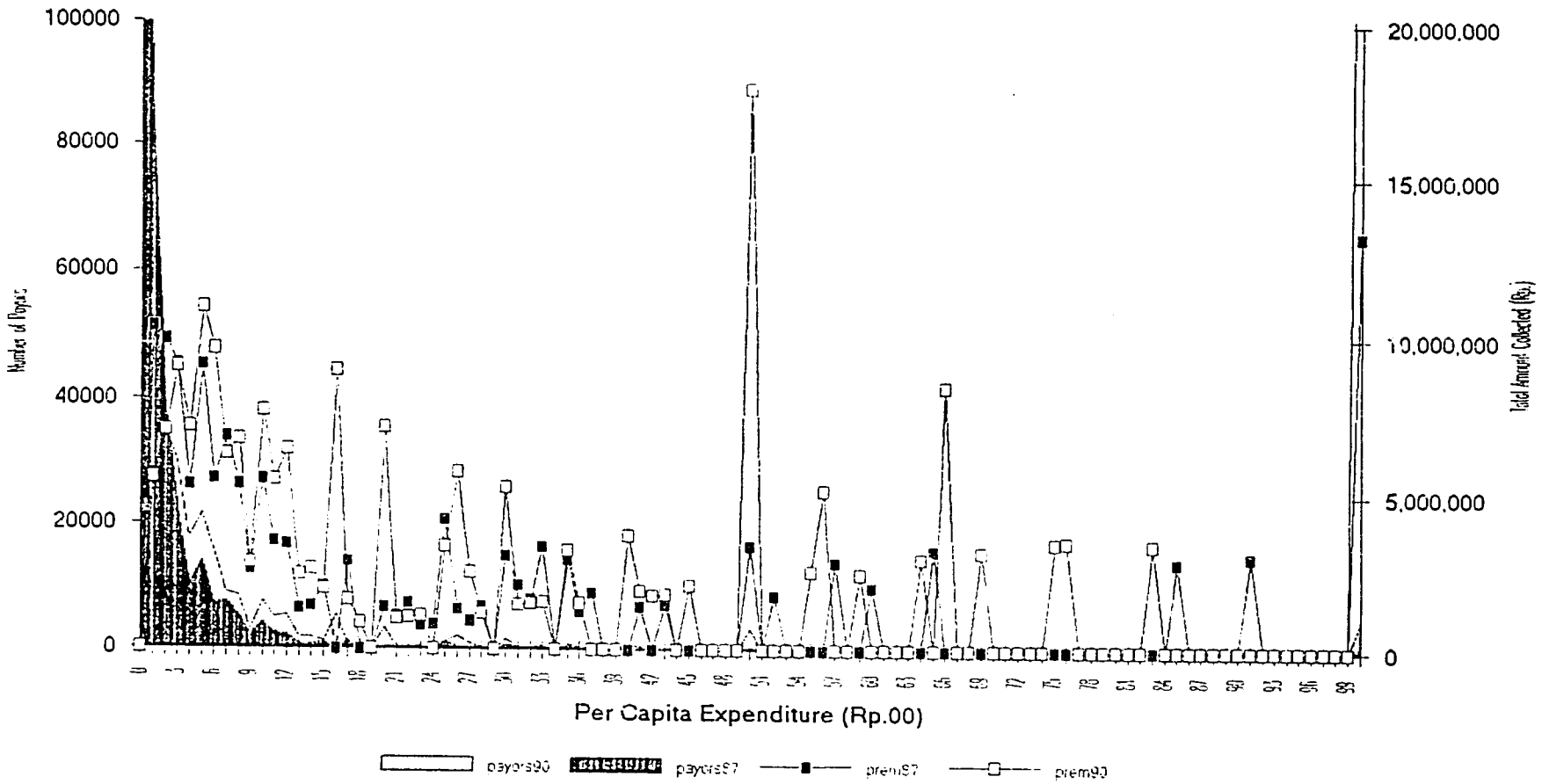

1987,1990 Per Capita Health Expenditures: Central Java
800000
700000
600000
500000
400000
300000
200000
100000
0
Number of Papers
120,000,000
100,000,000
80,000,000
60,000,000
40,000,000
20,000,000
0
Total Amount Collected (Rp.)
Per Capita Expenditure (Rp.00)


1987,1990 Per Capita Health Expenditures: East Java
1000000
800000
600000
400000
200000
0
180,000,000
150,000,000
120,000,000
90,000,000
60,000,000
30,000,000
0
Per Capita Expenditure (Rp.00)

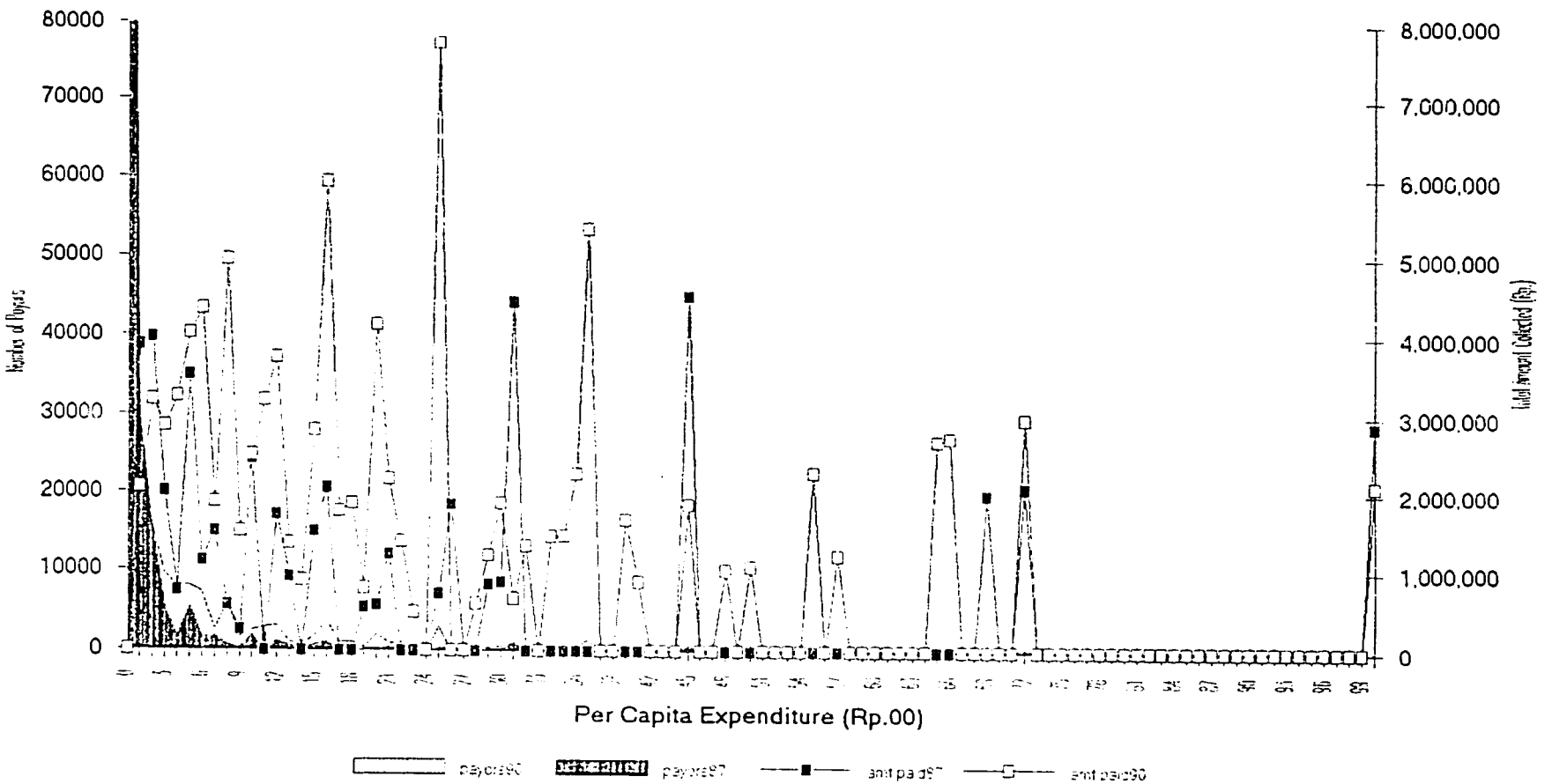
1987,1990 Per Capita Health Expenditures: West Kalimantan



1987,1990 Per Capita Health Expenditures: South Kalimantan

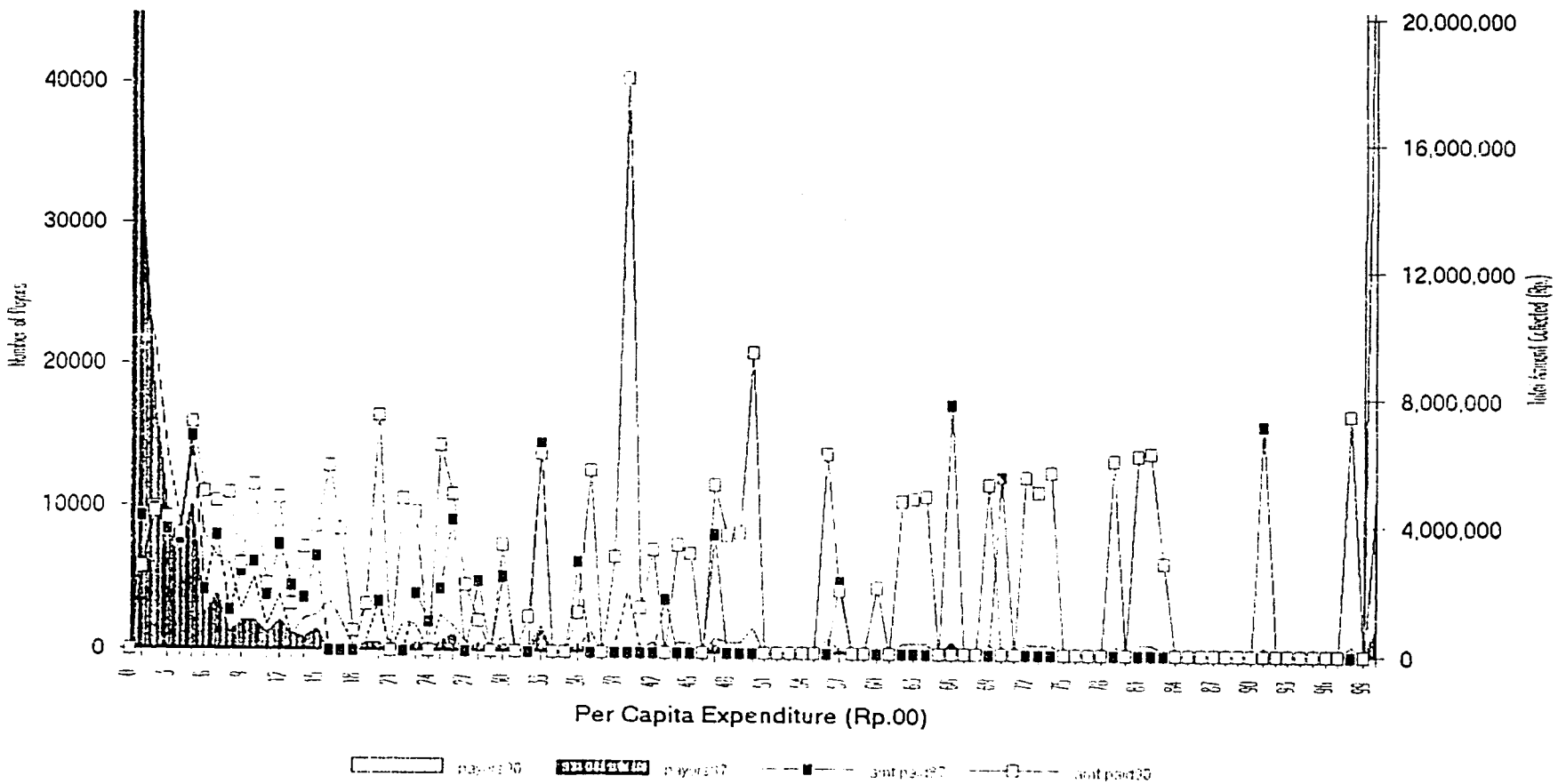


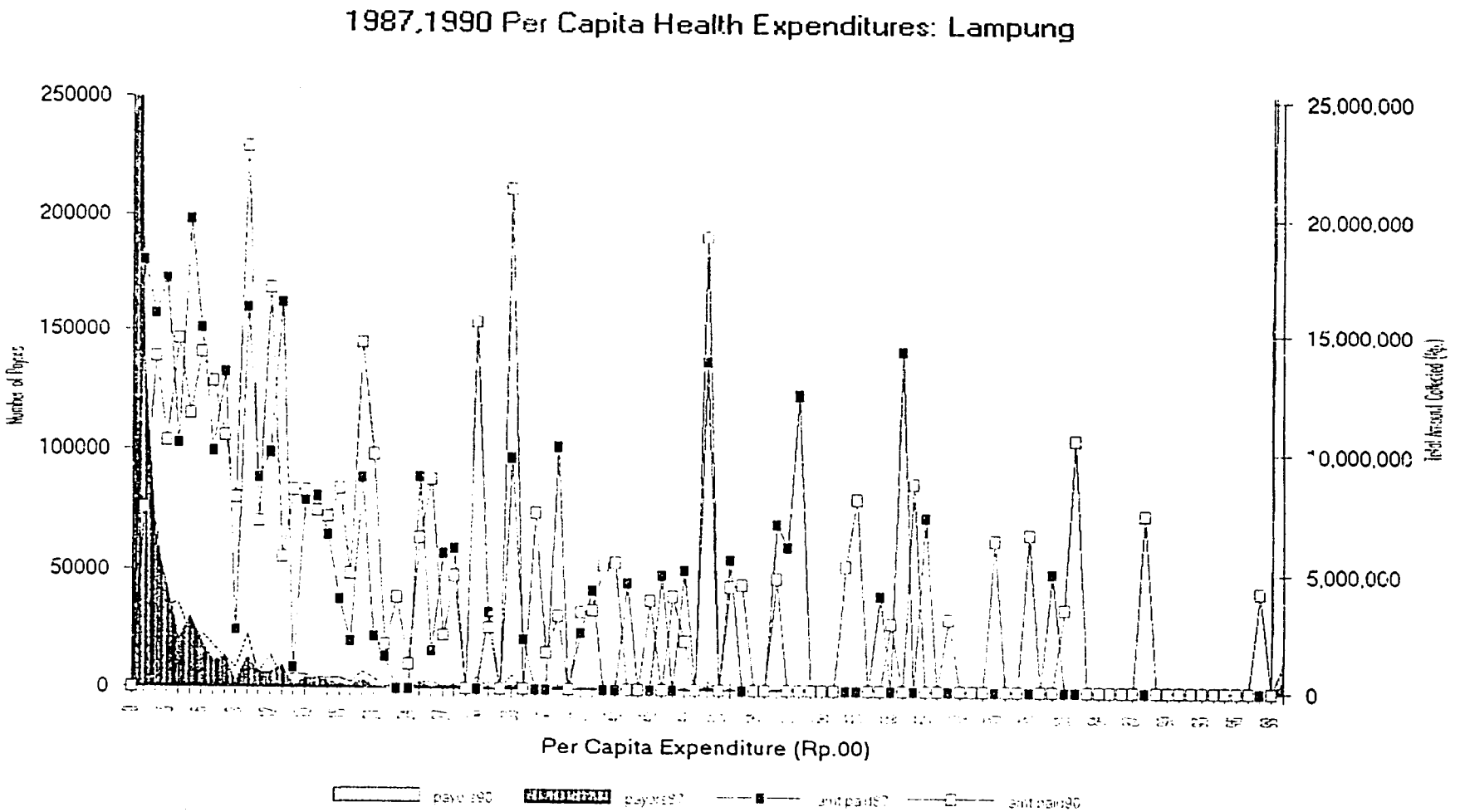
1987,1990 Per Capita Health Expenditures: Central Kalimantan



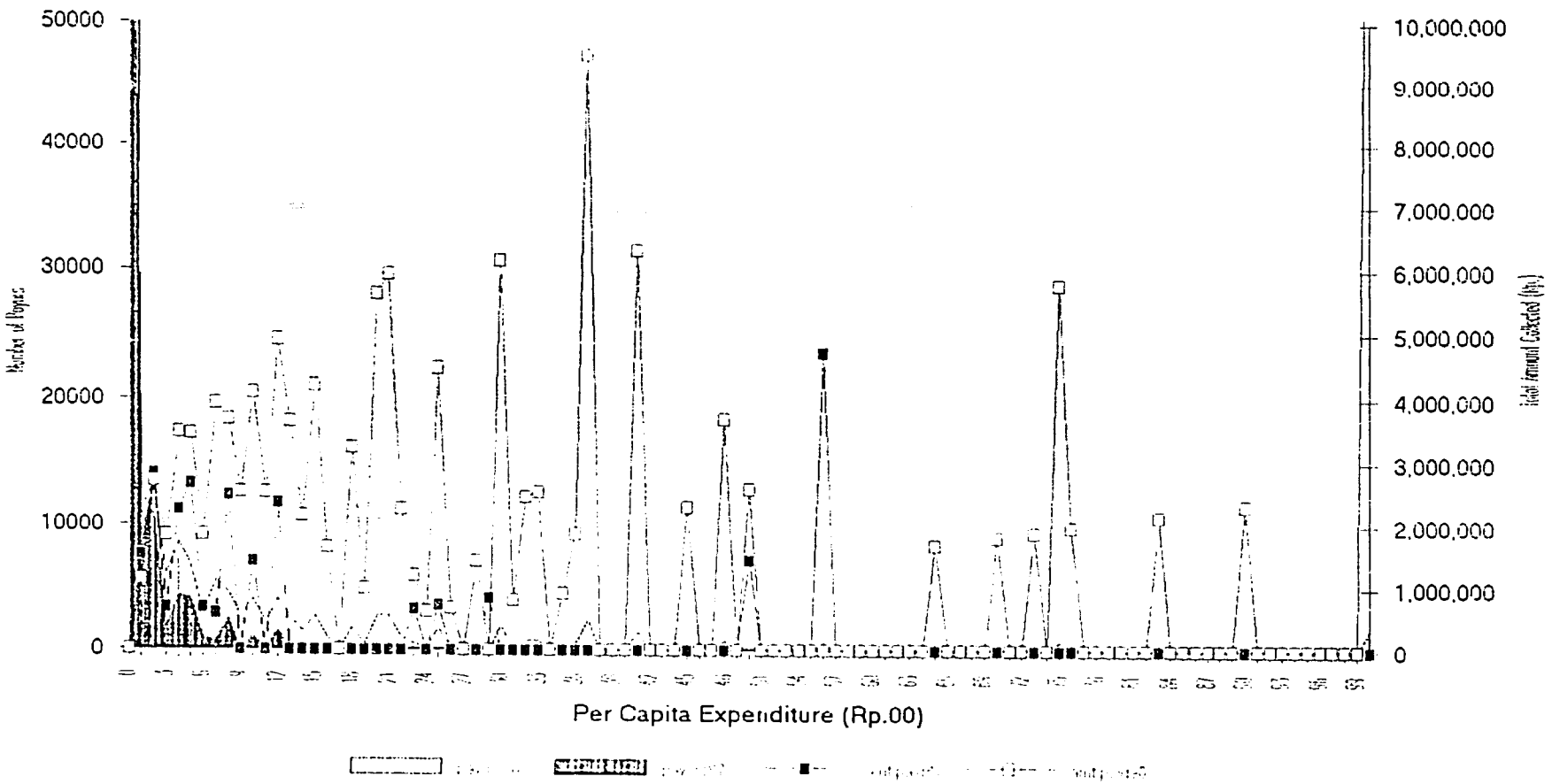
332

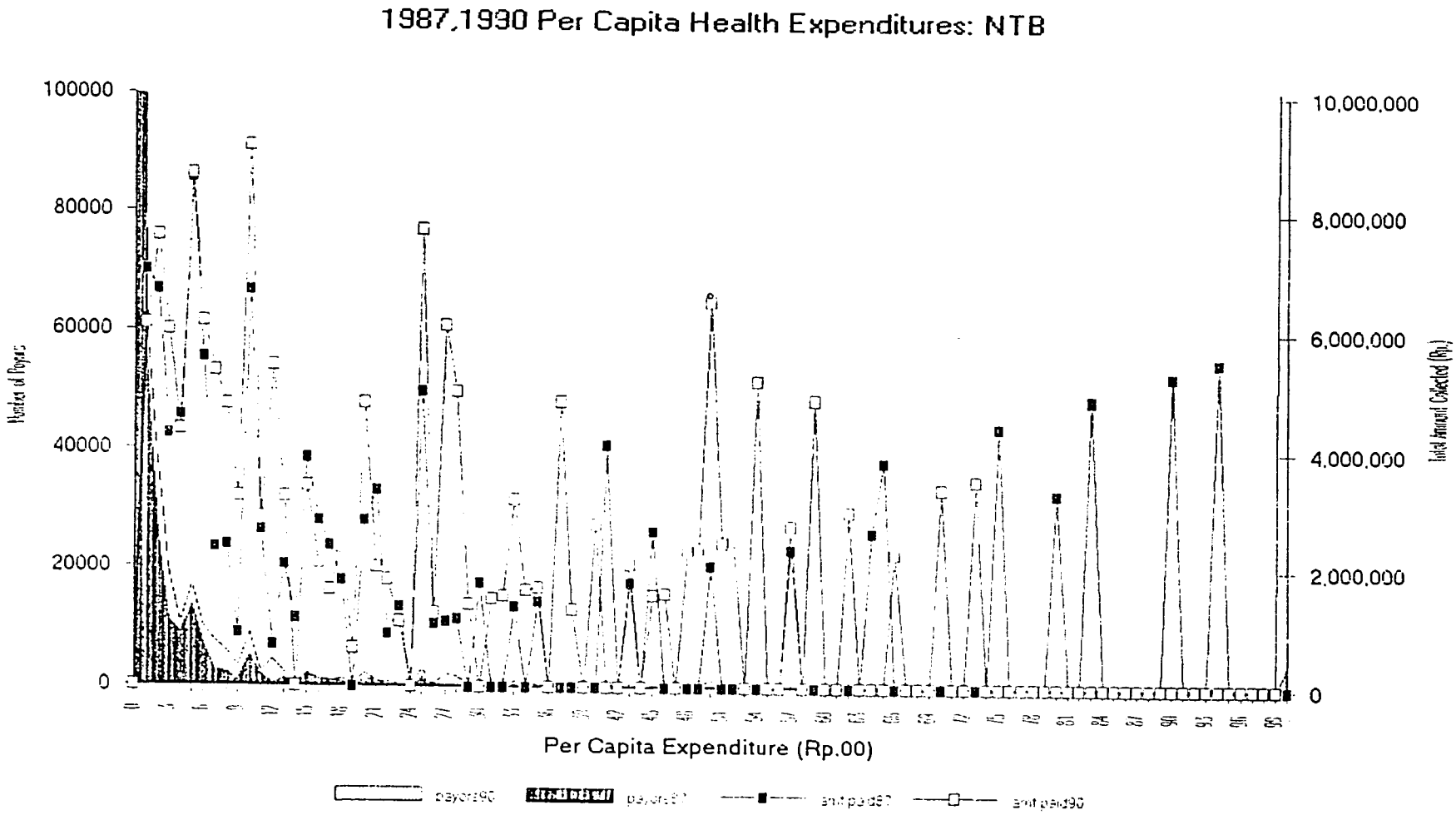
1987,1990 Per Capita Health Expenditures: East Kalimantan



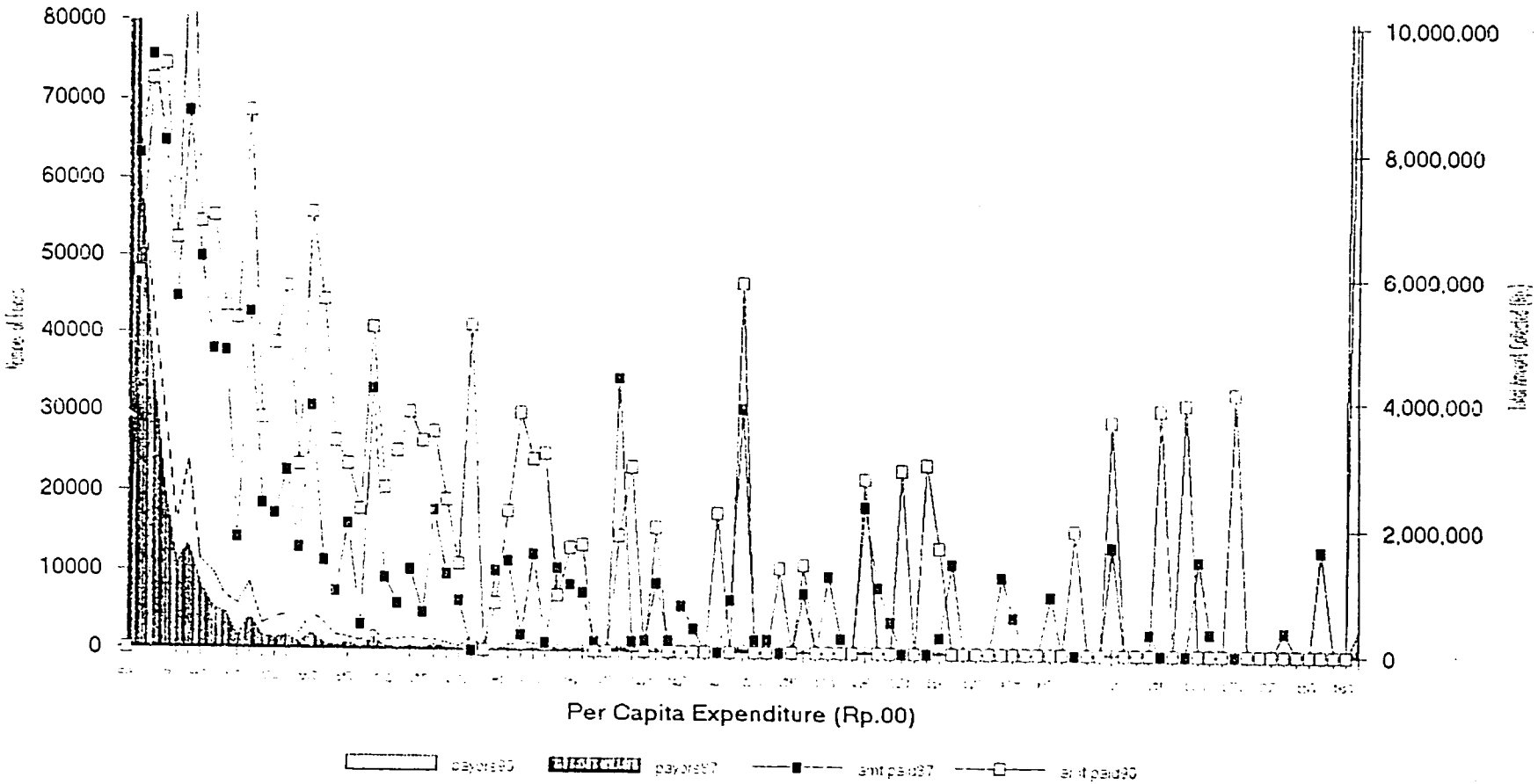

1987,1990 Per Capita Health Expenditures: Lampung
250000
200000
150000
100000
50000
0
Number of Payers
25,000,000
20,000,000
15,000,000
10,000,000
5,000,000
0
Total Amount Collected (Rp.)
Per Capita Expenditure (Rp.00)

1987,1990 Per Capita Health Expenditures: Maluku

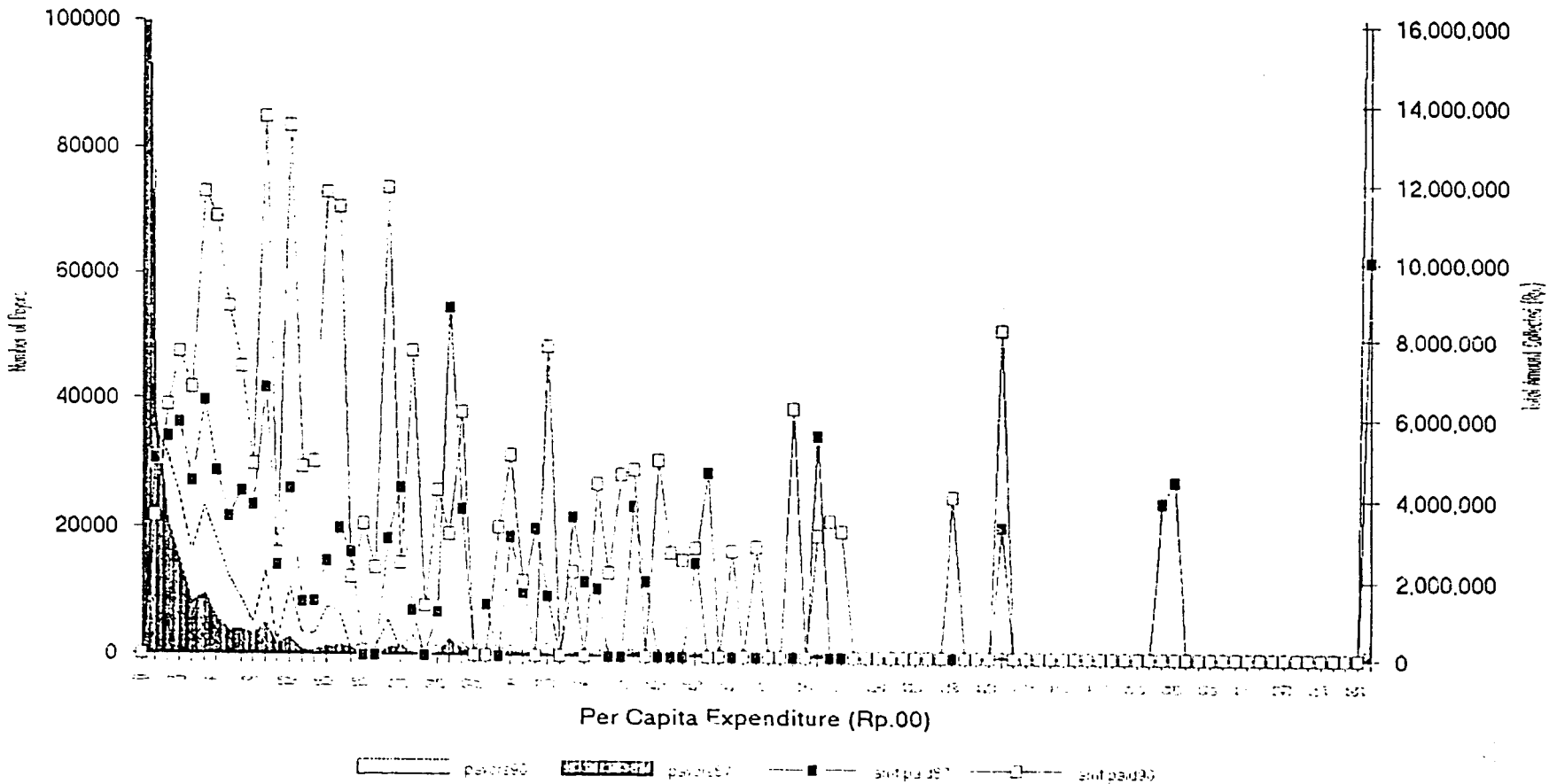



1987,1990 Per Capita Health Expenditures: NTB
100000
80000
60000
40000
20000
0
Number of Payers
10,000,000
8,000,000
6,000,000
4,000,000
2,000,000
0
Total Amount Collected (Rp.)
Per Capita Expenditure (Rp.00)
payers90
payers87
amt paid87
amt paid90

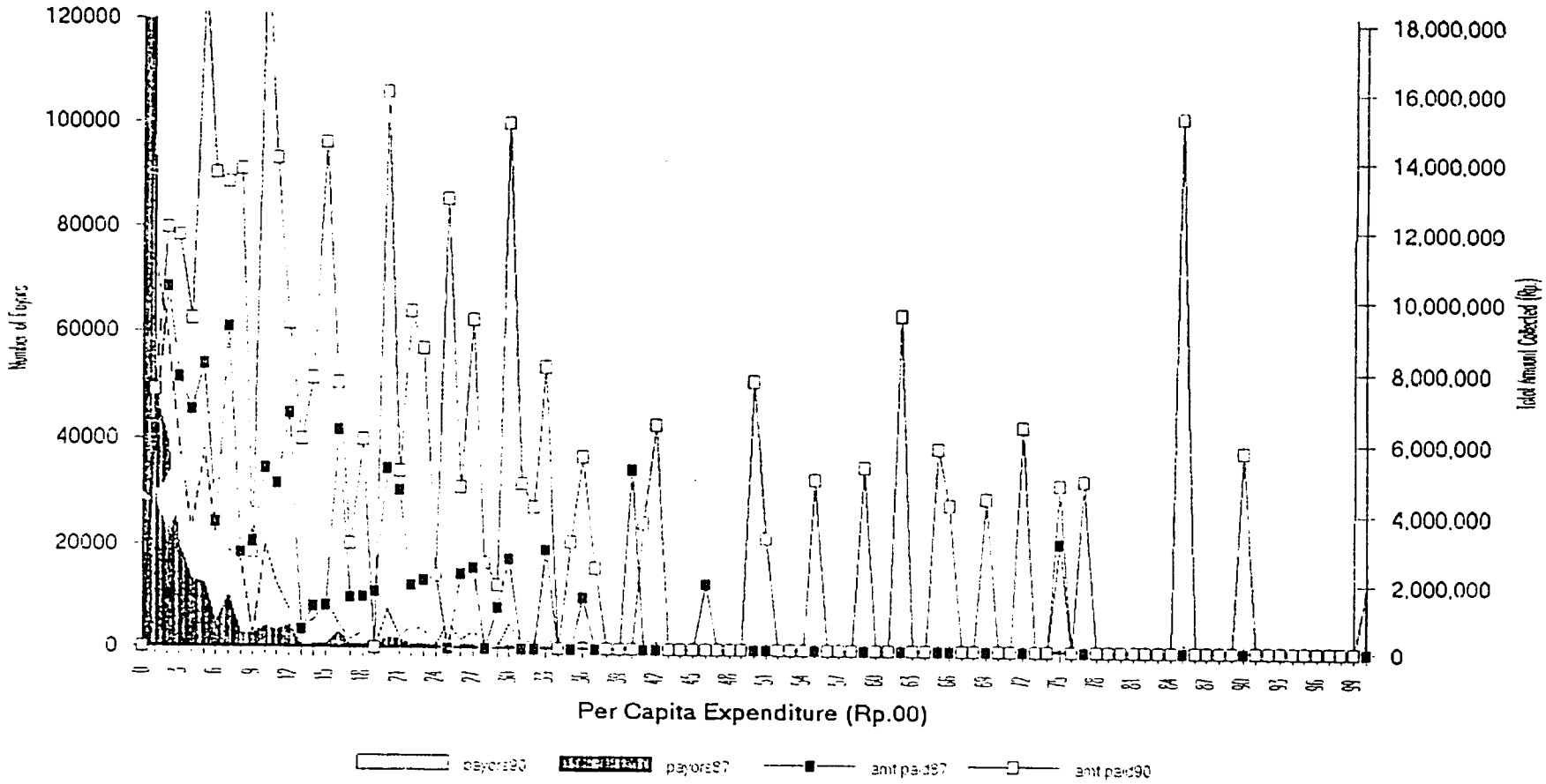
1987,1990 Per Capita Health Expenditures: NTT



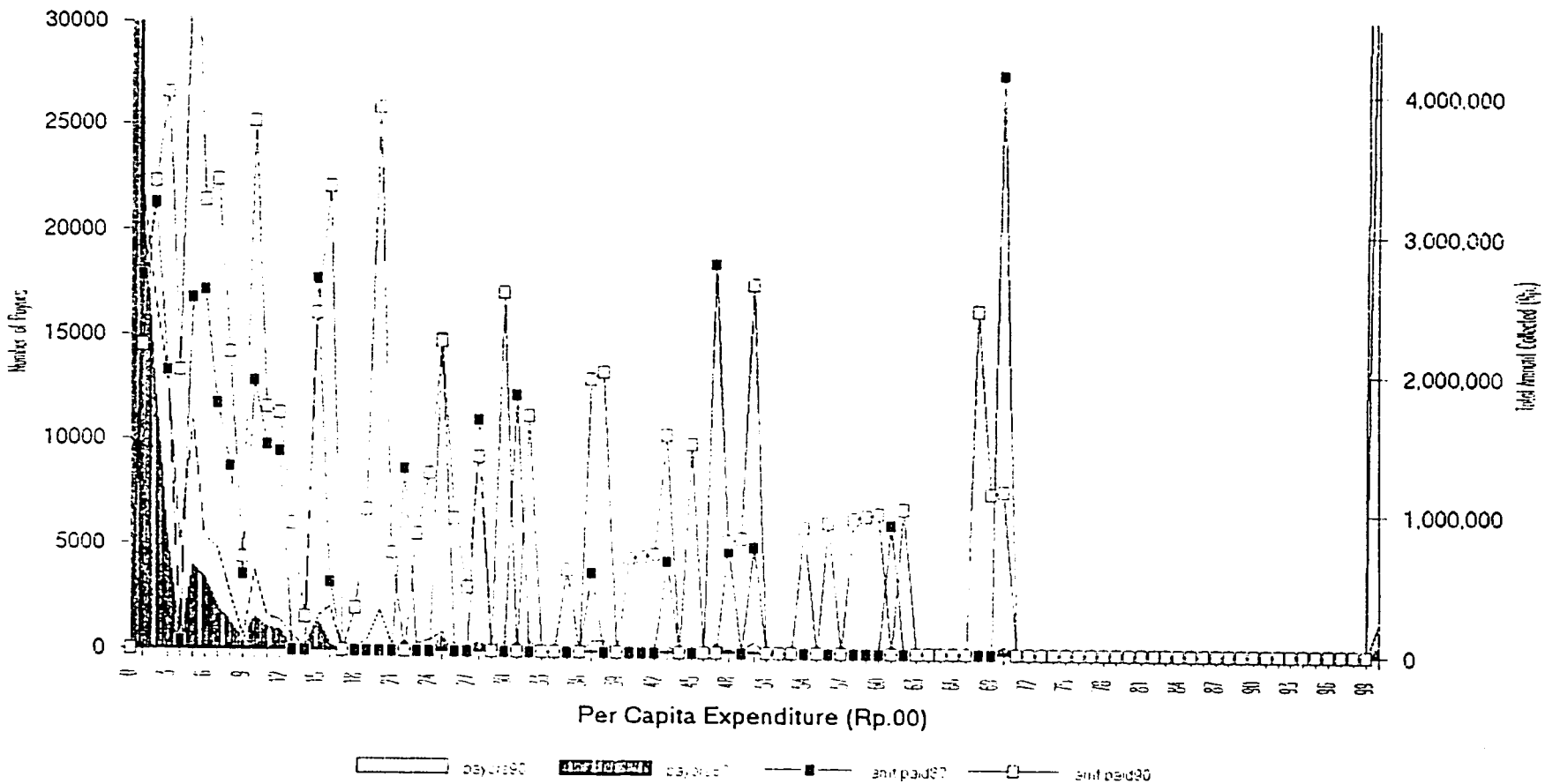
1987,1990 Per Capita Health Expenditures: Riau



