



Budi Aji <budi.aji57@gmail.com>

Journal of Health Research - Manuscript ID JHR-02-2021-0140.R1

1 message

Journal of Health Research <onbehalf@manuscriptcentral.com>

Wed, Aug 4, 2021 at 9:43 PM

Reply-To: sunanta.w@chula.ac.th

To: budi.aji57@gmail.com

04-Aug-2021

Dear Dr. Aji:

Your manuscript entitled "Situational Analysis of the Extending National Health Insurance Coverage to Informal Sector in Indonesia: A Case Study among Palms Sugar farmers" has been successfully submitted online and is presently being given full consideration for publication in the Journal of Health Research.

Your manuscript ID is JHR-02-2021-0140.R1.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to Manuscript Central at <https://mc.manuscriptcentral.com/jhres> and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Centre after logging in to <https://mc.manuscriptcentral.com/jhres>.

Thank you for submitting your manuscript to the Journal of Health Research.

Sincerely,
Journal of Health Research Editorial Office



Budi Aji <budi.aji57@gmail.com>

Journal of Health Research - Decision on JHR-02-2021-0140

1 message

Journal of Health Research <onbehalf@manuscriptcentral.com>

Thu, May 6, 2021 at 6:26 PM

Reply-To: sunanta.w@chula.ac.th

To: budi.aji57@gmail.com

06-May-2021

Dear Dr. Aji:

Manuscript ID JHR-02-2021-0140 entitled "Situational Analysis of the Extending National Health Insurance Coverage to Informal Sector in Indonesia: A Case Study among Palms Sugar farmers" which you submitted to the Journal of Health Research, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

To revise your manuscript, log into <https://mc.manuscriptcentral.com/jhres> and enter your Author Centre, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or coloured text. A sample how to address comment is attached.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Centre.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal of Health Research, your revised manuscript should be uploaded as soon as possible. If you are unable to submit your revision by the deadline date, please contact the journal to ask for an extension.

Once again, thank you for submitting your manuscript to the Journal of Health Research and I look forward to receiving your revision.

Sincerely,
Miss Sunanta Wongchalee
Associate Editor, Journal of Health Research
sunanta.w@chula.ac.th

Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation: Major Revision

Comments:

To the authors of the article. It is an interesting paper to identify the gap of extending health insurance coverage in this specific group. However, there are some major improvements that should be incorporated and could be found in the detailed explanation below. Here I also attached the COREQ checklist and I expect that the authors will revise the article according to this checklist, followed by other supplementary files

Additional Questions:

1. Originality: Does the paper contain new and significant information adequate to justify publication?: Informal sector workers the vulnerable group as people in this group are unable to maintain their premium-based health insurance status due to income instability. This is an interesting point raised by the author. However, several points should be taken, including

1. Why focusing on the palm sugar farmer and how big the proportion of workers in this sector compared to other informal sector? The author should have sufficient justification. Furthermore, I do believe that factory laborers, food stall vendors, and small entrepreneurship are also uncovered by health insurance. And the number seems bigger.

2. By looking at the glance the findings of the research in the abstract, the author addressed the major themes, but it seems that it does not emphasize essential points. The findings should be re-written to encourage more attention to the reader. Here is the possible example "The nature of palm sugar cultivation possess a higher risk of injury and work-associated diseases, including fall and seasonal diseases. Health insurance possession is crucial but the farmers face the problem of how to ensure the continuity of the premium payment amid the uncertainty of palm sugar business revenue...etc"

In conclusion, this paper possesses originality, although there is a lack of justification of why the author focused on this group rather than other groups, and the shallow explanation of the results hinders the message conveyed by the paper. The author should re-write and elaborate more on this.

2. Relationship to Literature: Does the paper demonstrate an adequate understanding of the relevant literature in the field and cite an appropriate range of literature sources? Is any significant work ignored?: There are some issues needed to clarify:

1. What are the true health problems among this group? Are their health problems related to occupational hazards only?

2. How is the situation of healthcare service particularly in primary health care? Are there any notable discrepancies in healthcare service between insured and uninsured people? There must be other underlying reasons why people willing to pay per sick episode rather than a continuous premium payment. The quality of health care service under the Health Insurance program should be highlighted.

3. It seems that there are two schemes of insurance in Indonesia. The general health insurance (by BPJS kesehatan) and work-related health insurance (including the accident at work, such as fall by Jamsostek). Can the authors elaborate on this? As the situation they face is likely relevant to the work-related incidents rather than general health. Whether the health insurance naturally covers everything or there is a different system of health insurance that covers the non-related work diseases/nonoccupational diseases. In all countries, It is compulsory for the employer to cover the treatment of occupational disease through employee insurance but sometimes, In reality, people suffer a lot from a non-occupational disease which not fall into the coverage of employee insurance. Hence this is the source of financial hardship. Please identify the gap in this issue.

In a simple way, if a worker has diabetes which not related to the work and this person has the insurance provided by the employer. Will the employee-insurance cover the DM treatment? How's the current situation regarding this issue? And which premium that they should pay? the health insurance for occupational hazards or general health insurance? Which payment is the real burden for them?

To sum up, the author should explain the system of health insurance and the pertinent sectors that provide healthcare, also the general perspective of common people in healthcare service.

3. Methodology: Is the paper's argument built on an appropriate base of theory, concepts, or other ideas? Has the research or equivalent intellectual work on which the paper is based been well designed? Are the methods employed appropriate?: 1. I strongly recommend the authors write the paper according to the COREQ checklist, please check the attachment, particularly on how the authors conduct the in-depth interview and the background of researchers. By filling the checklist, I will be able to identify some crucial points in the methodology. Including the bias from the researcher point of view
2. The table of participants' characteristics should not be put in the method section.
3. Please provide the MAXQDA output of the theme and provide it as a supplementary file. And also put table 2 as a supplementary file instead
4. How do the authors derived the interview guideline and which models or concepts applied to the interview guideline. Suppose that if we want to talk about health insurance then the "expected utility model" can be used to guide the interview or even go to the "health belief model". It is common to state the references and model that become the base of the interview questions. By doing this, we can identify the difference between the initial assumption the facts found in the interview.
5. Was the author set preliminary themes prior to the interview? if yes, are there any changes compared to the final theme?
6. Is there any back-to-back translation of the transcripts? how reliable is the content as multiple languages were used, including the local language?

In Short, the methodology is not explained clearly. Sufficient but not convincing and reproducible enough.

4. Results: Are results presented clearly and analysed appropriately? Do the conclusions adequately tie together the other elements of the paper?: 1. table 1 seems missing one important thing? is there any data regarding their level of income?
2. When I try to understand the nature of BPJS kesehatan through a short internet surfing, it seems that BPJS kesehatan will not cover the accident at work. It is the duty of Jamsostek. If the biggest concern of the farmer is the occupational disease or hazard as expressed in the first part of the result, do the authors think that BPJS kesehatan seems beneficial to this situation?. Hence it is important to make the reader understand the health insurance system in Indonesia. And I do believe that the employer (or the leader, or the boss, whatever they may call) has the obligation to pay the biggest part of work-related insurance, irrespective of the revenue of the sugar plantation.
3. I think it is important to state the contract between the sugar farmers and the factory. Whether they work in the outsourcing scheme etc. If they do the business with the farmer as seller and buyer, the health protection from the insurance will be different, rather than working as the company's labor/manpower.
3. It is interesting to see that the palm sugar harvesters have "palm sugar savings" which adds some interesting points.

There are some points that need to be clarified, however, the result is sufficient to draw several important points

5. Practicality and/or Research implications: Does the paper identify clearly any implications for practice and/or further research? Are these implications consistent with the findings and conclusions of the paper?: 1. Indeed there are some issues with the generalizability of the findings including whether a similar situation occurs in different informal sectors and also in different areas
2. However, the authors pointed out one solution (the palm sugar savings) that resembles the neighboring countries, Philhealth. The authors may have an option to express their opinion of whether this savings program is sustainable or not.
3. The recommendation should be written in a concise way. Such as
"The BPJS kesehatan should rigorously promote the scheme, coverage, terms, conditions, and benefits to the target population, to reduce the misunderstanding between the user and the provider, while in the same time enhancing the collaborative work with the local government to conduct a robust survey and identification for eligible recipients of the waived-premium health insurance or providing various options of payment"

This paper demonstrates a meaningful impact despite some issues that need to be clarified.