1987,1990 Per Capita Health Expenditures: South Sulewesi

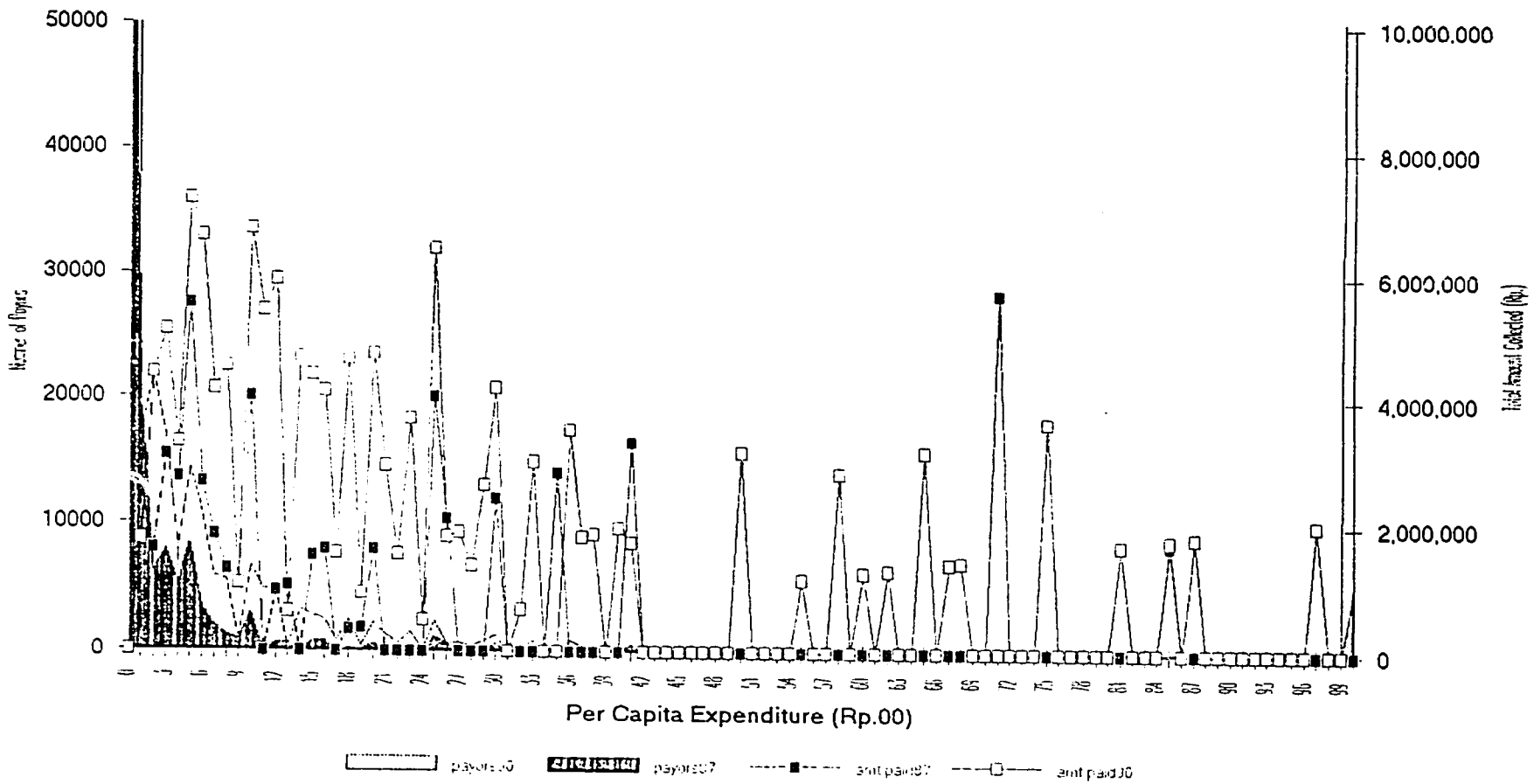


1987,1990 Per Capita Health Expenditures: S.E.Sulewsi

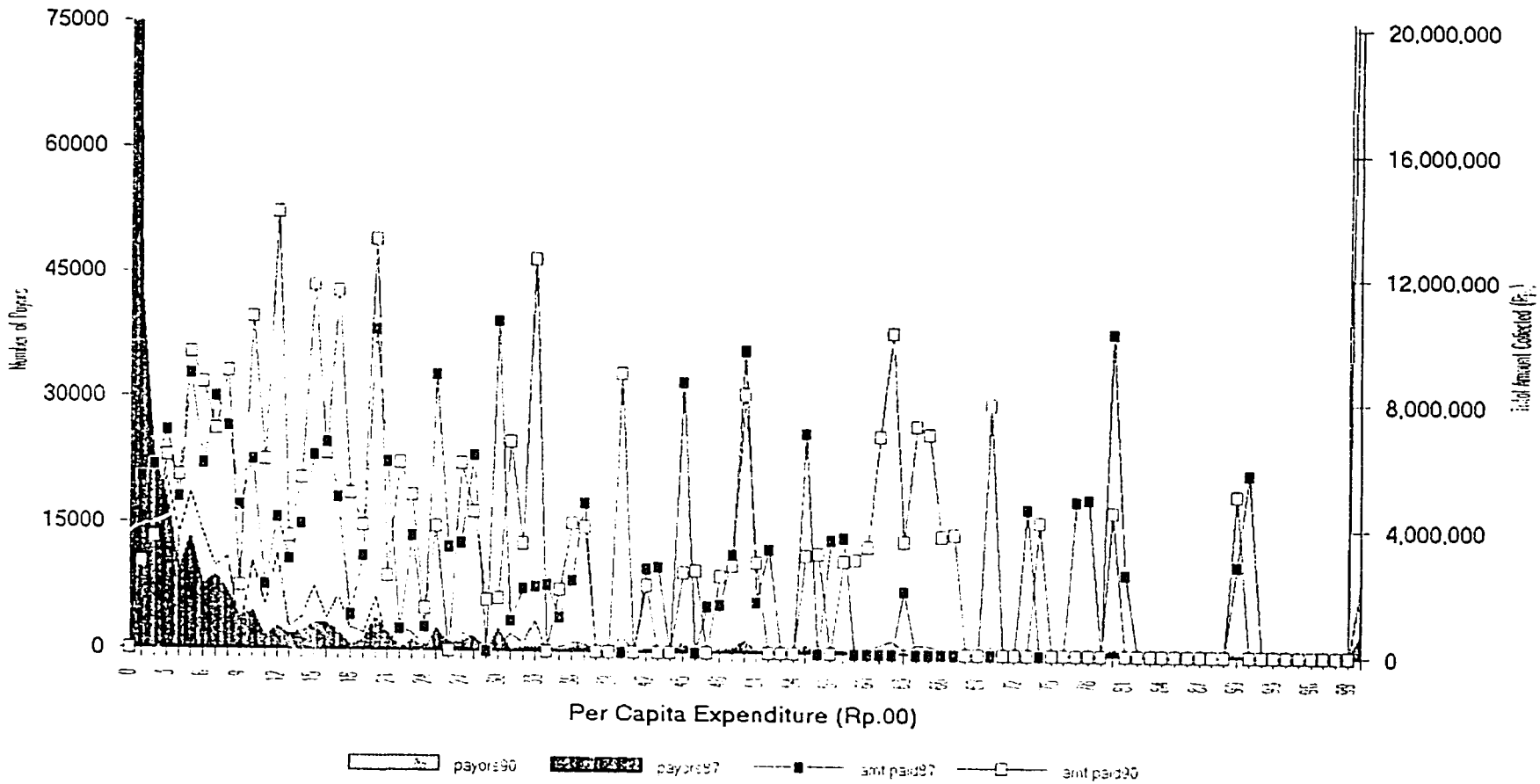


340

1987,1990 Per Capita Health Expenditures: Central Sulewesi

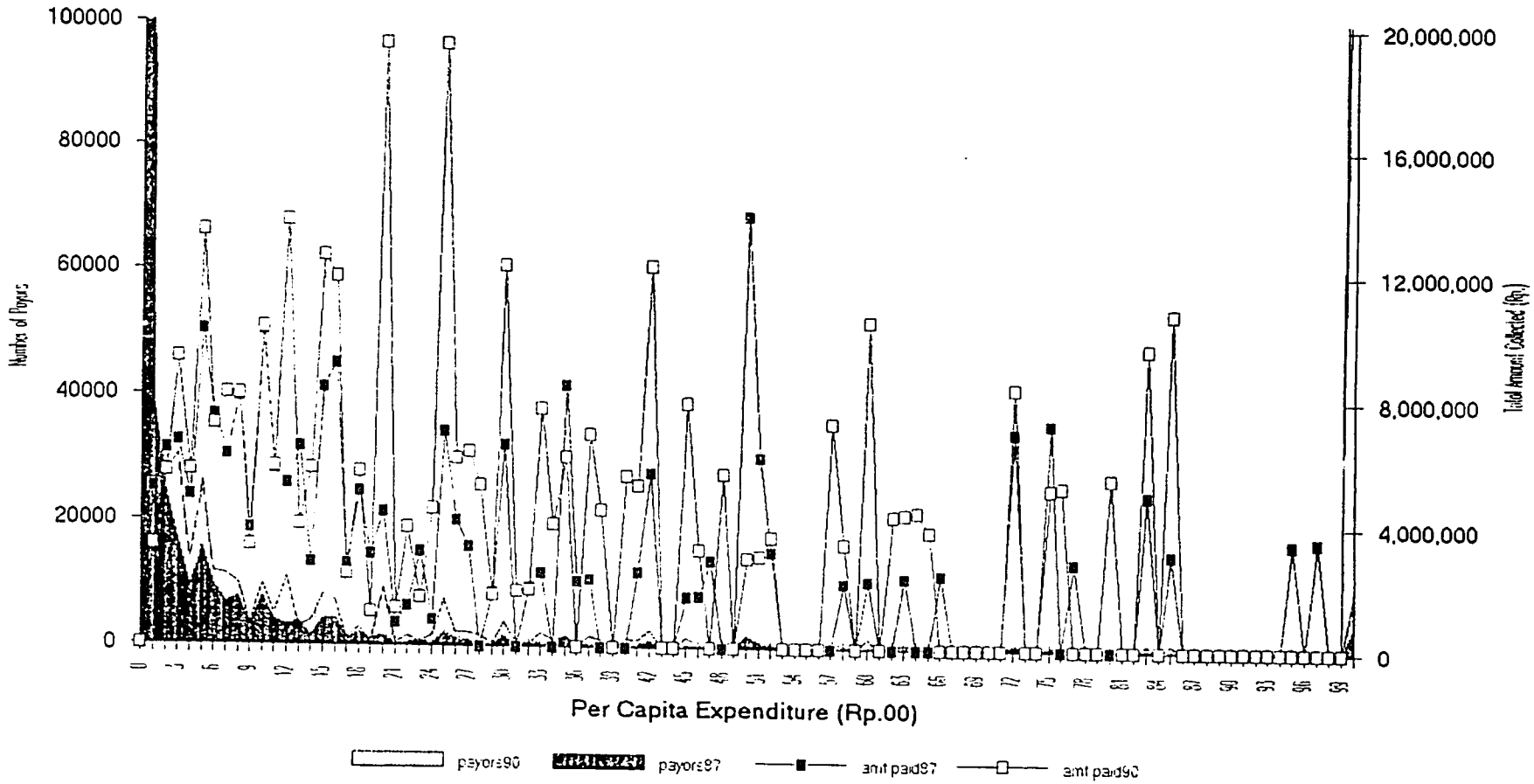


1987,1990 Per Capita Health Expenditures: North Sulewesi

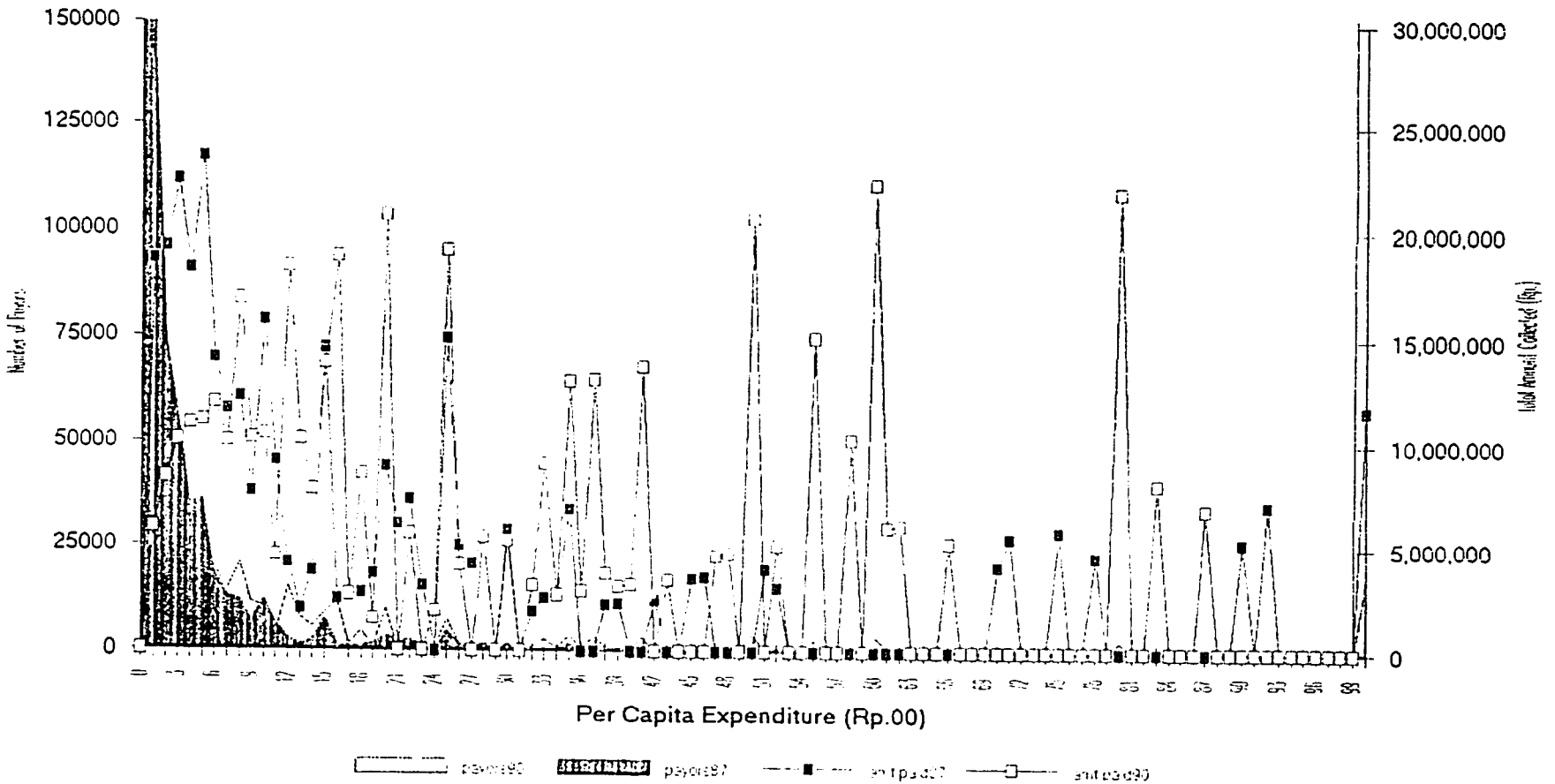


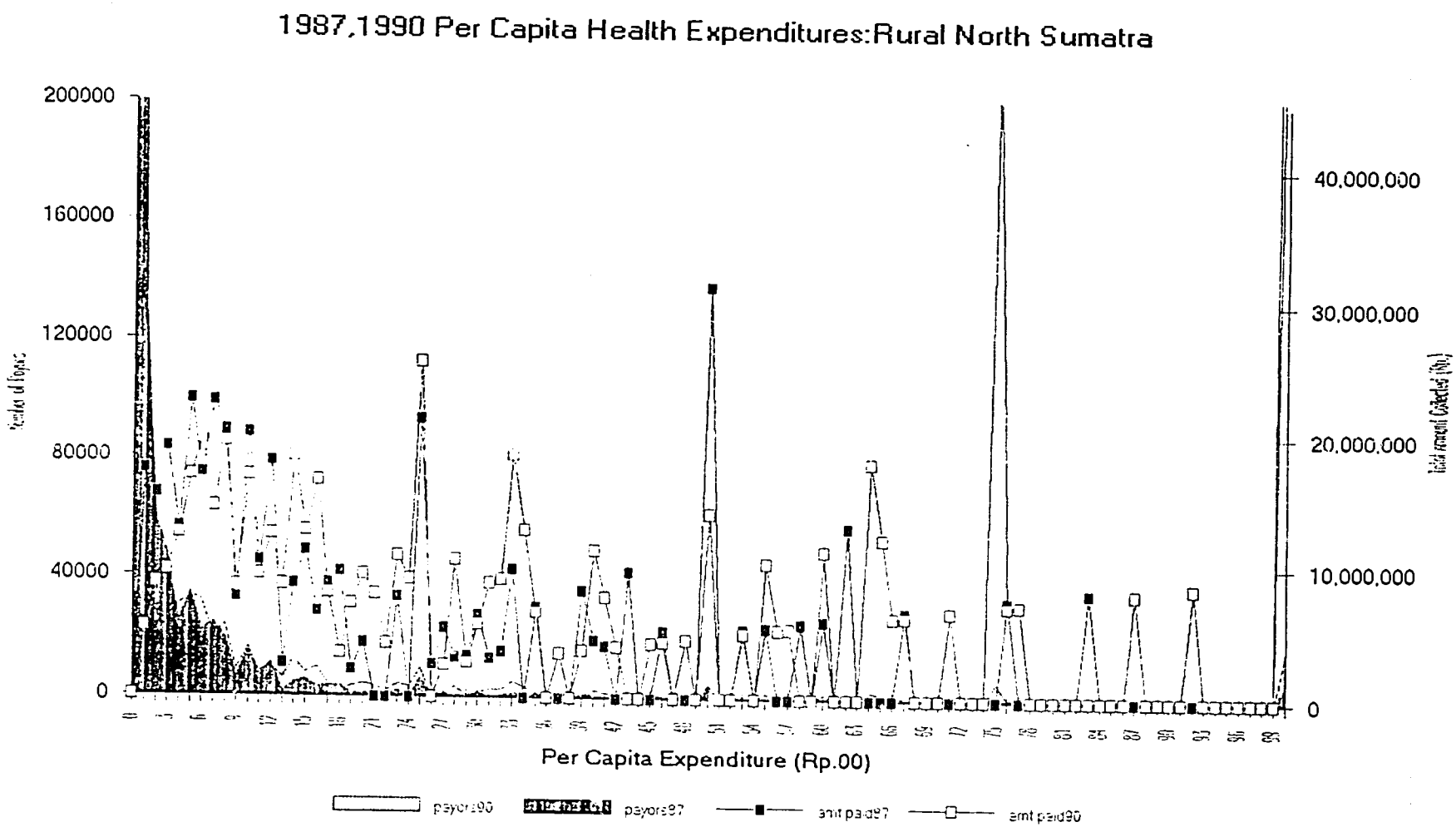
242

1987,1990 Per Capita Health Expenditures: West Sumatra

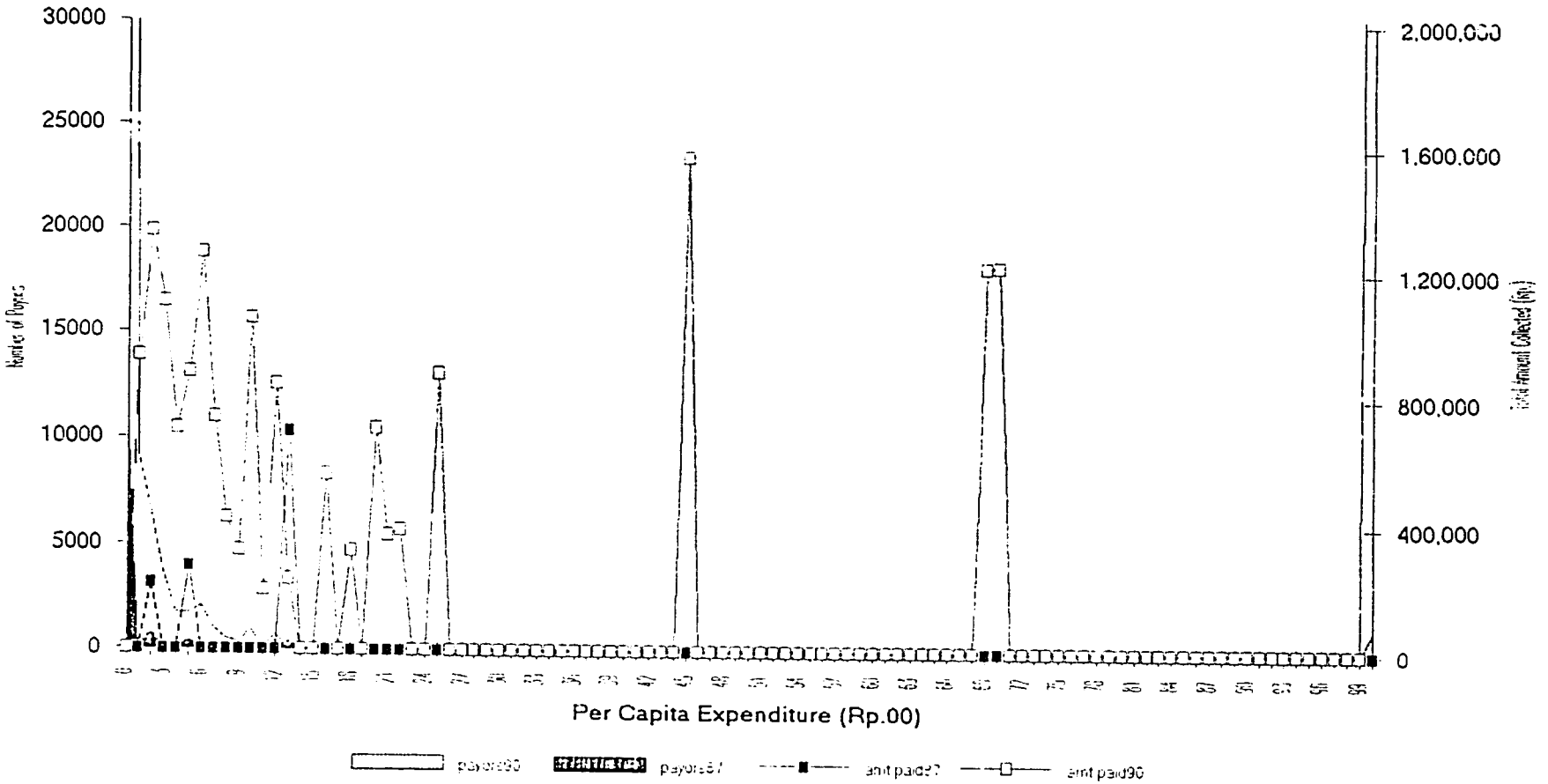


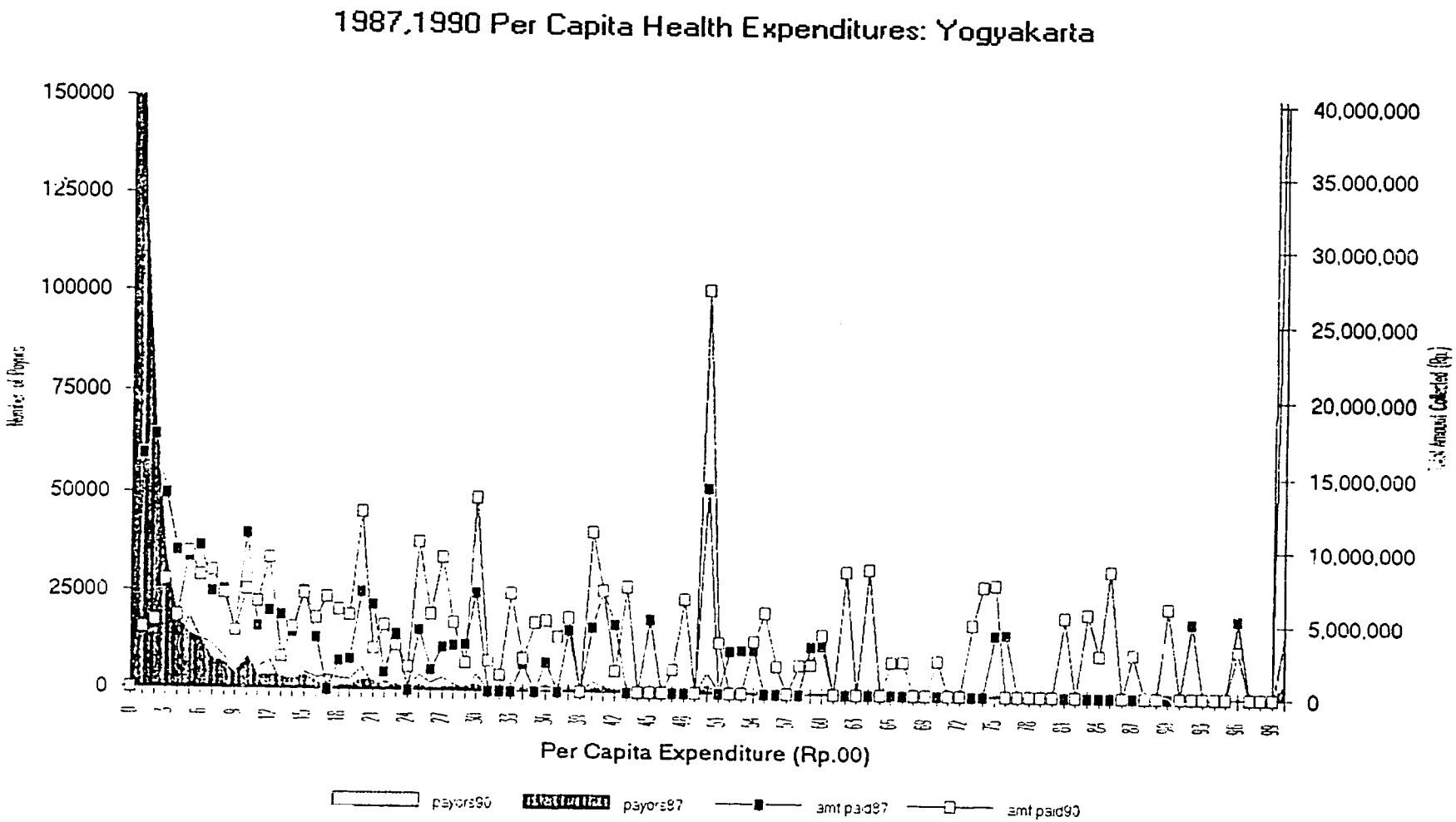
1987,1990 Per Capita Health Expenditures: South Sumatra




1987,1990 Per Capita Health Expenditures:Rural North Sumatra
200000
160000
120000
80000
40000
0
40,000,000
30,000,000
20,000,000
10,000,000
0
Per Capita Expenditure (Rp.00)
payors90
payors97
amt paid97
amt paid90

1987,1990 Per Capita Health Expenditures: East Timur




1987,1990 Per Capita Health Expenditures: Yogyakarta
150000
125000
100000
75000
50000
25000
0
40,000,000
35,000,000
30,000,000
25,000,000
20,000,000
15,000,000
10,000,000
5,000,000
0
Per Capita Expenditure (Rp.00)
payors90
payors87
amt paid87
amt paid90

CHAPTER 5

APPENDICES

1991 25 Highest PJPK Cost Ad nission Diagnoses PJPK

DIAGNOSIS	ADMITS	LOS	PJPK Paid	MEANS PJPK+Pat	PJPK Drug	PJPK+Pat Drug	LOS	PJPK Paid	TOTALS PJPK+Pat	PJPK Drug	PJPK+Pat Drug
MISSING DIAGNOSIS	128	6 35	569,547	610,527	145,727	147,857	813	72,901,984	78,147,426	18,653,030	18,925,695
PARTUS NORMAL	112	3 55	205,731	230,904	35,145	37,186	398	23,041,900	25,861,271	3,936,213	4,164,875
TONSIL KRONIK	32	2 53	512,864	500,184	88,002	89,620	81	16,411,652	16,005,874	2,816,060	2,867,841
NORMAL DELIVERY	146	5 10	107,400	113,157	18,236	18,515	744	15,680,411	16,520,902	2,662,466	2,703,193
APPENDICITIS	16	4 56	924,624	995,320	255,097	258,954	73	14,793,990	15,925,124	4,081,550	4,143,265
TYPHOID AND PARATYPHOID FEVER	30	9 20	471,141	495,704	125,000	126,360	276	14,134,232	14,871,109	3,750,003	3,790,798
COLITIS, ENTERITIS, GASTROENTERITIS	49	5 20	239,316	243,944	49,945	51,272	255	11,726,574	11,953,250	2,447,327	2,512,332
FEBRIS e/c IGNOTA COMMONCOLD	26	7 50	382,223	394,915	86,943	88,357	195	9,937,801	10,267,783	2,260,521	2,297,275
CARCINOMA METASTATIC NOS	4	32 75	2,238,809	2,952,817	1,024,444	1,046,559	131	8,955,235	11,811,269	4,097,774	4,194,236
DENGUE HAEMORRHAGIC FEVER (DHF)	23	6 65	381,332	394,673	75,370	76,601	153	8,770,644	9,077,471	1,733,515	1,761,830
ABCESLUNG	1	40 00	7,762,999	7,876,926	2,131,570	2,180,022	40	7,762,999	7,876,926	2,131,570	2,180,022
INFEKSI VIRAL	22	5 32	314,663	328,297	53,726	54,058	117	6,922,594	7,222,543	1,181,970	1,189,285
HERNIA INGUINALIS SCROTALIS	9	2 56	752,394	776,088	144,203	146,124	23	6,771,545	6,354,790	1,297,825	1,315,115
BRONCHOPNEUMONI	17	7 88	396,532	328,330	100,377	103,378	134	6,741,046	5,581,615	1,706,406	1,757,422
DENGUE	4	6 25	1,573,886	1,574,936	736,726	736,726	25	6,295,543	6,299,743	2,946,905	2,946,905
VIREMIA	24	4 75	225,387	216,692	41,721	42,429	114	5,409,277	5,200,605	1,001,296	1,018,284
FIBROADENOMA MAMAE	7	2 86	713,253	692,938	115,021	116,886	20	4,992,769	4,850,566	805,144	818,201
APPENDICITIS CHRONIC	5	6 40	966,693	891,941	324,641	326,998	32	4,833,466	4,459,704	1,623,203	1,634,990
CYSTE OVARY	3	8 00	1,554,332	1,591,798	447,438	447,454	24	4,662,996	4,775,394	1,342,315	1,342,361
CYSTEDENAMA TYROID SIN	3	9 33	1,531,119	1,671,890	437,346	447,835	28	4,593,357	5,015,670	1,312,038	1,343,505
MISSING DIAGNOSIS 1	6	7 33	711,509	678,767	192,704	192,263	44	4,269,054	4,072,599	1,156,225	1,153,575
HNF	2	25 50	1,677,156	1,684,155	262,187	266,557	51	3,354,311	3,368,310	524,373	533,113
VARICESS	3	10 67	974,730	625,430	252,815	250,815	32	2,924,191	1,876,291	758,445	752,445
STRUMA FOELOCULARIS NODOSA	2	5 50	1,434,945	1,785,309	365,245	379,275	11	2,869,889	3,570,618	730,490	758,550
ABORTUS SPONTAN / COMPLITUS	8	2 75	357,582	314,098	52,541	54,565	22	2,860,658	2,512,784	420,327	436,518

1991 25 Highest Bed Day Admission Diagnoses PJPK

DIAGNOSIS	ADMITS	LOS	PJPK Paid	MEANS PJPK+Pat	PJPK Drug	PJPK+Pat Drug	LOS	PJPK Paid	TOTALS PJPK+Pat	PJPK Drug	PJPK+Pat Drug
MISSING DIAGNOSIS	128	6 35	569,547	610,527	145,727	147,857	813	72,901,984	78,147,426	18,653,030	18,925,695
NORMAL DELIVERY	146	5 10	107,400	113,157	18,235	18,515	744	15,680,411	16,520,902	2,662,466	2,703,193
PARTUS NORMAL	112	3 55	205,731	230,904	35,145	37,186	398	23,041,900	25,861,271	3,936,213	4,164,875
TYPHOID AND PARATYPHOID FEVER	30	9 20	471,141	495,704	125,000	126,360	276	14,134,232	14,871,109	3,750,003	3,790,798
COLITIS, ENTERITIS, GASTROENTERITIS	49	5 20	239,316	243,944	49,945	51,272	255	11,726,474	11,953,250	2,447,327	2,512,332
FEBRIS e/c IGNOTA COMMONCOLD	26	7 50	382,223	394,915	86,943	88,357	195	9,937,801	10,267,783	2,260,521	2,297,275
DENGUE HAEMORRHAGIC FEVER (DHF)	23	6 65	381,332	394,673	75,370	76,601	153	8,770,644	9,077,471	1,733,515	1,761,830
BRONCHOPNEUMONI	17	7 88	396,532	328,330	100,377	103,378	134	6,741,046	5,581,615	1,706,406	1,757,422
CARCINOMA METASTATIC NOS	4	32 75	2,238,809	2,952,817	1,024,444	1,048,559	131	8,955,235	11,811,269	4,097,774	4,194,236
INFEKSI VIRAL	22	5 32	314,663	328,297	53,726	54,058	117	6,922,594	7,222,543	1,181,970	1,189,285
VIREMIA	24	4 75	225,387	216,692	41,721	42,429	114	5,409,277	5,200,605	1,001,296	1,018,284
TONSIL KRONIK	32	2 53	512,864	500,184	88,002	89,620	81	16,411,652	16,005,874	2,816,060	2,867,841
ASPHYXIA	1	79 00	2,476,966	1,651,277	218,393	242,523	79	2,476,966	1,651,277	218,393	242,523
APPENDICITIS	16	4 56	924,624	995,320	255,097	258,954	73	14,793,990	15,925,124	4,081,550	4,143,265
EPILEPSY	2	29 50	867,319	1,099,631	68,118	68,118	59	1,734,637	2,199,262	136,235	136,235
HNP	2	25 50	1,677,156	1,684,155	262,187	266,557	51	3,354,311	3,368,310	524,373	533,113
HEPATITIS TYPE A	4	11 75	479,013	429,646	62,393	62,051	47	1,916,053	1,718,582	249,573	248,205
U T I	7	6 71	403,958	452,801	95,864	96,559	47	2,827,706	3,169,604	671,048	675,914
DIARHEA/ ENTERETIS	6	7 67	191,192	220,305	34,751	35,960	46	1,147,154	1,321,829	208,505	215,762
ICTERUS NEONATORUM ; HYPERBILIRUBINEMIA NEONAT	11	4 18	95,682	97,354	9,300	9,690	46	1,052,504	1,070,892	102,295	106,595
MISSING DIAGNOSIS 1	6	7 33	711,509	678,767	192,704	192,263	44	4,269,054	4,072,599	1,156,225	1,153,575
ABORTUS IMMINENS	8	5 50	252,082	360,167	40,674	42,859	44	2,016,653	2,881,339	325,388	342,870
C V D (CEREBRO VASCULAR DISEASE)	1	43 00	2,410,107	5,710,244	558,590	614,678	43	2,410,107	5,710,244	558,590	614,678
MORBILLI	5	8 20	349,159	337,084	65,418	66,618	41	1,745,793	1,685,418	327,090	333,090
ASTHMA BROCHIALE, STATUS ASTHMATICUS	6	6 83	301,650	320,586	59,581	59,982	41	1,809,897	1,923,513	357,483	359,889

1991 25 Highest PJPK Drug Charge Admissions PJPK

DIAGNOSIS	ADMITS	LOS	PJPK Paid	MEANS PJPK+Pat	PJPK Drug	PJPK+Pat Drug	LOS	PJPK Paid	TOTALS PJPK+Pat	PJPK Drug	PJPK+Pat Drug
MISSING DIAGNOSIS	128	6 35	569,547	610,527	145,727	147,637	813	72,901,984	78,147,426	18,653,030	18,925,695
CARCINOMA METASTATIC NOS	4	32 75	2,238,809	2,952,817	1,024,444	1,048,559	131	8,955,235	11,811,269	4,097,774	4,194,236
APPENDICITIS	16	4 56	924,624	995,320	255,097	258,954	73	14,793,990	15,925,124	4,081,550	4,143,265
PARTUS NORMAL	112	3 55	205,731	230,904	35,145	37,186	398	23,041,900	25,861,271	3,936,213	4,164,875
TYPHOID AND PARATYPHOID FEVER	30	9 20	471,141	495,704	125,000	126,360	276	14,134,232	14,871,109	3,750,003	3,790,798
DENGUE	4	6 25	1,573,886	1,574,936	736,726	736,726	25	6,295,543	6,299,743	2,946,905	2,946,905
TONSIL KRONIK	32	2 53	512,864	500,184	88,002	89,620	81	16,411,652	16,005,874	2,816,060	2,867,841
NORMAL DELIVERY	146	5 10	107,400	113,157	18,236	18,515	744	15,680,411	16,520,902	2,662,466	2,703,193
COLITIS, ENTERITIS, GASTROENTERITIS	49	5 20	239,316	243,944	49,945	51,272	255	11,726,474	11,953,250	2,447,327	2,512,332
FEBRIS e/c IGNOTA COMMONCOLD	26	7 50	382,223	394,915	86,943	88,357	195	9,937,801	10,267,783	2,260,521	2,297,275
ABCESLUNG	1	40 00	7,762,999	7,876,926	2,131,570	2,180,022	40	7,762,999	7,876,926	2,131,570	2,180,022
DENGUE HAEMORRHAGIC FEVER (DHF)	23	6 65	381,332	394,673	75,370	76,601	153	8,770,644	9,077,471	1,733,515	1,761,830
BRONCHOPNEUMONI	17	7 88	396,532	328,330	100,377	103,378	134	6,741,046	5,581,615	1,706,406	1,757,422
APPENDICITIS CHRONIC	5	6 40	956,693	891,941	324,641	326,998	32	4,833,466	4,459,704	1,623,203	1,634,990
CYSTE OVARY	3	8 00	1,554,332	1,591,798	447,438	447,454	24	4,662,996	4,775,394	1,342,315	1,342,361
CYSTEDENAMA TYROID SIN	3	9 33	1,531,119	1,671,890	437,346	447,835	28	4,593,357	5,015,670	1,312,038	1,343,505
HERNIA INGUINALIS SCROTALIS	9	2 56	752,394	706,088	144,203	146,124	23	6,771,545	6,354,790	1,297,825	1,315,115
INFEKSI VIRAL	22	5 32	314,663	328,297	53,726	54,058	117	6,922,594	7,222,543	1,181,970	1,189,285
MISSING DIAGNOSIS 1	6	7 33	711,509	678,767	192,704	192,263	44	4,269,054	4,072,599	1,156,225	1,153,575
CONTUSION	1	16 00	1,883,880	1,965,255	1,098,172	1,098,172	16	1,883,880	1,965,255	1,098,172	1,098,172
VIREMIA	24	4 75	225,387	216,692	41,721	42,429	114	5,409,277	5,200,605	1,001,296	1,018,284
FIBROADENOMA MAMAE	7	2 86	713,253	692,938	115,021	116,886	20	4,992,769	4,850,566	805,144	818,201
VARICESS	3	10 67	974,730	625,430	252,815	250,815	32	2,924,191	1,876,291	758,445	752,445
STRUMA FOELOCULARIS NODUSA	2	5 50	1,434,945	1,785,309	365,245	379,275	11	2,869,889	3,570,618	730,490	758,550
PROSTAT	1	14 00	2,564,211	2,598,336	695,928	695,928	14	2,564,211	2,598,336	695,928	695,928

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1991 25 Highest Cost Admission Diagnoses PJPK

DIAGNOSIS	ADMITS	LOS	MEANS PJPK Paid	MEANS PJPK+Pat	MEANS PJPK Drug	MEANS PJPK+Pat Drug	TOTALS LOS	TOTALS PJPK Paid	TOTALS PJPK+Pat	TOTALS PJPK Drug	TOTALS PJPK+Pat Drug
MISSING DIAGNOSIS	128	6.35	569,547	610,527	145,727	147,857	813	72,901,984	78,147,426	18,653,030	18,925,695
PARTUS NORMAL	112	3.55	205,731	230,904	35,145	37,186	398	23,041,900	25,861,271	3,936,213	4,164,875
NORMAL DELIVERY	146	5.10	107,400	113,157	18,236	18,515	744	15,680,411	16,520,902	2,662,466	2,703,193
TONSIL KRONIS	32	2.53	512,864	500,184	88,002	89,620	81	16,411,652	16,005,874	2,816,060	2,867,841
APPENDICITIS	16	4.56	924,624	995,320	255,097	258,954	73	14,793,990	15,925,124	4,081,550	4,143,265
TYPHOID AND PARATYPHOID FEVER	30	9.20	471,141	495,704	125,000	126,360	276	14,134,232	14,871,109	3,750,003	3,790,798
COLITIS, ENTERITIS, GASTROENTERITIS	49	5.20	239,316	243,944	49,945	51,272	255	11,726,474	11,953,250	2,447,327	2,512,332
CARCINOMA METASTATIC NOS	4	32.75	2,238,809	2,952,817	1,024,444	1,048,559	131	8,955,235	11,811,269	4,097,774	4,194,236
FEBRIS e/c IGNOTA COMMONCOLD	26	7.50	382,223	394,915	86,943	88,357	195	9,937,801	10,267,783	2,260,521	2,297,275
DENGUE HAEMORRHAGIC FEVER (DHF)	23	6.65	381,332	394,673	75,370	76,601	153	8,770,644	9,077,471	1,733,515	1,761,830
ABCESLUNG	1	40.00	7,762,999	7,876,926	2,131,570	2,180,022	40	7,762,999	7,876,926	2,131,570	2,180,022
INFEKSI VIRAL	22	5.32	314,663	328,297	53,726	54,058	117	6,922,594	7,222,543	1,181,970	1,189,285
HERNIA INGUINALIS,SCROTALIS	9	2.56	752,394	706,088	144,203	146,124	23	6,771,545	6,354,790	1,297,825	1,315,115
DENGUE	4	6.25	1,573,886	1,574,936	736,726	736,726	25	6,295,543	6,299,743	2,946,905	2,946,905
C.V.D (CEREBRO VASCULAR DISEASE)	1	43.00	2,410,107	5,710,244	558,590	614,678	43	2,410,107	5,710,244	558,590	614,678
BRONCHOPNEUMONI	17	7.88	396,532	328,330	100,377	103,378	134	6,741,046	5,581,615	1,706,406	1,757,422
VIREMIA	24	4.75	225,387	216,692	41,721	42,429	114	5,409,277	5,200,605	1,001,296	1,018,284
CYSTEDENAMA TYROID SIN	3	9.33	1,531,119	1,671,890	437,346	447,835	28	4,593,357	5,015,670	1,312,038	1,343,505
FIBROADENOMA MAMAE	7	2.86	713,253	692,938	115,021	116,886	20	4,992,769	4,850,566	805,144	818,201
CYSTE OVARY	3	8.00	1,554,332	1,591,793	447,438	447,454	24	4,662,996	4,775,394	1,342,315	1,342,361
APPENDICITIS CHRONIC	5	6.40	966,693	891,941	324,641	326,998	32	4,833,466	4,459,704	1,623,203	1,634,990
MISSING DIAGNOSIS 1	6	7.33	711,509	678,767	192,704	192,263	44	4,269,054	4,072,599	1,156,225	1,153,575
CHOLECYSTITIS	1	17.00	2,304,565	3,895,688	580,658	597,285	17	2,304,565	3,895,688	580,658	597,285
STRUMA FOELOCULARIS NODOSA	2	5.50	1,434,945	1,785,309	365,245	379,275	11	2,869,889	3,570,618	730,490	758,550
HNP	2	25.50	1,677,156	1,684,155	262,187	266,557	51	3,354,311	3,368,310	524,373	533,113

1991 25 Highest Total Drug Cost Admission Diagnoses PJPK

				MEANS					TOTALS		
DIAGNOSIS	ADMITS	LOS	PJPK Paid	PJPK+Pat	PJPK Drug	PJPK+Pat Drug	LOS	PJPK Paid	PJPK+Pat	PJPK Drug	PJPK+Pat Drug
MISSING DIAGNOSIS	128	6	569,547	610,527	145,727	147,857	813	72,901,984	78,147,426	18,653,030	18,925,695
CARCINOMA METASTATIC NOS	4	33	2,238,809	2,952,817	1,024,444	1,048,559	131	8,955,235	11,811,269	4,097,774	4,194,236
PARTUS NORMAL	112	4	205,731	230,904	35,145	37,186	398	23,041,900	25,861,271	3,936,213	4,164,875
APPENDICITIS	16	5	924,624	995,320	255,097	258,954	73	14,793,990	15,925,124	4,081,550	4,143,265
TYPHOID AND PARATYPHOID FEVER	30	9	471,141	495,704	125,000	126,360	276	14,134,232	14,871,109	3,750,003	3,790,798
DENGUE	4	6	1,573,886	1,574,936	736,726	736,726	25	6,295,543	6,299,743	2,946,905	2,946,905
TONSIL KRONIK	32	3	512,864	500,184	88,002	89,620	81	16,411,652	16,005,874	2,816,060	2,867,841
NORMAL DELIVERY	146	5	107,400	113,157	18,236	18,515	744	15,680,411	16,520,902	2,662,466	2,703,193
COLITIS, ENTERITIS, GASTROENTERITIS	49	5	239,316	243,944	49,945	51,272	255	11,726,474	11,953,250	2,447,327	2,512,332
FEBRIS e/c IGNOTA COMMONCOLD	26	8	382,223	394,915	86,943	88,357	195	9,937,801	10,267,783	2,260,521	2,297,275
ABCESLUNG	1	40	7,762,999	7,876,926	2,131,570	2,180,022	40	7,762,999	7,876,926	2,131,570	2,180,022
DENGUE HAEMORRHAGIC FEVER (DHF)	23	7	381,332	394,673	75,370	76,601	153	8,770,644	9,077,471	1,733,515	1,761,830
BRONCHOPNEUMONI	17	8	396,532	328,330	100,377	103,378	134	6,741,046	5,581,615	1,706,406	1,757,422
APPENDICITIS CHRONIC	5	6	966,693	891,941	324,641	326,998	32	4,833,466	4,459,704	1,623,203	1,634,990
CYSTEDENAMA TYROID SIN	3	9	1,531,119	1,671,890	437,346	447,835	28	4,593,357	5,015,670	1,312,038	1,343,505
CYSTE OVARY	3	8	1,554,332	1,591,798	447,438	447,454	24	4,662,996	4,775,394	1,342,315	1,342,361
HERNIA INGUINALIS,SCROTALIS	9	3	752,394	706,088	144,203	146,124	23	6,771,545	6,354,790	1,297,825	1,315,115
INFEKSI VIRAL	22	5	314,663	328,297	53,726	54,058	117	6,922,594	7,222,543	1,181,970	1,189,285
MISSING DIAGNOSIS 1	6	7	711,509	678,767	192,704	192,263	44	4,269,054	4,072,599	1,156,225	1,153,575
CONTUSION	1	16	1,883,880	1,965,255	1,098,172	1,098,172	16	1,883,880	1,965,255	1,098,172	1,098,172
VIREMIA	24	5	225,387	216,692	41,721	42,429	114	5,409,277	5,200,605	1,001,296	1,018,284
FIBROADENOMA MAMAE	7	3	713,253	692,938	115,021	116,886	20	4,992,769	4,850,566	805,144	818,201
STRUMA FOELOCULARIS NODOSA	2	6	1,434,945	1,785,309	365,245	379,275	11	2,869,889	3,570,618	730,490	758,550
VARICESS	3	11	974,730	625,430	252,815	250,815	32	2,924,191	1,876,291	758,445	752,445
FROSTAT	1	14	2,564,211	2,598,336	695,928	695,928	14	2,564,211	2,598,336	695,928	695,928

1991 25 Most Costly Outpatient Diagnoses: PJPK

Diagnosis	VISITS	Total	Drugs	MEANS Rujukan	Tindakan	RX	Karcis	Consultant	Total	Drug	TOTALS Rujukan	Tindakan	RX	Karcis	Consultant
MISSING DIAGNOSIS	5,444	27,543	14,916	2,573	2,576	0.73	63	7,282	149,941,606	80,965,098	13,965,660	13,982,710	3,966	343,760	39,529,378
PENY SALURAN PERNAPASAN BAG.ATAS	8,218	11,840	7,778	450	33	0.97	500	3,005	97,304,245	63,823,245	3,694,200	270,000	7,994	4,106,100	24,661,700
PENY LAIN SAL.PERNAPASAN	3,549	12,080	7,820	617	37	0.97	499	2,998	42,872,722	27,699,872	2,184,450	130,400	3,444	1,769,100	10,619,900
PENY LAIN SUS.SYSRAF	2,1[illegible]	14,566	6,825	2,740	178	0.95	502	2,996	32,002,377	14,647,473	5,879,501	381,100	2,042	1,077,503	6,429,800
LAIN - LAIN DARI YANG LAIN	1,383	20,289	14,143	2,479	136	0.72	499	3,001	28,059,232	19,545,977	3,426,200	188,450	992	689,855	4,146,750
PENY KULIT & JARINGAN BAWAH KULIT	2,108	11,615	7,520	177	67	0.91	500	2,999	24,484,942	15,746,342	370,100	140,500	1,895	1,046,000	6,280,000
PENYAKIT TEKANAN DARAH TINGGI	842	22,217	17,132	417	12	0.97	499	3,000	18,706,697	14,133,747	343,850	9,600	802	411,500	2,475,000
PENY LAIN PENCERNAAN	1,313	12,137	7,541	673	26	0.97	499	2,997	15,935,638	9,826,371	877,515	34,152	1,268	650,700	3,905,300
CARIES DENTAL	1,687	8,473	624	129	4,182	0.12	520	3,019	14,294,516	1,052,016	217,600	7,054,500	207	877,400	5,093,000
BALITA	2,319	4,802	2,035	78	1,185	0.81	1,497	7	11,136,401	4,718,518	181,200	2,747,950	1,867	3,472,233	16,500
HAMIL	1,526	5,731	2,222	707	339	0.80	2,463	0	8,745,271	3,390,571	1,078,950	517,950	1,225	3,757,800	0
ASMA	560	15,313	9,818	1,134	109	0.93	508	3,008	8,575,037	5,429,287	626,850	60,400	512	281,000	1,663,500
PENYAKIT PADA SALURAN KENCING	378	19,179	9,557	3,985	115	0.85	500	2,994	7,249,765	3,459,559	1,442,456	41,750	309	181,000	1,084,000
FEBRIS e/c IGNOTA COMMONCOLD	298	22,156	5,947	4,480	1,725	0.71	121	9,883	6,602,453	1,772,353	1,335,100	514,000	211	36,000	2,945,000
KEBUTAAN/PENGLIHATAN KURANG	228	28,432	1,459	484	0	0.22	500	3,000	6,482,57[illegible]	215,975	71,600	0	32	74,000	444,000
PENYAKIT PULPA & JARINGAN PERI	87	68,882	4,246	0	0	1.00	500	3,000	5,992,69[illegible]	4,246	0	0	1	500	3,000
DIARE	536	11,044	7,199	345	0	0.98	500	3,000	5,919,572	3,858,672	184,900	0	525	268,000	1,608,000
PENY LAIN METABOLIK	92	63,479	48,262	3,228	497	1.00	500	3,000	5,840,109	1,399,609	93,600	14,400	29	14,500	87,000
PULPITIS: ACUTE,CHRONIC,(	737	7,664	958	34	3,126	0.31	519	3,028	5,648,346	705,809	25,000	2,304,037	227	382,200	2,231,300
OBSERVASI FEBRIS	470	11,995	5,790	2,614	92	0.88	499	3,000	5,637,807	2,721,501	1,228,356	43,450	414	234,500	1,410,000
NIKROSIS/GANGREN PULPA (G	687	8,204	1,072	95	3,523	0.26	518	2,996	5,636,181	736,781	65,000	2,420,500	179	355,900	2,058,000
KENCING MANIS	193	28,930	20,000	4,492	0	0.89	500	3,000	5,583,505	3,780,005	849,000	0	169	94,500	567,000
CHECK UP/ KONSULTASI/TAA	290	18,673	10,808	4,008	357	0.57	500	3,000	5,415,249	3,134,399	1,162,350	103,500	165	145,000	870,000
PENYAKIT SENDI TULANG	189	22,210	8,912	5,419	24	0.91	500	3,000	4,197,664	1,550,614	942,950	4,100	159	87,000	522,000
WASIR	149	28,167	14,530	330	0	[illegible]8	496	2,992	4,196,949	1,714,549	38,900	0	115	58,500	353,000

1991 25 Most Costly (drugs only) Outpatient Diagnoses: PJPK

				MEANS							TOTALS				
Diagnosis	VISITS	Total	Drugs	Rujukan	Tindakan	RX	Karcis	Consultant	Total	Drug	Rujukan	Tindakan	RX	Karcis	Consultant
MISSING DIAGNOSIS	5,444	27,543	14,916	2,573	2,576	0.73	63	7,232	149,941,606	80,965,098	13,965,660	13,982,710	3,966	343,760	39,529,378
PENY SALURAN PERNAPASAN BAG.ATAS	8,218	11,840	7,778	450	33	0.97	500	3,005	97,304,245	63,823,245	3,694,200	270,000	7,994	4,106,100	24,661,700
PENY LAIN SAL.PERNAPASAN	3,549	12,080	7,820	617	37	0.97	499	2,998	42,872,722	27,699,872	2,184,450	130,400	3,444	1,769,100	10,619,900
LAIN - LAIN DARI YANG LAIN	1,383	20,289	14,143	2,479	136	0.72	499	3,001	28,059,232	19,545,977	3,426,200	188,450	992	689,855	4,146,750
PENY KULIT & JARINGAN BAWAH KULIT	2,108	11,615	7,520	177	67	0.91	500	2,999	24,484,942	15,746,342	370,100	140,500	1,895	1,046,000	6,280,000
PENY LAIN SUS.SYSRAF	2,197	14,566	6,825	2,740	178	0.95	502	2,996	32,002,377	14,647,473	5,879,501	381,100	2,042	1,077,503	6,429,800
PENYAKIT TEKANAN DARAH TINGGI	842	22,217	17,132	417	12	0.97	499	3,000	18,706,697	14,133,747	343,850	9,600	802	411,500	2,475,000
PENY LAIN PENCERNAAN	1,313	12,137	7,541	673	26	0.97	499	2,997	15,935,638	9,826,371	877,515	34,152	1,268	650,700	3,905,300
ASMA	560	15,313	9,818	1,134	109	0.93	508	3,008	8,575,037	5,429,287	626,850	60,400	512	281,000	1,663,500
BALITA	2,319	4,802	2,035	78	1,185	0.81	1,497	7	11,136,401	4,718,518	181,200	2,747,950	1,867	3,472,233	16,500
DIARE	536	11,044	7,199	345	0	0.98	500	3,000	5,919,572	3,858,672	184,900	0	525	268,000	1,608,000
KENCING MANIS	193	28,930	20,000	4,492	0	0.89	500	3,000	5,583,505	3,780,005	849,000	0	169	94,500	567,000
PENYAKIT PADA SALURAN KENCING	378	19,179	9,557	3,985	115	0.85	500	2,994	7,249,765	3,459,559	1,442,456	41,750	309	181,000	1,084,000
HAMIL	1,526	5,731	2,222	707	339	0.80	2,463	0	8,745,271	3,390,571	1,078,950	517,950	1,225	3,757,800	0
KB	1,142	3,654	2,801	76	NA	0.93	769	8	4,172,804	3,199,015	86,800	NA	1,060	877,989	9,000
CHECK UP/ KONSULTASI/TAA	290	18,673	10,808	4,008	377	0.57	500	3,000	5,415,249	3,134,399	1,162,350	103,500	165	145,000	870,000
OBSERVASI FEBRIS	470	11,995	5,790	2,614	92	0.88	499	3,000	5,637,807	2,721,501	1,228,356	43,450	414	234,500	1,410,000
CONYUNGTIVITIES	356	10,228	6,459	123	0	0.92	500	3,000	3,641,089	2,292,839	43,750	0	327	177,500	1,065,000
INFEKSI PENY YANG LAIN	367	9,649	5,809	340	0	0.95	500	3,000	3,541,341	2,131,991	124,850	0	350	183,500	1,101,000
BRONKHITIS	190	15,125	10,394	953	278	0.92	500	3,000	2,873,759	1,974,859	181,000	52,900	175	95,000	570,000
PERIODONTAL ABSCESS (peri	61	36,744	31,716	197	1,311	0.87	520	3,000	2,241,393	1,934,693	12,000	80,000	53	31,700	183,000
FEBRIS e/c IGNOTA COMMONCOLD	298	22,156	5,947	4,480	1,725	0.71	121	9,883	6,602,453	1,772,353	1,335,100	514,000	211	36,000	2,945,000
KEL YANG LAIN KANDUNGAN	327	11,268	5,390	2,145	233	0.65	500	3,000	3,684,711	1,762,561	701,550	76,100	211	163,500	981,000
WASIR	149	28,167	14,530	330	0	0.98	496	2,992	4,196,949	1,714,549	38,900	0	115	58,500	353,000
PENYAKIT ALAT KELAMIN PEREMPUA	128	18,207	13,599	389	24	0.85	500	3,000	2,330,502	1,713,502	49,000	3,000	107	63,000	378,000

1991 25 Most Costly (rujukan only) Outpatient Diagnoses: PJPK

			MEANS							TOTALS					
Diagnosis	VISITS	Total	Drugs	Rujukan	Tindakan	RX	Karcis	Consultant	Total	Drug	Rujukan	Tindakan	RX	Karcis	Consultant
MISSING DIAGNOSIS	5,444	27,543	14,916	2,573	2,576	0.73	63	7,282	149,941,606	80,965,098	13,965,660	13,982,719	3,966	343,760	39,529,378
PENY LAIN SUS.SYSRAF	2,197	14,566	6,825	2,740	178	0.95	502	2,996	32,002,377	14,647,473	5,879,501	381,100	2,042	1,077,503	6,429,900
PENY SALURAN PERNAPASAN BAG.ATAS	8,218	11,840	7,778	450	33	0.97	500	3,005	97,304,245	63,823,245	3,694,200	270,000	7,994	4,106,100	24,661,700
LAIN - LAIN DARI YANG LAIN	1,383	20,239	14,143	2,479	136	0.72	499	3,001	28,059,232	19,545,977	3,426,200	188,450	992	689,855	4,146,750
PENY LAIN SAL.PERNAPASAN	3,549	12,080	7,820	617	37	0.97	499	2,998	42,872,722	27,699,872	2,184,450	130,400	3,444	1,769,100	10,619,900
PENYAKIT PADA SALURAN KENCING	378	19,179	9,557	3,935	115	0.85	500	2,994	7,249,765	3,459,559	1,442,456	41,750	309	181,000	1,084,000
FEBRIS e/c IGNOTA COMMONCOLD	298	22,156	5,947	4,480	1,725	0.71	121	9,883	6,602,453	1,772,353	1,335,100	514,000	211	36,000	2,945,000
OBSERVASI FEBRIS	470	11,995	5,790	2,614	92	0.88	499	3,000	5,637,807	2,721,501	1,228,356	43,450	414	234,500	1,410,000
CHECK UP/ KONSULTASI/TAA	290	18,673	10,808	4,008	357	0.57	500	3,000	5,415,249	3,134,399	1,162,350	103,500	165	145,000	870,000
HAMIL	1,526	5,731	2,222	707	339	0.80	2,463	0	8,745,271	3,390,571	1,078,950	517,950	1,225	3,757,800	0
PENYAKIT SENDI TULANG	189	22,210	8,912	5,419	24	0.91	500	3,000	4,197,664	1,550,614	942,950	4,100	159	87,000	522,000
PENY LAIN PENCERNAAN	1,313	12,137	7,541	673	26	0.97	499	2,997	15,935,638	9,826,371	877,515	34,152	1,268	650,700	3,905,300
KENCING MANIS	193	28,930	20,000	4,492	0	0.89	500	3,000	5,583,505	3,780,005	849,000	0	169	94,500	567,000
KEL YANG LAIN KANDUNGAN	327	11,268	5,390	2,145	233	0.65	500	3,000	3,684,711	1,762,561	701,550	76,100	211	163,500	981,000
ASMA	560	15,313	9,818	1,134	109	0.93	508	3,008	8,575,037	5,429,287	626,850	60,400	512	281,000	1,663,500
COLITIS, GASTRO ENTERITIS	180	22,716	6,577	3,208	2,981	0.78	56	9,894	4,088,830	1,183,830	577,500	536,500	140	10,000	1,781,000
KECELAKAAN	167	13,588	5,952	2,665	1,459	0.81	494	3,019	2,269,263	994,008	445,000	243,600	135	82,505	504,150
PENY KULIT & JARINGAN BAWAH KULIT	2,108	11,615	7,520	177	67	0.91	500	2,999	24,484,942	15,746,342	370,100	140,500	1,895	1,046,000	6,280,000
PENYAKIT TEKANAN DARAH TINGGI	842	22,217	17,132	417	12	0.97	499	3,000	18,706,697	14,133,747	343,850	9,600	802	411,500	2,475,000
EPISGASTRIC PAIN	53	23,632	5,852	5,705	1,962	0.85	302	9,811	1,252,506	310,156	302,350	104,000	45	16,000	520,000
DENGUE	1	538,000	0	300,500	227,500	0.00	0	10,000	538,000	0	300,500	227,500	0	0	10,000
RADANG HATI MENULAR	31	17,611	6,325	7,785	0	0.68	500	3,000	545,937	196,087	241,350	0	21	15,500	93,000
CARIES DENTAL	1,687	8,473	624	129	4,182	0.12	520	3,019	14,294,516	1,052,016	217,600	7,054,500	207	877,400	5,093,000
CONTUSION	12	33,712	6,712	16,167	833	0.75	0	10,000	404,542	80,542	194,000	10,000	9	0	120,000
GASTRITIS	103	22,629	8,500	1,869	2,260	0.88	0	10,000	2,330,789	875,489	192,500	232,800	91	0	1,030,000

1991 25 Most Costly (tindakan only) Outpatient Diagnoses: PJPK

			MEANS							TOTALS					
Diagnosis	VISITS	Total	Drugs	Rujukan	Tindakan	RX	Karcis	Consultant	Total	Drug	Rujukan	Tindakan	RX	Karcis	Consultant
MISSING DIAGNOSIS	5.444	27.543	14.916	2.573	2.576	0.73	63	7.282	149.941.606	80.965.098	13.965.660	13.982.710	3.966	343.760	39.529.378
CARIES DENTAL	1.687	8.473	624	129	4.182	0.12	520	3.019	14.294.516	1.052.016	217.600	7.054.500	207	877.400	5.093.000
BALITA	2.319	4.802	2.035	78	1.185	0.81	1.497	7	11.136.401	4.718.518	181.200	2.747.950	1.867	3.472.233	16.500
NIKROSIS/GANGREN PULPA (G	687	8.204	1.072	95	3.523	0.26	518	2.996	5.636.181	736.781	65.000	2.420.500	179	355.900	2.058.000
PULPITIS: ACUTE,CHRONIC,(	737	7.664	958	34	3.126	0.31	519	3.028	5.648.346	705.809	25.000	2.304.037	227	382.200	2.231.300
KEHILANGAN GIGI	92	19.229	94	0	15.614	0.04	521	3.000	1.769.053	8.653	0	1.436.500	4	47.900	276.000
DENTAL CALCULUS (cal/kara	159	10.206	1.277	94	5.330	0.30	528	2.977	1.622.751	203.051	15.000	847.500	47	83.900	473.300
PERSISTENSI	150	6.413	458	200	4.257	0.05	498	3.000	1.261.912	68.712	30.000	638.500	8	74.700	450.000
VUL.NUS,SCISSUM,LACERATION,ICTIUM,PUNC	92	24.480	6.431	1.315	6.734	0.94	0	10.000	2.252.171	591.671	121.000	619.500	86	0	920.000
PERIODONTITIS APIKALIS	302	9.837	4.309	205	1.820	0.69	511	2.992	2.970.910	1.301.460	62.000	549.500	209	154.450	903.500
PERIODONTITIS MARGINALIS	156	9.992	2.568	397	3.506	0.49	520	3.000	1.558.700	400.600	62.000	547.000	76	81.100	468.000
COLITIS, GASTRO ENTERITIS	180	22.716	6.577	3.209	2.981	0.78	56	9.894	4.088.830	1.183.830	577.500	536.500	140	10.000	1.781.000
HAMIL	1.526	5.731	2.222	707	339	0.80	2.463	0	8.745.271	3.390.571	1.078.950	517.950	1.225	3.757.800	0
FEBRIS e/c IGNOTA COMMONCOLD	298	22.156	5.947	4.480	1.725	0.71	121	9.883	6.602.453	1.772.353	1.335.100	514.000	211	36.000	2.945.000
PERIAPICAL ABSCESS	247	10.389	4.589	243	2.014	0.68	514	3.028	2.565.987	1.133.487	60.000	497.500	169	127.000	748.000
PENY LAIN SUS.SYSRAF	2.197	14.566	6.825	2.740	178	0.95	502	2.996	32.002.377	14.647.473	5.879.501	381.100	2.042	1.077.503	6.429.800
PENY SALURAN PERNAPASAN BAG.ATAS	8.218	11.840	7.778	450	33	0.97	500	3.005	97.304.245	63.823.245	3.694.200	270.000	7.994	4.106.100	24.661.700
KECELAKAAN	167	13.588	5.952	2.665	1.459	0.81	494	3.019	2.269.263	994.008	445.000	243.600	135	82.505	504.150
GASTRITIS	103	22.629	8.500	1.869	2.260	0.88	0	10.000	2.330.789	875.489	192.500	232.800	91	0	1.030.000
DENGUE	1	538.000	0	300.500	227.500	0.00	0	10.000	538.000	0	300.500	227.500	0	0	10.000
LAIN - LAIN DARI YANG LAIN	1.383	20.289	14.143	2.479	136	0.72	499	3.001	28.059.232	19.545.977	3.426.200	188.450	992	689.855	4.146.750
IMPECTEC TEETH	65	12.910	5.005	1.954	2.423	0.65	528	3.000	839.151	325.351	127.000	157.500	42	34.300	195.000
ASTHMA BROCHIALE, STATUS ASTHMATICUS	46	21.606	6.161	2.304	3.141	0.91	217	9.783	993.884	283.384	106.000	144.500	42	10.000	450.000
PENY KULIT & JARINGAN BAWAH KULIT	2.168	11.615	7.520	177	67	0.91	500	2.999	24.484.942	15.746.342	370.100	140.500	1.895	1.046.000	6.260.000
GINGIVITIS	64	10.297	4.008	234	2.125	0.75	492	3.438	658.987	256.487	15.000	136.000	48	31.500	220.000

1991 25 Most Costly (consultant fee only) Outpatient Diagnoses: PJPK

				MEANS							TOTALS				
Diagnosis	VISITS	Total	Drugs	Rujukan	Tindakan	RX	Karcis	Consultant	Total	Drug	Rujukan	Tindakan	RX	Karcis	Consultant
MISSING DIAGNOSIS	5,444	27,543	14,916	2,573	2,576	0.73	63	7,282	149,941,606	80,965,098	13,965,660	13,982,710	3,966	343,760	39,529,378
PENY SALURAN PERNAPASAN BAG.ATAS	8,218	11,840	7,778	450	33	0.97	500	3,005	97,304,245	63,823,245	3,694,200	270,000	7,994	4,106,100	24,661,700
PENY LAIN SAL.PERNAPASAN	3,549	12,080	7,820	617	37	0.97	499	2,998	42,872,722	27,699,872	2,184,450	130,400	3,444	1,769,100	10,619,900
PENY LAIN SUS.SYSRAF	2,197	14,566	6,825	2,740	178	0.95	502	2,996	32,002,377	14,647,473	5,879,501	381,100	2,042	1,077,503	6,429,800
PENY KULIT & JARINGAN BAWAH KULIT	2,108	11,615	7,520	177	67	0.91	500	2,999	24,484,942	15,746,342	370,100	140,500	1,895	1,046,000	6,280,000
CARIES DENTAL	1,687	8,473	624	129	4,182	0.12	520	3,019	14,294,516	1,052,016	217,600	7,054,500	207	877,400	5,093,000
LAIN - LAIN DARI YANG LAIN	1,383	20,289	14,143	2,479	136	0.72	499	3,001	28,059,232	19,545,977	3,426,200	188,450	992	689,855	4,146,750
PENY LAIN PENCERNAAN	1,313	12,137	7,541	673	26	0.97	499	2,997	15,935,638	9,826,371	877,515	34,152	1,268	650,700	3,905,300
FEBRIS e/c IGNOTA COMMONCOLD	298	22,156	5,947	4,480	1,725	0.71	121	9,883	6,602,453	1,772,353	1,335,100	514,000	211	36,000	2,945,000
PENYAKIT TEKANAN DARAH TINGGI	842	22,217	17,132	417	12	0.97	499	3,000	18,706,697	14,133,747	343,850	9,600	802	411,500	2,475,000
PULPITIS: ACUTE.CHRONIC.(	737	7,664	958	34	3,126	0.31	519	3,028	5,648,346	705,809	25,000	2,304,037	227	382,200	2,231,300
NIKROSIS/GANGREN PULPA (G	687	8,204	1,072	95	3,523	0.26	518	2,996	5,636,181	736,781	65,000	2,420,500	179	355,900	2,058,000
COLITIS, GASTRO ENTERITIS	180	22,716	6,577	3,209	2,981	0.78	56	9,894	4,088,830	1,183,830	577,500	536,500	140	10,000	1,781,000
ASMA	560	15,313	9,818	1,134	109	0.93	508	3,008	8,575,037	5,429,287	626,850	60,400	512	281,000	1,663,500
DIARE	536	11,044	7,199	345	0	0.98	500	3,000	5,919,572	3,858,672	184,900	0	525	268,000	1,608,000
OBSERVASI FEBRIS	470	11,995	5,790	2,614	92	0.88	499	3,000	5,637,807	2,721,501	1,228,356	43,450	414	234,500	1,410,000
INFEKSI PENY YANG LAIN	367	9,649	5,809	340	0	0.95	500	3,000	3,541,341	2,131,991	124,850	0	350	183,500	1,101,000
PENYAKIT PADA SALURAN KENCING	378	19,179	9,557	3,985	115	0.85	500	2,994	7,249,765	3,459,559	1,442,456	41,750	309	181,000	1,084,000
CONYUNGTIVITIES	356	10,228	6,459	123	0	0.92	500	3,000	3,641,089	2,292,839	43,750	0	327	177,500	1,065,000
GASTRITIS	103	22,629	8,500	1,869	2,260	0.88	0	10,000	2,330,789	875,489	192,500	232,800	91	0	1,030,000
KEL YANG LAIN KANDUNGAN	327	11,268	5,390	2,145	233	0.65	500	3,000	3,684,711	1,762,561	701,550	76,100	211	163,500	981,000
VULNUS.SCISSUM.LACERATION.ICTIUM.PUNC	92	24,480	6,431	1,315	6,734	0.94	0	10,000	2,252,171	591,671	121,000	619,500	86	0	920,000
PERIODONTITIS APIKALIS	302	9,837	4,309	205	1,820	0.69	511	2,992	2,970,910	1,301,460	62,000	549,500	209	154,450	993,500
PHARYNGITIS KRONIS	90	21,059	9,631	1,156	272	0.94	111	9,889	1,895,274	866,774	104,000	24,500	85	10,000	890,000
PENYAKIT PADA TELINGA DAN MAST	306	11,095	5,583	125	0	0.66	500	2,991	3,394,925	1,652,525	37,100	0	196	148,000	885,300

Plan 2a. 1991 PJPK Outpatient Cost and Utilization Statistic by Service Type

SER	VISITS	MCOST	MDRUG	MKON	MDX	MBRUJ	MTINDA	SCOST	SDRUG	SKON	SDX	SBRUJ	STINDA
BP.Umum	25,340	12,923	8,326	3,002	0.92	1,012	83	327,462,424	210,968,248	76,063,203	23,228	25,654,928	2,111,602
B.P.Gigi	4,705	9,375	1,971	2,995	0.31	189	3,700	44,111,662	9,271,195	14,092,100	1,436	890,600	17,410,287
B.P.Paru	558	19,902	14,688	3,019	0.96	1,643	46	11,105,469	8,195,869	1,684,800	536	916,800	25,500
Specialist	1,537	5,710	2,215	0	0.80	693	351	8,776,520	3,405,170	0	1,234	1,065,600	538,450
Balita	2,309	4,803	2,036	7	0.81	82	1,181	11,091,112	4,701,379	16,500	1,858	188,550	2,725,450
KB	1,152	3,648	2,792	8	0.93	75	0	4,202,194	3,216,905	9,000	1,071	86,800	0
Nifas	112	4,585	2,060	0	0.30	31	0	513,575	230,775	0	33	3,500	0
UpUmum	539	68,879	NA	NA	NA	NA	NA	37,125,550	NA	NA	NA	NA	NA
Emergency	1,737	22,841	6,593	9,827	0.80	3,917	2,356	39,674,835	11,452,085	17,069,000	1,382	6,803,450	4,092,800
S.C.Specialist	4,942	27,832	15,409	7,633	0.74	2,722	2,041	137,546,751	76,153,353	37,724,078	3,632	13,450,110	10,087,710

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Plan3: 1991 PJPK Outpatient Specialist Cost and Utilization Statistics by number of Visits

KDUPM	VISITS	MCOST	MDRUG	MKON	MDX	MBRUJ	MTINDA	SCOST	SDRUG	SKON	SDX	SBRUJ	STINDA
EA	19	27,204	14,230	7,500	0.47	5,474	0	516,870	270,370	142,500	9	104,000	0
F7	18	40,890	37,812	10,278	0.83	269	1,531	898,024	680,614	185,000	15	4,850	27,560
M5	16	10,849	224	8,563	0.06	0	2,063	173,578	3,578	137,000	1	0	33,000
AA	12	23,265	13,882	7,500	1.00	1,883	0	279,179	166,573	90,000	12	22,600	0
AC	12	22,503	11,628	7,500	0.50	3,375	0	270,035	139,535	90,000	6	40,500	0
A3	11	26,091	8,182	7,500	0.82	10,409	0	287,005	90,005	82,500	9	114,500	0
A2	10	9,930	2,430	7,500	0.70	0	0	99,302	24,302	75,000	7	0	0
E3	10	32,065	4,840	7,500	0.40	6,675	13,050	320,649	48,399	75,000	4	66,750	130,500
5G	7	3,064	1,000	0	0.71	0	1,357	21,450	7,000	0	5	0	9,500
J1	6	10,038	2,538	7,500	0.50	0	0	60,229	15,229	45,000	3	0	0
P2	5	51,534	44,034	7,500	1.20	0	0	257,668	220,168	37,500	6	0	0
AD	4	59,395	37,145	7,500	1.00	14,750	0	237,581	148,581	30,000	4	59,000	0
O2	4	16,576	9,076	7,500	1.00	0	0	66,304	36,304	30,000	4	0	0
A9	3	190,667	0	7,500	0.00	34,500	148,667	572,000	0	22,500	0	103,500	446,000
M3	3	22,500	0	17,500	0.00	0	5,000	67,500	0	52,500	0	0	15,000
L3	2	23,543	16,043	7,500	1.00	0	0	47,085	32,085	15,000	2	0	0
A1	1	7,926	426	7,500	1.00	0	0	7,926	426	7,500	1	0	0
B1	1	32,500	0	7,500	0.00	0	25,000	32,500	0	7,500	0	0	25,000
E4	1	19,525	12,025	7,500	1.00	0	0	19,525	12,025	7,500	1	0	0
F1	1	19,500	0	15,000	0.00	4,500	0	19,500	0	15,000	0	4,500	0
F8	1	41,450	0	7,500	0.00	33,950	0	41,450	0	7,500	0	33,950	0
H3	1	27,347	19,847	7,500	1.00	0	0	27,347	19,847	7,500	1	0	0
J2	1	12,054	4,554	7,500	1.00	0	0	12,054	4,554	7,500	1	0	0

Plan3a: 1991 PJPK Outpatient Specialist Cost and Utilization Statistics by Total Visit Cost

KDUPM	VISITS	MCOST	MDRUG	MKON	MDX	MBRUJ	MTINDA	SCOST	SDRUG	SKON	SDX	SBRUJ	STINDA
I2	575	27,320	18,974	7,508	0.97	786	49	15,709,267	10,910,038	4,317,129	556	452,100	28,000
B2	754	17,271	4,843	7,484	0.61	313	4,620	13,021,973	3,651,573	5,643,000	461	236,150	3,483,250
N3	238	40,563	31,227	7,473	0.88	1,338	494	9,654,019	7,432,019	1,778,500	209	318,500	117,500
J6	227	40,516	25,660	7,500	0.93	6,173	1,183	9,197,027	5,824,727	1,702,500	210	1,401,300	268,500
C1	291	23,981	16,487	7,469	0.90	12	10	6,978,411	4,797,611	2,173,500	261	3,500	2,800
J7	305	20,971	10,495	7,410	0.47	1,714	1,252	6,396,105	3,201,106	2,260,099	144	522,900	382,000
E9	293	20,285	9,954	7,449	0.52	2,410	447	5,943,368	2,916,468	2,182,500	151	706,000	130,900
AB	99	59,026	46,720	7,379	0.92	4,785	61	5,843,563	4,625,313	730,500	91	473,750	6,000
J5	79	65,161	55,703	7,215	0.86	1,350	608	5,147,693	4,400,543	570,000	68	106,650	48,000
G2	215	23,281	14,300	7,500	0.67	1,481	0	5,005,507	3,074,507	1,612,500	144	316,500	0
F6	134	31,222	18,049	7,500	0.81	4,397	1,276	4,183,808	2,418,558	1,005,000	109	589,250	171,000
M6	90	45,621	4,737	10,646	0.40	133	30,106	4,105,928	426,328	958,100	36	12,000	2,709,500
N2	100	38,530	25,815	7,425	0.84	3,191	2,025	3,853,036	2,581,486	742,500	84	319,050	202,500
O1	114	28,208	20,410	7,434	1.01	297	0	3,215,669	2,326,769	847,500	115	33,900	0
A4	102	31,473	12,938	7,500	0.84	9,769	1,266	3,210,263	1,319,663	765,000	86	996,450	129,150
F5	146	20,577	12,456	7,500	0.83	621	0	3,004,257	1,818,557	1,095,000	121	90,700	0
E5	70	41,581	16,876	7,500	0.90	13,748	3,457	2,910,686	1,181,336	525,000	63	962,350	242,000
A6	105	26,669	11,199	7,500	0.68	7,765	205	2,800,289	1,175,939	787,500	71	815,350	21,500
A8	55	46,832	27,906	7,500	0.95	9,372	2,055	2,575,764	1,534,814	412,500	52	515,450	113,000
E8	57	45,071	30,855	7,500	0.88	6,716	0	2,569,028	1,758,728	427,500	50	382,800	0
G4	91	26,568	13,480	7,527	0.88	5,319	242	2,417,696	1,226,696	685,000	80	484,000	22,000
G3	94	21,436	9,304	7,500	0.83	4,631	0	2,014,963	874,613	705,000	78	435,350	0
F3	90	21,077	7,790	7,500	0.64	4,214	1,573	1,896,914	701,064	675,000	58	379,250	141,600
E1	95	18,114	4,760	7,421	0.36	4,917	937	1,720,877	452,227	705,000	34	467,150	89,000
F4	69	24,666	12,969	7,283	0.78	3,168	1,029	1,701,967	894,857	502,500	54	218,610	71,000
A7	45	35,635	15,995	7,500	0.60	12,140	0	1,603,571	719,771	337,500	27	546,300	0
L2	40	31,433	18,333	7,500	0.93	5,600	0	1,257,318	733,318	300,000	37	224,000	0
P1	27	38,202	5,972	7,222	0.67	19,917	4,813	1,031,450	161,250	195,000	18	537,750	129,950
M7	42	23,429	0	11,845	0.00	119	11,464	984,000	0	497,500	0	5,000	481,500
G1	37	24,541	14,230	7,500	0.95	2,811	0	908,012	526,512	277,500	35	104,000	0
F7	18	49,890	37,812	10,278	0.83	269	1,531	898,024	680,614	185,000	15	4,850	27,560
M8	29	22,120	1,318	16,888	0.10	672	3,241	641,475	38,225	489,750	3	19,500	94,000
L1	29	22,092	11,661	7,500	0.83	2,931	0	640,674	338,174	217,500	24	85,000	0
M4	39	14,974	63	6,449	0.03	256	8,205	583,971	2,471	251,500	1	10,000	320,000

Plan3a: 1991 PJPK Outpatient Specialist Cost and Utilization Statistics by Total Visit Cost

KDUPM	VISITS	MCOST	MDRUG	MKON	MDX	MBRUJ	MTINDA	SCOST	SDRUG	SKON	SDX	SBRUJ	STINDA
A9	3	190.667	0	7.500	0.00	34.500	148.667	572.000	0	22.500	0	103.500	446.000
EA	19	27.204	14.230	7.500	0.47	5.474	0	516.870	270.370	142.500	9	104.000	0
N1	24	21.037	8.145	7.500	0.63	5.142	250	504.891	195.491	180.000	15	123.400	6.000
E3	10	32.065	4.840	7.500	0.40	6.675	13.050	320.649	48.399	75.000	4	66.750	130.500
A3	11	26.091	8.182	7.500	0.82	10.409	0	287.005	90.005	82.500	9	114.500	0
AA	12	23.265	13.882	7.500	1.00	1.883	0	279.171	166.579	90.000	12	22.600	0
AC	12	22.503	11.628	7.500	0.50	3.375	0	270.035	139.535	90.000	6	40.500	0
P2	5	51.534	44.034	7.500	1.20	0	0	257.668	220.168	37.500	6	0	0
AD	4	59.395	37.145	7.500	1.00	14.750	0	237.581	148.581	30.000	4	59.000	0
M5	16	10.849	224	8.563	0.06	0	2.063	173.578	3.578	137.000	1	0	33.000
A2	10	9.930	2.430	7.500	0.70	0	0	99.302	24.302	75.000	7	0	0
M3	3	22.500	0	17.500	0.00	0	5.000	67.500	0	52.500	0	0	15.000
O2	4	16.576	9.076	7.500	1.00	0	0	66.304	36.304	30.000	4	0	0
J1	6	10.038	2.538	7.500	0.50	0	0	60.229	15.229	45.000	3	0	0
L3	2	23.543	16.043	7.500	1.00	0	0	47.085	32.085	15.000	2	0	0
FB	1	41.450	0	7.500	0.00	33.950	0	41.450	0	7.500	0	33.950	0
B1	1	32.500	0	7.500	0.00	0	25.000	32.500	0	7.500	0	0	25.000
H3	1	27.347	19.847	7.500	1.00	0	0	27.347	19.847	7.500	1	0	0
5G	7	3.064	1.000	0	0.71	0	1.357	21.450	7.000	0	5	0	9.500
E4	1	19.525	12.025	7.500	1.00	0	0	19.525	12.025	7.500	1	0	0
F1	1	19.500	0	15.000	0.00	4.500	0	19.500	0	15.000	0	4.500	0
J2	1	12.054	4.554	7.500	1.00	0	0	12.054	4.554	7.500	1	0	0
A1	1	7.926	426	7.500	1.00	0	0	7.926	426	7.500	1	0	0