6. Quality of Communication: Does the paper clearly express its case, measured against the technical language of the field and the expected knowledge of the journal's readership? Has attention been paid to the clarity of expression and readability, such as sentence structure, jargon use, acronyms, etc.: 1. By analyzing the readability index, this paper could be understood by the general population. However, the information should be clarified. The reader should be able to understand how the health insurance system is implemented and some initial assumptions before jumping into the results
2. Punctuation is necessary.

Reviewer: 2

Recommendation: Minor Revision

Comments:

Needs some minor language amendments but is otherwise is novel and worth publishing

Please move the limitations of the study to within the discussion portion. Include also some strengths of the study which are numerous

Certain terms such as Dinperindagkop officer should be explained

Additional Questions:

1. Originality: Does the paper contain new and significant information adequate to justify publication?: Yes
2. Relationship to Literature: Does the paper demonstrate an adequate understanding of the relevant literature in the field and cite an appropriate range of literature sources? Is any significant work ignored?: Yes
3. Methodology: Is the paper's argument built on an appropriate base of theory, concepts, or other ideas? Has the research or equivalent intellectual work on which the paper is based been well designed? Are the methods employed appropriate?: Yes
4. Results: Are results presented clearly and analysed appropriately? Do the conclusions adequately tie together the other elements of the paper?: Yes
5. Practicality and/or Research implications: Does the paper identify clearly any implications for practice and/or further research? Are these implications consistent with the findings and conclusions of the paper?: Yes
6. Quality of Communication: Does the paper clearly express its case, measured against the technical language of the field and the expected knowledge of the journal's readership? Has attention been paid to the clarity of expression and readability, such as sentence structure, jargon use, acronyms, etc.: Adequate



2-TEMPLATE--HOWTO-ADDRESS---REFEREE-COMMENTS.docx

70K



Budi Aji <budi.aji57@gmail.com>

JHR-02-2021-0140.R1 - Journal of Health Research

1 message

Journal of Health Research <onbehalf@manuscriptcentral.com>

Thu, Aug 5, 2021 at 2:46 PM

Reply-To: sunanta.w@chula.ac.th

To: budi.aji57@gmail.com

05-Aug-2021

Dear Dr. Budi Aji

I hope this email finds you well.

I write with regards to your submitted article ("Situational Analysis of the Extending National Health Insurance Coverage to Informal Sector in Indonesia: A Case Study among Palms Sugar farmers"). As you will know, Journal of Health Research currently operates under a platinum open access model. All costs associated with making published works open access on Emerald's platform are covered by our sponsoring institution.

Whilst our collaboration with Emerald has been successful to date, we have taken the decision to publish the journal via an alternative outlet in 2023. Volume 37 of Journal of Health Research will be hosted on a new platform. The new submission URL will be supplied at a later stage.

All manuscripts submitted after 31st August 2021 will be published on the new platform. To protect the rigour of the peer review and audit trail of the article, resubmission of your work might be required. If you wish to submit your article elsewhere, please let me know and I will withdraw your submission.

Please accept my apologies for this inconvenience. We hope that you will consider submitting your article to our new journal site.

If there is anything I can assist with, please let me know.

Thank you for your understanding on this matter.