Plan3b · 1991 PJPK Outpatient Specialist Cost and Utilization Statistics by Total Drug Cost

KLOPM	VISITS	MCOST	MDRUG	MKON	MDX	MBRUJ	MTINDA	SCOST	SDRUG	SKON	SDX	SBRUJ	STINDA
I2	575	27,320	18,974	7,508	0.97	786	49	15,709,267	10,910,038	4,317,129	556	452,100	28,000
N3	238	40,562	31,227	7,473	0.88	1,338	494	9,654,019	7,432,019	1,778,500	209	318,500	117,500
J6	227	40,516	25,660	7,500	0.93	6,173	1,183	9,197,027	5,824,727	1,702,500	210	1,401,300	268,500
C1	291	23,981	16,487	7,469	0.90	12	10	6,978,411	4,797,611	2,173,500	261	3,500	2,800
AB	99	59,026	46,720	7,379	0.92	4,785	61	5,843,563	4,625,313	730,500	91	473,750	6,000
J5	79	65,161	55,703	7,215	0.86	1,350	608	5,147,693	4,400,543	570,000	68	106,650	48,000
B2	754	17,271	4,843	7,484	0.61	313	4,620	13,021,973	3,651,573	5,643,000	461	236,150	3,483,250
J7	305	20,971	10,495	7,410	0.47	1,714	1,252	6,396,105	3,201,106	2,260,099	144	522,900	382,000
G2	215	23,281	14,300	7,500	0.67	481	0	5,005,507	3,074,507	1,612,500	144	318,500	0
E9	293	20,285	9,954	7,449	0.52	2,410	447	5,943,368	2,916,468	2,182,500	151	706,000	130,900
N2	100	38,530	25,815	7,425	0.84	3,1[illegible]	2,025	3,853,036	2,581,486	742,500	84	319,050	202,500
F6	134	31,222	18,049	7,500	0.81	4,397	1,276	4,183,808	2,418,558	1,005,000	109	589,250	171,000
O1	114	28,208	20,410	7,434	1.01	297	0	3,215,669	2,326,769	847,500	115	33,900	0
F5	146	20,577	12,456	7,500	0.83	621	0	3,004,257	1,818,557	1,095,000	121	90,700	0
E8	57	45,071	30,855	7,500	0.88	6,716	0	2,569,028	1,758,728	427,500	50	382,800	0
A8	55	46,832	27,906	7,500	0.95	9,372	2,055	2,575,7[illegible]4	1,534,814	412,500	52	515,450	113,000
A4	102	31,473	12,938	7,500	0.84	9,769	1,266	3,210,263	1,319,663	765,000	86	996,450	129,150
G4	91	26,568	13,480	7,527	0.88	5,319	242	2,417,696	1,226,696	685,000	80	484,000	22,000
E5	70	41,581	16,876	7,500	0.90	13,748	3,457	2,910,686	1,181,336	525,000	63	962,350	242,000
A6	105	26,669	11,199	7,500	0.68	7,765	205	2,800,289	1,175,939	787,500	71	815,350	21,500
F4	69	24,666	12,969	7,283	0.78	3,168	1,029	1,701,967	894,857	502,500	54	218,610	71,000
G3	94	21,436	9,304	7,500	0.83	4,631	0	2,014,963	874,613	705,000	78	435,350	0
L2	40	31,433	18,333	7,500	0.93	5,600	0	1,257,318	733,318	300,000	37	224,000	0
A7	45	35,635	15,995	7,500	0.60	12,140	0	1,603,571	719,771	337,500	27	546,300	0
F3	90	21,077	7,790	[illegible],500	0.64	4,21[illegible]	1,573	1,896,914	701,064	675,000	58	379,250	141,600
F7	18	49,890	37,812	10,278	0.83	269	1,531	898,024	680,614	185,000	15	4,850	27,560
G1	37	24,541	14,230	7,500	0.95	2,811	0	908,012	526,512	277,500	35	104,000	0
E1	95	18,114	4,760	7,421	0.36	4,917	937	1,720,977	452,227	705,000	34	467,150	89,000
M6	90	45,621	4,737	10,645	0.40	133	30,106	4,105,928	426,328	958,100	36	12,000	2,709,500
L1	29	22,092	11,661	7,500	0.83	2,931	0	640,674	338,174	217,500	24	95,000	0
EA	19	27,204	14,230	7,500	0.47	5,474	0	516,870	270,370	142,500	9	104,000	0
P2	5	51,534	44,034	7,500	1.20	0	0	257,668	220,168	37,500	6	0	0
N1	24	21,037	8,145	7,500	0.63	5,142	250	504,891	195,491	180,000	15	123,400	6,000
AA	12	23,265	13,882	7,500	1.00	1,883	0	279,179	166,579	90,000	12	22,600	0

Plan3b: 1991 PJPK Outpatient Specialist Cost and Utilization Statistics by Total Drug Cost

KDUPM	VISITS	MCOST	MDRUG	MKON	MDX	MBRUJ	MTINDA	SCOST	SDRUG	SKON	SDX	SBRUJ	STINDA
P1	27	39,202	5,972	7,222	0.67	19,917	4,813	1,031,450	161,250	195,000	18	537,750	129,950
AD	4	59,395	37,145	7,500	1.00	14,750	0	237,581	148,581	30,000	4	59,000	0
AC	12	22,503	11,628	7,500	0.50	3,375	0	270,035	139,535	90,000	6	40,500	0
A3	11	26,091	8,182	7,500	0.82	10,409	0	287,005	90,005	82,500	9	114,500	0
E3	10	32,665	4,840	7,500	0.40	6,675	13,050	320,649	48,399	75,000	4	66,750	130,500
M6	29	22,120	1,318	16,888	0.10	672	3,241	641,475	38,225	489,750	3	19,500	94,000
O2	4	16,576	7,076	7,500	1.00	0	0	66,304	36,304	30,000	4	0	0
L3	2	23,543	15,043	7,500	1.00	0	0	47,085	32,085	15,000	2	0	0
A2	10	9,930	2,430	7,500	0.70	0	0	99,302	24,302	75,000	7	0	0
H3	1	27,347	19,847	7,500	1.00	0	0	27,347	19,847	7,500	1	0	0
J1	6	10,038	2,538	7,500	0.50	0	0	60,229	15,229	45,000	3	0	0
E4	1	19,525	12,025	7,500	1.00	0	0	19,525	12,025	7,500	1	0	0
5G	7	3,064	1,000	0	0.71	0	1,357	21,450	7,000	0	5	0	9,500
J2	1	12,054	4,554	7,500	1.00	0	0	12,054	4,554	7,500	1	0	0
M5	16	10,849	224	8,563	0.06	0	2,062	173,578	3,578	137,000	1	0	33,000
M4	39	14,974	63	6,449	0.03	256	8,205	583,971	2,471	251,500	1	10,000	320,000
A1	1	7,926	426	7,500	1.00	0	0	7,926	426	7,500	1	0	0
M7	42	23,429	0	11,845	0.00	119	11,464	984,000	0	497,500	0	5,000	481,500
M3	3	22,500	0	17,500	0.00	0	5,000	67,500	0	52,500	0	0	15,000
F8	1	41,450	0	7,500	0.00	33,950	0	41,450	0	7,500	0	33,950	0
B1	1	32,500	0	7,500	0.00	0	25,000	32,500	0	7,500	0	0	25,000
F1	1	19,500	0	15,000	0.00	4,500	0	19,500	0	15,000	0	4,500	0

Plan3c: 1991 PJPK Outpatient Specialist Cost and Utilization Statistics by Total Rujukan

KDUFM	VISITS	MCOST	MDRUG	MKON	MDX	MBRUJ	MTINDA	SCOST	SDRUG	SKON	SDX	SBRUJ	STINDA
J6	227	40,516	25,660	7,500	0.93	6,173	1,183	9,197,027	5,824,727	1,702,500	210	1,401,300	268,500
A4	102	31,473	12,938	7,500	0.84	9,769	1,266	3,210,263	1,319,663	765,000	86	996,450	129,150
E5	70	41,581	16,876	7,500	0.90	13,748	3,457	2,910,686	1,181,336	525,000	63	962,250	242,000
A6	105	26,669	11,199	7,500	0.68	7,765	205	2,800,289	1,175,939	787,500	71	815,350	21,500
E9	293	20,285	9,954	7,449	0.52	2,410	447	5,943,368	2,916,468	2,182,500	151	706,000	130,900
F6	134	31,222	18,049	7,500	0.81	4,397	1,276	4,183,808	2,418,558	1,005,000	109	589,250	171,000
A7	45	35,635	15,995	7,500	0.60	12,140	0	1,603,571	719,771	337,500	27	546,300	0
P1	27	38,202	5,972	7,222	0.67	19,917	4,813	1,031,450	161,250	195,000	18	537,750	129,950
J7	305	20,971	10,495	7,410	0.47	1,714	1,252	6,396,105	3,201,106	2,260,099	144	522,900	382,000
A8	55	46,832	27,906	7,500	0.95	9,372	2,055	2,575,764	1,534,814	412,500	52	515,450	113,000
G4	91	26,568	13,480	7,527	0.88	5,319	242	2,417,696	1,226,696	685,000	80	484,000	22,000
A8	99	59,026	46,720	7,379	0.92	4,785	81	5,843,563	4,625,313	730,500	91	473,750	6,000
E1	95	18,114	4,760	7,421	0.36	4,917	937	1,720,877	452,227	705,000	34	467,150	89,000
I2	575	27,320	18,974	7,508	0.97	786	49	15,709,267	10,910,038	4,317,129	556	452,100	28,000
G3	94	21,436	9,304	7,500	0.83	4,631	0	2,014,963	874,613	705,000	78	435,350	0
E8	57	45,071	30,855	7,500	0.88	6,716	0	2,569,028	1,758,728	427,500	50	382,800	0
F3	90	21,077	7,790	7,500	0.64	4,214	1,573	1,896,914	701,064	675,000	58	379,250	141,600
N2	100	38,530	25,815	7,425	0.84	3,191	2,025	3,853,036	2,581,486	742,500	84	319,050	202,500
N3	238	40,563	31,227	7,473	0.88	1,338	494	9,654,019	7,432,019	1,778,500	209	318,500	117,500
G2	215	23,281	14,300	7,500	0.67	1,481	0	5,005,507	3,074,507	1,612,500	144	318,500	0
B2	754	17,271	4,843	7,484	0.61	313	4,620	13,021,973	3,651,573	5,643,000	461	236,150	3,483,250
L2	40	31,433	18,333	7,500	0.93	5,600	0	1,257,318	733,318	300,000	37	224,000	0
F4	69	24,666	12,969	7,283	0.78	3,168	1,029	1,701,967	894,857	502,500	54	218,610	71,000
N1	24	21,037	8,145	7,500	0.63	5,142	250	504,891	195,491	180,000	15	123,400	6,000
A3	11	26,091	8,182	7,500	0.82	10,409	0	287,005	90,005	82,500	9	114,500	0
J5	79	65,161	55,703	7,215	0.86	1,350	608	5,147,693	4,400,543	570,000	68	106,650	48,000
G1	37	24,541	14,230	7,500	0.95	2,811	0	908,012	526,512	277,500	35	104,000	0
EA	19	27,204	14,230	7,500	0.47	5,474	0	516,870	270,370	142,500	9	104,000	0
F5	146	20,577	12,456	7,500	0.83	621	0	3,004,257	1,818,557	1,095,000	121	90,700	0
L1	29	22,092	11,661	7,500	0.83	2,931	0	640,674	338,174	217,500	24	85,000	0
E3	10	32,065	4,840	7,500	0.40	6,675	13,050	320,649	48,399	75,000	4	66,750	130,500
AD	4	59,395	37,145	7,500	1.00	14,750	0	237,581	148,581	30,000	4	59,000	0
AC	12	22,503	11,628	7,500	0.50	3,375	0	270,035	139,535	90,000	6	40,500	0
F8	1	41,450	0	7,500	0.00	33,950	0	41,450	0	7,500	0	33,950	0

Plan3c: 1991 PJPK Outpatient Specialist Cost and Utilization Statistics by Total Rujukan

KDUPM	VISITS	MCOST	MDRUG	MKON	MDX	MBRUJ	MTINDA	SCOST	SDRUG	SKON	SDX	SBRUJ	STINDA
M6	90	45,621	4,737	10,646	0.40	133	30,106	4,105,928	426,328	958,100	36	12,000	2,709,500
M4	39	14,974	63	6,449	0.03	256	8,205	583,971	2,471	251,500	1	10,000	320,000
M7	42	23,429	0	11,845	0.00	119	11,464	984,000	0	497,500	0	5,000	481,500
F7	18	49,890	37,812	10,278	0.83	269	1,531	898,024	680,614	185,000	15	4,850	27,560
F1	1	19,500	0	15,000	0.00	4,500	0	19,500	0	15,000	0	4,500	0
C1	291	23,981	16,487	7,469	0.90	12	10	6,978,411	4,797,611	2,173,500	261	3,500	2,800
P2	5	51,534	44,034	7,500	1.20	0	0	257,668	220,168	37,500	6	0	0
O2	4	15,576	9,076	7,500	1.00	0	0	66,304	36,304	30,000	4	0	0
L3	2	23,543	16,043	7,500	1.00	0	0	47,085	32,085	15,000	2	0	0
A2	10	9,930	2,430	7,500	0.70	0	0	99,302	24,302	75,000	7	0	0
H3	1	27,347	19,847	7,500	1.00	0	0	27,347	19,847	7,500	1	0	0
J1	6	10,038	2,538	7,500	0.50	0	0	60,229	15,229	45,000	3	0	0
E4	1	19,525	12,025	7,500	1.00	0	0	19,525	12,025	7,500	1	0	0
5G	7	3,064	1,000	0	0.71	0	1,357	21,450	7,000	0	5	0	9,500
J2	1	12,054	4,554	7,500	1.00	0	0	12,054	4,554	7,500	1	0	0
M5	16	10,849	224	8,563	0.06	0	2,063	173,578	3,578	137,000	1	0	33,000
A1	1	7,926	426	7,500	1.00	0	0	7,926	426	7,500	1	0	0
M3	3	22,500	0	17,500	0.00	0	5,000	67,500	0	52,500	0	0	15,000
B1	1	32,500	0	7,500	0.00	0	25,000	32,500	0	7,500	0	0	25,000

Plan3d: 1991 PJPK Outpatient Specialist Cost and Utilization Statistics by Total Tindakan

KDUPM	VISITS	MCOST	MDRUG	MKON	MDX	MBRUJ	MTINDA	SCOST	SDRUG	SKON	SDX	SBRUJ	STINDA
B2	754	17.271	4.843	7.484	0.61	313	4.620	13.021.973	3.651.573	5.643.000	461	236.150	3.483.250
M6	90	45.621	4.737	10.646	0.40	133	30.106	4.105.928	426.328	958.100	36	12.000	2.709.500
M7	42	23.429	0	11.845	0.00	119	11.464	984.000	0	497.500	0	5.000	481.500
J7	305	20.971	10.495	7.410	0.47	1.714	1.252	6.396.105	3.201.106	2.260.099	144	522.900	382.000
M4	39	14.974	63	6.449	0.03	256	8.205	583.971	2.471	251.500	1	10.000	320.000
J6	227	40.516	25.660	7.500	0.93	6.173	1.183	9.197.027	5.824.727	1.702.500	210	1.401.300	268.500
E5	70	41.581	16.876	7.500	0.90	13.748	3.457	2.910.686	1.181.336	525.000	63	962.350	242.000
N2	100	38.530	25.815	7.425	0.84	3.191	2.025	3.853.036	2.581.486	742.500	84	319.050	202.500
F6	134	31.222	18.049	7.500	0.81	4.397	1.276	4.183.808	2.418.558	1.005.000	109	589.250	171.000
F3	90	21.077	7.790	7.500	0.64	4.214	1.573	1.896.914	701.064	675.000	58	379.250	141.600
E9	293	20.285	9.954	7.449	0.52	2.410	447	5.943.368	2.916.468	2.182.500	151	706.000	130.900
E3	10	32.065	4.840	7.500	0.40	6.675	13.050	320.649	48.399	75.000	4	66.750	170.500
P1	27	38.202	5.972	7.222	0.67	19.917	4.813	1.031.450	161.250	195.000	18	537.750	129.950
A4	102	31.473	12.938	7.500	0.84	9.769	1.266	3.210.263	1.319.663	765.000	86	996.450	129.150
N3	238	40.563	31.227	7.473	0.88	1.338	494	9.654.019	7.432.019	1.778.500	209	318.500	117.500
A8	55	46.832	27.906	7.500	0.95	9.372	2.055	2.575.764	1.534.614	412.500	52	515.450	112.000
E1	95	18.114	4.760	7.421	0.36	4.917	937	1.720.877	452.227	705.000	34	467.150	89.000
F4	69	24.666	12.969	7.283	0.78	3.168	1.029	1.701.967	894.857	502.500	54	218.610	71.000
J5	79	65.161	55.703	7.215	0.86	1.350	609	5.147.693	4.400.543	570.000	68	106.650	48.000
M5	16	10.849	224	8.563	0.06	0	2.063	173.578	3.578	137.000	1	0	33.000
I2	575	27.320	18.974	7.508	0.97	786	49	15.709.267	10.910.038	4.317.129	556	452.100	28.000
F7	18	49.890	37.812	10.278	0.83	269	1.531	898.024	680.614	185.000	15	4.950	27.560
B1	1	32.500	0	7.500	0.00	0	25.000	32.500	0	7.500	0	0	25.000
G4	91	26.568	13.480	7.527	0.88	5.319	242	2.417.696	1.226.696	685.000	80	484.000	22.000
A6	105	26.669	11.199	7.500	0.68	7.765	205	2.800.289	1.175.939	787.500	71	815.350	21.500
M3	3	22.500	0	17.500	0.00	0	5.000	67.500	0	52.500	0	0	15.000
5G	7	3.064	1.000	0	0.71	0	1.357	21.450	7.000	0	5	0	9.500
AB	99	59.026	46.720	7.379	0.92	4.785	61	5.843.563	4.625.313	730.590	91	473.750	6.000
N1	24	21.037	8.145	7.500	0.63	5.142	250	504.891	195.491	180.000	15	123.400	6.000
C1	291	23.931	16.487	7.469	0.90	12	10	6.978.411	4.797.611	2.173.500	261	3.500	2.800
A7	45	35.635	15.995	7.500	0.60	12.140	0	1.603.571	719.771	337.500	27	546.300	0
G3	94	21.435	9.304	7.500	0.83	4.531	0	2.014.963	874.613	705.000	78	435.350	0
E8	57	45.071	30.855	7.500	0.88	6.716	0	2.569.028	1.758.728	427.500	50	382.800	0
G2	215	23.131	14.300	7.500	0.67	1.481	0	5.005.507	3.074.507	1.612.500	144	318.500	0

Plan3d: 1991 PJPK Outpatient Specialist Cost and Utilization Statistics by Total Tindakan

KDUPM	VISITS	MCOST	MDRUG	MKON	MDX	MBRUJ	MTINDA	SCOST	SDRUG	SKON	SDX	SBRUJ	STINDA
L2	40	31.433	18.333	7.500	0.93	5.600	0	1.257.318	733.318	300.000	37	224.000	0
A3	11	26.091	8.182	7.500	0.22	10.409	0	287.005	90.005	82.500	9	114.500	0
G1	37	24.541	14.230	7.500	0.95	2.811	0	908.012	526.512	277.500	35	104.000	0
EA	19	27.204	14.230	7.500	0.47	5.474	0	516.870	270.370	142.500	9	104.000	0
F5	146	20.577	12.456	7.500	0.83	621	0	3.004.257	1.818.557	1.095.000	121	90.700	0
L1	29	22.092	11.661	7.500	0.83	2.931	0	640.674	338.174	217.500	24	85.000	0
AD	4	59.395	37.145	7.500	1.00	14.750	0	237.581	148.581	30.000	4	59.000	0
AC	12	22.503	11.628	7.500	0.50	3.375	0	270.035	139.535	90.000	6	40.500	0
F6	1	41.450	0	7.500	0.00	33.950	0	41.450	0	7.500	0	33.950	0
F1	1	19.500	0	15.000	0.00	4.500	0	19.500	0	15.000	0	4.500	0
P2	5	51.534	44.034	7.500	1.20	0	0	257.668	220.168	37.500	6	0	0
O2	4	16.576	9.076	7.500	1.00	0	0	66.304	36.304	30.000	4	0	0
L3	[illegible]	23.543	16.043	7.500	1.00	0	0	47.085	32.085	15.000	2	0	0
A2	10	9.930	2.430	7.500	0.70	0	0	99.302	24.302	75.000	7	0	0
H3	1	27.347	19.847	7.500	1.00	0	0	27.347	19.847	7.500	1	0	0
J1	6	10.038	2.536	7.500	0.50	0	0	60.229	15.229	45.000	3	0	0
E4	1	19.525	12.025	7.500	1.00	0	0	19.525	12.025	7.500	1	0	0
J2	1	12.054	4.554	7.500	1.00	0	0	12.054	4.554	7.500	1	0	0
A1	1	7.926	426	7.500	1.00	0	0	7.926	426	7.500	1	0	0

Plan4e(plnsexage) 1991 JPKM Utilization and Expenditure Statistics, by Sex, Age (1)

SEX	AGRP	Members	HCOSTP	HCOST	DCOSTP	DCOST	ADMITS	BPCOST	BPDRG	BPKON	BPVIS	UGCOST	UGVIS	KBCOST	KBDRG	KBKON	KBVIS
L	1-5yr	628	30,999,486	29,576,162	6,838,461	7,066,668	94	50,050,567	27,850,047	14,923,600	3,622	0	0	0	0	0	0
L	5-14yr	703	32,625,211	33,481,061	9,102,538	9,222,111	53	23,487,216	11,838,966	7,083,800	1,813	0	0	0	0	0	0
L	14-49yr	1,272	30,880,550	36,579,916	8,060,781	8,177,249	61	86,072,836	49,167,457	22,430,800	5,942	12,614,000	185	12,250	10,000	0	3
L	49-65yr	169	6,936,968	7,404,686	2,369,488	2,398,805	8	31,135,763	21,958,713	4,209,000	1,082	922,000	12	0	0	0	0
L	65+yr	8	1,697,472	912,072	241,086	241,086	2	415,775	145,175	129,000	19	0	0	0	0	0	0
P	1-5yr	578	19,375,999	19,241,316	4,108,960	4,173,697	64	40,243,633	22,944,578	12,290,500	3,020	0	0	0	0	0	0
P	5-14yr	755	18,512,112	17,835,696	3,563,264	3,655,290	48	23,622,650	11,993,613	7,196,500	1,983	0	0	0	0	0	0
P	14-49yr	3,042	224,530,823	237,066,039	50,497,042	51,427,539	584	280,532,861	151,616,264	73,058,981	18,420	22,188,550	326	4,156,154	3,185,615	9,000	1,137
P	49-65yr	201	15,479,310	17,627,228	3,283,132	3,339,875	19	27,460,005	17,992,602	5,548,000	1,385	1,401,000	16	4,400	3,400	0	2
P	65+yr	23	na	na	na	na	na	806,274	552,774	208,000	67	0	0	0	0	0	0
p	14-49yr	1	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na

Plan4e(plnsexage) 1995 JPKM Utilization and Expenditure Statistics, by Sex, Age (2)

SEX	AGRP	HMCOST	HMDRG	HMVIS	BLCOST	BLDRG	BLKON	BLVIS	NFCOST	NFDRG	NFVIS	MHCOSTP	MHCOST	MDCOSTI	MDCOST	MADMITS	MBPCO:	MBPDRG	MBPKON
L	1-5yr	0	0	0	5,230,707	2,161,224	9,000	1,101	0	0	0	373,488	356,339	82,391	85,141	1.13	94,623	52,647	28,211
L	5-14yr	0	0	0	84,714	57,964	0	15	0	0	0	679,692	697,522	189,636	192,127	1.10	57,426	28,946	17,320
L	14-49yr	3,709	1,209	1	7,194	4,194	0	2	0	0	0	532,423	630,688	138,979	140,987	1.05	109,507	62,554	28,538
L	49-65yr	0	0	0	0	0	0	0	0	0	0	990,995	1,057,812	338,498	342,686	1.14	288,294	203,321	38,972
L	65+yr	0	0	0	0	0	0	0	0	0	0	848,736	456,036	120,543	120,543	1.00	103,944	36,294	32,250
P	1-5yr	0	0	0	5,683,830	2,440,180	7,500	1,180	0	0	0	322,933	320,689	68,483	69,562	1.07	85,625	48,818	26,150
P	5-14yr	0	0	0	67,131	32,131	0	11	0	0	0	411,380	396,349	79,184	81,229	1.07	55,978	28,421	17,053
P	14-49yr	8,741,562	3,389,362	1,525	12,173	4,173	0	3	547,965	251,665	125	601,959	635,566	135,381	137,875	1.57	126,594	68,419	32,969
P	49-65yr	0	0	0	0	0	0	0	0	0	0	814,701	929,359	172,796	175,783	1.00	194,752	127,607	39,348
P	65+yr	0	0	0	0	0	0	0	0	0	0	na	na	na	na	na	57,591	39,484	14,857
p	14-49yr	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na

SEX	AGRP	MBPVIS	MUGCOST	MUGVIS	MKBCOST	MKBDRG	MKBKOI	MKBVIS	MHMCOST	MHMDRG	MHMVIS	MBLCOST	MBLDRG	MBLKON	MBLVIS	MNFCOST	MNFDR	MNFVIS
L	1-5yr	6.85	0	0.00	0	0	0	0.00	0	0	0.00	9,886	4,085	17	2.08	0	0	0.00
L	5-14yr	4.43	0	0.00	0	0	0	0.00	0	0	0.00	207	142	0	0.04	0	0	0.00
L	14-49yr	7.56	16,048	0.24	16	13	0	0.00	5	2	0.00	9	5	0	0.00	0	0	0.00
L	49-65yr	10.02	8,537	0.11	0	0	0	0.00	0	0	0.00	0	0	0	0.00	0	0	0.00
L	65+yr	4.75	0	0.00	0	0	0	0.00	0	0	0.00	0	0	0	0.00	0	0	0.00
P	1-5yr	6.43	0	0.00	0	0	0	0.00	0	0	0.00	12,093	5,192	16	2.51	0	0	0.00
P	5-14yr	4.70	0	0.00	0	0	0	0.00	0	0	0.00	159	76	0	0.03	0	0	0.00
P	14-49yr	8.31	10,013	0.15	1,876	1,438	4	0.51	3,945	1,529	0.69	5	2	0	0.00	247	114	0.06
P	49-65yr	9.82	9,936	0.11	31	24	0	0.01	0	0	0.00	0	0	0	0.00	0	0	0.00
P	65+yr	4.79	0	0.00	0	0	0	0.00	0	0	0.00	0	0	0	0.00	0	0	0.00
p	14-49yr	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	na	

plan4a(igage) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Age

NOINS	AGRP	HMCOST	HMDRG	HMKON	HMVIS	BLCOST	BLDRG	BLKON	BLVIS	NFCOST	NFDRG	NFVIS	MHCOSTP	MHCOST	MDCOSTP	MDCOST	MADMITS
01	1-5yr	0	0	0	0	10,608.466	4,437.333	16.500	2.227	0	0	0	348.291	338.981	76.486	78.500	1.10
01	5-14yr	0	0	0	0	151.845	90.095	0	26	0	0	0	563.404	557.875	142.254	144.515	1.10
01	14-49yr	8,252.766	3,216.066	0	1.443	14.294	4.794	0	4	535.965	251.665	121	590.538	630.903	134.657	137.065	1.49
01	49-65yr	0	0	0	0	0	0	0	0	0	0	0	869.781	1,159.008	187.896	194.636	1.00
01	65+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
02	1-5yr	0	0	0	0	287.862	153.862	0	51	0	0	0	555.841	504.573	76.048	80.371	1.33
02	5-14yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
02	14-49yr	383.530	136.530	0	66	5.073	3.573	0	1	9.500	0	3	513.468	643.162	120.118	123.892	1.46
03	1-5yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
03	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
03	49-65yr	0	0	0	0	0	0	0	0	0	0	0	764.721	595.741	245.104	244.098	1.11
03	65+	0	0	0	0	0	0	0	0	0	0	0	848.736	456.036	120.543	120.543	1.00
04	14-49yr	41.510	17.010	0	9	0	0	0	0	2.500	0	1	784.801	616.301	117.877	117.877	4.00
05	1-5yr	0	0	0	0	18.209	10.209	0	3	0	0	0	NA	NA	NA	NA	NA
05	5-14yr	0	0	0	0	0	0	0	0	0	0	0	423.485	495.026	79.604	82.017	1.00
05	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
05	49-65yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
06	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
07	1-5yr	0	0	0	0	0	0	0	0	0	0	0	295.582	185.332	87.727	87.727	1.00
07	5-14yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
07	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
07	49-65yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
08	14-49yr	44.825	13.825	0	6	0	0	0	0	0	0	0	883.703	914.662	271.260	273.205	1.40
08	49-65yr	0	0	0	0	0	0	0	0	0	0	0	1,118.954	1,158.243	272.048	272.299	1.00
09	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
09	49-65yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
09	65+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
10	1-5yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
10	5-14yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
10	14-49yr	22.640	7.140	0	2	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
10	49-65yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
11	5-14yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
11	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
11	49-65yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	k	NA	NA
j0	14-49yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

plan4a(igage) 1991 FJPK Unlization and Expenditure Statistics by Insurance Group, Age

NOINS	AGRP	MBPCOST	MBPDRG	MBPKON	MBPVIS	MUGCOST	MUGVIS	MKBCOST	MKBDRG	MKBKON	MKBVIS	MHMCOST	MHMDRG	MHMKON	MHMVIS	MBLCOST	MBLDRG	MBLKON	MBLVIS
01	1-5yr	93.945	52.921	28.282	6.87	0	0.00	0	0	0	0.00	0	0	0	0.00	11.250	4.706	17	2.36
01	5-14yr	56.260	28.334	16.957	4.54	0	0.00	0	0	0	0.00	0	0	0	0.00	202	120	0	0.04
01	14-49yr	134.356	73.558	34.886	8.88	13.199	0.19	1.571	1.205	3	0.43	3.173	1.236	0	0.56	5	2	0	0.00
01	49-65yr	293.419	199.426	46.270	11.86	13.947	0.17	29	23	0	0.01	0	0	0	0.00	0	0	0	0.00
01	65+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
02	1-5yr	40.396	18.552	12.609	3.56	0	0.00	0	0	0	0.00	0	0	0	0.00	11.514	6.154	0	2.04
02	5-14yr	46.059	22.616	14.143	4.71	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
02	14-49yr	127.109	72.178	34.488	9.00	7.983	0.10	1.253	977	0	0.36	6.501	2.314	0	1.12	86	61	0	0.02
03	1-5yr	21.201	14.201	6.000	2.00	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
03	14-49yr	42.154	19.154	14.333	4.00	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
03	49-65yr	172.240	115.251	35.706	8.72	3.397	0.04	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
03	65+	67.892	38.775	18.722	4.78	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
04	14-49yr	89.807	30.307	24.250	5.00	0	0.00	0	0	0	0.00	20.755	8.505	0	4.50	0	0	0	0.00
05	1-5yr	62.513	42.763	15.000	5.00	0	0.00	0	0	0	0.00	0	0	0	0.00	9.105	5.105	0	1.50
05	5-14yr	81.987	43.542	25.735	6.26	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
05	14-49yr	105.797	66.860	13.125	4.38	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
05	49-65yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
06	14-49yr	325.158	274.158	48.000	10.00	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
07	1-5yr	79.341	47.591	27.750	8.50	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
07	5-14yr	29.644	20.144	6.000	2.00	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
07	14-49yr	24.822	12.140	8.864	2.82	0	0.00	736	236	0	0.64	0	0	0	0.00	0	0	0	0.00
07	49-65yr	164.402	54.302	63.000	18.00	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
08	14-49yr	27.537	13.420	8.185	2.12	0	0.00	0	0	0	0.00	216	66	0	0.03	0	0	0	0.00
08	49-65yr	60.750	27.908	15.542	3.00	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
09	14-49yr	21.235	14.871	5.455	1.82	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
09	49-65yr	37.558	26.808	9.750	2.50	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
09	65+	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
10	1-5yr	15.147	8.917	5.288	1.62	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
10	5-14yr	15.418	5.220	5.056	1.39	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
10	14-49yr	17.265	9.603	5.463	1.72	0	0.00	0	0	0	0.00	276	87	0	0.02	0	0	0	0.00
10	49-65yr	125.791	116.625	7.567	2.27	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
11	5-14yr	10.689	3.839	3.000	1.00	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
11	14-49yr	26.661	12.261	7.900	2.10	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
11	49-65yr	15.242	8.242	6.000	2.00	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
10	14-49yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	

plan4a(gage) 1991 PJFF Utilization and Expenditure Statistics by Insurance Group. Age

NOINS	AGEP	MNFCOST	MNFDFG	MNFFKON	MNFVIS
01	1-5yr	0	0	0	0.00
01	5-14yr	0	0	0	0.00
01	14-49yr	206	97	0	0.05
01	49-65yr	0	0	0	0.00
01	65+	NA	NA	NA	NA
02	1-5yr	0	0	0	0.00
02	5-14yr	0	0	0	0.00
02	14-49yr	161	0	0	0.05
03	1-5yr	0	0	0	0.00
03	14-49yr	0	0	0	0.00
03	49-65yr	0	0	0	0.00
03	65+	0	0	0	0.00
04	14-49yr	1,250	0	0	0.50
05	1-5yr	0	0	0	0.00
05	5-14yr	0	0	0	0.00
05	14-49yr	0	0	0	0.00
05	49-65yr	NA	NA	NA	NA
06	14-49yr	0	0	0	0.00
07	1-5yr	0	0	0	0.00
07	5-14yr	0	0	0	0.00
07	14-49yr	0	0	0	0.00
07	49-65yr	0	0	0	0.00
08	14-49yr	0	0	0	0.00
08	49-65yr	0	0	0	0.00
09	14-49yr	0	0	0	0.00
09	49-65yr	0	0	0	0.00
09	65+	NA	NA	NA	NA
10	1-5yr	0	0	0	0.00
10	5-14yr	0	0	0	0.00
10	14-49yr	0	0	0	0.00
10	49-65yr	0	0	0	0.00
11	5-14yr	0	0	0	0.00
11	14-49yr	0	0	0	0.00
11	49-65yr	0	0	0	0.00
10	14-49yr	NA	NA	NA	NA

plan4b(igsexag) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Sex, Age (1)

NOINS	SEX	AGEP	Members	HCOSTF	HCOST	DCOSTF	DCOST	ADMITS	BPCOST	BPDRG	BPKON	BPVIS	UGCOST	UGVIS	KBCOST	KBDRG	KBKON	KBVIS
01	L	1-5yr	584	29,445,168	28,372,952	6,610,583	6,834,679	91	49,278,091	27,451,171	14,651,100	3,545	0	0	0	0	0	0
01	L	5-14yr	609	30,758,239	31,118,738	8,775,480	8,887,939	48	21,047,261	10,553,911	6,297,800	1,636	0	0	0	0	0	0
01	L	14-49yr	807	27,390,180	32,916,877	7,047,073	7,153,818	56	79,851,958	46,009,044	20,641,300	5,463	12,614,000	185	12,250	10,000	0	3
01	L	49-65yr	90	1,465,540	2,033,952	489,187	517,053	2	24,386,834	17,010,434	3,215,500	843	691,000	9	0	0	0	0
01	L	65+yr	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
01	P	1-5yr	530	16,967,212	18,745,476	4,020,965	4,078,847	62	39,312,459	22,452,904	12,019,000	2,937	0	0	0	0	0	0
01	P	5-14yr	668	16,567,718	15,742,783	3,173,693	3,251,312	44	21,241,009	10,781,772	6,471,000	1,780	0	0	0	0	0	0
01	P	14-49yr	2,520	217,693,196	228,907,851	48,835,386	49,728,151	564	269,607,174	145,315,650	70,096,181	17,623	21,717,550	320	4,074,141	3,125,352	9,000	1,109
01	P	49-65yr	114	10,711,388	14,192,165	2,141,356	2,207,846	12	19,625,995	12,903,395	5,725,000	936	1,401,000	16	4,400	3,400	0	2
01	P	65+yr	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
01	p	14-49yr	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
02	L	1-5yr	13	1,258,736	1,017,878	140,151	144,262	2	450,364	209,264	156,000	42	0	0	0	0	0	0
02	L	5-14yr	8	NA	NA	NA	NA	NA	80,907	58,907	15,000	5	0	0	0	0	0	0
02	L	14-49yr	14	133,816	141,691	8,494	8,494	1	1,489,140	867,475	435,000	120	0	0	0	0	0	0
02	P	1-5yr	12	408,787	495,840	87,992	96,850	2	559,547	254,547	159,000	47	0	0	0	0	0	0
02	P	5-14yr	6	NA	NA	NA	NA	NA	241,504	99,404	84,000	28	0	0	0	0	0	0
02	P	14-49yr	55	5,000,865	6,289,926	1,192,699	1,230,423	13	6,010,314	3,391,014	1,599,800	411	471,000	6	73,913	57,663	0	21
03	L	14-49yr	3	NA	NA	NA	NA	NA	139,021	46,521	45,000	15	0	0	0	0	0	0
03	L	49-65yr	24	2,413,703	2,278,884	1,091,950	1,093,401	4	3,999,354	2,788,904	646,000	153	231,000	3	0	0	0	0
03	L	65+yr	5	1,697,472	912,072	241,086	241,086	2	415,775	145,175	129,000	19	0	0	0	0	0	0
03	P	1-5yr	2	NA	NA	NA	NA	NA	21,201	14,201	6,000	2	0	0	0	0	0	0
03	P	14-49yr	16	NA	NA	NA	NA	NA	240,365	125,865	84,000	21	0	0	0	0	0	0
03	P	49-65yr	68	4,468,784	3,082,785	1,113,983	1,103,483	6	7,712,955	5,048,157	1,782,000	440	0	0	0	0	0	0
03	P	65+yr	22	NA	NA	NA	NA	NA	896,274	552,774	208,000	67	0	0	0	0	0	0
04	L	49-65yr	1	NA	NA	NA	NA	NA	10,539	7,039	3,000	1	0	0	0	0	0	0
04	P	49-65yr	2	784,801	816,301	117,877	117,877	4	169,074	53,574	45,500	9	0	0	0	0	0	0
05	L	1-5yr	1	NA	NA	NA	NA	NA	30,887	20,387	9,000	3	0	0	0	0	0	0
05	L	5-14yr	32	1,866,972	2,362,323	327,059	334,172	5	2,210,660	1,159,610	714,000	156	0	0	0	0	0	0
05	L	14-49yr	8	NA	NA	NA	NA	NA	261,766	138,286	81,000	27	0	0	0	0	0	0
05	L	49-65yr	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
05	P	1-5yr	1	NA	NA	NA	NA	NA	94,139	65,139	21,000	7	0	0	0	0	0	0
05	P	5-14yr	28	1,944,394	2,092,913	389,381	403,978	4	1,970,677	1,061,027	598,500	163	0	0	0	0	0	0
05	P	14-49yr	4	NA	NA	NA	NA	NA	584,590	556,590	24,000	8	0	0	0	0	0	0

plan4b(igsexag) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Sex, Age (2)

NOINS	SEX	AGRP	HMCOST	HMDRG	HMKON	HMVIS	BLCOST	BLDRG	BLKON	BLVIS	NFCOST	NFDRG	NFVIS	MHCOSTP	MHCOST	MDCOSTP	MDCOST	MADMITS
01	L	1-5yr	0	0	0	0	5,108,986	2,081,503	9,000	1,079	0	0	0	368,065	354,662	82,632	85,433	1.14
01	L	5-14yr	0	0	0	0	84,714	57,964	0	15	0	0	0	715,308	723,692	204,081	206,696	1.12
01	L	14-49yr	3,709	1,209	0	1	7,194	4,194	0	2	0	0	0	507,040	609,572	130,501	132,478	1.04
01	L	49-65yr	0	0	0	0	0	0	0	0	0	0	0	732,770	1,016,976	244,594	258,527	1.00
01	L	65+yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
01	P	1-5yr	0	0	0	0	5,499,490	2,355,630	7,500	1,148	0	0	0	321,478	317,720	68,152	69,099	1.05
01	P	5-14yr	0	0	0	0	67,131	32,131	0	11	0	0	0	404,091	383,970	77,412	79,300	1.07
01	P	14-49yr	8,249,057	3,214,857	0	1,442	7,100	600	0	2	535,965	251,665	121	603,028	634,094	135,278	137,751	1.56
01	P	49-65yr	0	0	0	0	0	0	0	0	0	0	0	892,616	1,182,680	178,446	183,987	1.00
01	P	65+yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
01	P	14-49yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
02	L	1-5yr	0	0	0	0	116,629	76,129	0	21	0	0	[illegible]	629,368	508,939	70,076	72,131	1.00
02	L	5-14yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
02	L	14-49yr	0	0	0	0	0	0	0	0	0	0	0	133,816	141,691	8,494	8,494	1.00
02	P	1-5yr	0	0	0	0	171,233	77,733	0	30	0	0	0	408,787	495,840	87,992	96,850	2.00
02	P	5-14yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
02	P	14-49yr	383,530	136,530	0	66	5,073	3,573	0	1	9,500	0	3	555,652	698,881	132,521	136,714	1.44
03	L	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
03	L	49-65yr	0	0	0	0	0	0	0	0	0	0	0	804,568	759,628	363,983	364,467	1.33
03	L	65+yr	0	0	0	0	0	0	0	0	0	0	0	848,736	456,036	120,543	120,543	1.00
03	P	1-5yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
03	P	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
03	P	49-65yr	0	0	0	0	0	0	0	0	0	0	0	744,797	513,798	185,664	183,914	1.00
03	P	65+yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
04	L	49-65yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
04	P	49-65yr	41,510	17,010	0	9	0	0	0	0	2,500	0	1	784,801	816,301	117,877	117,877	4.00
05	L	1-5yr	0	0	0	0	5,092	3,592	0	1	0	0	0	NA	NA	NA	NA	NA
05	L	5-14yr	0	0	0	0	0	0	0	0	0	0	0	373,394	472,465	65,412	66,834	1.00
05	L	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
05	L	49-65yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
05	P	1-5yr	0	0	0	0	13,117	6,617	0	2	0	0	0	NA	NA	NA	NA	NA
05	P	5-14yr	0	0	0	0	0	0	0	0	0	0	0	486,099	523,228	97,345	100,995	1.00
05	P	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA

plan4b(igsexag) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Sex, Age (3)

NOINS	SEX	AGRP	MBPCOST	MBPDRG	MBPKON	MBPVIS	MUGCOS	MUGVIS	MKBCOST	MKBDRG	MKBKON	MKBVIS	MHMCOS	MHMDRG	MHMKO	MHMVIS
01	L	1-5yr	97,968	54,575	29,127			0.00	0	0	0	0.00	0	0	0	0.00
01	L	5-14yr	57,349	28,757	17,160			0.00	0	0	0	0.00	0	0	0	0.00
01	L	14-49yr	129,841	74,811	33,563			0.30	20	16	0	0.01	6	2	0	0.00
01	L	49-65yr	393,336	274,362	51,863			0.15	0	0	0	0.00	0	0	0	0.00
01	L	65+yr	NA	NA	NA	N.	NA	NA	Na	NA	NA	NA	NA	NA	NA	
01	P	1-5yr	89,346	51,029	27,316			0.00	0	0	0	0.00	0	0	0	0.00
01	P	5-14yr	55,029	27,932	16,764			0.00	0	0	0	0.00	0	0	0	0.00
01	P	14-49yr	135,754	73,170	35,295			0.16	2,051	1,574	5	0.56	4,154	1,619	0	0.73
01	P	49-65yr	223,023	146,629	42,330			0.18	50	39	0	0.02	0	0	0	0.00
01	P	65+yr	NA	NA	NA	N.	NA	NA	NA	NA	NA	NA	NA	NA	NA	
01	p	14-49yr	NA	NA	NA	N.	NA	NA	NA	NA	NA	NA	NA	NA	NA	
02	L	1-5yr	34,643	16,097	12,000			0.00	0	0	0	0.00	0	0	0	0.00
02	L	5-14yr	26,969	19,636	5,000			0.00	0	0	0	0.00	0	0	0	0.00
02	L	14-49yr	165,460	96,386	48,333			0.00	0	0	0	0.00	0	0	0	0.00
02	P	1-5yr	46,629	21,212	13,250			0.00	0	0	0	0.00	0	0	0	0.00
02	P	5-14yr	60,376	24,851	21,000			0.00	0	0	0	0.00	0	0	0	0.00
02	P	14-49yr	120,206	67,820	31,996			0.12	1,478	1,153	0	0.42	7,671	2,731	0	1.32
03	L	14-49yr	69,511	23,261	22,500			0.00	0	0	0	0.00	0	0	0	0.00
03	L	49-65yr	199,968	139,445	32,300			0.15	0	0	0	0.00	0	0	0	0.00
03	L	65+yr	103,944	36,294	32,250			0.00	0	0	0	0.00	0	0	0	0.00
03	P	1-5yr	21,201	14,201	6,000			0.00	0	0	0	0.00	0	0	0	0.00
03	P	14-49yr	34,338	17,981	12,000			0.00	0	0	0	0.00	0	0	0	0.00
03	P	49-65yr	160,687	105,170	37,125			0.00	0	0	0	0.00	0	0	0	0.00
03	P	65+yr	57,591	39,484	14,857			0.00	0	0	0	0.00	0	0	0	0.00
04	L	49-65yr	10,539	7,039	3,000			0.00	0	0	0	0.00	0	0	0	0.00
04	P	49-65yr	169,074	53,574	45,500			0.00	0	0	0	0.00	0	0	0	0.00
05	L	1-5yr	30,887	20,387	9,000			0.00	0	0	0	0.00	41,510	17,010	0	9.00
05	L	5-14yr	81,876	42,949	26,444			0.00	0	0	0	0.00	0	0	0	0.00
05	L	14-49yr	43,631	23,048	13,500			0.00	0	0	0	0.00	0	0	0	0.00
05	L	49-65yr	NA	NA	NA	N.	NA	NA	NA	NA	NA	NA	NA	NA	NA	
05	P	1-5yr	94,139	65,139	21,000			0.00	0	0	0	0.00	0	0	0	0.00
05	P	5-14yr	82,112	44,209	24,938			0.00	0	0	0	0.00	0	0	0	0.00
05	P	14-49yr	292,295	278,295	12,000			0.00	0	0	0	0.00	0	0	0	0.00

plan4b(igsexag) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Sex, Age (4)

NOINS	SEX	AGRP	MBLCOST	MBLDRG	MBLKON	MBLVIS	MNFCOST	MNFDRG	MNFKON	MNFVIS
01	L	1-5yr	10,157	4,138	18	2.15	0	0	0	0.00
01	L	5-14yr	231	158	0	0.04	0	0	0	0.00
01	L	14-49yr	12	7	0	0.00	0	0	0	0.00
01	L	49-65yr	0	0	0	0.00	0	0	0	0.00
01	L	65+yr	NA	NA	NA	NA	NA	NA	NA	NA
01	P	1-5yr	12,499	5,354	17	2.61	0	0	0	0.00
01	P	5-14yr	174	83	0	0.03	0	0	0	0.00
01	P	14-49yr	4	0	0	0.00	270	127	0	0.06
01	P	49-65yr	0	0	0	0.00	0	0	0	0.00
01	P	65+yr	NA	NA	NA	NA	NA	NA	NA	NA
01	p	14-49yr	NA	NA	NA	NA	NA	NA	NA	NA
02	L	1-5yr	8,971	5,856	0	1.62	0	0	0	0.00
02	L	5-14yr	0	0	0	0.00	0	0	0	0.00
02	L	14-49yr	0	0	0	0.00	0	0	0	0.00
02	P	1-5yr	14,269	6,478	0	2.50	0	0	0	0.00
02	P	5-14yr	0	0	0	0.00	0	0	0	0.00
02	P	14-49yr	101	71	0	0.02	190	0	0	0.06
03	L	14-49yr	0	0	0	0.00	0	0	0	0.00
03	L	49-65yr	0	0	0	0.00	0	0	0	0.00
03	L	65+yr	0	0	0	0.00	0	0	0	0.00
03	P	1-5yr	0	0	0	0.00	0	0	0	0.00
03	P	14-49yr	0	0	0	0.00	0	0	0	0.00
03	P	49-65yr	0	0	0	0.00	0	0	0	0.00
03	P	65+yr	0	0	0	0.00	0	0	0	0.00
04	L	49-65yr	0	0	0	0.00	0	0	0	0.00
04	P	49-65yr	0	0	0	0.00	2,500	0	0	1.00
05	L	1-5yr	5,0[illegible]2	3,592	0	1.00	0	0	0	0.00
05	L	5-14yr	0	0	0	0.00	0	0	0	0.00
05	L	14-49yr	0	0	0	0.00	0	0	0	0.00
05	L	49-65yr	NA	NA	NA	NA	NA	NA	NA	NA
05	P	1-5yr	13,117	6,617	0	2.00	0	0	0	0.00
05	P	5-14yr	0	0	0	0.00	0	0	0	0.00
05	P	14-49yr	0	0	0	0.00	0	0	0	0.00

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plan4b(igsexag) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Sex, Age (5)

06	L	14-49yr	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
06	P	14-49yr	1	NA	NA	NA	NA	NA		325,158	274,158	48,000	10	0	0	0	0	0	0		
07	L	1-5yr	2	295,582	185,332	87,727	87,727	1	115,430	69,430	40,500	12	0	0	0	0	0	0			
07	L	5-14yr	2	NA	NA	NA	NA	NA		29,644	20,144	6,000	2	0	0	0	0	0	0		
07	L	14-49yr	5	NA	NA	NA	NA	NA		94,190	48,190	33,000	11	0	0	0	0	0	0		
07	L	49-65yr	2	NA	NA	NA	NA	NA		164,402	54,302	63,000	18	0	0	0	0	0	0		
07	P	1-5yr	1	NA	NA	NA	NA	NA		43,252	25,752	15,000	5	0	0	0	0	0	0		
07	P	14-49yr	8	NA	NA	NA	NA	NA		178,855	85,355	64,500	20	0	0	8,100	2,600	0	7		
08	L	14-49yr	249	3,366,554	3,521,348	1,005,214	1,014,937	4	3,398,958	1,584,658	946,000	229	0	0	0	0	0	0			
08	L	49-65yr	17	3,057,725	3,091,850	788,351	788,351	2	684,886	334,786	173,500	34	0	0	0	0	0	0			
08	P	14-49yr	237	1,051,961	1,051,961	351,088	351,088	3	2,328,652	1,206,599	756,500	212	0	0	0	0	0	0			
08	P	49-65yr	1	299,138	382,878	27,793	28,546	1	44,114	114	13,000	2	0	0	0	0	0	0			
09	L	14-49yr	18	NA	NA	NA	NA	NA		196,388	130,388	48,000	16	0	0	0	0	0	0		
09	L	49-65yr	2	NA	NA	NA	NA	NA		75,116	53,616	19,500	5	0	0	0	0	0	0		
09	L	65+yr	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
09	P	14-49yr	4	NA	NA	NA	NA	NA		47,192	33,192	12,000	4	0	0	0	0	0	0		
10	L	1-5yr	28	NA	NA	NA	NA	NA		180,795	99,795	67,000	20	0	0	0	0	0	0		
10	L	5-14yr	51	NA	NA	NA	NA	NA		108,055	42,555	48,000	13	0	0	0	0	0	0		
10	L	14-49yr	147	NA	NA	NA	NA	NA		506,171	270,671	157,000	50	0	0	0	0	0	0		
10	L	49-65yr	40	NA	NA	NA	NA	NA		1,825,171	1,716,671	91,500	29	0	0	0	0	0	0		
10	P	1-5yr	32	NA	NA	NA	NA	NA		213,035	132,035	70,500	22	0	0	0	0	0	0		
10	P	5-14yr	53	NA	NA	NA	NA	NA		169,460	51,410	43,000	12	0	0	0	0	0	0		
10	P	14-49yr	174	NA	NA	NA	NA	NA		909,563	516,813	291,000	91	0	0	0	0	0	0		
10	P	49-65yr	15	NA	NA	NA	NA	NA		61,699	32,699	22,000	5	0	0	0	0	0	0		
11	L	5-14yr	1	NA	NA	NA	NA	NA		10,689	3,839	3,000	1	0	0	0	0	0	0		
11	L	14-49yr	19	NA	NA	NA	NA	NA		134,685	65,185	41,500	10	0	0	0	0	0	0		
11	L	49-65yr	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
11	P	14-49yr	20	NA	NA	NA	NA	NA		131,924	57,424	37,500	11	0	0	0	0	0	0		
11	P	49-65yr	3	NA	NA	NA	NA	NA		15,242	8,242	6,000	2	0	0	0	0	0	0		
10	P	14-49yr	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		

06	L	14-49yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
06	P	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA	NA	
07	L	1-5yr	0	0	0	0	0	0	0	0	0	0	0	295,582	185,332	87,727	87,727		1.00	
07	L	5-14yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
07	L	[illegible]49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
07	L	49-65yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
07	P	1-5yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
07	P	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
08	L	14-49yr	0	0	0	0	0	0	0	0	0	0	0	1,122,185	1,173,783	335,071	338,312		1.33	
08	L	49-65yr	0	0	0	0	0	0	0	0	0	0	0	1,528,863	1,545,925	394,176	394,176		1.00	
08	P	14-49yr	44,825	13,825	0	6	0	0	0	0	0	0	0	525,981	525,981	175,544	175,544		1.50	
08	P	49-65yr	0	0	0	0	0	0	0	0	0	0	0	299,138	382,878	27,793	28,546		1.00	
09	L	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
09	L	49-65yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
09	L	65+yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
09	P	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
10	L	1-5yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
10	L	5-14yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
10	L	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
10	L	49-65yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
10	P	1-5yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
10	P	5-14yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
10	P	14-49yr	22,640	7,140	0	2	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
10	P	49-65yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
11	L	5-14yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
11	L	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
11	L	49-65yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
11	P	14-49yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
11	P	49-65yr	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA		
10	P	14-49yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		

plan4b(igsexag) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Sex, Age (7)

06	L	14-49yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
06	P	14-49yr	325,158	274,158	48,000	10.00	0	0.00	0	0	0	0.00	0	0	0	0.00
07	L	1-5yr	115,430	69,430	40,500	12.00	0	0.00	0	0	0	0.00	0	0	0	0.00
07	L	5-14yr	29,644	20,144	6,000	2.00	0	0.00	0	0	0	0.00	0	0	0	0.00
07	L	14-49yr	23,548	12,048	8,250	2.75	0	0.00	0	0	0	0.00	0	0	0	0.00
07	L	49-65yr	164,402	54,302	63,000	18.00	0	0.00	0	0	0	0.00	0	0	0	0.00
07	P	1-5yr	43,252	25,752	15,000	5.00	0	0.00	0	0	0	0.00	0	0	0	0.00
07	P	14-49yr	25,551	12,194	9,214	2.86	0	0.00	1,157	371	0	1.00	0	0	0	0.00
08	L	14-49yr	32,371	15,092	9,010	2.18	0	0.00	0	0	0	0.00	0	0	0	0.00
08	L	49-65yr	62,262	30,435	15,773	3.09	0	0.00	0	0	0	0.00	0	0	0	0.00
08	P	14-49yr	22,608	11,715	7,345	2.06	0	0.00	0	0	0	0.00	435	134	0	0.06
08	P	49-65yr	44,114	114	13,000	2.00	0	0.00	0	0	0	0.00	0	0	0	0.00
09	L	14-49yr	23,299	16,299	6,000	2.00	0	0.00	0	0	0	0.00	0	0	0	0.00
09	L	49-65yr	37,558	26,808	9,750	2.50	0	0.00	0	0	0	0.00	0	0	0	0.00
09	L	65+yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
09	P	14-49yr	15,731	11,064	4,000	1.33	0	0.00	0	0	0	0.00	0	0	0	0.00
10	L	1-5yr	16,436	9,072	6,091	1.82	0	0.00	0	0	0	0.00	0	0	0	0.00
10	L	5-14yr	10,806	4,256	4,800	1.30	0	0.00	0	0	0	0.00	0	0	0	0.00
10	L	14-49yr	16,328	3,731	5,065	1.61	0	0.00	0	0	0	0.00	0	0	0	0.00
10	L	49-65yr	152,098	143,056	7,625	2.42	0	0.00	0	0	0	0.00	0	0	0	0.00
10	P	1-5yr	14,202	8,802	4,700	1.47	0	0.00	0	0	0	0.00	0	0	0	0.00
10	P	5-14yr	21,183	6,426	5,375	1.50	0	0.00	0	0	0	0.00	0	0	0	0.00
10	P	14-49yr	17,835	10,134	5,706	1.78	0	0.00	0	0	0	0.00	444	140	0	0.04
10	P	49-65yr	20,566	10,900	7,333	1.67	0	0.00	0	0	0	0.00	0	0	0	0.00
11	L	5-14yr	10,689	3,839	3,000	1.00	0	0.00	0	0	0	0.00	0	0	0	0.00
11	L	14-49yr	26,937	13,037	8,300	2.00	0	0.00	0	0	0	0.00	0	0	0	0.00
11	L	49-65yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
11	P	14-49yr	26,385	11,485	7,500	2.20	0	0.00	0	0	0	0.00	0	0	0	0.00
11	P	49-65yr	15,242	8,242	6,000	2.00	0	0.00	0	0	0	0.00	0	0	0	0.00
10	P	14-49yr	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	

plan4b(igsexag) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Sex, Age (8)

06	L	14-49yr	NA	NA	NA	NA	NA	NA	NA	NA	
06	P	14-49yr		0	0	0	0.00	0	0	0	0.00
07	L	1-5yr		0	0	0	0.00	0	0	0	0.00
07	L	5-14yr		0	0	0	0.00	0	0	0	0.00
07	L	14-49yr		0	0	0	0.00	0	0	0	0.00
07	L	49-65yr		0	0	0	0.00	0	0	0	0.00
07	P	1-5yr		0	0	0	0.00	0	0	0	0.00
07	P	14-49yr		0	0	0	0.00	0	0	0	0.00
08	L	14-49yr		0	0	0	0.00	0	0	0	0.00
08	L	49-65yr		0	0	0	0.00	0	0	0	0.00
08	P	14-49yr		0	0	0	0.00	0	0	0	0.00
08	P	49-65yr		0	0	0	0.00	0	0	0	0.00
09	L	14-49yr		0	0	0	0.00	0	0	0	0.00
09	L	49-65yr		0	0	0	0.00	0	0	0	0.00
09	L	65+yr	NA	NA	NA	NA	NA	NA	NA	NA	
09	P	14-49yr		0	0	0	0.00	0	0	0	0.00
10	L	1-5yr		0	0	0	0.00	0	0	0	0.00
10	L	5-14yr		0	0	0	0.00	0	0	0	0.00
10	L	14-49yr		0	0	0	0.00	0	0	0	0.00
10	L	49-65yr		0	0	0	0.00	0	0	0	0.00
10	P	1-5yr		0	0	0	0.00	0	0	0	0.00
10	P	5-14yr		0	0	0	0.00	0	0	0	0.00
10	P	14-49yr		0	0	0	0.00	0	0	0	0.00
10	P	49-65yr		0	0	0	0.00	0	0	0	0.00
11	L	5-14yr		0	0	0	0.00	0	0	0	0.00
11	L	14-49yr		0	0	0	0.00	0	0	0	0.00
11	L	49-65yr	NA	NA	NA	NA	NA	NA	NA	NA	
11	P	14-49yr		0	0	0	0.00	0	0	0	0.00
11	P	49-65yr		0	0	0	0.00	0	0	0	0.00
10	P	14-49yr	NA	NA	NA	NA	NA	NA	NA	NA	

Plan4c(igsex) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Sex (1)

NOINS	SEX	Members	HCOSTP	HCOST	DCOSTP	DCOST	ADMITS	BFCOST	BPDRG	BPKON	BPVIS	UGCOST	UGVIS	KBCOST	KBDRG	KBKON	KBVIS
01	L	2,082	89,049,127	94,442,519	22,922,323	23,393,489	197	174,564,144	101,024,560	44,805,700	11,487	13,305,000	194	12,250	10,000	0	3
01	P	3,833	263,939,514	277,588,275	58,171,595	59,264,156	682	349,786,637	191,453,751	92,311,181	23,276	23,118,550	336	4,078,541	3,128,752	9,000	1,111
01	P	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
02	L	35	1,392,552	1,159,569	148,645	152,756	3	2,020,411	1,135,646	606,000	167	0	0	0	0	0	0
02	P	73	5,409,652	6,785,766	1,280,681	1,327,273	15	6,811,365	3,744,965	1,842,800	486	471,000	6	73,913	57,663	0	21
03	L	32	4,111,175	3,190,956	1,333,036	1,334,487	6	4,554,150	2,980,600	820,000	187	231,000	3	0	0	0	0
03	P	108	4,468,784	3,082,785	1,113,983	1,103,483	6	8,780,795	5,740,992	2,080,000	530	0	0	0	0	0	0
04	L	1	NA	NA	NA	NA	NA	10,539	7,039	3,000	1	0	0	0	0	0	0
04	P	2	784,801	816,301	117,877	117,877	4	169,074	53,574	45,500	9	0	0	0	0	0	0
05	L	42	1,866,972	2,362,323	327,058	334,172	5	2,503,333	1,318,283	804,000	186	0	0	0	0	0	0
05	P	33	1,944,394	2,092,913	389,381	403,978	4	2,649,406	1,682,756	643,500	178	0	0	0	0	0	0
06	L	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
06	P	1	NA	NA	NA	NA	NA	325,158	274,158	48,000	10	0	0	0	0	0	0
07	L	11	295,582	185,332	87,727	87,727	1	403,666	192,066	142,500	43	0	0	0	0	0	0
07	P	9	NA	NA	NA	NA	NA	222,107	111,107	79,500	25	0	0	8,100	2,600	0	7
08	L	266	6,424,279	6,613,198	1,793,565	1,803,288	6	4,083,844	1,919,444	1,119,500	263	0	0	0	0	0	0
08	P	238	1,351,099	1,434,830	378,681	379,634	4	2,372,766	1,206,713	769,500	214	0	0	0	0	0	0
09	L	21	NA	NA	NA	NA	NA	261,504	184,004	67,500	21	0	0	0	0	0	0
09	P	4	NA	NA	NA	NA	NA	47,192	33,192	12,000	4	0	0	0	0	0	0
10	L	266	NA	NA	NA	NA	NA	2,620,192	2,129,692	363,500	112	0	0	0	0	0	0
10	P	274	NA	NA	NA	NA	NA	1,353,757	732,957	426,500	130	0	0	0	0	0	0
11	L	23	NA	NA	NA	NA	NA	145,374	69,024	44,500	11	0	0	0	0	0	0
11	P	23	NA	NA	NA	NA	NA	147,166	65,666	43,500	13	0	0	0	0	0	0
10	P	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Plan4c(igsex) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Sex (2)

NOINS	SEX	HMCOST	HMDRG	HMKON	HMVIS	BLCOST	BLDRG	BLKON	BLVIS	NFCOST	NFDRG	NFVIS	MHCOSTP	MHCOST	MDCOSTP	MDCOST	MADMITS
01	L	3,709	1,209	0	1	5,200,894	2,143,661	9,000	1,096	0	0	0	497,481	527,612	128,058	130,690	1.10
01	P	8,249,057	3,214,857	0	1,442	5,573,711	2,388,561	7,500	1,161	535,965	251,665	121	558,012	586,867	122,984	125,294	1.44
01	p	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
02	L	0	0	0	0	116,629	76,129	0	21	0	0	0	464,184	386,523	49,548	50,919	1.00
02	P	383,530	136,530	0	66	176,306	81,306	0	31	9,500	0	3	540,965	678,577	128,068	132,727	1.50
03	L	0	0	0	0	0	0	0	0	0	0	0	822,235	638,191	266,607	266,897	1.20
03	P	0	0	0	0	0	0	0	0	0	0	0	744,797	513,798	185,664	183,914	1.00
04	L	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
04	P	41,510	17,010	0	9	0	0	0	0	2,500	0	1	784,801	816,301	117,877	117,877	4.00
05	L	0	0	0	0	5,092	3,592	0	1	0	0	0	373,394	472,465	65,412	66,834	1.00
05	P	0	0	0	0	13,117	6,617	0	2	0	0	0	486,099	523,228	97,345	100,995	1.00
06	L	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
06	P	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
07	L	0	0	0	0	0	0	0	0	0	0	0	295,582	185,332	87,727	87,727	1.00
07	P	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
08	L	0	0	0	0	0	0	0	0	0	0	0	1,284,856	1,322,640	358,713	360,658	1.20
08	P	44,825	13,825	0	6	0	0	0	0	0	0	0	450,366	478,280	126,294	126,545	1.33
09	L	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
09	P	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
10	L	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
10	P	22,640	7,140	0	2	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
11	L	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
11	P	0	0	0	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA
0	P	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Plan4c(igsex) 1991 PJPK Uulizatuon and Expenditure Statustcs by Insurance Group, Sex (3)

NOINS	SEX	MBPCOST	MBPDRG	MBPKON	MBPVIS	MUGCOST	MUGVIS	MKBCOST	MKBDRG	MKBKON	MKBVIS	MHMCOST	MHMDRC	MHMKON	MHMVIS	MBLCOST	MBLDRG	MBLKON	MBLVIS
01	L	112.840	65.304	28.963	7.43	8.601	0.13	8	6	0	0.00	2	1	0	0.00	3,362	1,386	6	0.71
01	P	120.616	66.019	31.831	8.03	7.972	0.12	1.406	1.079	3	0.38	2.845	1.109	0	0.50	1.922	824	3	0.40
01	p	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
02	L	80.816	45.426	24.240	6.68	0	0.00	0	0	0	0.00	0	0	0	0.00	4.665	3,045	0	0.84
02	P	103.203	56.742	27.921	7.36	7.136	0.09	1.120	874	0	0.32	5.811	2.069	0	1.00	2,671	1.232	0	0.47
03	L	175.160	114.638	31.539	7.19	8.885	0.12	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
03	P	125.440	82.014	29.714	7.57	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
04	L	10.539	7.039	3.000	1.00	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
04	P	169.074	53.574	45.500	9.00	0	0.00	0	0	0	0.00	41.510	17.010	0	9.00	0	0	0	0.00
05	L	73.627	38.773	23.647	5.47	0	0.00	0	0	0	0.00	0	0	0	0.00	150	106	0	0.03
05	P	98.126	62.324	23.833	6.59	0	0.00	0	0	0	0.00	0	0	0	0.00	486	245	0	0.07
06	L	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
06	P	325.158	274.158	48.000	10.00	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
07	L	57.667	27.438	20.357	6.14	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
07	P	27.763	13.888	9.938	3.13	0	0.00	1.013	325	0	0.88	0	0	0	0.00	0	0	0	0.00
08	L	35.205	16.547	9.651	2.27	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
08	P	22.815	11.603	7.399	2.06	0	0.00	0	0	0	0.00	431	133	0	0.06	0	0	0	0.00
09	L	26.150	18.400	6.750	2.10	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
09	P	15.731	11.064	4.000	1.33	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
10	L	40.941	33.276	5.680	1.75	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
10	P	17.591	9.519	5.539	1.69	0	0.00	0	0	0	0.00	294	93	0	0.03	0	0	0	0.00
11	L	24.229	11.504	7.417	1.83	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
11	P	24.526	10.944	7.250	2.17	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00
10	P	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Plan4c(igsex) 1991 PJPK Utilization and Expenditure Statistics by Insurance Group, Sex (4)

NOINS	SEX	MNFCOST	MNFDRG	MNFKON	MNFVIS
01	L	0	0	0	0.00
01	P	185	87	0	0.04
01	p	NA	NA	NA	NA
02	L	0	0	0	0.00
02	P	144	0	0	0.05
03	L	0	0	0	0.00
03	P	0	0	0	0.00
04	L	0	0	0	0.00
04	P	2,560	0	0	1.00
05	L	0	0	0	0.00
05	P	0	0	0	0.00
06	L	NA	NA	NA	NA
06	P	0	0	0	0.00
07	L	0	0	0	0.00
07	P	0	0	0	0.00
08	L	0	0	0	0.00
08	P	0	0	0	0.00
09	L	0	0	0	0.00
09	P	0	0	0	0.00
10	L	0	0	0	0.00
10	P	0	0	0	0.00
11	L	0	0	0	0.00
11	P	0	0	0	0.00
10	P	NA	NA	NA	NA

plan4a(igage) 1991 PJPK Uulizatuon and Expenditure Statustcs by Insurance Group, Age

NOINS	AGRP	Members	HCOSTP	HCOST	DCOSTP	DCOST	ADMITS	BPCOST	BPDRG	BPKON	BPVIS	UGCOST	UGVIS	KBCOST	KBDRG	KBKON	KBVIS
01	1-5yr	1,114	48,412,380	47,118,428	10,631,551	10,911,726	153	88,590,550	49,904,075	26,670,100	6,482	0	0	0	0	0	0
01	5-14yr	1,277	47,325,957	46,861,521	11,949,363	12,139,251	92	42,288,270	21,335,683	12,768,800	3,416	0	0	0	0	0	0
01	14-49yr	3,328	245,073,376	261,824,728	55,882,461	56,881,969	620	349,459,132	191,324,724	90,737,491	23,086	34,331,550	505	4,086,391	3,135,352	9,000	1,112
01	49-65yr	194	12,176,928	16,226,117	2,630,545	2,724,899	14	44,012,829	29,913,829	6,940,500	1,779	2,092,000	25	4,400	3,400	0	2
01	65+	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
02	1-5yr	25	1,657,523	1,513,718	228,143	241,112	4	1,009,911	463,811	315,000	89	0	0	0	0	0	0
02	5-14yr	14	NA	NA	NA	NA	NA	322,411	158,311	99,000	33	0	0	0	0	0	0
02	14-49yr	69	5,134,681	6,431,617	1,201,183	1,238,917	14	7,499,454	4,258,489	2,034,800	531	471,000	6	73,913	57,663	0	21
03	1-5yr	2	NA	NA	NA	NA	NA	21,201	14,201	6,000	2	0	0	0	0	0	0
03	14-49yr	19	NA	NA	NA	NA	NA	379,386	172,386	129,000	36	0	0	0	0	0	0
03	49-65yr	92	6,882,487	5,361,669	2,205,933	2,196,884	10	11,712,309	7,837,056	2,428,000	593	231,000	3	0	0	0	0
03	65+	27	1,697,472	912,072	241,086	241,086	2	1,222,049	697,949	337,000	86	0	0	0	0	0	0
04	14-49yr	3	784,801	816,301	117,877	117,877	4	179,613	60,613	48,500	10	0	0	0	0	0	0
05	1-5yr	2	NA	NA	NA	NA	NA	125,026	85,526	30,000	10	0	0	0	0	0	0
05	5-14yr	60	3,811,366	4,455,236	716,439	738,150	9	4,181,337	2,220,637	1,312,500	319	0	0	0	0	0	0
05	14-49yr	12	NA	NA	NA	NA	NA	646,376	694,876	105,000	35	0	0	0	0	0	0
05	49-65yr	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
06	14-49yr	2	NA	NA	NA	NA	NA	325,158	274,158	48,000	10	0	0	0	0	0	0
07	1-5yr	3	295,582	185,332	87,727	87,727	1	158,682	95,182	55,500	17	0	0	0	0	0	0
07	5-14yr	2	NA	NA	NA	NA	NA	29,644	20,144	6,000	2	0	0	0	0	0	0
07	14-49yr	13	NA	NA	NA	NA	NA	273,045	133,545	97,500	31	0	0	8,100	2,600	0	7
07	49-65yr	2	NA	NA	NA	NA	NA	164,402	54,302	63,000	18	0	0	0	0	0	0
08	14-49yr	486	4,418,515	4,573,309	1,356,302	1,366,025	7	5,727,610	2,791,257	1,702,500	441	0	0	0	0	0	0
08	49-65yr	18	3,356,863	3,474,728	816,144	816,897	3	729,000	334,900	186,500	36	0	0	0	0	0	0
09	14-49yr	22	NA	NA	NA	NA	NA	233,580	163,580	60,000	20	0	0	0	0	0	0
09	49-65yr	2	NA	NA	NA	NA	NA	75,116	53,616	19,500	5	0	0	0	0	0	0
09	65+	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
10	1-5yr	60	NA	NA	NA	NA	NA	393,830	231,830	137,500	42	0	0	0	0	0	0
10	5-14yr	104	NA	NA	NA	NA	NA	277,515	93,965	91,000	25	0	0	0	0	0	0
10	14-49yr	321	NA	NA	NA	NA	NA	1,415,734	767,484	448,000	141	0	0	0	0	0	0
10	49-65yr	55	NA	NA	NA	NA	NA	1,886,870	1,749,370	113,500	34	0	0	0	0	0	0
11	5-14yr	1	NA	NA	NA	NA	NA	10,689	3,839	3,000	1	0	0	0	0	0	0
11	14-49yr	39	NA	NA	NA	NA	NA	266,609	122,609	79,000	21	0	0	0	0	0	0
11	49-65yr	6	NA	NA	NA	NA	NA	15,242	8,242	6,000	2	0	0	0	0	0	0
10	14-49yr	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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Plan 4D 1991 PJPIC Util & Expend Stats by Age

AGRP	Members	HCOSTP	HCOST	DCOSTP	DCOST	ADMITS	BPCOST	BPDRG	BPKON	BPVIS	UGCOST	UGVIS	KBCOST	KBDRG	KBKON	KBVIS
1-5yr	1,206	50,375,485	48,817,478	10,947,421	11,240,365	158	90,299,200	50,794,625	27,214,100	6,642	0	0	0	0	0	0
5-14yr	1,458	51,137,323	51,316,757	12,665,802	12,877,401	101	47,109,866	23,832,579	14,280,300	3,796	0	0	0	0	0	0
14-49yr	4,315	255,411,373	273,645,955	58,557,823	59,604,788	645	366,605,697	200,783,721	95,489,781	24,362	34,802,550	511	4,168,404	3,195,615	9,000	1,140
49-65yr	370	22,416,278	25,062,514	5,652,620	5,738,680	27	58,595,768	39,951,315	9,757,000	2,467	2,323,000	28	4,400	3,400	0	2
65+yr	31	1,697,472	912,072	241,086	241,086	2	1,222,049	697,949	337,000	86	0	0	0	0	0	0

AGRP	Members	HMCOST	HMDRG	HMVIS	BLCOST	BLDRG	BLKON	BLVIS	NFCOST	NFDRG	NFKAR	NFVIS	MHCOSTP	MHCOST	MDCOSTP	MDCOST	MADMITS
1-5yr	1,206	0	0	0	10,914,537	4,601,404	16,500	2,281	0	0	0	0	352,276		555	78,604	1.11
5-14yr	1,458	0	0	0	151,845	90,095	0	26	0	0	0	0	549,864		191	138,467	1.09
14-49yr	4,315	8,745,271	3,390,571	1,526	19,367	8,367	0	5	547,965	251,665	292,800	125	592,602		865	136,294	1.50
49-65yr	370	0	0	0	0	0	0	0	0	0	0	0	862,165		408	220,718	1.04
65+yr	31	0	0	0	0	0	0	0	0	0	0	0	848,736		543	120,543	1.00

AGRP	Members	MBPCOST	MBPDRG	MBPKON	MBPVIS	MUGCOST	MUGVIS	MKBCOST	MKBDRG	MKBKON	MKBVIS	MHMCOST	MHMDRG	MBLCOST	MBLDRG	MBLKON
1-5yr	1,206	90,390	50,845	27,241	6.65	0	0.00			0	0.00	0	(	925	4,606	17
5-14yr	1,458	56,691	28,679	17,184	4.57	0	0.00			0	0.00	0	(	183	108	0
14-49yr	4,315	122,120	66,883	31,809	8.12	11,593	0.17	1.3		3	0.38	2,913	1,129	6	3	0
49-65yr	370	235,324	160,447	39,185	9.91	9,329	0.11			0	0.01	0	(	0	0	0
65+yr	31	67,892	38,775	18,722	4.78	0	0.00			0	0.00	0	(	0	0	0

AGRP	Members	MBLVIS	MNFCOST	MNFDRG	MNFVIS
1-5yr	1,206	2.28	0	0	0.00
5-14yr	1,458	0.03	0	0	0.00
14-49yr	4,315	0.00	183	84	0.04
49-65yr	370	0.00	0	0	0.00
65+yr	31	0.00	0	0	0.00

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Plan4f(plansex) 1991 PJFK Utilization and Expenditure Statistics, by Sex

SEX	Members	HCOSTP	HCOST	DCOSTP	DCOST	ADMITS	BPCOST	BPDRG	BPKON	BPVIS	UGCOST	UGVIS	KBCOST	KBDRG	KBKON	KBVIS	HMCOST	HMDRG	HMVIS
L	2,780	103,139,687	107,953,897	26,612,354	27,105,919	218	191,167,157	110,960,358	48,776,200	12,478	13,536,000	197	12,250	10,000	0	3	3,709	1,209	1
P	4,599	277,898,244	291,800,879	61,452,398	62,596,401	715	372,665,423	205,099,831	98,301,981	24,875	23,589,550	342	4,150,554	3,189,015	9,000	1,139	8,741,562	3,389,362	1,525

SEX	BLCOST	BLDRG	BLKON	BLVIS	NFCOST	NFDRG	NFVIS	MHCOSTP	MHCOST	MDCOS	MDCOST	MADMITS	MBPCOST	MBPDRG	MBPKON	MBPVIS	MUGCOST	MUGVIS
L	5,322,615	2,223,382	9,000	1,118	0	0	0	520,908	545,222	134,406	136,899	1.10	104,122	60,436	26,567	5.80	7,373	0.11
P	5,763,134	2,476,484	7,500	1,194	547,965	251,665	125	559,151	587,125	123,647	125,948	1.44	114,209	62,856	30,126	7.62	7,229	0.11

SEX	MKBCOS	MKBDRG	MKBKON	MKBVIS	MHMCOST	MHMDRG	MHMVIS	MBLCOST	MBLDRG	MBLKO	MBLVIS	MNFCOST	MNFDRG	MNFVIS
L	7	5	0	0.00	2	1	0.00	2,999	1,211	5	0.01	0	0	0.00
P	1,275	977	3	0.35	2,679	1,039	0.47	1,766	759	2	0.37	168	77	0.04

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P	PATH = \CONSULT						
F	TOR1.TXT	4536	11-11-91	15:18:48	----	1	1
F	TIME1.TXT	3286	11-14-91	13:16:52	----	1	1
F	TOR2.TXT	17268	11-14-91	13:16:44	----	1	1
F	COMP1.TXT	99739	12-10-91	12:00:54	----	1	1
F	COST1.SSD	2470	01-07-92	18:20:00	----*	1	5
F	PROVCOST.SSD	2526	01-07-92	18:58:08	----*	1	5
F	LETJAN1.TXT	4263	01-08-92	10:31:22	----*	1	5
F	ISTI2.LTR	6386	01-27-92	09:12:46	----*	1	5
F	RES8.TXT	18479	02-13-92	09:55:44	----*	1	5
F	ISTI3.LTR	3753	02-16-92	16:55:36	----*	1	6
F	LJ1.ASC	3198	03-08-92	11:08:00	----*	1	6
F	LJ1.LTR	5686	03-08-92	11:09:54	----*	1	6
P	PATH = \CONSULT\CHAP6						
F	XCOMP1.TXT	94656	02-13-92	11:20:44	----*	1	6
F	XSTCAR1.TXT	45682	03-04-92	09:46:16	----*	1	9
F	COMP1.TXT	94656	02-13-92	11:20:44	----	1	11
F	STCAR1.TXT	45316	02-18-92	20:00:12	----	1	14
F	DIST905.SSD	0	12-24-91	22:28:32	----	1	16
P	PATH = \CONSULT\CHAP6\OUT						
F	OUTPAT1.SAS	2229	01-22-92	16:05:48	----*	1	16
F	CONTENTS.TXT	13590	01-22-92	16:33:28	----*	1	16
F	OUTPAT2.SAS	1761	01-24-92	12:53:40	----*	1	16
F	OUTPAT3.SAS	10415	01-24-92	14:56:26	----*	1	16
F	OUTPAT4.SAS	2387	01-28-92	11:35:00	----*	1	16
F	OUTPAT5.SAS	518	01-28-92	12:50:24	----*	1	17
F	OUTPAT7.SAS	659	01-28-92	16:37:44	----*	1	17
F	OUTPAT6.SAS	6095	01-29-92	11:53:34	----*	1	17
F	DRUGS2.TXT	40059	01-29-92	19:21:50	----*	1	17
F	OUTPAT8.SAS	2505	02-11-92	17:13:40	----*	1	18
F	PROFILE.SCT	1146	02-11-92	18:15:10	----*	1	18
F	OUTPAT8.LOG	4085	02-11-92	18:15:10	----*	1	18
P	PATH = \CONSULT\CHAP6\OUT\EXCEL						
F	PJPK1.XLS	4288	01-24-92	09:37:14	----*	1	18
F	OUTPAT3.XLS	4038	01-29-92	14:56:40	----*	1	18
F	OUTPAT2.XLS	4722	01-29-92	15:13:46	----*	1	18
F	OUTPAT1.XLS	3378	01-29-92	17:58:18	----*	1	19
F	OUTPAT4.XLS	8667	01-29-92	18:15:32	----*	1	19
F	OUTPAT5.XLS	8656	01-29-92	18:21:38	----*	1	19
F	OUTPAT6.XLS	8640	01-29-92	18:27:00	----*	1	19
F	OUTPAT7.XLS	8646	01-29-92	18:30:00	----*	1	20
F	OUTPAT8.XLS	8683	01-29-92	18:34:10	----*	1	20
F	OUTPAT9.XLS	8740	01-29-92	18:37:54	----*	1	21