Managing Editor
Sunanta Wongchalee
sunanta.w@chula.ac.th



Budi Aji <budi.aji57@gmail.com>

Journal of Health Research - Decision on JHR-02-2021-0140.R1

3 messages

Journal of Health Research <onbehalfof@manuscriptcentral.com>

Fri, Sep 3, 2021 at 2:06 PM

Reply-To: sunanta.w@chula.ac.th

To: budi.aji57@gmail.com, s.masfiah@gmail.com, siti.masfiah@unsoed.ac.id, sitiharwanti13@gmail.com, ulfahkesmas@gmail.com, hvm@hsph.edu.vn

03-Sep-2021

Dear Dr. Aji:

It is a pleasure to accept your manuscript entitled "Situational Analysis of the Extending National Health Insurance Coverage to Informal Sector in Indonesia: A Case Study among Palms Sugar farmers" in its current form for publication in Journal of Health Research.

Your manuscript will shortly be submitted for routine linguistic and formatting edits. Upon completion of this process, you will receive an email requesting you to complete a copyright form. This is a requirement of all authors accepted for publication in our journal. Please also note that I am unable to confirm the exact volume, issue, and year of publication at this time.

Thank you for your contribution. On behalf of the Editors of Journal of Health Research, we look forward to your continued contributions to the Journal.

Journal of Health Research

sunanta.w@chula.ac.th

Budi Aji <budi.aji57@gmail.com>

Wed, Sep 8, 2021 at 9:02 AM

To: Sunanta Wongchalee <sunanta.w@chula.ac.th>

Dear Ms. Sunanta,

Thank you for your positive result of our manuscript. We will waiting for the next steps. For the volume, issue, and year of publication, is t possible to be in the end of this year or early in the next year? Because I need this publication for my professorship document in the next year. I hope you will consider my request favourably.

Many thanks in advance.

Best wishes,

Dr. Budi Aji

[Quoted text hidden]

Sunanta Wongchalee <Sunanta.W@chula.ac.th>

Wed, Sep 8, 2021 at 9:06 AM

To: Budi Aji <budi.aji57@gmail.com>

Dear author,

Per your request, For the volume, issue, and year of publication, is t possible to be in the end of this year or early in the next year? Because I need this publication for my professorship document in the next year.

We cannot do it for you since all papers are issued and it is done already.

Thank you.

[Quoted text hidden]



Budi Aji <budi.aji57@gmail.com>

Copyright Form Reminder: Journal of Health Research

1 message

Journal of Health Research <onbehalf@manuscriptcentral.com>

Thu, Sep 9, 2021 at 4:11 PM

Reply-To: sunanta.w@chula.ac.th

To: budi.aji57@gmail.com

09-Sep-2021

Dear Dr. Aji,

Recently, your manuscript entitled 'Situational Analysis of the Extending National Health Insurance Coverage to Informal Sector in Indonesia: A Case Study among Palms Sugar farmers' (JHR-02-2021-0140.R1) was accepted for publication in Journal of Health Research.

Please complete the Copyright Transfer Agreement (CTA) at your very earliest convenience, your manuscript will pass into the publication process as soon as this is received.

When completing this form please take the opportunity to check that your contact details are correct. If your details need to be updated, please access your account details by clicking on your name at the top right of the screen. Please note that this must be done prior to you submitting your copyright form.

You can access the form by clicking on the following link:

https://mc.manuscriptcentral.com/jhres?URL_MASK=144176321ec648a68a3935e388b322ca

If you have any questions, please let me know.

Sincerely,
Sunanta Wongchalee, MPH
Journal of Health Research, Editorial Office
sunanta.w@chula.ac.th

Responses to Editor and Reviewer Comments

Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation: Major Revision

Comments:

To the authors of the article. It is an interesting paper to identify the gap of extending health insurance coverage in this specific group. However, there are some major improvements that should be incorporated and could be found in the detailed explanation below. Here I also attached the COREQ checklist and I expect that the authors will revise the article according to this checklist, followed by other supplementary files

Additional Questions:

1. Originality: Does the paper contain new and significant information adequate to justify publication?: Informal sector workers the vulnerable group as people in this group are unable to maintain their premium-based health insurance status due to income instability. This is an interesting point raised by the author. However, several points should be taken, including

1. Why focusing on the palm sugar farmer and how big the proportion of workers in this sector compared to other informal sector? The author should have sufficient justification. Furthermore, I do believe that factory laborers, food stall vendors, and small entrepreneurship are also uncovered by health insurance. And the number seems bigger.

Authors' response:

We thank the reviewer for this point. We agree with reviewer comment that other informal workers are vary in Indonesia, and they are also covered by the NHI scheme. The reason why we focused on palm sugar farmer because this such worker could be represent informal workers who work in agricultural sector in rural area in Indonesia, where rural area remains a larger part of Indonesia territory. So this study could provide an essential recommendation for policy maker.

2. By looking at the glance the findings of the research in the abstract, the author addressed the major themes, but it seems that it does not emphasize essential points. The findings should be re-written to encourage more attention to the reader. Here is the possible example "The nature of palm sugar cultivation possess a higher risk of injury and work-associated diseases, including fall and seasonal diseases. Health insurance possession is crucial but the farmers face the problem of how to ensure the continuity of the premium payment amid the uncertainty of palm sugar business revenue...etc"

In conclusion, this paper possesses originality, although there is a lack of justification of why the author focused on this group rather than other groups, and the shallow explanation of the results hinders the message conveyed by the paper. The author should re-write and elaborate more on this.

Authors' response:

We are grateful to the reviewer for pointing this out. We have revised the abstract according to the reviewer's comments.

2. Relationship to Literature: Does the paper demonstrate an adequate understanding of the relevant literature in the field and cite an appropriate range of literature sources? Is any significant work ignored?: There are some issues needed to clarify:

1. What are the true health problems among this group? Are their health problems related to occupational hazards only?

Authors' response:

We thank the reviewer for noting this issue. Health problem among informal workers are the same as common people. This paper focuses on health care services that are covered by national health insurance program where informal workers become substantial proportion of population in Indonesia to achieve universal coverage goals. National health insurance run by BPJS Kesehatan covers a comprehensive health services for all population including diseases related work.

2. How is the situation of healthcare service particularly in primary health care? Are there any notable discrepancies in healthcare service between insured and uninsured people? There must be other underlying reasons why people willing to pay per sick episode rather than a continuous premium payment. The quality of health care service under the Health Insurance program should be highlighted.

Authors' response:

We thank again to the reviewer for making this point. All members of BPJS Kesehatan have a freedom of choice for selecting the primary care services as their provider (for both public and private providers). If they are not satisfied with the provider within 3 month after they selected the provider then they can change and re-register to other provider. We think this doesn't become an issue again. Moreover, to date, the majority of patients in health care providers are BPJS Kesehatan members so in providers' point of view, the members of BPJS Kesehatan are the main targeted costumers than have to be well serviced to maintain their choice of provider.

3. It seems that there are two schemes of insurance in Indonesia. The general health insurance (by BPJS kesehatan) and work-related health insurance (including the accident at work, such as fall by Jamsostek). Can the authors elaborate on this? As the situation they face is likely relevant to the work-related incidents rather than general health. Whether the health insurance naturally covers everything or there is a different system of health insurance that covers the non-related work diseases/nonoccupational diseases. In all countries, It is compulsory for the employer to cover the treatment of occupational disease through employee insurance but sometimes, In reality, people suffer a lot from a non-occupational disease which not fall into the coverage of employee insurance. Hence this is the source of financial hardship. Please identify the gap in this issue.

In a simple way, if a worker has diabetes which not related to the work and this person has the insurance provided by the employer. Will the employee-insurance cover the DM treatment? How's the current situation regarding this issue? And which premium that they should pay? the health insurance for occupational hazards or general health insurance? Which payment is the real burden for them?

To sum up, the author should explain the system of health insurance and the pertinent sectors that provide healthcare, also the general perspective of common people in healthcare service.