PATH = \CONSULT\CHAP6\OUT\DBF

DOKTER.DBF	4166	11-19-91	18:19:50	----*	1	21
KB.DBF	88608	01-17-92	06:03:14	----*	1	21
VISIT1.DBF	756	01-24-92	16:02:18	----*	1	24
VISIT3.DBF	2089	01-24-92	16:02:20	----*	1	24
VISIT70.DBF	7822	01-24-92	16:02:30	----*	1	24
VISIT10.DBF	7822	01-24-92	16:02:26	----*	1	24
VISIT100.DBF	7822	01-24-92	16:02:34	----*	1	24
VISIT80.DBF	7822	01-24-92	16:02:32	----*	1	24
VISIT90.DBF	7822	01-24-92	16:02:32	----*	1	25
VISIT40.DBF	7822	01-24-92	16:02:28	----*	1	25
VISIT30.DBF	7822	01-24-92	16:02:28	----*	1	25
VISIT00.DBF	7822	01-24-92	16:02:24	----*	1	25
VISIT20.DBF	7822	01-24-92	16:02:26	----*	1	25
VISIT60.DBF	7822	01-24-92	16:02:30	----*	1	25
VISIT50.DBF	7822	01-24-92	16:02:30	----*	1	26
VISIT0.DBF	86101	01-24-92	16:02:24	----*	1	26
DRUG14.DBF	1149	01-28-92	16:41:34	----*	1	28
DRUG9.DBF	1149	01-28-92	16:41:32	----*	1	28
DRUG3.DBF	1149	01-28-92	16:41:30	----*	1	28
DRUG4.DBF	1149	01-28-92	16:41:30	----*	1	28
DRUG15.DBF	1149	01-28-92	16:41:34	----*	1	28
DRUG6.DBF	1149	01-28-92	16:41:30	----*	1	28
DRUG1.DBF	1149	01-28-92	16:41:28	----*	1	28
DRUG2.DBF	1149	01-28-92	16:41:28	----*	1	28
DRUG8.DBF	1149	01-28-92	16:41:32	----*	1	28
DRUG16.DBF	1149	01-28-92	16:41:34	----*	1	28
DRUG5.DBF	1149	01-28-92	16:41:30	----*	1	28
DRUG18.DBF	1149	01-28-92	16:41:36	----*	1	28
DRUG19.DBF	1149	01-28-92	16:41:36	----*	1	28
DRUG7.DBF	1149	01-28-92	16:41:30	----*	1	28
DRUG21.DBF	1149	01-28-92	16:41:36	----*	1	28
DRUG22.DBF	1149	01-28-92	16:41:36	----*	1	28
DRUG10.DBF	1149	01-28-92	16:41:32	----*	1	28
DRUG11.DBF	1149	01-28-92	16:41:32	----*	1	28
Q12.DBF	1149	01-28-92	16:41:32	----*	1	28
DRUG13.DBF	1149	01-28-92	16:41:34	----*	1	28
DRUG20.DBF	1149	01-28-92	16:41:36	----*	1	28
DRUG24.DBF	1149	01-28-92	16:41:38	----*	1	28
DRUG25.DBF	1149	01-28-92	16:41:38	----*	1	28
DRUG17.DBF	1149	01-28-92	16:41:34	----*	1	29
DRUG23.DBF	1149	01-28-92	16:41:38	----*	1	29
ODXNAME.DBF	1106	01-28-92	16:48:04	----*	1	29
VISIT2.DBF	1061	01-29-92	14:09:16	----*	1	29

PATH = \CONSULT\CHAP6\OUT\SASSAVE

BALITA.SSD	335013	01-22-92	16:26:10	----*	1	29
KDUPM.SSD	4706	01-22-92	16:30:30	----*	1	37
DOKTER.SSD	4835	01-22-92	16:30:14	----*	1	38
NIFAS.SSD	18529	01-22-92	16:30:34	----*	1	38
DIAGNOSA.SSD	42248	01-22-92	16:30:14	----*	1	38
KODEOBAT.SSD	44582	01-22-92	16:30:32	----*	1	39
KB.SSD	122246	01-22-92	16:30:30	----*	1	41
HAMIL.SSD	249082	01-22-92	16:30:24	----*	1	44
RUJUKAN.SSD	614	01-22-92	16:33:24	----*	1	50
TINDAKAN.SSD	3218	01-22-92	16:33:24	----*	1	50
UJIUMUM.SSD	58286	01-22-92	16:33:26	----*	1	50
OP91DALL.SSD	57984	01-24-92	16:02:36	----*	1	52
FRQDRG.SSD	191650	01-28-92	13:58:10	----*	1	54
OP91LOC.SSD	2836	02-12-92	16:55:58	----*	1	59
OP91MD.SSD	9094	02-12-92	16:55:58	----*	1	59
OP91SER.SSD	3232	02-12-92	16:56:00	----*	1	60

OBAT91.SSD	4415564	01-22-92	16:33:22	----	1	60
OP91ALL.SSD	4130382	01-24-92	13:29:28	----	3	30
OP91T25.SSD	3398807	01-28-92	12:07:52	----	4	58
OUT91DRG.SSD	8901899	01-28-92	14:03:46	----	5	59
OPUTIL.SSD	1356274	02-11-92	18:15:10	----	8	1

PATH = \CONSULT\CHAP6\OUT\SASWORK

PATH = \CONSULT\CHAP6\IN

INPAT1.SAS	774	01-15-92	15:15:04	----*	8	15
DIAG2X.TXT	3673	01-21-92	19:25:40	----*	8	15
INPAT2.SAS	4411	01-21-92	19:32:58	----*	8	15
INPAT3.SAS	417	01-24-92	09:03:44	----*	8	15
INPAT5.SAS	1159	01-28-92	19:07:04	----*	8	15
INPAT4.SAS	3241	01-28-92	19:07:38	----*	8	15
INPAT7.SAS	585	01-29-92	12:32:28	----*	8	16
INPAT6.SAS	5768	01-29-92	17:28:32	----*	8	16
DRUGS1.TXT	37459	01-29-92	17:56:44	----*	8	16
INPAT8.SAS	546	02-11-92	18:22:54	----*	8	17
PROFILE.SCT	1146	02-11-92	18:28:42	----*	8	17
INPAT8.LOG	2102	02-11-92	18:28:42	----*	8	17

PATH = \CONSULT\CHAP6\IN\EXCEL

T25DX.XLS	7359	01-21-92	19:45:38	----*	8	17
INPAT1.XLS	7425	01-29-92	15:25:24	----*	8	17
INPAT2.XLS	7266	01-29-92	15:52:50	----*	8	17
INPAT3.XLS	7213	01-29-92	16:22:28	----*	8	18
INPAT5.XLS	7269	01-29-92	16:33:22	----*	8	18
INPAT6.XLS	7252	01-29-92	16:39:00	----*	8	18
INPAT4.XLS	7276	01-29-92	16:39:08	----*	8	19
INPAT7.XLS	3486	01-29-92	17:03:50	----*	8	19

PATH = \CONSULT\CHAP6\IN\DBF

PELAYANA.DBF	300474	12-19-91	15:48:00	----*	8	19
INOBAT.DBF	156671	01-14-92	12:33:40	----*	8	25
INDIAG.DBF	39818	01-14-92	14:27:02	----*	8	30
KUNJ.DBF	126963	01-20-92	12:13:02	----*	8	31
TRANS1.DBF	417974	01-20-92	12:21:30	----*	8	35
TRANS2.DBF	544198	01-20-92	12:28:52	----*	8	47
TRANS3.DBF	978990	01-20-92	12:37:52	----*	8	63
TRANS4.DBF	789010	01-20-92	12:42:40	----*	9	12
T25OPJ.DBF	6958	01-21-92	19:34:04	----*	9	35
T25TPJ.DBF	6958	01-21-92	19:34:02	----*	9	36
T25DX.DBF	6958	01-21-92	19:34:02	----*	9	36
T25LOS.DBF	6958	01-21-92	19:34:02	----*	9	36
T52OTO.DBF	6958	01-21-92	19:34:04	----*	9	36
T25TOT.DBF	6958	01-21-92	19:34:04	----*	9	36
A6.DBF	660	01-24-92	09:03:50	----*	9	37
TIN91S.DBF	933	01-28-92	20:11:02	----*	9	37
JEN91.DBF	1113	01-28-92	20:11:02	----*	9	37
DRUG24.DBF	99	01-29-92	12:12:36	----*	9	37
DRUG20.DBF	429	01-29-92	12:12:34	----*	9	37
DRUG23.DBF	660	01-29-92	12:12:34	----*	9	37
DRUG17.DBF	792	01-29-92	12:12:32	----*	9	37
DRUG19.DBF	858	01-29-92	12:12:32	----*	9	37
DRUG7.DBF	891	01-29-92	12:12:28	----*	9	37
DRUG16.DBF	924	01-29-92	12:12:32	----*	9	37
DRUG22.DBF	924	01-29-92	12:12:34	----*	9	37
DRUG1.DBF	924	01-29-92	12:12:24	----*	9	37
DRUG3.DBF	924	01-29-92	12:12:24	----*	9	37
DRUG4.DBF	924	01-29-92	12:12:26	----*	9	37
DRUG5.DBF	924	01-29-92	12:12:26	----*	9	37

DRUG6.DBF	924	01-29-92	12:12:26	----*	9	37
DRUG9.DBF	924	01-29-92	12:12:28	----*	9	37
DRUG8.DBF	924	01-29-92	12:12:28	----*	9	37
DRUG11.DBF	924	01-29-92	12:12:30	----*	9	37
DRUG10.DBF	924	01-29-92	12:12:28	----*	9	37
DRUG13.DBF	924	01-29-92	12:12:30	----*	9	37
DRUG14.DBF	924	01-29-92	12:12:30	----*	9	37
DRUG15.DBF	924	01-29-92	12:12:30	----*	9	37
DRUG21.DBF	924	01-29-92	12:12:34	----*	9	37
DRUG12.DBF	924	01-29-92	12:12:30	----*	9	37
DRUG18.DBF	924	01-29-92	12:12:32	----*	9	37
DRUG2.DBF	924	01-29-92	12:12:24	----*	9	38
DRGLST.DBF	2277	01-29-92	12:32:54	----*	9	38

PATH = \CONSULT\CHAP6\IN\SASSAVE

INDIAG.SSD	37308	01-15-92	15:16:10	----*	9	38
INOBAT.SSD	160102	01-15-92	15:16:16	----*	9	38
PELAYANA.SSD	321356	01-15-92	15:16:30	----*	9	44
KUNJ.SSD	125968	01-20-92	17:13:28	----*	9	51
INPAT9T.SSD	1702	01-21-92	19:34:06	----*	9	56
INPAT91.SSD	24926	01-21-92	19:34:06	----*	9	56
IPUTIL.SSD	46369	01-28-92	20:11:04	----*	9	57
NEWADMIT.SSD	144861	01-28-92	20:11:10	----*	9	58
DRUGFRQ.SSD	79330	01-29-92	12:11:16	----*	9	63
TRANS.SSD	2700351	01-28-92	20:17:06	----	9	65
HOS91.SSD	1009269	01-28-92	20:20:38	----	10	71

PATH = \CONSULT\CHAP6\IN\SASWORK

PATH = \CONSULT\CHAP6\PLAN

PLAN4.DBF	17823	02-03-92	11:49:32	----*	11	21
PLAN2.DBF	17823	02-03-92	11:49:28	----*	11	22
PLAN1.DBF	17823	02-03-92	11:49:26	----*	11	22
PLAN3.DBF	17823	02-03-92	11:49:30	----*	11	23
PLAN1.SAS	837	02-11-92	11:29:10	----*	11	23
PLAN2.SAS	4240	02-11-92	18:40:02	----*	11	23
PLAN3.SAS	4072	02-12-92	10:54:28	----*	11	23
PLAN3A.SAS	1861	02-12-92	11:02:18	----*	11	23
PLAN4.SAS	18581	02-12-92	19:11:58	----*	11	23
PLAN2A.SAS	4194	02-16-92	10:53:54	----*	11	24
PLAN6.SAS	538	02-17-92	08:13:32	----*	11	24
PLAN5.SAS	1102	02-18-92	09:34:58	----*	11	24

PATH = \CONSULT\CHAP6\PLAN\DBF

IURAN.DBF	9761	11-12-91	11:06:16	----*	11	24
DOKTER.DBF	4166	11-19-91	18:19:50	----*	11	24
KDUPM.DBF	3962	01-09-92	09:56:14	----*	11	25
KEU.DBF	2672	01-20-92	12:02:38	----*	11	25
JEN91.DBF	355	01-28-92	17:53:22	----*	11	25
TIN91S.DBF	355	01-28-92	17:53:22	----*	11	25
PLANUTIL.DBF	15076	02-11-92	18:50:52	----*	11	25
PLAN1.XLS	18493	02-12-92	09:55:54	----*	11	25
PLAN2.XLS	3415	02-12-92	10:10:58	----*	11	26
PLAN3.XLS	14660	02-12-92	10:21:18	----*	11	26
PLAN3A.XLS	14662	02-12-92	10:28:34	----*	11	27
PLAN3B.XLS	14444	02-12-92	10:36:54	----*	11	27
PLAN3C.XLS	13784	02-12-92	10:38:40	----*	11	28
PLAN3D.XLS	13786	02-12-92	10:40:10	----*	11	28
OP91LOC.DBF	2058	02-12-92	16:56:00	----*	11	29
OP91SER.DBF	2733	02-12-92	16:56:00	----*	11	29
OP91MD.DBF	12510	02-12-92	16:56:02	----*	11	29
PLANSEX.DBF	5833	02-12-92	19:52:12	----*	11	29

PLANAGE.DBF	8216	02-12-92	19:52:14	----*	11	29
PLNSEXAG.DBF	15273	02-12-92	19:52:16	----*	11	30
IGSEX.DBF	30147	02-12-92	19:52:18	----*	11	30
IGAGE.DBF	43388	02-12-92	19:52:22	----*	11	30
IGSEXAG.DBF	76271	02-12-92	19:52:28	----*	11	31
PLAN2A.XLS	3983	02-13-92	10:25:36	----*	11	32
IGAGE.XLS	36229	02-13-92	17:53:18	----*	11	32
IGSEXAG.XLS	67438	02-13-92	18:25:56	----*	11	34
IGSEX.XLS	25853	02-13-92	18:42:14	----*	11	36
PLANAGE.XLS	8629	02-13-92	19:11:28	----*	11	37
PLANSEX.XLS	5438	02-13-92	20:00:14	----*	11	37
PLNSEXAG.XLS	18548	02-13-92	20:09:38	----*	11	37
INPAT.DBF	8323	02-17-92	08:17:08	----*	11	38
OPMIS1.DBF	13181	02-18-92	09:38:40	----*	11	38
ANGGOTA.DBF	1070902	01-14-92	12:40:32	----	11	39
INS1.DBF	3752219	02-16-92	11:25:02	----	11	74
OUTPAT.DBF	109011	02-17-92	08:17:16	----	12	30

PATH = \CONSULT\CHAP6\PLAN\SASSAVE

SPECDX1.SSD	4730	02-11-92	11:29:26	----*	12	33
UTILPLAN.SSD	14356	02-11-92	18:50:52	----*	12	33
PLANSEX.SSD	9697	02-12-92	19:52:12	----*	12	33
PLANAGE.SSD	10894	02-12-92	19:52:10	----*	12	33
PLNSEXAG.SSD	14539	02-12-92	19:52:12	----*	12	33
IGSEX.SSD	22052	02-12-92	19:52:08	----*	12	34
IGAGE.SSD	28710	02-12-92	19:52:06	----*	12	34
IGSEXAG.SSD	45399	02-12-92	19:52:10	----*	12	35
ANGGOTA.SSD	1095000	01-29-92	13:00:32	----	12	35
PLAN91.SSD	655360	02-11-92	18:28:42	----	12	73

PATH = \CONSULT\CHAP6\PLAN\SASWORK

PATH = \CONSULT\CHAP7

RALLY1.TXT	21192	02-05-92	08:59:08	----*	13	5
RALLY2.TXT	4155	02-06-92	09:15:38	----*	13	6

PATH = \CONSULT\CHAP7\EXCEL

WIDODO3.XLS	4729	01-30-92	17:55:22	----*	13	6
WT2.XLC	2177	01-30-92	18:23:14	----*	13	6
WT4.XLC	1108	01-30-92	19:28:18	----*	13	6
WT3A.XLC	2699	01-30-92	20:14:22	----*	13	6
WT3.XLC	2219	01-30-92	20:30:12	----*	13	6
WT2A.XLC	2119	01-30-92	20:52:10	----*	13	6
WIDODO4.XLS	9982	01-30-92	20:52:24	----*	13	7
WIDODO2.XLS	10095	01-30-92	20:52:16	----*	13	7
WT1.XLC	2211	01-30-92	20:53:06	----*	13	7
RALLY1A.XLS	36107	02-03-92	19:52:40	----*	13	8
RALLY3.XLS	10381	02-04-92	10:32:32	----*	13	9
RALLY11.XLC	1746	02-04-92	18:46:52	----*	13	10
RALLY6B2.XLC	2141	02-04-92	18:59:04	----*	13	10
RURALL.XLS	8079	02-05-92	19:59:02	----*	13	10
RURALLNW.XLS	8151	02-05-92	20:03:48	----*	13	10
RURHEAL.XLS	8141	02-05-92	20:08:24	----*	13	11
RURHELNW.XLS	8148	02-05-92	20:12:34	----*	13	11
RURHELW.XLS	7940	02-05-92	20:19:00	----*	13	11
RURWEAL.XLS	7990	02-05-92	20:22:48	----*	13	12
URBALL.XLS	8049	02-05-92	20:29:24	----*	13	12
URBALLNW.XLS	8113	02-05-92	20:33:14	----*	13	12
URBHEAL.XLS	8106	02-05-92	20:38:48	----*	13	13
URBHELNW.XLS	8144	02-05-92	20:44:30	----*	13	13
URBHELW.XLS	7933	02-05-92	20:48:04	----*	13	14
URBWEAL.XLS	8016	02-05-92	20:52:28	----*	13	14

WEALALL.XLS	8113	02-05-92	21:17:00	----*	13	14
MACRO1.XLM	5606	02-05-92	21:54:44	----*	13	15
HEALW.XLS	7930	02-05-92	21:54:30	----*	13	15
RALLY6A.XLS	10442	02-05-92	23:47:46	----*	13	15
RALLY6.XLS	10606	02-05-92	23:50:56	----*	13	16
RALLY1.XLS	9469	02-05-92	23:53:22	----*	13	16
RALLY5.XLS	12405	02-05-92	23:55:46	----*	13	17
RALLY5A.XLS	12765	02-05-92	23:57:04	----*	13	17
RALLY4.XLS	7070	02-05-92	23:59:16	----*	13	18
RALLY2.XLS	10397	02-06-92	00:00:46	----*	13	18
ALLNWX.XLS	7955	02-06-92	00:13:14	----*	13	18
ALLX.XLS	7922	02-06-92	00:20:02	----*	13	19
HEALX.XLS	7947	02-06-92	00:30:34	----*	13	19
HELNX.XLS	7965	02-06-92	00:38:08	----*	13	20
RALLYSUM.XLS	7433	02-06-92	18:07:48	----*	13	20
RALLY6B.XLS	13544	02-06-92	19:11:46	----*	13	20
COMPUR1.XLS	14548	02-07-92	09:46:10	----*	13	21
COMPUR1B.XLS	15509	02-07-92	10:06:02	----*	13	21
COMPUR.XLS	7771	02-07-92	10:17:24	----*	13	22
COMPUR1A.XLS	14749	02-13-92	12:07:06	----*	13	22
RALLY6A1.XLC	1273	02-13-92	12:09:46	----*	13	23
RALLY6B1.XLC	1304	02-13-92	12:11:10	----*	13	23
RALLY61.XLC	1304	02-13-92	12:13:20	----*	13	23
RALLY5A1.XLC	1461	02-13-92	12:14:22	----*	13	23
WIDODO1.XLC	1987	02-13-92	12:16:06	----*	13	23
WIDODO2.XLC	1887	02-13-92	12:17:36	----*	13	23
WIDODO3.XLC	2291	02-13-92	12:20:02	----*	13	24
WIDODO4.XLC	1919	02-13-92	12:21:00	----*	13	24
RICHPOR1.XLS	52686	03-14-92	19:28:56	----*	13	24

PATH = \CONSULT\CHAP7\DBASE

PLAN1.DBF	17823	02-03-92	11:49:26	----*	13	26
PLAN4.DBF	17823	02-03-92	11:49:32	----*	13	27
PLAN2.DBF	17823	02-03-92	11:49:28	----*	13	27
PLAN3.DBF	18416	02-03-92	14:55:16	----*	13	28
PLAN3A.DBF	17343	02-03-92	15:16:16	----*	13	28
WEALALL.DBF	10143	02-05-92	19:29:16	----*	13	29
HEALW.DBF	10143	02-05-92	19:29:12	----*	13	29
RURHEAL.DBF	10270	02-05-92	19:29:08	----*	13	29
URBHEAL.DBF	10270	02-05-92	19:29:08	----*	13	29
RURALLNW.DBF	10270	02-05-92	19:29:10	----*	13	30
URBALLNW.DBF	10270	02-05-92	19:29:10	----*	13	30
URBALL.DBF	10270	02-05-92	19:29:06	----*	13	30
RURHELNW.DBF	10270	02-05-92	19:29:12	----*	13	30
URBHELNW.DBF	10270	02-05-92	19:29:14	----*	13	31
RURWEAL.DBF	10270	02-05-92	19:29:14	----*	13	31
URBWEAL.DBF	10270	02-05-92	19:29:16	----*	13	31
RURALL.DBF	10270	02-05-92	19:29:06	----*	13	32
RURHELW.DBF	10270	02-05-92	19:29:16	----*	13	32
URBHELW.DBF	10270	02-05-92	19:29:18	----*	13	32
ALLX.DBF	10143	02-05-92	22:48:18	----*	13	32
HEALX.DBF	10143	02-05-92	22:48:20	----*	13	33
ALLNWX.DBF	10143	02-05-92	22:48:20	----*	13	33
HELNX.DBF	10143	02-05-92	22:48:22	----*	13	33
RICHPOR2.XLC	4429	03-14-92	19:06:02	----*	13	33
RICHPOR1.XLC	2913	03-14-92	19:27:22	----*	13	34
RICHPOR3.XLC	2119	03-14-92	19:24:58	----*	13	34

PATH = \CONSULT\CHAP7\SAS

GAG1.SSD	216	02-01-92	14:09:42	----*	13	34
YUK1.SSD	428	02-01-92	14:09:44	----*	13	34
YUK3.SSD	428	02-01-92	14:09:46	----*	13	34

YUK2.SSD	428	02-01-92	14:09:46	----*	13	34
YUK4.SSD	428	02-01-92	14:09:46	----*	13	34
YUKO.SSD	746	02-01-92	14:09:46	----*	13	34
ONE.SSD	3608	02-01-92	14:09:44	----*	13	34
THREE.SSD	3926	02-01-92	14:09:44	----*	13	34
TWO.SSD	3926	02-01-92	14:09:44	----*	13	34
FOUR.SSD	4138	02-01-92	14:09:42	----*	13	34
WDI02A.SAS	262	02-02-92	15:31:48	----*	13	34
WDI01.SAS	3830	02-02-92	16:35:08	----*	13	34
WDI02.SAS	4892	02-02-92	16:46:02	----*	13	34
YOW1.SAS	9502	02-03-92	10:18:40	----*	13	35
COMP3N.SSD	562	02-03-92	11:17:28	----*	13	35
COMP1N.SSD	562	02-03-92	11:17:26	----*	13	35
COMP4N.SSD	562	02-03-92	11:17:28	----*	13	35
COMP2N.SSD	562	02-03-92	11:17:26	----*	13	35
COMP3.SSD	1216	02-03-92	11:17:28	----*	13	35
INSUR3.SSD	1248	02-03-92	11:17:34	----*	13	35
COMP2.SSD	1536	02-03-92	11:17:26	----*	13	35
COMP4.SSD	1536	02-03-92	11:17:28	----*	13	35
COMP1.SSD	1536	02-03-92	11:17:26	----*	13	35
INSUR4.SSD	1568	02-03-92	11:17:34	----*	13	35
INSUR1.SSD	1568	02-03-92	11:17:32	----*	13	35
INSUR2.SSD	1568	02-03-92	11:17:32	----*	13	35
ANAT1.SSD	4096	02-03-92	11:17:24	----*	13	35
HNAT2.SSD	4096	02-03-92	11:17:30	----*	13	35
ANAT2.SSD	4096	02-03-92	11:17:24	----*	13	36
HNAT1.SSD	4096	02-03-92	11:17:28	----*	13	36
INSUR4X.SSD	11708	02-03-92	11:17:36	----*	13	36
INSUR1X.SSD	11708	02-03-92	11:17:32	----*	13	36
INSUR2X.SSD	11708	02-03-92	11:17:34	----*	13	37
INSUR3X.SSD	11708	02-03-92	11:17:34	----*	13	37
APROV1.SSD	11766	02-03-92	11:17:24	----*	13	38
HPROV2.SSD	11766	02-03-92	11:17:30	----*	13	38
HPROV1.SSD	11766	02-03-92	11:17:30	----*	13	39
APROV2.SSD	11766	02-03-92	11:17:26	----*	13	39
PLAN4.SSD	12722	02-03-92	11:17:38	----*	13	40
PLAN2.SSD	12722	02-03-92	11:17:36	----*	13	40
PLAN3.SSD	12722	02-03-92	11:17:38	----*	13	41
PLAN1.SSD	12722	02-03-92	11:17:36	----*	13	41
WDI03.SAS	1657	02-03-92	13:53:48	----*	13	42
WDI03A.SAS	155	02-03-92	13:54:22	----*	13	42
WDI03B.SAS	259	02-03-92	14:03:02	----*	13	42
YOW2.SAS	3435	02-03-92	14:13:10	----*	13	42
X4.SSD	562	02-03-92	14:48:24	----*	13	42
X3.SSD	1504	02-03-92	14:48:24	----*	13	42
X1.SSD	4096	02-03-92	14:48:22	----*	13	42
X2.SSD	11486	02-03-92	14:48:22	----*	13	42
SUCKS.SSD	12722	02-03-92	14:48:22	----*	13	43
WDI03C.SAS	653	02-03-92	15:16:02	----*	13	43
WDI03D.SAS	139	02-03-92	15:20:36	----*	13	43
YOW3.SAS	8565	02-05-92	17:52:20	----*	13	43
HEALW.SSD	7258	02-05-92	19:04:12	----*	13	43
WEALALL.SSD	7258	02-05-92	19:04:20	----*	13	44
URBALL.SSD	7300	02-05-92	19:04:16	----*	13	44
URBALLNW.SSD	7300	02-05-92	19:04:16	----*	13	44
URBWEAL.SSD	7300	02-05-92	19:04:18	----*	13	45
RURALL.SSD	7300	02-05-92	19:04:12	----*	13	45
RURALLNW.SSD	7300	02-05-92	19:04:12	----*	13	45
URBHEAL.SSD	7300	02-05-92	19:04:18	----*	13	46
RURHEAL.SSD	7300	02-05-92	19:04:14	----*	13	46
RURHELW.SSD	7300	02-05-92	19:04:14	----*	13	46
URBHELNW.SSD	7300	02-05-92	19:04:18	----*	13	46

RURHELNW.SSD	7300	02-05-92	19:04:14	----*	13	47
RURWEAL.SSD	7300	02-05-92	19:04:16	----*	13	47
URBHELW.SSD	7300	02-05-92	19:04:18	----*	13	47
WID01.SAS	4997	02-05-92	19:28:34	----*	13	48
YOW4.SAS	4158	02-05-92	22:12:12	----*	13	48
ALLNWX.SSD	7258	02-05-92	22:39:36	----*	13	48
ALLX.SSD	7258	02-05-92	22:39:38	----*	13	48
HELNWX.SSD	7258	02-05-92	22:39:38	----*	13	48
HEALX.SSD	7258	02-05-92	22:39:38	----*	13	49
WID02.SAS	1453	02-05-92	22:47:48	----*	13	49
COMP1.TXT	33042	02-13-92	12:38:42	----*	13	49
COMP2.TXT	33084	02-13-92	13:19:54	----*	13	50
YOW5.SAS	370	03-14-92	12:18:22	----*	13	51
PROFILE.SCT	1146	03-14-92	15:10:14	----*	13	51
YOW5.LOG	1725	03-14-92	12:18:44	----*	13	51
WHOLE.DBF	8496	03-14-92	12:18:44	----*	13	51
RICH.DBF	8000	03-14-92	12:18:44	----*	13	51
YOW5A.SAS	313	03-14-92	15:09:44	----*	13	52
RICHPOR1.XLS	4343	03-14-92	13:53:46	----*	13	52
RICHPOR2.XLC	3255	03-14-92	13:43:10	----*	13	52
RICHPOR1.XLC	2811	03-14-92	13:53:46	----*	13	52
YOW5A.LOG	1974	03-14-92	15:10:14	----*	13	52
CHECK1.DBF	1668	03-14-92	15:10:12	----*	13	52
CHECK2.DBF	16863	03-14-92	15:10:14	----*	13	52
YOW.SAS	0	03-14-92	16:59:10	----*	13	53

PATH = \CONSULT\CHAP7\SAS\SASWORK

PATH = \CONSULT\CHAP4

CHAP4.TXT	50108	02-19-92	11:51:14	----*	13	53

PATH = \CONSULT\CHAP4\EXPEND

EXPEND87.DBF	29823	12-22-91	23:56:02	----	13	55
EXPEND90.DBF	55263	12-23-91	11:18:36	----	13	55
EXP87901.XLC	5996	12-30-91	12:30:48	----*	13	57
EXP87903.XLC	3945	12-30-91	13:00:50	----*	13	57
EXP87902.XLC	3918	12-30-91	13:17:28	----*	13	57
E87906.XLC	3532	12-30-91	14:25:08	----*	13	57
E87905.XLC	3641	12-30-91	14:42:56	----*	13	58
EXP87904.XLC	2307	12-30-91	14:43:02	----*	13	58
E8990.XLS	18064	12-30-91	14:43:22	----*	13	58
E90.XLS	11800	01-08-92	17:00:20	----*	13	59
E87.XLS	11398	01-08-92	17:08:58	----*	13	59

PATH = \CONSULT\CHAP4\S87

EXP87.TXT	62260	11-30-91	17:32:28	----*	13	60

PATH = \CONSULT\CHAP4\S87\SAS

S8100.SAS	1578	11-29-91	11:41:38	----*	13	62
S8101.SAS	1585	11-29-91	12:02:24	----*	13	62
S8102.SAS	1585	11-29-91	12:12:50	----*	13	62
S8110.SAS	1554	11-29-91	12:27:48	----*	13	62
S8111.SAS	1569	11-29-91	12:46:20	----*	13	62
S8112.SAS	1569	11-29-91	12:56:22	----*	13	62
S8120.SAS	2214	11-29-91	13:22:32	----*	13	62
S8103.SAS	1606	11-29-91	13:49:56	----*	13	62
S8113.SAS	1612	11-29-91	13:56:58	----*	13	62
S8121.SAS	2259	11-29-91	14:11:52	----*	13	62
S8123.SAS	2447	11-29-91	14:21:18	----*	13	62

PATH = \CONSULT\CHAP4\S87\SASSAVE

PROVA8.SSD	7300	11-29-91	11:56:40	----*	13	63

```
F        PROVU8.SSD          7124  11-29-91  12:08:00  ----*  13   63
F        PROVR8.SSD          7124  11-29-91  12:22:58  ----*  13   63
F        REGIONA8.SSD        3448  11-29-91  12:42:24  ----*  13   64
F        REGIONU8.SSD        3448  11-29-91  12:51:56  ----*  13   64
F        REGIONR8.SSD        3448  11-29-91  13:06:46  ----*  13   64
F        DPROV8.SSD          6978  11-29-91  13:26:32  ----*  13   64
F        DREG8.SSD           3302  11-29-91  13:29:28  ----*  13   64
F        DPUR8.SSD          11492  11-29-91  13:40:12  ----*  13   64
F        DRUR8.SSD           4308  11-29-91  13:43:48  ----*  13   64

P    PATH = \CONSULT\CHAP4\S87\DBASE
F        PROVU8.DBF          9917  11-29-91  13:50:22  ----*  13   65
F        PROVR8.DBF          9917  11-29-91  13:50:22  ----*  13   65
F        PROVA8.DBF         10270  11-29-91  13:50:24  ----*  13   65
F        REGU8.DBF           2616  11-29-91  13:57:24  ----*  13   65
F        REGR8.DBF           2616  11-29-91  13:57:24  ----*  13   66
F        REGA8.DBF           2616  11-29-91  13:57:24  ----*  13   66
F        DISREG8.DBF         2392  11-29-91  14:21:38  ----*  13   66
F        DISRUR8.DBF         4269  11-29-91  14:21:42  ----*  13   66
F        DISP8.DBF           9806  11-29-91  14:21:38  ----*  13   66
F        DISPUR8.DBF        19095  11-29-91  14:21:40  ----*  13   66

P    PATH = \CONSULT\CHAP4\S87\EXCEL
F        REG8A.XLS           7214  12-01-91  12:00:18  ----*  13   66
F        DREG8A.XLS          5218  12-01-91  13:00:32  ----*  13   67
F        PROV8A.XLS         24980  12-01-91  13:00:22  ----*  13   67
F        DPROV8A.XLS        22802  01-03-92  09:20:40  ----*  13   68

P    PATH = \CONSULT\CHAP4\S90
F        NAT.TXT             1812  12-01-91  15:39:00  ----*  13   69
F        FREQ.TXT            9723  12-11-91  16:49:28  ----*  13   69

P    PATH = \CONSULT\CHAP4\S90\SAS
F        S9500.SAS           1760  11-23-91  13:06:38  ----*  13   69
F        S9501.SAS           1775  11-23-91  13:08:36  ----*  13   69
F        S9502.SAS           1775  11-23-91  13:09:28  ----*  13   69
F        S9600.SAS           1975  11-23-91  15:39:44  ----*  13   70
F        S9510.SAS           1945  11-25-91  15:21:28  ----*  13   70
F        S9511.SAS           1963  11-25-91  15:22:46  ----*  13   70
F        S9512.SAS           1967  11-25-91  16:19:52  ----*  13   70
F        S9520.SAS           1295  11-25-91  16:48:56  ----*  13   70
F        S9521.SAS            541  11-25-91  17:09:28  ----*  13   70
F        S9531.SAS           5361  11-26-91  10:14:24  ----*  13   70
F        S9602.SAS           2011  11-29-91  14:05:52  ----*  13   70
F        S9530.SAS           5283  11-29-91  14:24:06  ----*  13   70
F        S9601.SAS           6609  11-29-91  14:37:26  ----*  13   70

P    PATH = \CONSULT\CHAP4\S90\SASSAVE
F        PROVU.SSD           9322  11-23-91  13:48:28  ----*  13   70
F        PROVR.SSD           9322  11-23-91  14:13:08  ----*  13   71
F        PROVA.SSD           9554  11-25-91  13:50:16  ----*  13   71
F        REGIONA.SSD         4470  11-25-91  15:51:50  ----*  13   72
F        REGIONU.SSD         4470  11-25-91  16:02:42  ----*  13   72
F        REGIONR.SSD         3594  11-25-91  16:36:40  ----*  13   72
F        TEST.SSD            1258  11-25-91  16:58:56  ----*  13   72
F        DISTPROV.SSD       16638  11-26-91  10:00:52  ----*  13   72
F        DISTREG.SSD         7682  11-26-91  10:08:34  ----*  13   73
F        DISTPUR.SSD        27152  11-26-91  10:26:18  ----*  13   73
F        DISTRUR.SSD         9888  11-26-91  10:34:54  ----*  13   73

P    PATH = \CONSULT\CHAP4\S90\DBASE
F        PROVU.DBF          13053  11-23-91  15:40:02  ----*  13   73
```

PROVR.DBF	13053	11-23-91	15:40:04	----*	13	74
REGR.DBF	3288	11-29-91	14:04:44	----*	13	74
REGA.DBF	3288	11-29-91	14:04:46	----*	13	74
DISREG.DBF	5752	11-29-91	14:37:58	----*	13	74
DISP.DBF	23726	11-29-91	14:37:58	----*	13	74
DISRUR.DBF	10029	11-29-91	14:38:04	----*	13	75
DISPUR.DBF	45015	11-29-91	14:38:02	----*	13	75
PROVA.DBF	13517	11-30-91	18:52:56	----*	13	76
REGU.DBF	3287	11-30-91	18:53:52	----*	13	76

PATH = \CONSULT\CHAP4\S90\EXCEL

REG9A.XLS	30161	12-01-91	09:42:10	----*	13	76
PROV9A.XLS	124879	12-01-91	10:11:56	----*	13	78
DREG9A.XLS	4899	12-01-91	11:02:52	----*	14	4
DPROV9A.XLS	15581	01-03-92	09:16:44	----*	14	4

PATH = \CONSULT\CHAP1

CHAP0.TXT	18848	02-20-92	12:30:34	----*	14	5
CHAP1.TXT	35276	02-20-92	11:17:16	----*	14	6

PATH = \CONSULT\CHAP1\S90

PATH = \CONSULT\CHAP1\S90\SAS

S9100.SAS	2424	11-19-91	23:03:56	----*	14	7
S9101.SAS	2424	11-19-91	23:04:46	----*	14	7
S9102.SAS	2424	11-19-91	23:05:32	----*	14	7
S9103.SAS	2424	11-19-91	23:06:22	----*	14	7
S9104.SAS	2424	11-20-91	21:07:48	----*	14	7
S9105.SAS	2424	11-20-91	21:08:36	----*	14	7
S9106.SAS	2424	11-20-91	21:09:26	----*	14	7
S9107.SAS	2424	11-20-91	21:13:24	----*	14	7
U91.SAS	1117	01-06-92	21:12:52	----*	14	8
U91B.SAS	1117	01-06-92	22:37:40	----*	14	8
U91C.SAS	1117	01-06-92	22:38:24	----*	14	8
U91D.SAS	1132	01-06-92	22:39:38	----*	14	8
U91E.SAS	1120	01-06-92	22:40:46	----*	14	8
U91A.SAS	1120	01-06-92	22:42:56	----*	14	8
U91F.SAS	1120	01-06-92	22:42:08	----*	14	8
U91G.SAS	1120	01-06-92	22:43:48	----*	14	8
U90.SAS	1276	01-08-92	16:15:38	----*	14	8
U92.SAS	982	01-09-92	11:18:28	----*	14	8
U91.BAT	71	01-09-92	16:45:54	----*	14	8

PATH = \CONSULT\CHAP1\S87

PATH = \CONSULT\CHAP1\S87\SAS

SUS87A.SAS	963	11-19-91	20:09:42	----*	14	8
SUS87C.SAS	963	11-19-91	20:10:58	----*	14	8
SUS87B.SAS	963	11-19-91	20:11:28	----*	14	8
SUS87.BAT	64	11-19-91	20:12:58	----*	14	8
SUS87D.SAS	963	11-19-91	20:12:02	----*	14	8
SUS87A1.SAS	967	11-19-91	20:52:12	----*	14	8
SUS87A2.SAS	967	11-19-91	20:54:34	----*	14	8
SUS87A3.SAS	967	11-19-91	20:54:00	----*	14	8
SUS87A.BAT	53	11-19-91	20:55:44	----*	14	8
SUS87E.SAS	225	11-19-91	21:22:36	----*	14	8