Authors' response:

We thank the reviewer for raising this important issue. We have added an overview of national health insurance in Indonesia in introduction section to provide general information about insurance system in Indonesia

3. Methodology: Is the paper's argument built on an appropriate base of theory, concepts, or other ideas? Has the research or equivalent intellectual work on which the paper is based been well designed? Are the methods employed appropriate?:

1. I strongly recommend the authors write the paper according to the COREQ checklist, please check the attachment, particularly on how the authors conduct the in-depth interview and the background of researchers. By filling the checklist, I will be able to identify some crucial points in the methodology. Including the bias from the researcher point of view

Authors' response:

We thank the reviewer for noting this important issue. We have added information in this section according to the COREQ checklist.

2. The table of participants' characteristics should not be put in the method section.

Authors' response:

We thank the reviewer for this point. We have replaced the characteristics of participants in results section and added several information to make it clearer.

3. Please provide the MAXQDA output of the theme and provide it as a supplementary file. And also put table 2 as a supplementary file instead

Authors' response:

We again thank for making this point. We have put the table in the supplementary file. The MAXQDA output has been integrated in the table as codes that are used to develop the themes.

4. How do the authors derived the interview guideline and which models or concepts applied to the interview guideline. Suppose that if we want to talk about health insurance then the "expected utility model" can be used to guide the interview or even go to the "health belief model". It is common to state the references and model that become the base of the interview questions. By doing this, we can identify the difference between the initial assumption the facts found in the interview.

Authors' response:

We thank the reviewer for noting this point. We developed the interview protocol based on literature review related to the issue of health seeking behaviour and health insurance. We have added this information in the method section.

5. Was the author set preliminary themes prior to the interview? if yes, are there any changes compared to the final theme?

Authors' response:

We thank the reviewer for raising this issue. We used an inductive approach in the data analysis process, meaning that we moved through the data for generating codes then we developed basic, organizing and final themes.

6. Is there any back-to-back translation of the transcripts? how reliable is the content as multiple languages were used, including the local language?

In Short, the methodology is not explained clearly. Sufficient but not convincing and reproducible enough.

Authors' response:

We thank the reviewer for pointing this out. We have conducted back to back translation of the transcripts. Because all researcher are able to speak the local language fluently, as our daily language, so it reduces bias when we translate into our formal language (Bahasa Indonesia) for data analysis purpose as well as into English for preparing this manuscript.

4. Results: Are results presented clearly and analysed appropriately? Do the conclusions adequately tie together the other elements of the paper?:

1. table 1 seems missing one important thing? is there any data regarding their level of income?

Authors' response:

We thank the reviewer for this point. We did not collect the level of income due to variability of the participants (palm sugar farmers and stakeholders). This study more focused on the need of health insurance coverage and the current situation among informal workers.

2. When I try to understand the nature of BPJS kesehatan through a short internet surfing, it seems that BPJS kesehatan will not cover the accident at work. It is the duty of Jamsostek. If the biggest concern of the farmer is the occupational disease or hazard as expressed in the first part of the result, do the authors think that BPJS kesehatan seems beneficial to this situation?. Hence it is important to make the reader understand the health insurance system in Indonesia. And I do believe that the employer (or the leader, or the boss, whatever they may call) has the obligation to pay the biggest part of work-related insurance, irrespective of the revenue of the sugar plantation.

Authors' response:

We thank the reviewer for pointing this out. Indonesian social security program has two main bodies i.e BPJS Kesehatan and BPJS Ketenagakerjaan (previously called Jamsostek). These have different benefit coverage and purposes. BPJS Kesehatan cover comprehensive health services from primary to tertiary care and from clinic to national referred hospital, while Jamsostek has obligation to cover occupational accidents, retirement savings, and life insurance. All health benefits are responsibility of BPJS Kesehatan for all people in Indonesia, including informal sectors. The characteristics of palm sugar farmer are an independent worker who has no employer, so related to social security program they have to pay the premium by their own selves.

3. I think it is important to state the contract between the sugar farmers and the factory. Whether they work in the outsourcing scheme etc. If they do the business

with the farmer as seller and buyer, the health protection from the insurance will be different, rather than working as the company's labor/manpower.

Authors' response:

We again thank the reviewer for this point. We agree with your statement. Palm sugar farmers are independent workers. The marketing networks are dominantly by the broker (called Tengkulak) so the health benefit is the responsibility of the farmers themselves.