PATH = \CONSULT\CHAP2

NATUTIL.DBF	9683	12-31-91	10:24:42	----*	14	8
SUS2.TXT	77973	12-26-91	11:36:24	----*	14	9
CHAP2.TXT	10347	01-14-92	17:12:56	----*	14	12

```
P   PATH = \CONSULT\CHAP3\S90\DBASE
F        PCOST1.DBF          2463  01-08-92  16:23:24  ----*   14     46

P   PATH = \CONSULT\CHAP3\S90\SASSAVE
F        EXPEND90.SSD        5462  12-19-91  16:53:18  ----*   14     46
F        PROV90.SSD         38278  12-23-91  11:18:32  ----*   14     46

P   PATH = \CONSULT\CHAP3\S87

P   PATH = \CONSULT\CHAP3\S87\SAS
F        J014.SAS            7583  12-23-91  11:36:42  ----*   14     48

P   PATH = \CONSULT\CHAP3\S87\SASSAVE
F        HOS87.SSD           1504  12-19-91  10:03:50  ----*   14     48
F        PROV87N.SSD         2728  12-20-91  14:14:04  ----*   14     49
F        PROV87.SSD         20788  12-22-91  23:56:00  ----*   14     49

P   PATH = \CONSULT\CHAP5
F        CHAP5.TXT          69328  01-14-92  20:16:20  ----*   14     50

P   PATH = \CONSULT\CHAP5\JPKM
F        J9A.XLS            13706  12-13-91  10:37:36  ----*   14     52
F        J101.XLS           15655  12-13-91  19:09:20  ----*   14     53
F        DKI.XLC            12615  12-18-91  16:30:36  ----    14     53
F        DKI.XLS            12292  12-18-91  16:31:48  ----    14     54
F        NTB.XLC            12615  12-18-91  16:44:14  ----    14     54
F        NTT.XLS            12082  12-18-91  16:47:58  ----    14     55
F        EJAVA.XLC          12627  12-18-91  16:59:16  ----    14     55
F        COMPARE1.XLS       12936  12-19-91  09:49:46  ----    14     55
F        CROSPAY1.XLS        8008  12-26-91  11:02:42  ----*   14     56
F        CROSPAY2.XLS        8143  12-26-91  11:05:34  ----*   14     56
F        CROSPAY3.XLS        8144  12-26-91  11:08:34  ----*   14     57
F        CROSPAY4.XLS        8164  12-26-91  11:10:22  ----*   14     57
F        CROSPAY5.XLS        8372  12-26-91  11:12:52  ----*   14     57
F        CROSPAY6.XLS        8435  12-26-91  11:14:46  ----*   14     58
F        EXPUTIL1.XLS       17819  12-26-91  11:29:38  ----*   14     58
F        3DVIEW.XLT          2249  12-31-91  11:11:30  ----*   14     59
F        PUTIL2.XLC          2222  12-31-91  12:17:00  ----*   14     59
F        PUTIL1.XLC          2245  12-31-91  12:19:24  ----*   14     59
F        PUTIL3.XLC          2236  12-31-91  12:25:34  ----*   14     59
F        PUTIL4.XLC          2244  12-31-91  12:30:00  ----*   14     59
F        PUTIL1.XLS         17009  12-31-91  12:35:32  ----*   14     59
F        T1.XLS              1208  12-31-91  16:23:52  ----*   14     60
F        WS1.XLC             2294  12-31-91  16:57:54  ----*   14     60
F        C1.XLC              5348  12-31-91  17:04:02  ----*   14     60
F        3DVIEW2.XLT         2376  12-31-91  17:07:56  ----*   14     61
F        WS2.XLC             2372  12-31-91  17:09:48  ----*   14     61
F        WS3.XLC             2311  12-31-91  17:13:46  ----*   14     61
F        WS4.XLC             2380  12-31-91  17:23:32  ----*   14     61
F        MACRO1.XLM          4530  12-31-91  17:45:58  ----*   14     61
F        NATUTIL2.XLS       20954  12-31-91  17:46:18  ----*   14     61
F        BAL1.XLC            2354  12-31-91  17:48:18  ----*   14     62
F        BAL2.XLC            2364  12-31-91  17:49:10  ----*   14     62
F        BAL3.XLC            2371  12-31-91  17:52:26  ----*   14     62
F        BAL4.XLC            2372  12-31-91  17:53:58  ----*   14     62
F        DKI1.XLC            2161  12-31-91  17:55:52  ----*   14     62
F        DKI2.XLC            2171  12-31-91  17:57:04  ----*   14     62
F        DKI3.XLC            2177  12-31-91  17:58:20  ----*   14     62
F        DKI4.XLC            2179  12-31-91  17:59:38  ----*   14     63
F        EJ1.XLC             2359  12-31-91  18:01:32  ----*   14     63
F        EJ2.XLC             2369  12-31-91  18:03:02  ----*   14     63
F        EJ3.XLC             2376  12-31-91  18:04:30  ----*   14     63
```

PATH = \CONSULT\CHAP2\S87\SASSAVE

UR1.SSD	1238	12-04-91	19:12:28	----*	14	37
URS1.SSD	1664	12-04-91	19:52:18	----*	14	37
URA1.SSD	2564	12-04-91	20:33:24	----*	14	37
URU1.SSD	1664	12-04-91	21:12:12	----*	14	37
URUS1.SSD	2450	12-04-91	21:47:20	----*	14	37
URUA1.SSD	4370	12-04-91	22:19:04	----*	14	37
UP1.SSD	2470	12-04-91	22:51:44	----*	14	37
UPS1.SSD	4304	12-04-91	23:30:58	----*	14	37
UPA1.SSD	9164	12-05-91	00:11:16	----*	14	38
UPU1.SSD	4184	12-05-91	00:49:28	----*	14	38
UPUS1.SSD	7826	12-05-91	01:27:58	----*	14	38
UPUA1.SSD	17810	12-05-91	02:06:38	----*	14	39
UNAT1A.SSD	1018	12-30-91	17:39:48	----*	14	40
UNAT2A.SSD	1192	12-30-91	18:12:44	----*	14	40
UNAT3A.SSD	1384	12-30-91	18:47:04	----*	14	40
UNAT4A.SSD	1192	12-30-91	19:19:04	----*	14	40
UNAT5A.SSD	1442	12-30-91	19:45:32	----*	14	40
UNAT6A.SSD	1850	12-30-91	20:07:04	----*	14	40

PATH = \CONSULT\CHAP2\S87\SAS

U8001.SAS	1381	12-02-91	17:25:14	----*	14	40
U8002.SAS	257	12-02-91	17:42:24	----*	14	40
U8003.SAS	356	12-02-91	18:57:08	----*	14	40
U8100.SAS	5726	12-04-91	14:57:22	----*	14	40
U8100.BAT	32	12-04-91	14:58:58	----*	14	40
U8101.SAS	5832	12-04-91	14:58:08	----*	14	40
U8201.SAS	1117	12-07-91	08:39:24	----*	14	40
U8200.SAS	1125	12-07-91	08:39:56	----*	14	41
U8210.SAS	9297	12-10-91	17:40:24	----*	14	41
U8211.SAS	3458	12-10-91	18:05:46	----*	14	41
S8001.SAS	1572	12-20-91	12:51:50	----*	14	41
U8300.SAS	5446	12-30-91	17:11:42	----*	14	41

PATH = \CONSULT\CHAP3

SUS3.TXT	37280	01-03-92	10:26:32	----*	14	41
CHAP3.TXT	33322	01-14-92	17:54:42	----*	14	42

PATH = \CONSULT\CHAP3\COMPARE

R8790A.XLS	3335	12-10-91	09:15:36	----*	14	44
TEST1.XLC	3073	12-19-91	23:11:50	----*	14	44
TEST2.XLC	3195	12-19-91	23:12:02	----*	14	44
COMPARE2.XLS	8384	12-19-91	23:12:24	----*	14	44
P8790A.XLS	12426	01-03-92	11:07:56	----*	14	44
PCAP1.XLS	8212	01-08-92	09:33:08	----*	14	45

PATH = \CONSULT\CHAP3\S90

PATH = \CONSULT\CHAP3\S90\SAS

J012.SAS	10847	12-23-91	09:28:30	----*	14	45
U94.SAS	611	01-07-92	18:07:04	----*	14	46
U95.SAS	1074	01-07-92	19:08:08	----*	14	46
U96.SAS	522	01-07-92	19:10:16	----*	14	46
U97.SAS	471	01-08-92	16:08:12	----*	14	46
U95A.SAS	292	01-08-92	16:23:12	----*	14	46
C100.SAS	464	01-11-92	21:09:26	----*	14	46
C100.LST	2066	01-11-92	21:30:58	----*	14	46

PATH = \CONSULT\CHAP3\S90\EXCEL

PCOST1.XLS	3886	01-08-92	16:35:34	----*	14	46

EJ4.XLC	2377	12-31-91	18:05:48	----*	14	63
EK1.XLC	2364	12-31-91	18:07:16	----*	14	63
EK2.XLC	2375	12-31-91	18:08:28	----*	14	63
EK3.XLC	2382	12-31-91	18:09:28	----*	14	63
EK4.XLC	2383	12-31-91	18:10:48	----*	14	63
LAM1.XLC	2357	12-31-91	18:13:08	----*	14	63
LAM2.XLC	2366	12-31-91	18:13:56	----*	14	63
LAM3.XLC	2375	12-31-91	18:15:08	----*	14	64
LAM4.XLC	2375	12-31-91	18:16:10	----*	14	64
NS1.XLC	2364	12-31-91	18:17:04	----*	14	64
NS2.XLC	2374	12-31-91	18:18:16	----*	14	64
NS3.XLC	2381	12-31-91	18:19:12	----*	14	64
NS4.XLC	2382	12-31-91	18:20:02	----*	14	64
NTT1.XLC	2353	12-31-91	18:21:32	----*	14	64
NTT2.XLC	2363	12-31-91	18:23:02	----*	14	64
NTT3.XLC	2370	12-31-91	18:24:32	----*	14	64
NTT4.XLC	2371	12-31-91	18:26:06	----*	14	64
WJ1.XLC	2359	12-31-91	18:27:52	----*	14	65
WJ2.XLC	2369	12-31-91	18:29:24	----*	14	65
WJ3.XLC	2376	12-31-91	18:30:58	----*	14	65
WJ4.XLC	2377	12-31-91	18:32:40	----*	14	65
WK1.XLC	2365	12-31-91	18:35:44	----*	14	65
WK2.XLC	2375	12-31-91	18:37:00	----*	14	65
WK3.XLC	2382	12-31-91	18:38:16	----*	14	65
WK4.XLC	2383	12-31-91	18:39:40	----*	14	65
YOG1.XLC	2360	12-31-91	18:40:34	----*	14	65
YOG2.XLC	2370	12-31-91	18:41:58	----*	14	65
YOG3.XLC	2376	12-31-91	18:43:32	----*	14	65
YOG4.XLC	2378	12-31-91	18:45:04	----*	14	66
J100.XLS	19309	01-03-92	09:07:48	----*	14	66
WIDODO1.XLS	18081	01-30-92	18:24:46	----*	14	66

PATH = \CONSULT\CHAP5\HOUSE

J102.DBF	1918	12-17-91	09:28:50	----	14	67
HOS87.DBF	1918	12-19-91	10:03:48	----	14	67
HOS8790.XLS	3221	01-08-92	17:17:36	----*	14	67

PATH = \CONSULT\CHAP5\CROSS2

PATH = \CONSULT\CHAP5\CROSS2\SAS

U93.SAS	1360	01-11-92	17:45:20	----*	14	67
HOALL.SSD	1816	01-11-92	18:31:24	----*	14	67
HOURB.SSD	2046	01-11-92	18:31:26	----*	14	68
HOPROV.SSD	5046	01-11-92	18:31:24	----*	14	68
U93A.SAS	1321	01-11-92	19:02:48	----*	14	68
H1ALL.SSD	3046	01-11-92	19:27:44	----*	14	68
H1URB.SSD	4472	01-11-92	19:27:46	----*	14	68
H1PROV.SSD	36472	01-11-92	19:27:46	----*	14	68
U93B.SAS	1322	01-11-92	19:39:12	----*	14	69
H2ALL.SSD	6766	01-11-92	19:57:34	----*	14	69
H2URB.SSD	12152	01-11-92	19:57:40	----*	14	69
H2PROV.SSD	108920	01-11-92	19:57:40	----*	14	70
U93C.SAS	1324	01-11-92	20:03:02	----*	14	72
H3ALL.SSD	8006	01-11-92	20:16:22	----*	14	73
H3URB.SSD	14328	01-11-92	20:16:24	----*	14	73
H3PROV.SSD	57848	01-11-92	20:16:24	----*	14	73
U93D.SAS	535	01-11-92	20:51:04	----*	14	74
UCALL.SSD	14330	01-11-92	20:51:42	----*	14	74
UCURB.SSD	27384	01-11-92	20:51:50	----*	14	75
UCPROV.SSD	202872	01-11-92	20:51:50	----*	14	76

PATH = \CONSULT\CHAP5\S87

PATH = \CONSULT\CHAP5\S87\SAS

J009.SAS	1225	12-17-91	19:17:56	----*	15	2
J007A.SAS	456	12-19-91	09:59:16	----*	15	2
J014A.SAS	1079	12-23-91	11:59:50	----*	15	2
J010U.SAS	15279	12-26-91	20:40:56	----*	15	2
J0101U.SAS	15158	12-26-91	20:46:30	----*	15	2
J0102U.SAS	15154	12-26-91	20:49:20	----*	15	3
J0103U.SAS	15158	12-26-91	20:51:40	----*	15	3
J0104U.SAS	15189	12-26-91	20:53:58	----*	15	4
J0111U.SAS	15121	12-26-91	20:55:42	----*	15	4
J0112U.SAS	15122	12-26-91	20:58:48	----*	15	4
J0113U.SAS	15123	12-26-91	21:00:40	----*	15	5
J0114U.SAS	15121	12-26-91	21:02:38	----*	15	5
J011U.SAS	15116	12-26-91	21:03:26	----*	15	6
J0100U.BAT	162	12-26-91	21:04:10	----*	15	6

PATH = \CONSULT\CHAP5\S87\DBASE

J113.DBF	94641	12-17-91	19:30:34	----*	15	6
J114.DBF	74877	12-17-91	19:31:28	----*	15	8
J115.DBF	64509	12-17-91	19:32:38	----*	15	9

PATH = \CONSULT\CHAP5\S87\DBASE\JPKMU

DKI8.DBF	10864	12-26-91	21:33:48	----*	15	10
JB8.DBF	10864	12-26-91	21:33:48	----*	15	10
JTEN8.DBF	10864	12-26-91	21:33:48	----*	15	10
YOG8.DBF	10864	12-26-91	21:33:50	----*	15	11
JTIM8.DBF	10864	12-26-91	21:33:50	----*	15	11
ACH8.DBF	10864	12-26-91	21:33:52	----*	15	11
SMU8.DBF	10864	12-26-91	21:33:52	----*	15	11
SMB8.DBF	10864	12-26-91	21:33:54	----*	15	11
RIA8.DBF	10864	12-26-91	21:33:54	----*	15	12
JAM8.DBF	10864	12-26-91	21:33:54	----*	15	12
SMS8.DBF	10864	12-26-91	21:33:56	----*	15	12
LAM8.DBF	10864	12-26-91	21:33:56	----*	15	12
KB8.DBF	10864	12-26-91	21:33:58	----*	15	12
KTEN8.DBF	10864	12-26-91	21:33:58	----*	15	12
KS8.DBF	10864	12-26-91	21:33:58	----*	15	13
KTIM8.DBF	10864	12-26-91	21:34:00	----*	15	13
SLU8.DBF	10864	12-26-91	21:34:00	----*	15	13
SLTEN8.DBF	10864	12-26-91	21:34:02	----*	15	13
SLS8.DBF	10864	12-26-91	21:34:02	----*	15	13
SLTEG8.DBF	10864	12-26-91	21:34:04	----*	15	13
MAL8.DBF	10864	12-26-91	21:34:04	----*	15	14
BAL8.DBF	10864	12-26-91	21:34:04	----*	15	14
NTB8.DBF	10864	12-26-91	21:34:06	----*	15	14
NTT8.DBF	10864	12-26-91	21:34:06	----*	15	14
IJ8.DBF	10864	12-26-91	21:34:08	----*	15	14
BEN8.DBF	10864	12-26-91	21:34:08	----*	15	15
TT8.DBF	10864	12-26-91	21:34:08	----*	15	15
NAT8.DBF	10864	12-26-91	21:34:10	----*	15	15
DIST871.SSD	159326	12-26-91	21:34:28	----*	15	15
J300.DBF	297199	12-26-91	21:34:22	----*	15	21
DKI.DBF	10864	12-26-91	22:12:06	----*	15	25
JB.DBF	10864	12-26-91	22:12:06	----*	15	25
JTEN.DBF	10864	12-26-91	22:12:08	----*	15	26
YOG.DBF	10864	12-26-91	22:12:08	----*	15	26
JTIM.DBF	10864	12-26-91	22:12:10	----*	15	26
ACH.DBF	10864	12-26-91	22:12:10	----*	15	26
SMU.DBF	10864	12-26-91	22:12:12	----*	15	27
SMB.DBF	10864	12-26-91	22:12:12	----*	15	27

F	RIA.DBF	10864	12-26-91	22:12:12	----*	15	27
F	JAM.DBF	10864	12-26-91	22:12:14	----*	15	27
F	SMS.DBF	10864	12-26-91	22:12:14	----*	15	27
F	LAM.DBF	10864	12-26-91	22:12:16	----*	15	27
F	KB.DBF	10864	12-26-91	22:12:16	----*	15	28
F	KTEN.DBF	10864	12-26-91	22:12:18	----*	15	28
F	KS.DBF	10864	12-26-91	22:12:18	----*	15	28
F	KTIM.DBF	10864	12-26-91	22:12:20	----*	15	28
F	SLU.DBF	10864	12-26-91	22:12:20	----*	15	28
F	SLTEN.DBF	10864	12-26-91	22:12:20	----*	15	29
F	SLS.DBF	10864	12-26-91	22:12:22	----*	15	29
F	SLTEG.DBF	10864	12-26-91	22:12:22	----*	15	29
F	MAL.DBF	10864	12-26-91	22:12:24	----*	15	29
F	BAL.DBF	10864	12-26-91	22:12:24	----*	15	29
F	NTB.DBF	10864	12-26-91	22:12:26	----*	15	30
F	NTT.DBF	10864	12-26-91	22:12:26	----*	15	30
F	IJ.DBF	10864	12-26-91	22:12:28	----*	15	30
F	BEN.DBF	10864	12-26-91	22:12:28	----*	15	30
F	TT.DBF	10864	12-26-91	22:12:28	----*	15	30
F	NAT.DBF	10864	12-26-91	22:12:30	----*	15	30
F	DIST901.SSD	159326	12-26-91	22:12:48	----*	15	31
F	J400.DBF	297199	12-26-91	22:12:42	----*	15	37
F	T1.XLC	429	12-27-91	09:45:36	----*	15	42
F	DKI89US.XLC	23730	12-27-91	10:19:42	----*	15	42
F	DKI89US.XLS	17456	12-27-91	10:22:46	----*	15	42
F	ACEHC.XLC	16242	12-28-91	10:04:50	----*	15	43
F	BALIC.XLC	16242	12-28-91	10:08:56	----*	15	44
F	BENC.XLC	16246	12-28-91	10:13:04	----*	15	44
F	DKIC.XLC	16252	12-28-91	10:18:28	----*	15	45
F	IJC.XLC	23722	12-28-91	10:23:24	----*	15	45
F	JAMC.XLC	16243	12-28-91	10:32:48	----*	15	46
F	JBC.XLC	16247	12-28-91	10:37:08	----*	15	46
F	JTENC.XLC	16250	12-28-91	10:40:40	----*	15	47
F	JTIMC.XLC	16247	12-28-91	10:44:00	----*	15	47
F	KBC.XLC	16253	12-28-91	10:47:24	----*	15	48
F	KSC.XLC	16254	12-28-91	10:51:10	----*	15	48
F	KTENC.XLC	16256	12-28-91	10:54:12	----*	15	49
F	KTIMC.XLC	16253	12-28-91	10:57:24	----*	15	49
F	LAMC.XLC	16245	12-28-91	11:00:26	----*	15	50
F	MALC.XLC	16244	12-28-91	11:03:16	----*	15	50
F	NTBC.XLC	16241	12-28-91	11:06:16	----*	15	51
F	NTTC.XLC	16241	12-28-91	11:09:10	----*	15	51
F	RIAC.XLC	16242	12-28-91	11:12:08	----*	15	52
F	SLSC.XLC	16252	12-28-91	11:16:40	----*	15	52
F	SLTEGC.XLC	16250	12-28-91	11:19:42	----*	15	53
F	SLTENC.XLC	16254	12-28-91	11:24:36	----*	15	53
F	SLUC.XLC	16252	12-28-91	11:30:30	----*	15	54
F	SMBC.XLC	16250	12-28-91	11:33:38	----*	15	54
F	SMSC.XLC	16251	12-28-91	11:36:38	----*	15	55
F	SMUC.XLC	16257	12-28-91	11:39:40	----*	15	55
F	TTC.XLC	16248	12-28-91	11:42:40	----*	15	56
F	YOGC.XLC	16247	12-28-91	11:45:40	----*	15	56
F	T1.DBF	10863	12-28-91	11:46:00	----*	15	57
F	T2.DBF	10863	12-28-91	11:46:14	----*	15	57
F	NATC.XLC	16247	12-28-91	11:51:12	----*	15	57
F	MACRO1.XLM	1975	12-28-91	11:54:02	----*	15	58

P PATH = \CONSULT\CHAP5\S87\DBASE\JPKM1U

F	DKI8.DBF	227	12-26-91	22:13:32	----*	15	58
F	JB8.DBF	227	12-26-91	22:13:32	----*	15	58
F	JTEN8.DBF	227	12-26-91	22:13:32	----*	15	58
F	YOG8.DBF	227	12-26-91	22:13:34	----*	15	58

```
F          JTIM8.DBF          227  12-26-91  22:13:34  ----*  15  58
F          ACH8.DBF           227  12-26-91  22:13:34  ----*  15  58
F          SMU8.DBF           227  12-26-91  22:13:34  ----*  15  58
F          SMB8.DBF           227  12-26-91  22:13:34  ----*  15  58
F          RIA8.DBF           227  12-26-91  22:13:36  ----*  15  58
F          JAM8.DEF           227  12-26-91  22:13:36  ----*  15  58
F          SMS8.DBF           227  12-26-91  22:13:36  ----*  15  58
F          LAM8.DBF           227  12-26-91  22:13:36  ----*  15  58
F          KB8.DBF            227  12-26-91  22:13:38  ----*  15  58
F          KTEN8.DBF          227  12-26-91  22:13:38  ----*  15  58
F          KS8.DBF            227  12-26-91  22:13:38  ----*  15  58
F          KTIM8.DBF          227  12-26-91  22:13:38  ----*  15  58
F          SLU8.DBF           227  12-26-91  22:13:38  ----*  15  58
F          SLTEN8.DBF         227  12-26-91  22:13:40  ----*  15  58
F          SLS8.DBF           227  12-26-91  22:13:40  ----*  15  58
F          SLTEG8.DBF         227  12-26-91  22:13:40  ----*  15  58
F          MAL8.DBF           227  12-26-91  22:13:40  ----*  15  58
F          BAL8.DBF           227  12-26-91  22:13:42  ----*  15  58
F          NTB8.DBF           227  12-26-91  22:13:42  ----*  15  58
F          NTT8.DBF           227  12-26-91  22:13:42  ----*  15  58
F          IJ8.DBF            227  12-26-91  22:13:42  ----*  15  58
F          BEN8.DBF           227  12-26-91  22:13:42  ----*  15  58
F          TT8.DBF            227  12-26-91  22:13:44  ----*  15  58
F          NAT8.DBF           227  12-26-91  22:13:44  ----*  15  58
F          J300.DBF           227  12-26-91  22:13:44  ----*  15  58
F          DKI.DBF          10864  12-26-91  22:58:32  ----*  15  58
F          JB.DBF           10864  12-26-91  22:58:34  ----*  15  59
F          JTEN.DBF         10864  12-26-91  22:58:34  ----*  15  59
F          YOG.DBF          10864  12-26-91  22:58:34  ----*  15  59
F          JTIM.DBF         10864  12-26-91  22:58:36  ----*  15  59
F          ACH.DBF          10864  12-26-91  22:58:36  ----*  15  59
F          SMU.DBF          10864  12-26-91  22:58:38  ----*  15  60
F          SMB.DBF          10864  12-26-91  22:58:38  ----*  15  60
F          RIA.DBF          10864  12-26-91  22:58:40  ----*  15  60
F          JAM.DBF          10864  12-26-91  22:58:40  ----*  15  60
F          SMS.DBF          10864  12-26-91  22:58:42  ----*  15  60
F          LAM.DBF          10864  12-26-91  22:58:42  ----*  15  61
F          KB.DBF           10864  12-26-91  22:58:42  ----*  15  61
F          KTEN.DBF         10864  12-26-91  22:58:44  ----*  15  61
F          KS.DBF           10864  12-26-91  22:58:44  ----*  15  61
F          KTIM.DBF         10864  12-26-91  22:58:46  ----*  15  61
F          SLU.DBF          10864  12-26-91  22:58:46  ----*  15  61
F          SLTEN.DBF        10864  12-26-91  22:58:48  ----*  15  62
F          SLS.DBF          10864  12-26-91  22:58:48  ----*  15  62
F          SLTEG.DBF        10864  12-26-91  22:58:48  ----*  15  62
F          MAL.DBF          10864  12-26-91  22:58:50  ----*  15  62
F          BAL.DBF          10864  12-26-91  22:58:50  ----*  15  62
F          NTB.DBF          10864  12-26-91  22:58:52  ----*  15  63
F          NTT.DBF          10864  12-26-91  22:58:52  ----*  15  63
F          IJ.DBF           10864  12-26-91  22:58:54  ----*  15  63
F          BEN.DBF          10864  12-26-91  22:58:54  ----*  15  63
F          TT.DBF           10864  12-26-91  22:58:54  ----*  15  63
F          NAT.DBF          10864  12-26-91  22:58:56  ----*  15  63
F          DIST902.SSD     159326  12-26-91  22:59:14  ----*  15  64
F          J400.DBF        297199  12-26-91  22:59:08  ----*  15  70

P     PATH = \CONSULT\CHAP5\S87\DBASE\JPKM2U
F          DKI.DBF          10864  12-26-91  23:19:32  ----*  15  75
F          JB.DBF           10864  12-26-91  23:19:32  ----*  15  75
F          JTEN.DBF         10864  12-26-91  23:19:32  ----*  15  75
F          YOG.DBF          10864  12-26-91  23:19:34  ----*  15  75
F          JTIM.DBF         10864  12-26-91  23:19:34  ----*  15  75
```

F	ACH.DBF	10864	12-26-91	23:19:36	----*	15	76
F	SMU.DBF	10864	12-26-91	23:19:36	----*	15	76
F	SMB.DBF	10864	12-26-91	23:19:38	----*	15	76
F	RIA.DBF	10864	12-26-91	23:19:38	----*	15	76
F	JAM.DBF	10864	12-26-91	23:19:40	----*	15	76
F	SMS.DBF	10864	12-26-91	23:19:40	----*	15	77
F	LAM.DBF	10864	12-26-91	23:19:42	----*	15	77
F	KB.DBF	10864	12-26-91	23:19:42	----*	15	77
F	KTEN.DBF	10864	12-26-91	23:19:44	----*	15	77
F	KS.DBF	10864	12-26-91	23:19:44	----*	15	77
F	KTIM.DBF	10864	12-26-91	23:19:44	----*	15	78
F	SLU.DBF	10864	12-26-91	23:19:46	----*	15	78
F	SLTEN.DBF	10864	12-26-91	23:19:46	----*	15	78
F	SLS.DBF	10864	12-26-91	23:19:48	----*	15	78
F	SLTEG.DBF	10864	12-26-91	23:19:48	----*	15	78
F	MAL.DBF	10864	12-26-91	23:19:50	----*	15	78
F	BAL.DBF	10864	12-26-91	23:19:50	----*	15	79
F	NTB.DBF	10864	12-26-91	23:19:52	----*	15	79
F	NTT.DBF	10864	12-26-91	23:19:52	----*	15	79
F	IJ.DBF	10864	12-26-91	23:19:52	----*	15	79
F	BEN.DBF	10864	12-26-91	23:19:54	----*	15	79
F	TT.DBF	10864	12-26-91	23:19:54	----*	15	1
F	NAT.DBF	10864	12-26-91	23:19:56	----*	16	1
F	DIST903.SSD	159326	12-26-91	23:20:14	----*	16	1
F	J400.DBF	297199	12-26-91	23:20:08	----*	16	7
P	PATH = \CONSULT\CHAP5\S87\DBASE\JPKM3U						
F	DKI8.DBF	10864	12-26-91	22:23:16	----*	16	12
F	JB8.DBF	10864	12-26-91	22:23:16	----*	16	12
F	JTEN8.DBF	10864	12-26-91	22:23:18	----*	16	12
F	YOG8.DBF	10864	12-26-91	22:23:18	----*	16	12
F	JTIM8.DBF	10864	12-26-91	22:23:20	----*	16	13
F	ACH8.DBF	10864	12-26-91	22:23:20	----*	16	13
F	SMU8.DBF	10864	12-26-91	22:23:22	----*	16	13
F	SMB8.DBF	10864	12-26-91	22:23:22	----*	16	13
F	RIA8.DBF	10864	12-26-91	22:23:24	----*	16	13
F	JAM8.DBF	10864	12-26-91	22:23:24	----*	16	13
F	SMS8.DBF	10864	12-26-91	22:23:24	----*	16	14
F	LAM8.DBF	10864	12-26-91	22:23:26	----*	16	14
F	KB8.DBF	10864	12-26-91	22:23:26	----*	16	14
F	KTEN8.DBF	10864	12-26-91	22:23:28	----*	16	14
F	KS8.DBF	10864	12-26-91	22:23:28	----*	16	14
F	KTIM8.DBF	10864	12-26-91	22:23:30	----*	16	14
F	SLU8.DBF	10864	12-26-91	22:23:30	----*	16	15
F	SLTEN8.DBF	10864	12-26-91	22:23:30	----*	16	15
F	SLS8.DBF	10864	12-26-91	22:23:32	----*	16	15
F	SLTEG8.DBF	10864	12-26-91	22:23:32	----*	16	15
F	MAL8.DBF	10864	12-26-91	22:23:34	----*	16	15
F	BAL8.DBF	10864	12-26-91	22:23:34	----*	16	15
F	NTB8.DBF	10864	12-26-91	22:23:34	----*	16	16
F	NTT8.DBF	10864	12-26-91	22:23:36	----*	16	16
F	IJ8.DBF	10864	12-26-91	22:23:36	----*	16	16
F	BEN8.DBF	10864	12-26-91	22:23:38	----*	16	16
F	TT8.DBF	10864	12-26-91	22:23:38	----*	16	16
F	NAT8.DBF	10864	12-26-91	22:23:40	----*	16	16
F	DIST874.SSD	159326	12-26-91	22:23:56	----*	16	17
F	J300.DBF	297199	12-26-91	22:23:50	----*	16	22
F	DKI.DBF	10864	12-26-91	23:32:24	----*	16	26
F	JB.DBF	10864	12-26-91	23:32:26	----*	16	27
F	JTEN.DBF	10864	12-26-91	23:32:26	----*	16	27
F	YOG.DBF	10864	12-26-91	23:32:26	----*	16	27
F	JTIM.DBF	10864	12-26-91	23:32:28	----*	16	27

F	ACH.DBF	10864	12-26-91	23:32:28	----*	16	28
F	SMU.DBF	10864	12-26-91	23:32:30	----*	16	28
F	SMB.DBF	10864	12-26-91	23:32:30	----*	16	28
F	RIA.DBF	10864	12-26-91	23:32:32	----*	16	28
F	JAM.DBF	10864	12-26-91	23:32:32	----*	16	28
F	SMS.DBF	10864	12-26-91	23:32:32	----*	16	28
F	LAM.DBF	10864	12-26-91	23:32:34	----*	16	29
F	KB.DBF	10864	12-26-91	23:32:34	----*	16	29
F	KTEN.DBF	10864	12-26-91	23:32:36	----*	16	29
F	KS.DBF	10864	12-26-91	23:32:36	----*	16	29
F	KTIM.DBF	10864	12-26-91	23:32:38	----*	16	29
F	SLU.DBF	10864	12-26-91	23:32:38	----*	16	29
F	SLTEN.DBF	10864	12-26-91	23:32:40	----*	16	30
F	SLS.DBF	10864	12-26-91	23:32:40	----*	16	30
F	SLTEG.DBF	10864	12-26-91	23:32:42	----*	16	30
F	MAL.DBF	10864	12-26-91	23:32:42	----*	16	30
F	BAL.DBF	10864	12-26-91	23:32:42	----*	16	30
F	NTB.DBF	10864	12-26-91	23:32:44	----*	16	31
F	NTT.DBF	10864	12-26-91	23:32:44	----*	16	31
F	IJ.DBF	10864	12-26-91	23:32:46	----*	16	31
F	BEN.DBF	10864	12-26-91	23:32:46	----*	16	31
F	TT.DBF	10864	12-26-91	23:32:48	----*	16	31
F	NAT.DBF	10864	12-26-91	23:32:48	----*	16	31
F	DIST904.SSD	159326	12-26-91	23:33:06	----*	16	32
F	J400.DBF	297199	12-26-91	23:33:00	----*	16	38

PATH = \CONSULT\CHAP5\S87\DBASE\JPKM4U

F	DKI8.DBF	10864	12-26-91	22:29:50	----*	16	42
F	JB8.DBF	10864	12-26-91	22:29:50	----*	16	42
F	JTEN8.DBF	10864	12-26-91	22:29:52	----*	16	42
F	YOG8.DBF	10864	12-26-91	22:29:52	----*	16	43
F	JTIM8.DBF	10864	12-26-91	22:29:54	----*	16	43
F	ACH8.DBF	10864	12-26-91	22:29:54	----*	16	43
F	SMU8.DBF	10864	12-26-91	22:29:56	----*	16	43
F	SMB8.DBF	10864	12-26-91	22:29:56	----*	16	43
F	RIA8.DBF	10864	12-26-91	22:29:56	----*	16	43
F	JAM8.DBF	10864	12-26-91	22:29:58	----*	16	44
F	SMS8.DBF	10864	12-26-91	22:29:58	----*	16	44
F	TT8.DBF	259	12-26-91	22:30:12	----*	16	44
F	KB8.DBF	10864	12-26-91	22:30:00	----*	16	44
F	KTEN8.DBF	10864	12-26-91	22:30:02	----*	16	44
F	KS8.DBF	10864	12-26-91	22:30:02	----*	16	44
F	KTIM8.DBF	10864	12-26-91	22:30:02	----*	16	44
F	SLU8.DBF	10864	12-26-91	22:30:04	----*	16	45
F	SLTEN8.DBF	10864	12-26-91	22:30:04	----*	16	45
F	SLS8.DBF	10864	12-26-91	22:30:06	----*	16	45
F	SLTEG8.DBF	10864	12-26-91	22:30:06	----*	16	45
F	MAL8.DBF	10864	12-26-91	22:30:06	----*	16	45
F	BAL8.DBF	10864	12-26-91	22:30:08	----*	16	45
F	NTB8.DBF	10864	12-26-91	22:30:08	----*	16	45
F	NTT8.DBF	10864	12-26-91	22:30:10	----*	16	46
F	IJ8.DBF	10864	12-26-91	22:30:10	----*	16	46
F	BEN8.DBF	10864	12-26-91	22:30:12	----*	16	46
F	LAM8.DBF	10864	12-26-91	22:30:00	----*	16	46
F	NAT8.DBF	10864	12-26-91	22:30:12	----*	16	46
F	DIST875.SSD	153670	12-26-91	22:30:30	----*	16	46
F	J300.DBF	286594	12-26-91	22:30:22	----*	16	52
F	DKI.DBF	10864	12-26-91	23:40:38	----*	16	55
F	JB.DBF	10864	12-26-91	23:40:38	----*	16	56
F	JTEN.DBF	10864	12-26-91	23:40:40	----*	16	56
F	YOG.DBF	10864	12-26-91	23:40:40	----*	16	56
F	JTIM.DBF	10864	12-26-91	23:40:40	----*	16	56

```
F          ACH.DBF          10864  12-26-91  23:40:42  ----*  16   56
F          SMU.DBF          10864  12-26-91  23:40:42  ----*  16   56
F          SMB.DBF          10864  12-26-91  23:40:44  ----*  16   57
F          RIA.DBF          10864  12-26-91  23:40:44  ----*  16   57
F          JAM.DBF          10864  12-26-91  23:40:46  ----*  16   57
F          SMS.DBF          10864  12-26-91  23:40:46  ----*  16   57
F          LAM.DBF          10864  12-26-91  23:40:46  ----*  16   57
F          KB.DBF           10864  12-26-91  23:40:48  ----*  16   57
F          KTEN.DBF         10864  12-26-91  23:40:48  ----*  16   58
F          KS.DBF           10864  12-26-91  23:40:50  ----*  16   58
F          KTIM.DBF         10864  12-26-91  23:40:50  ----*  16   58
F          SLU.DBF          10864  12-26-91  23:40:52  ----*  16   58
F          SLTEN.DBF        10864  12-26-91  23:40:52  ----*  16   58
F          SLS.DBF          10864  12-26-91  23:40:52  ----*  16   58
F          SLTEG.DBF        10864  12-26-91  23:40:54  ----*  16   59
F          MAL.DBF          10864  12-26-91  23:40:54  ----*  16   59
F          BAL.DBF          10864  12-26-91  23:40:56  ----*  16   59
F          NTB.DBF          10864  12-26-91  23:40:56  ----*  16   59
F          NTT.DBF          10864  12-26-91  23:40:56  ----*  16   59
F          IJ.DBF           10864  12-26-91  23:40:58  ----*  16   59
F          BEN.DBF          10864  12-26-91  23:40:58  ----*  16   60
F          TT.DBF           10864  12-26-91  23:41:00  ----*  16   60
F          NAT.DBF          10864  12-26-91  23:41:00  ----*  16   60
F          DIST905.SSD     159326  12-26-91  23:41:18  ----*  16   60
F          J400.DBF        297199  12-26-91  23:41:12  ----*  16   66

P     PATH = \CONSULT\CHAP5\S87\SASSAVE
F          DISTEXP4.SSD     47386  12-17-91  19:30:36  ----*  16   70
F          DISTEXP5.SSD     37626  12-17-91  19:31:30  ----*  16   72
F          DISTEXP6.SSD     32506  12-17-91  19:32:38  ----*  16   73
F          DIST871.SSD     159326  12-24-91  19:43:52  ----*  16   74
F          DIST872.SSD     159326  12-24-91  20:44:48  ----*  16   79
F          DIST873.SSD     159326  12-24-91  21:01:04  ----*  17    5
F          DIST874.SSD     159326  12-24-91  21:11:16  ----*  17   10
F          DIST875.SSD     153670  12-24-91  21:17:44  ----*  17   15

P     PATH = \CONSULT\CHAP5\S90

P     PATH = \CONSULT\CHAP5\S90\SAS
F          J002.SAS          2799  12-09-91  16:41:44  ----*  17   20
F          J007.SAS           467  12-17-91  09:24:54  ----*  17   20
F          J008.SAS          1223  12-17-91  19:13:26  ----*  17   20
F          J012A.SAS         1444  12-23-91  12:00:28  ----*  17   20
F          J0101.SAS        14693  12-24-91  19:05:34  ----*  17   20
F          J0102.SAS        14690  12-24-91  19:08:48  ----*  17   21
F          J0103.SAS        14692  12-24-91  19:09:26  ----*  17   21
F          J0104.SAS        14719  12-24-91  19:09:58  ----*  17   21
F          J010.SAS         14814  12-24-91  19:10:46  ----*  17   22
F          J011.SAS         14651  12-24-91  19:11:34  ----*  17   22
F          J0111.SAS        14655  12-24-91  19:12:06  ----*  17   23
F          J0112.SAS        14656  12-24-91  19:12:42  ----*  17   23
F          J0113.SAS        14657  12-24-91  19:13:18  ----*  17   23
F          J0100.BAT          152  12-24-91  19:14:38  ----*  17   24
F          J0114.SAS        14655  12-24-91  19:14:02  ----*  17   24

P     PATH = \CONSULT\CHAP5\S90\DBASE
F          J103.DBF        122019  12-17-91  19:23:12  ----*  17   24
F          J9A.DBF           9342  12-09-91  17:12:12  ----*  17   26
F          J100.DBF         15374  12-13-91  11:44:20  ----*  17   26
F          J101.DBF          1572  12-13-91  12:28:44  ----*  17   27
F          J104.DBF         88890  12-17-91  19:24:16  ----*  17   27
F          J105.DBF         95775  12-17-91  19:25:52  ----*  17   28
```

P PATH = \CONSULT\CHAP5\S90\DBASE\JPKM3

F	X3.DBF	10863	12-24-91	17:29:54	----	17	30
F	JB8.DBF	10864	12-24-91	21:10:38	----	17	30
F	JTEN8.DBF	10864	12-24-91	21:10:38	----	17	30
F	YOG8.DBF	10864	12-24-91	21:10:40	----	17	31
F	JTIM8.DBF	10864	12-24-91	21:10:40	----	17	31
F	ACH8.DBF	10864	12-24-91	21:10:42	----	17	31
F	SMU8.DBF	10864	12-24-91	21:10:42	----	17	31
F	SMB8.DBF	10864	12-24-91	21:10:42	----	17	31
F	RIA8.DBF	10864	12-24-91	21:10:44	----	17	31
F	JAM8.DBF	10864	12-24-91	21:10:44	----	17	32
F	SMS8.DBF	10864	12-24-91	21:10:46	----	17	32
F	LAM8.DBF	10864	12-24-91	21:10:46	----	17	32
F	KB8.DBF	10864	12-24-91	21:10:48	----	17	32
F	KTEN8.DBF	10864	12-24-91	21:10:48	----	17	32
F	KS8.DBF	10864	12-24-91	21:10:48	----	17	32
F	KTIM8.DBF	10864	12-24-91	21:10:50	----	17	33
F	SLU8.DBF	10864	12-24-91	21:10:50	----	17	33
F	SLTEN8.DBF	10864	12-24-91	21:10:52	----	17	33
F	SLS8.DBF	10864	12-24-91	21:10:52	----	17	33
F	SLTEG8.DBF	10864	12-24-91	21:10:52	----	17	33
F	MAL8.DBF	10864	12-24-91	21:10:54	----	17	33
F	BAL8.DBF	10864	12-24-91	21:10:54	----	17	33
F	NTB8.DBF	10864	12-24-91	21:10:56	----	17	34
F	NTT8.DBF	10864	12-24-91	21:10:56	----	17	34
F	IJ8.DBF	10864	12-24-91	21:10:56	----	17	34
F	BEN8.DBF	10864	12-24-91	21:10:58	----	17	34
F	TT8.DBF	10864	12-24-91	21:10:58	----	17	34
F	DKI8.DBF	10864	12-24-91	21:10:36	----	17	34
F	NAT8.DBF	10864	12-24-91	21:11:00	----	17	35
F	J300.DBF	297199	12-24-91	21:11:10	----	17	35
F	JB.DBF	10864	12-24-91	22:19:52	----	17	39
F	JTEN.DBF	10864	12-24-91	22:19:54	----	17	39
F	YOG.DBF	10864	12-24-91	22:19:54	----	17	39
F	JTIM.DBF	10864	12-24-91	22:19:56	----	17	40
F	ACH.DBF	10864	12-24-91	22:19:56	----	17	40
F	SMU.DBF	10864	12-24-91	22:19:56	----	17	40
F	SMB.DBF	10864	12-24-91	22:19:58	----	17	40
F	RIA.DBF	10864	12-24-91	22:19:58	----	17	40
F	DKI.DBF	10864	12-24-91	22:19:52	----	17	40
F	SMS.DBF	10864	12-24-91	22:20:00	----	17	41
F	LAM.DBF	10864	12-24-91	22:20:02	----	17	41
F	JAM.DBF	10864	12-24-91	22:20:00	----	17	41
F	KTEN.DBF	10864	12-24-91	22:20:02	----	17	41
F	KS.DBF	10864	12-24-91	22:20:04	----	17	41
F	KB.DBF	10864	12-24-91	22:20:02	----	17	42
F	SLU.DBF	10864	12-24-91	22:20:06	----	17	42
F	SLTEN.DBF	10864	12-24-91	22:20:06	----	17	42
F	SLS.DBF	10864	12-24-91	22:20:08	----	17	42
F	SLTEG.DBF	10864	12-24-91	22:20:08	----	17	42
F	MAL.DBF	10864	12-24-91	22:20:08	----	17	42
F	BAL.DBF	10864					

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                                F          BAL.DBF          10864  12-24-91   22
0:10  ----    17     43
F          NTB.DBF          10864  12-24-91  22:20:10  ----    17     43
F          NTT.DBF          10864  12-24-91  22:20:12  ----    17     43
F          IJ.DBF           10864  12-24-91  22:20:12  ----    17     43
F          BEN.DBF          10864  12-24-91  22:20:14  ----    17     43
F          TT.DBF           10864  12-24-91  22:20:14  ----    17     43
F          NAT.DBF          10864  12-24-91  22:20:16  ----    17     44
F          KTIM.DBF         10864  12-24-91  22:20:04  ----    17     44
F          J400.DBF        297199  12-24-91  22:20:26  ----    17     44

P     PATH = \CONSULT\CHAP5\S90\DBASE\JPKM4
F          JTEN.DBF         10864  12-24-91  22:27:56  ----    17     48
F          YOG.DBF          10864  12-24-91  22:27:56  ----    17     49
F          JB.DBF           10864  12-24-91  22:27:54  ----    17     49
F          ACH.DBF          10864  12-24-91  22:27:58  ----    17     49
F          SMU.DBF          10864  12-24-91  22:27:58  ----    17     49
F          JTIM.DBF         10864  12-24-91  22:27:58  ----    17     49
F          DKI.DBF          10864  12-24-91  22:27:54  ----    17     49
F          JAM.DBF          10864  12-24-91  22:28:00  ----    17     50
F          SMS.DBF          10864  12-24-91  22:28:02  ----    17     50
F          LAM.DBF          10864  12-24-91  22:28:02  ----    17     50
F          KB.DBF           10864  12-24-91  22:28:04  ----    17     50
F          KTEN.DBF         10864  12-24-91  22:28:04  ----    17     50
F          SMB.DBF          10864  12-24-91  22:28:00  ----    17     50
F          RIA.DBF          10864  12-24-91  22:28:00  ----    17     51
F          SLU.DBF          10864  12-24-91  22:28:06  ----    17     51
F          SLTEN.DBF        10864  12-24-91  22:28:08  ----    17     51
F          SLS.DBF          10864  12-24-91  22:28:08  ----    17     51
F          SLTEG.DBF        10864  12-24-91  22:28:10  ----    17     51
F          MAL.DBF          10864  12-24-91  22:28:10  ----    17     51
F          BAL.DBF          10864  12-24-91  22:28:10  ----    17     52
F          NTB.DBF          10864  12-24-91  22:28:12  ----    17     52
F          NTT.DBF          10864  12-24-91  22:28:12  ----    17     52
F          IJ.DBF           10864  12-24-91  22:28:14  ----    17     52
F          BEN.DBF          10864  12-24-91  22:28:14  ----    17     52
F          TT.DBF           10864  12-24-91  22:28:14  ----    17     52
F          NAT.DBF          10864  12-24-91  22:28:16  ----    17     53
F          KS.DBF           10864  12-24-91  22:28:04  ----    17     53
F          KTIM.DBF         10864  12-24-91  22:28:06  ----    17     53
F          J400.DBF        297199  12-24-91  22:28:26  ----    17     53
F          BALIC4.XLS       13358  12-24-91  11:14:32  ----    17     57
F          X4.DBF           10863  12-24-91  17:30:50  ----    17     58
F          TT8.DBF            259  12-24-91  21:17:26  ----    17     58
F          JTEN8.DBF        10864  12-24-91  21:17:08  ----    17     58
F          JB8.DBF          10864  12-24-91  21:17:06  ----    17     58
F          ACH8.DBF         10864  12-24-91  21:17:10  ----    17     58
F          YOG8.DBF         10864  12-24-91  21:17:08  ----    17     58
F          DKI8.DBF         10864  12-24-91  21:17:06  ----    17     59
F          RIA8.DBF         10864  12-24-91  21:17:12  ----    17     59
F          JAM8.DBF         10864  12-24-91  21:17:14  ----    17     59
F          SMS8.DBF         10864  12-24-91  21:17:14  ----    17     59
F          JTIM8.DBF        10864  12-24-91  21:17:10  ----    17     59
F          KB8.DBF          10864  12-24-91  21:17:16  ----    17     59
F          SMU8.DBF         10864  12-24-91  21:17:10  ----    17     60
F          SMB8.DBF         10864  12-24-91  21:17:12  ----    17     60
F          KTIM8.DBF        10864  12-24-91  21:17:18  ----    17     60
F          SLU8.DBF         10864  12-24-91  21:17:18  ----    17     60
F          SLTEN8.DBF       10864  12-24-91  21:17:20  ----    17     60
F          SLS8.DBF         10864  12-24-91  21:17:20  ----    17     60
F          SLTEG8.DBF       10864  12-24-91  21:17:22  ----    17     61
F          MAL8.DBF         10864  12-24-91  21:17:22  ----    17     61
```

F	BAL8.DBF	10864	12-24-91	21:17:22	----	17	61
F	NTB8.DBF	10864	12-24-91	21:17:24	----	17	61
F	NTT8.DBF	10864	12-24-91	21:17:24	----	17	61
F	IJ8.DBF	10864	12-24-91	21:17:24	----	17	61
F	BEN8.DBF	10864	12-24-91	21:17:26	----	17	61
F	LAM8.DBF	10864	12-24-91	21:17:14	----	17	62
F	NAT8.DBF	10864	12-24-91	21:17:28	----	17	62
F	KTEN8.DBF	10864	12-24-91	21:17:16	----	17	62
F	KS8.DBF	10864	12-24-91	21:17:18	----	17	62
F	J300.DBF	286594	12-24-91	21:17:36	----	17	62

P PATH = \CONSULT\CHAP5\S90\DBASE\JPKM1

F	X1.DBF	10863	12-24-91	17:28:22	----	17	66
F	JB8.DBF	10864	12-24-91	20:44:08	----	17	66
F	JTEN8.DBF	10864	12-24-91	20:44:08	----	17	66
F	YOG8.DBF	10864	12-24-91	20:44:10	----	17	67
F	JTIM8.DBF	10864	12-24-91	20:44:10	----	17	67
F	ACH8.DBF	10864	12-24-91	20:44:12	----	17	67
F	SMU8.DBF	10864	12-24-91	20:44:12	----	17	67
F	SMB8.DBF	10864	12-24-91	20:44:14	----	17	67
F	RIA8.DBF	10864	12-24-91	20:44:14	----	17	67
F	JAM8.DBF	10864	12-24-91	20:44:14	----	17	68
F	SMS8.DBF	10864	12-24-91	20:44:16	----	17	68
F	LAM8.DBF	10864	12-24-91	20:44:16	----	17	68
F	KB8.DBF	10864	12-24-91	20:44:18	----	17	68
F	KTEN8.DBF	10864	12-24-91	20:44:18	----	17	68
F	KS8.DBF	10864	12-24-91	20:44:20	----	17	68
F	KTIM8.DBF	10864	12-24-91	20:44:20	----	17	69
F	SLU8.DBF	10864	12-24-91	20:44:20	----	17	69
F	SLTEN8.DBF	10864	12-24-91	20:44:22	----	17	69
F	SLS8.DBF	10864	12-24-91	20:44:22	----	17	69
F	SLTEG8.DBF	10864	12-24-91	20:44:24	----	17	69
F	MAL8.DBF	10864	12-24-91	20:44:24	----	17	69
F	BAL8.DBF	10864	12-24-91	20:44:24	----	17	70
F	NTB8.DBF	10864	12-24-91	20:44:26	----	17	70
F	NTT8.DBF	10864	12-24-91	20:44:26	----	17	70
F	IJ8.DBF	10864	12-24-91	20:44:28	----	17	70
F	BEN8.DBF	10864	12-24-91	20:44:28	----	17	70
F	TT8.DBF	10864	12-24-91	20:44:28	----	17	70
F	DKI8.DBF	10864	12-24-91	20:44:06	----	17	71
F	J300.DBF	297199	12-24-91	20:44:42	----	17	71
F	NAT8.DBF	10864	12-24-91	21:00:46	----	17	75
F	JTEN.DBF	10864	12-24-91	21:45:58	----	17	75
F	JB.DBF	10864	12-24-91	21:45:58	----	17	76
F	DKI.DBF	10864	12-24-91	21:45:56	----	17	76
F	JTIM.DBF	10864	12-24-91	21:46:00	----	17	76
F	YOG.DBF	10864	12-24-91	21:46:00	----	17	76
F	SMB.DBF	10864	12-24-91	21:46:04	----	17	76
F	ACH.DBF	10864	12-24-91	21:46:02	----	17	77
F	SMU.DBF	10864	12-24-91	21:46:02	----	17	77
F	SMS.DBF	10864	12-24-91	21:46:06	----	17	77
F	LAM.DBF	10864	12-24-91	21:46:06	----	17	77
F	KB.DBF	10864	12-24-91	21:46:08	----	17	77
F	KTEN.DBF	10864	12-24-91	21:46:08	----	17	77
F	KS.DBF	10864	12-24-91	21:46:10	----	17	78
F	RIA.DBF	10864	12-24-91	21:46:04	----	17	78
F	JAM.DBF	10864	12-24-91	21:46:04	----	17	78
F	SLTEN.DBF	10864	12-24-91	21:46:12	----	17	78
F	SLS.DBF	10864	12-24-91	21:46:12	----	17	78
F	SLTEG.DBF	10864	12-24-91	21:46:14	----	17	79
F	MAL.DBF	10864	12-24-91	21:46:14	----	17	79
F	BAL.DBF	10864	12-24-91	21:46:16	----	17	79

F	NTB.DBF	10864	12-24-91	21:46:16	----	17	79
F	NTT.DBF	10864	12-24-91	21:46:18	----	17	79
F	IJ.DBF	10864	12-24-91	21:46:18	----	17	79
F	BEN.DBF	10864	12-24-91	21:46:20	----	18	1
F	TT.DBF	10864	12-24-91	21:46:20	----	18	1
F	NAT.DBF	10864	12-24-91	21:46:20	----	18	1
F	KTIM.DBF	10864	12-24-91	21:46:10	----	18	1
F	SLU.DBF	10864	12-24-91	21:46:12	----	18	1
F	J400.DBF	297199	12-24-91	21:46:34	----	18	2
P	PATH = \CONSULT\CHAP5\S90\DBASE\JPKM2						
F	X2.DBF	10863	12-24-91	17:29:12	----	18	6
F	JB8.DBF	10864	12-24-91	21:00:26	----	18	7
F	JTEN8.DBF	10864	12-24-91	21:00:26	----	18	7
F	YOG8.DBF	10864	12-24-91	21:00:28	----	18	7
F	JTIM8.DBF	10864	12-24-91	21:00:28	----	18	7
F	ACH8.DBF	10864	12-24-91	21:00:28	----	18	7
F	SMU8.DBF	10864	12-24-91	21:00:30	----	18	7
F	SMB8.DBF	10864	12-24-91	21:00:30	----	18	8
F	RIA8.DBF	10864	12-24-91	21:00:32	----	18	8
F	JAM8.DBF	10864	12-24-91	21:00:32	----	18	8
F	SMS8.DBF	10864	12-24-91	21:00:34	----	18	8
F	LAM8.DBF	10864	12-24-91	21:00:34	----	18	8
F	KB8.DBF	10864	12-24-91	21:00:34	----	18	8
F	KTEN8.DBF	10864	12-24-91	21:00:36	----	18	9
F	DKI8.DBF	10864	12-24-91	21:00:24	----	18	9
F	KTIM8.DBF	10864	12-24-91	21:00:38	----	18	9
F	SLU8.DBF	10864	12-24-91	21:00:38	----	18	9
F	SLTEN8.DBF	10864	12-24-91	21:00:38	----	18	9
F	SLS8.DBF	10864	12-24-91	21:00:40	----	18	10
F	SLTEG8.DBF	10864	12-24-91	21:00:40	----	18	10
F	MAL8.DBF	10864	12-24-91	21:00:42	----	18	10
F	BAL8.DBF	10864	12-24-91	21:00:42	----	18	10
F	NTB8.DBF	10864	12-24-91	21:00:42	----	18	10
F	NTT8.DBF	10864	12-24-91	21:00:44	----	18	10
F	IJ8.DBF	10864	12-24-91	21:00:44	----	18	10
F	BEN8.DBF	10864	12-24-91	21:00:46	----	18	11
F	TT8.DBF	10864	12-24-91	21:00:46	----	18	11
F	KS8.DBF	10864	12-24-91	21:00:36	----	18	11
F	J300.DBF	297199	12-24-91	21:00:58	----	18	11
F	JB.DBF	10864	12-24-91	22:07:08	----	18	15
F	JTEN.DBF	10864	12-24-91	22:07:08	----	18	16
F	YOG.DBF	10864	12-24-91	22:07:08	----	18	16
F	JTIM.DBF	10864	12-24-91	22:07:10	----	18	16
F	ACH.DBF	10864	12-24-91	22:07:10	----	18	16
F	SMU.DBF	10864	12-24-91	22:07:12	----	18	16
F	SMB.DBF	10864	12-24-91	22:07:12	----	18	17
F	RIA.DBF	10864	12-24-91	22:07:14	----	18	17
F	JAM.DBF	10864	12-24-91	22:07:14	----	18	17
F	SMS.DBF	10864	12-24-91	22:07:16	----	18	17
F	LAM.DBF	10864	12-24-91	22:07:16	----	18	17
F	KB.DBF	10864	12-24-91	22:07:16	----	18	17
F	KTEN.DBF	10864	12-24-91	22:07:18	----	18	18
F	KS.DBF	10864	12-24-91	22:07:18	----	18	18
F	KTIM.DBF	10864	12-24-91	22:07:20	----	18	18
F	SLU.DBF	10864	12-24-91	22:07:20	----	18	18
F	SLTEN.DBF	10864	12-24-91	22:07:22	----	18	18
F	SLS.DBF	10864	12-24-91	22:07:22	----	18	19
F	SLTEG.DBF	10864	12-24-91	22:07:22	----	18	19
F	MAL.DBF	10864	12-24-91	22:07:24	----	18	19
F	BAL.DBF	10864	12-24-91	22:07:24	----	18	19
F	NTB.DBF	10864	12-24-91	22:07:26	----	18	19

NTT.DBF	10864	12-24-91	22:07:26	----	18	19
IJ.DBF	10864	12-24-91	22:07:28	----	18	20
BEN.DBF	10864	12-24-91	22:07:28	----	18	20
TT.DBF	10864	12-24-91	22:07:28	----	18	20
NAT.DBF	10864	12-24-91	22:07:30	----	18	20
DKI.DBF	10864	12-24-91	22:07:06	----	18	20
J400.DBF	297199	12-24-91	22:07:42	----	18	21

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RIA8.DBF	10864	12-24-91	19:43:18	----	18	25
JAM8.DBF	10864	12-24-91	19:43:20	----	18	25
SMS8.DBF	10864	12-24-91	19:43:20	----	18	26
LAM8.DBF	10864	12-24-91	19:43:22	----	18	26
KB8.DBF	10864	12-24-91	19:43:22	----	18	26
KTEN8.DBF	10864	12-24-91	19:43:22	----	18	26
KS8.DBF	10864	12-24-91	19:43:24	----	18	26
KTIM8.DBF	10864	12-24-91	19:43:24	----	18	26
SLU8.DBF	10864	12-24-91	19:43:26	----	18	27
SLTEN8.DBF	10864	12-24-91	19:43:26	----	18	27
SLS8.DBF	10864	12-24-91	19:43:28	----	18	27
SLTEG8.DBF	10864	12-24-91	19:43:28	----	18	27
MAL8.DBF	10864	12-24-91	19:43:28	----	18	27
BAL8.DBF	10864	12-24-91	19:43:30	----	18	27
NTB8.DBF	10864	12-24-91	19:43:30	----	18	27
NTT8.DBF	10864	12-24-91	19:43:32	----	18	28
IJ8.DBF	10864	12-24-91	19:43:32	----	18	28
BEN8.DBF	10864	12-24-91	19:43:32	----	18	28
TT8.DBF	10864	12-24-91	19:43:34	----	18	28
NAT8.DBF	10864	12-24-91	19:43:34	----	18	28
JB8.DBF	10864	12-24-91	19:43:12	----	18	29
JTEN8.DBF	10864	12-24-91	19:43:14	----	18	29
YOG8.DBF	10864	12-24-91	19:43:14	----	18	29
JTIM8.DBF	10864	12-24-91	19:43:16	----	18	29
ACH8.DBF	10864	12-24-91	19:43:16	----	18	29
SMU8.DBF	10864	12-24-91	19:43:18	----	18	29
SMB8.DBF	10864	12-24-91	19:43:18	----	18	30
DKI8.DBF	10864	12-24-91	19:43:12	----	18	30
J300.DBF	297199	12-24-91	19:43:46	----	18	30
NAT.DBF	10864	12-24-91	20:21:56	----	18	34
BAL.DBF	10864	12-24-91	20:21:50	----	18	35
NTB.DBF	10864	12-24-91	20:21:50	----	18	35
NTT.DBF	10864	12-24-91	20:21:52	----	18	35
IJ.DBF	10864	12-24-91	20:21:52	----	18	35
BEN.DBF	10864	12-24-91	20:21:54	----	18	35
TT.DBF	10864	12-24-91	20:21:54	----	18	35
DKI.DBF	10864	12-24-91	20:21:30	----	18	36
JB.DBF	10864	12-24-91	20:21:32	----	18	36
JTEN.DBF	10864	12-24-91	20:21:32	----	18	36
YOG.DBF	10864	12-24-91	20:21:34	----	18	36
JTIM.DBF	10864	12-24-91	20:21:34	----	18	36
ACH.DBF	10864	12-24-91	20:21:36	----	18	37
SMU.DBF	10864	12-24-91	20:21:36	----	18	37
SMB.DBF	10864	12-24-91	20:21:38	----	18	37
RIA.DBF	10864	12-24-91	20:21:38	----	18	37
JAM.DBF	10864	12-24-91	20:21:40	----	18	37
SMS.DBF	10864	12-24-91	20:21:40	----	18	38
LAM.DBF	10864	12-24-91	20:21:40	----	18	38
KB.DBF	10864	12-24-91	20:21:42	----	18	38
KTEN.DBF	10864	12-24-91	20:21:42	----	18	38
KS.DBF	10864	12-24-91	20:21:44	----	18	38
KTIM.DBF	10864	12-24-91	20:21:44	----	18	39
SLU.DBF	10864	12-24-91	20:21:46	----	18	39

F	SLTEN.DBF	10864	12-24-91	20:21:46	----	18	39
F	SLS.DBF	10864	12-24-91	20:21:48	----	18	39
F	SLTEG.DBF	10864	12-24-91	20:21:48	----	18	39
F	MAL.DBF	10864	12-24-91	20:21:48	----	18	39
F	J400.DBF	297199	12-24-91	20:22:08	----	18	40
F	T1.XLC	429	12-26-91	17:59:20	----	18	44
F	ACEHA.XLC	16272	12-26-91	18:20:22	----	18	44
F	ACEHB.XLC	16263	12-26-91	18:29:18	----	18	45
F	BALIA.XLC	16282	12-26-91	18:40:30	----	18	45
F	BALIB.XLC	16247	12-26-91	18:44:54	----	18	46
F	BALI89.XLS	13652	12-26-91	18:45:32	----	18	46
F	BENA.XLC	16286	12-26-91	18:53:32	----	18	47
F	BEN89.XLS	13708	12-26-91	18:57:44	----	18	47
F	BENB.XLC	16251	12-26-91	18:57:22	----	18	48
F	DKIA.XLC	16285	12-26-91	19:14:08	----	18	48
F	DKIB.XLC	16250	12-26-91	19:18:56	----	18	49
F	DKI89.XLS	13792	12-26-91	19:19:20	----	18	49
F	IJA.XLC	16288	12-26-91	19:34:52	----	18	50
F	IJ89.XLS	13692	12-26-91	19:41:38	----	18	50
F	IJB.XLC	16253	12-26-91	19:41:20	----	18	51
F	JAMA.XLC	16283	12-26-91	19:47:42	----	18	51
F	JAM89.XLS	13652	12-26-91	19:50:48	----	18	51
F	JAMB.XLC	16248	12-26-91	19:50:20	----	18	52
F	JBA.XLC	16287	12-26-91	19:56:26	----	18	52
F	JB89.XLS	14340	12-26-91	19:59:54	----	18	53
F	JBB.XLC	16252	12-26-91	19:59:10	----	18	53
F	JTENA.XLC	16290	12-26-91	20:09:02	----	18	54
F	JTENB.XLC	16255	12-26-91	20:12:20	----	18	54
F	JTEN89.XLS	14040	12-26-91	20:13:00	----	18	55
F	JTIMA.XLC	16287	12-26-91	20:17:52	----	18	55
F	JTIMB.XLC	16252	12-26-91	20:19:30	----	18	56
F	JTIM89.XLS	0	12-26-91	20:21:14	----	18	56
F	KBA.XLC	16293	12-26-91	20:26:12	----	18	56
F	KBB.XLC	16258	12-26-91	20:27:48	----	18	57
F	KB89.XLS	13652	12-26-91	20:28:56	----	18	57
F	MACRO2.XLM	6469	12-27-91	10:33:34	----	18	58
F	KSA.XLC	16294	12-27-91	10:38:42	----	18	58
F	KSB.XLC	16266	12-27-91	10:42:36	----	18	59
F	KS89.XLS	13780	12-27-91	10:43:04	----	18	59
F	KTENA.XLC	16250	12-27-91	11:04:58	----	18	60
F	KTEN89.XLS	13696	12-27-91	11:08:26	----	18	60
F	KTENB.XLC	16261	12-27-91	11:08:00	----	18	60
F	KTIMA.XLC	16293	12-27-91	11:17:34	----	18	61
F	KTIMB.XLC	16258	12-27-91	11:19:58	----	18	61
F	KTIM89.XLS	13784	12-27-91	11:20:22	----	18	62
F	LAMA.XLC	16285	12-27-91	11:35:00	----	18	62
F	LAMB.XLC	16250	12-27-91	11:36:36	----	18	63
F	LAM89.XLS	13764	12-27-91	11:37:44	----	18	63
F	MALA.XLC	16284	12-27-91	11:45:06	----	18	64
F	MALB.XLC	16249	12-27-91	11:46:40	----	18	64
F	MAL89.XLS	13656	12-27-91	11:47:44	----	18	65
F	NTBA.XLC	16281	12-27-91	11:54:26	----	18	65
F	NTBB.XLC	16246	12-27-91	11:56:04	----	18	66
F	NTB89.XLS	13760	12-27-91	11:57:12	----	18	66
F	NTTA.XLC	16281	12-27-91	12:02:38	----	18	67
F	NTTB.XLC	16246	12-27-91	12:04:00	----	18	67
F	NTT89.XLS	13652	12-27-91	12:05:14	----	18	67
F	RIAA.XLC	16282	12-27-91	12:09:50	----	18	68
F	RIAB.XLC	16247	12-27-91	12:11:04	----	18	68
F	RIA89.XLS	13788	12-27-91	12:12:20	----	18	69
F	SLSA.XLC	16292	12-27-91	12:17:34	----	18	69
F	SLSB.XLC	16257	12-27-91	12:21:46	----	18	70

F	SLS89.XLS	13700	12-27-91	12:22:04	----	18	70
F	SLTEGA.XLC	16289	12-27-91	12:27:56	----	18	71
F	SLTEGB.XLC	16255	12-27-91	12:29:12	----	18	71
F	SLTEG89.XLS	13724	12-27-91	12:30:36	----	18	72
F	SLTENA.XLC	16294	12-27-91	12:34:42	----	18	72
F	SLTENB.XLC	16259	12-27-91	12:35:58	----	18	73
F	SLTEN89.XLS	13700	12-27-91	12:37:10	----	18	73
F	SLUA.XLC	16292	12-27-91	12:42:38	----	18	74
F	SLUB.XLC	16257	12-27-91	12:43:58	----	18	74
F	SLU89.XLS	13784	12-27-91	12:44:24	----	18	75
F	SMB89.XLS	13652	12-27-91	12:51:22	----	18	75
F	SMBA.XLC	16290	12-27-91	12:53:06	----	18	76
F	SMBB.XLC	16255	12-27-91	12:54:58	----	18	76
F	SMSA.XLC	16291	12-27-91	12:59:40	----	18	76
F	SMSB.XLC	16256	12-27-91	13:01:06	----	18	77
F	SMU89.XLS	13804	12-27-91	13:02:34	----	18	77
F	SMUA.XLC	16303	12-27-91	13:09:04	----	18	78
F	SMUB.XLC	16269	12-27-91	13:10:34	----	18	78
F	SMU89A.XLS	13784	12-27-91	13:12:20	----	18	79
F	TTA.XLC	16288	12-27-91	13:17:08	----	18	79
F	TTB.XLC	16253	12-27-91	13:18:28	----	19	1
F	TT89.XLS	13652	12-27-91	13:19:46	----	19	1
F	YOGA.XLC	16288	12-27-91	13:24:34	----	19	2
F	YOG89.XLS	13652	12-27-91	13:26:58	----	19	2
F	YOGB.XLC	16253	12-27-91	13:26:02	----	19	2
F	T2.DBF	10863	12-27-91	13:27:46	----	19	3
F	T1.DBF	10863	12-27-91	13:27:30	----	19	3
F	T2.XLC	23672	12-27-91	13:29:08	----	19	3
F	NATA.XLC	16287	12-27-91	13:32:50	----	19	4
F	NAT89.XLS	14556	12-27-91	13:35:58	----	19	5
F	NATB.XLC	16252	12-27-91	13:35:34	----	19	5
F	MACRO1.XLM	6828	12-27-91	13:36:12	----	19	6

PATH = \CONSULT\CHAP5\S90\DBASE\JPKM0\EXCEL1

NAT90.XLC	12539	12-19-91	12:14:34	----	19	6
NAT90.XLS	12584	12-19-91	12:18:44	----	19	6
MACRO1.XLM	2314	12-19-91	12:33:04	----	19	7
JKT90.XLC	12164	12-19-91	12:37:38	----	19	7
DKI90.XLC	12501	12-19-91	12:41:28	----	19	7
DKI90.XLS	12268	12-19-91	12:45:18	----	19	8
NTT90.XLC	12543	12-19-91	12:53:52	----	19	8
NTT90.XLS	12166	12-19-91	12:58:36	----	19	9
BALI90.XLC	12522	12-19-91	20:42:34	----	19	9
JOG90.XLC	12519	12-19-91	20:52:08	----	19	9
BALI90.XLS	15794	12-19-91	20:53:44	----	19	10
YOG90.XLS	10567	12-19-91	20:54:20	----	19	10
JTIM.XLS	12528	12-19-91	20:57:08	----	19	11
KTIM90.XLC	12518	12-19-91	21:03:58	----	19	11
KTIM90.XLS	10567	12-19-91	21:05:16	----	19	12
SLU90.XLC	12524	12-19-91	21:09:08	----	19	12
SLU90.XLS	10567	12-19-91	21:11:30	----	19	12

PATH = \CONSULT\CHAP5\S90\SASSAVE

DISTEXP1.SSD	60906	12-17-91	19:23:12	----	19	13
DISTEXP2.SSD	44546	12-17-91	19:24:16	----	19	15
DISTEXP3.SSD	47946	12-17-91	19:25:54	----	19	16
DIST901.SSD	159326	12-24-91	20:22:14	----	19	18
DIST902.SSD	159326	12-24-91	21:46:40	----	19	23
DIST903.SSD	159326	12-24-91	22:07:48	----	19	29
DIST904.SSD	159326	12-24-91	22:20:34	----	19	34
DIST905.SSD	159326	12-24-91	22:28:32	----	19	40

P	PATH = \CONSULT\CHAP8						
F	CHAP9.TXT	19669	03-11-92	09:31:28	----*	19	45
F	SEX.DBF	1125	03-13-92	11:00:06	----	19	46
F	AGE.DBF	6039	03-13-92	11:00:06	----	19	46
F	SEXAGE.DBF	12171	03-13-92	11:00:06	----	19	46
F	PROVSEX.DBF	16217	03-13-92	11:00:16	----	19	46
F	PUSEX.DBF	32363	03-13-92	11:00:52	----	19	47
F	PROVAGE.DBF	150891	03-13-92	11:00:16	----	19	47
F	PUAGE.DBF	294968	03-13-92	11:00:50	----	19	51
F	PSEXAGE.DBF	310523	03-13-92	11:00:34	----	19	57
F	PUSEXAG.DBF	599340	03-13-92	11:01:26	----	19	63
F	SEX8.DBF	1125	03-13-92	11:02:50	----	19	74
F	AGE8.DBF	6039	03-13-92	11:02:50	----	19	74
F	SEXAGE8.DBF	12171	03-13-92	11:02:50	----	19	74
F	PROVSEX8.DBF	16217	03-13-92	11:03:02	----	19	75
F	PUSEX8.DBF	32363	03-13-92	11:03:40	----	19	75
F	PROVAGE8.DBF	150891	03-13-92	11:03:00	----	19	76
F	PUAGE8.DBF	294968	03-13-92	11:03:38	----	19	78
F	PSEXAGE8.DBF	310523	03-13-92	11:03:20	----	20	3
F	PUSEXAG8.DBF	599340	03-13-92	11:04:16	----	20	7
F	SEX9.DBF	1509	03-13-92	11:05:42	----	20	14
F	AGE9.DBF	8151	03-13-92	11:05:42	----	20	14
F	SEXAGE9.DBF	16203	03-13-92	11:05:44	----	20	14
F	PROVSEX9.DBF	21593	03-13-92	11:05:58	----	20	14
F	PROVAGE9.DBF	201003	03-13-92	11:05:56	----	20	15
F	PUSEX9.DBF	42539	03-13-92	11:06:48	----	20	18
F	PUAGE9.DBF	387800	03-13-92	11:06:46	----	20	18
F	PSEXAGE9.DBF	408251	03-13-92	11:06:22	----	20	24
F	PUSEXAG9.DBF	778572	03-13-92	11:07:36	----	20	29
F	SEX0.DBF	2085	03-13-92	11:09:20	----	20	39
F	AGE0.DBF	11319	03-13-92	11:09:20	----	20	39
F	SEXAGE0.DBF	22251	03-13-92	11:09:22	----	20	39
F	PROVSEX0.DBF	29657	03-13-92	11:09:32	----	20	40
F	PROVAGE0.DBF	257656	03-13-92	11:09:30	----	20	40
F	PSEXAGE0.DBF	505793	03-13-92	11:09:46	----	20	44
F	PUSEX0.DBF	57803	03-13-92	11:10:04	----	20	50
F	PUAGE0.DBF	476363	03-13-92	11:10:02	----	20	51
F	PUSEXAG0.DBF	917829	03-13-92	11:10:28	----	20	57
P	PATH = \CONSULT\CHAP8\SAS						
F	FAST1.SAS	1289	03-03-92	12:48:02	----*	20	67
F	FAST1.LOG	2574	03-03-92	14:29:14	----*	20	67
F	FAST2.SAS	1917	03-03-92	14:49:52	----*	20	67
F	FAST2.LOG	6776	03-03-92	16:06:50	----*	20	67
F	FAST2.LST	4699	03-03-92	16:11:06	----*	20	67
F	IND000.LOG	2258	03-09-92	18:00:00	----*	20	67
F	IND001.SAS	28010	03-09-92	20:16:34	----*	20	68
F	IND001.LOG	11987	03-09-92	21:15:14	----*	20	68
F	IND010.SAS	2052	03-09-92	21:30:54	----*	20	69
F	IND010.LOG	3312	03-09-92	23:11:28	----*	20	69
F	IND013.SAS	9944	03-10-92	00:11:04	----*	20	69
F	X	7472	03-10-92	00:17:58	----*	20	69
F	IND016.SAS	4420	03-10-92	00:52:26	----*	20	69
F	IND015.SAS	3997	03-10-92	00:53:28	----*	20	70
F	IND000.BAT	98	03-10-92	00:54:52	----*	20	70
F	IND012.LOG	1401	03-10-92	03:02:22	----*	20	70
F	IND013.LOG	1410	03-10-92	04:06:00	----*	20	70
F	IND015.LOG	1452	03-10-92	06:13:52	----*	20	70
F	IND016.LOG	533	03-10-92	06:56:26	----*	20	70
F	IND012.SAS	10733	03-10-92	09:16:56	----*	20	70
F	IND011.SAS	8726	03-10-92	09:30:12	----*	20	70
F	IND011.LOG	25061	03-10-92	19:30:10	----*	20	71

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F	IND014.SAS	5188	03-10-92	20:10:36	----*	20	71
F	IND014.LOG	10848	03-11-92	06:42:26	----*	20	71
F	IND020.SAS	4755	03-11-92	08:49:30	----*	20	72
F	IND011A.SAS	11383	03-11-92	10:23:26	----*	20	72
F	IND011A.LOG	29451	03-11-92	22:52:06	----*	20	72
F	IND000.SAS	1162	03-11-92	23:07:08	----*	20	73
F	IND011B.SAS	14264	03-11-92	23:36:20	----*	20	73
F	IND011B.LOG	36601	03-12-92	18:01:12	----*	20	74
F	IND011C.SAS	9374	03-12-92	19:36:52	----*	20	75
F	IND011C.LOG	15802	03-12-92	21:45:10	----*	20	75
F	IND022.SAS	5916	03-13-92	10:43:42	----*	20	75
F	IND021.SAS	4541	03-13-92	10:46:34	----*	20	76
F	IND023.SAS	8641	03-13-92	10:57:48	----*	20	76
F	IND020.BAT	50	03-13-92	10:58:36	----*	20	76
F	IND020.LOG	10904	03-13-92	11:01:26	----*	20	76
F	IND021.LOG	9444	03-13-92	11:04:16	----*	20	76
F	IND022.LOG	11297	03-13-92	11:07:36	----*	20	76
F	PROFILE.SCT	1146	03-13-92	11:10:28	----*	20	77
F	IND023.LOG	14847	03-13-92	11:10:28	----*	20	77

P PATH = \CONSULT\CHAP8\SAS\SASWORK

P PATH = \CONSULT\CHAP8\SASSAVE

F	AGE.SSD	1626	03-03-92	15:04:24	----*	20	77
F	SEX.SSD	834	03-03-92	16:00:18	----*	20	77
F	SEXAGE.SSD	2932	03-03-92	16:06:50	----*	20	77
F	AGE1.SSD	1892	03-10-92	12:41:56	----*	20	77
F	SEX1.SSD	956	03-10-92	13:59:48	----*	20	78
F	SEXAGE1.SSD	3358	03-10-92	14:07:50	----*	20	78
F	PROVAGE1.SSD	28118	03-10-92	15:36:02	----*	20	78
F	PROVSEX1.SSD	3982	03-10-92	16:47:06	----*	20	79
F	PSEXAGE1.SSD	60200	03-10-92	16:56:16	----*	20	79
F	PUAGE1.SSD	53144	03-10-92	18:09:46	----*	21	3
F	PUSEX1.SSD	7304	03-10-92	19:20:08	----*	21	5
F	PUSEXAG1.SSD	111670	03-10-92	19:30:16	----*	21	6
F	AGE4.SSD	3488	03-10-92	22:45:12	----*	21	10
F	SEX4.SSD	1688	03-11-92	00:21:24	----*	21	10
F	SEXAGE4.SSD	5914	03-11-92	00:24:16	----*	21	10
F	PROVAGE4.SSD	55674	03-11-92	02:14:38	----*	21	10
F	PROVSEX4.SSD	7210	03-11-92	03:41:38	----*	21	12
F	PSEXAGE4.SSD	115492	03-11-92	03:44:56	----*	21	12
F	PUAGE4.SSD	105920	03-11-92	05:13:12	----*	21	17
F	PUSEX4.SSD	12932	03-11-92	06:38:42	----*	21	20
F	PUSEXAG4.SSD	218146	03-11-92	06:42:26	----*	21	21
F	AGE2.SSD	4818	03-11-92	13:14:48	----*	21	27
F	SEX2.SSD	2298	03-11-92	15:06:02	----*	21	27
F	SEXAGE2.SSD	8044	03-11-92	15:17:00	----*	21	27
F	PROVAGE2.SSD	77004	03-11-92	17:24:10	----*	21	27
F	PROVSEX2.SSD	9900	03-11-92	19:04:00	----*	21	29
F	PSEXAGE2.SSD	156662	03-11-92	19:16:20	----*	21	29
F	PUAGE2.SSD	145050	03-11-92	20:59:52	----*	21	32
F	PUSEX2.SSD	17622	03-11-92	22:38:34	----*	21	35
F	PUSEXAG2.SSD	293276	03-11-92	22:52:06	----*	21	35
F	AGE3.SSD	6414	03-12-92	03:39:36	----*	21	40
F	SEX3.SSD	3030	03-12-92	06:26:24	----*	21	40
F	SEXAGE3.SSD	10600	03-12-92	06:40:54	----*	21	40
F	PROVAGE3.SSD	102600	03-12-92	09:49:26	----*	21	41
F	PROVSEX3.SSD	13128	03-12-92	12:21:26	----*	21	43
F	PSEXAGE3.SSD	206066	03-12-92	12:37:34	----*	21	44
F	PUAGE3.SSD	192006	03-12-92	15:13:38	----*	21	48
F	PUSEX3.SSD	23250	03-12-92	17:43:28	----*	21	52
F	PUSEXAG3.SSD	383432	03-12-92	18:01:12	----*	21	53

F	AGE5.SSD	8808	03-12-92	20:26:02	----*	21	60
F	SEX5.SSD	4128	03-12-92	20:41:24	----*	21	60
F	SEXAGE5.SSD	14434	03-12-92	20:41:56	----*	21	60
F	PROVAGE5.SSD	131754	03-12-92	21:00:00	----*	21	61
F	PROVSEX5.SSD	17970	03-12-92	21:13:56	----*	21	65
F	PSEXAGE5.SSD	255692	03-12-92	21:15:00	----*	21	65
F	PUAGE5.SSD	237516	03-12-92	21:29:48	----*	21	72
F	PUSEX5.SSD	31692	03-12-92	21:43:42	----*	21	78
F	PUSEXAG5.SSD	454910	03-12-92	21:45:10	----*	21	79