3. It is interesting to see that the palm sugar harvesters have "palm sugar savings" which adds some interesting points.

There are some points that need to be clarified, however, the result is sufficient to draw several important points

Authors' response:

We thank the reviewer for this point. We raise the idea of "palm sugar savings" for the premium collection as the palm sugar farmers have group/cooperation that can facilitate this idea.

5. Practicality and/or Research implications: Does the paper identify clearly any implications for practice and/or further research? Are these implications consistent with the findings and conclusions of the paper?:

1. Indeed there are some issues with the generalizability of the findings including whether a similar situation occurs in different informal sectors and also in different areas

Authors' response:

We thank the reviewer for this point. We put it as our study limitations, so the future study could explore the other settings of different informal economy and area in Indonesia.

2. However, the authors pointed out one solution (the palm sugar savings) that resembles the neighboring countries, Philhealth. The authors may have an option to express their opinion of whether this savings program is sustainable or not.

Authors' response:

We thank the reviewer for pointing this out. "Palm sugar savings" is an alternative suggestion for policy makers based on our study findings. This idea has not been implemented yet so we could see the implication of the intervention.

3. The recommendation should be written in a concise way. Such as "The BPJS kesehatan should rigorously promote the scheme, coverage, terms, conditions, and benefits to the target population, to reduce the misunderstanding between the user and the provider, while in the same time enhancing the collaborative work with the local government to conduct a robust survey and identification for eligible recipients of the waived-premium health insurance or providing various options of payment"

This paper demonstrates a meaningful impact despite some issues that need to be clarified.

Authors' response:

We thank the reviewer for noting this point. We have revised and added this statement according to the reviewer comment.

6. Quality of Communication: Does the paper clearly express its case, measured against the technical language of the field and the expected knowledge of the journal's readership? Has attention been paid to the clarity of expression and readability, such as sentence structure, jargon use, acronyms, etc.:

1. By analyzing the readability index, this paper could be understood by the general population. However, the information should be clarified. The reader should be able to understand how the health insurance system is implemented and some initial assumptions before jumping into the results

Authors' response:

We thank the reviewer for noting this issue. We have added information about the health insurance system in Indonesia to make it clearer

2. Punctuation is necessary.

Authors' response:

We thank the reviewer for this point. We have checked and revised punctuation according to the reviewer comment

Reviewer: 2

Recommendation: Minor Revision

Comments:

Needs some minor language amendments but is otherwise novel and worth publishing

Authors' response:

We thank the reviewer for this point. We have checked and revised the minor language errors

Please move the limitations of the study to within the discussion portion. Include also some strengths of the study which are numerous

Authors' response:

We thank the reviewer for noting this point. We have moved the study limitation to the discussion section

Certain terms such as *Dinperindagkop* officer should be explained

Authors' response:

We again thank the reviewer for this point. We have deleted the 'local' abbreviation to minimize the lack of understanding of international readers.

Additional Questions:

1. Originality: Does the paper contain new and significant information adequate to justify publication?: Yes

2. Relationship to Literature: Does the paper demonstrate an adequate understanding of the relevant literature in the field and cite an appropriate range of literature sources? Is any significant work ignored?: Yes

3. Methodology: Is the paper's argument built on an appropriate base of theory, concepts, or other ideas? Has the research or equivalent intellectual work on which the paper is based been well designed? Are the methods employed appropriate?: Yes

4. Results: Are results presented clearly and analysed appropriately? Do the conclusions adequately tie together the other elements of the paper?: Yes

5. Practicality and/or Research implications: Does the paper identify clearly any implications for practice and/or further research? Are these implications consistent with the findings and conclusions of the paper?: Yes

6. Quality of Communication: Does the paper clearly express its case, measured against the technical language of the field and the expected knowledge of the journal's readership? Has attention been paid to the clarity of expression and readability, such as sentence structure, jargon use, acronyms, etc.: Adequate

Authors' response:

We thank the reviewer for these assessments