

#### Ratna Dwi Wulandari <ratna-d-w@fkm.unair.ac.id>

# BMC Public Health - Receipt of Manuscript 'Hospital Utilization among...'

1 message

**BMC Public Health** <a href="mailto:smbler.html">bmc Public Health</a> <a href="mailto:smbler.html">bmc Publ

Thu, Aug 18, 2022 at 4:00 PM

Ref: Submission ID e411df82-9ae1-4fcb-b8f1-9fd62e1c01da

Dear Dr Wulandari,

Thank you for submitting your manuscript to BMC Public Health.

Your manuscript is now at our initial Quality Check stage, where we look for adherence to the journal's submission guidelines, including any relevant editorial and publishing policies. If there are any points that need to be addressed prior to progressing we will send you a detailed email. Otherwise, your manuscript will proceed into peer review.

You can check on the status of your submission at any time by using the link below and logging in with the account you created for this submission:

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Kind regards,

Peer Review Advisors BMC Public Health

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#### Ratna Dwi Wulandari <ratna-d-w@fkm.unair.ac.id>

# BMC Public Health: Decision on your manuscript

1 message

BMC Public Health <a href="mailto:bmcpublichealth@biomedcentral.com">bmcpublichealth@biomedcentral.com</a> To: ratna-d-w@fkm.unair.ac.id

Thu, Dec 15, 2022 at 4:47 PM

Ref: Submission ID e411df82-9ae1-4fcb-b8f1-9fd62e1c01da

Dear Dr Wulandari.

Re: "Hospital Utilization among Urban Poor Societies in Indonesia in 2018: Does government-run insurance effective?"

We are pleased to let you know that your manuscript has now passed through the review stage and is ready for revision. Many manuscripts require a round of revisions, so this is a normal but important stage of the editorial process.

#### Editor comments

Please improve the language in the manuscript (including editing the title and abstract) either by asking a native English speaker to proofread it, or by using one of the services linked below.

To ensure the Editor and Reviewers will be able to recommend that your revised manuscript is accepted, please pay careful attention to each of the comments that have been pasted underneath this email. This way we can avoid future rounds of clarifications and revisions, moving swiftly to a decision.

Once you have addressed each comment and completed each step listed below, the revised submission and final file can be uploaded via the link below.

If you completed the initial submission, please log in using the same email address. If you did not complete the initial submission, please discuss with the submitting author, who will be able to access the link and resubmit.

https://submission.springernature.com/submit-revision/e411df82-9ae1-4fcb-b8f1-9fd62e1c01da

You can visit https://researcher.nature.com/your-submissions to track progress of this or any other submissions you might have.

## CHECKLIST FOR SUBMITTING YOUR REVISION

1. Please upload a point-by-point response to the comments, including a description of any additional experiments that were carried out and a detailed rebuttal of any criticisms or requested revisions that you disagreed with. This must be uploaded as a 'Point-by-point response to reviewers' file.

Please note that we operate a transparent peer review process, where we publish reviewers' reports with the article, together with any responses that you make to reviewers or the handling Editor,

- 2. Please highlight all the amends on your manuscript or indicate them by using tracked changes.
- 3. Check the format for revised manuscripts in our submission guidelines, making sure you pay particular attention to the figure resolution requirements:

https://bmcpublichealth.biomedcentral.com/submission-guidelines

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Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our resources page: https://www.springernature.com/gp/researchers/campaigns/english-languageforauthors

To support the continuity of the peer review process, we recommend returning your manuscript to us within 14 days. If you think you will need additional time, please let us know and we will aim to respond within 48 hours.

Kind regards,

Catherine Smith Editorial Board Member **BMC Public Health** 

**Reviewer Comments:** 

#### Reviewer 1

Wulandari et al. assess the effect of insurance on hospital admissions. The paper uses logistic regression at individual level.

First, the paper has very poor writing quality with grammatical mistakes in the title of the paper (e.g. DOES government-run insurance effective?) and throughout the abstract and the paper.

Second, motivation is poor since moral hazard of insurance is well established in previous literature. Relationship between health insurance and health status (or quality) is of more interest.

Finally, looking at health care utilization for people who were admitted (nights spent in a hospital) may be better since very few people in the sample use hospital care.

#### Reviewer 2

Overall, this is a very good paper addressing the relatively recent introduction of the National Health Insurance in Indonesia in 2014. Given the novelty of the program it is likely there is little empirical research by way of the program's effectiveness, and for that reason alone it would be a solid contribution. The scope is somewhat limited by the sole outcome variable (hospital utilization) as a measure of the program's effectiveness. Is it possible for the authors to examine additional outcome variables, such as health status, life expectancy, and prevalence of chronic illness such as diabetes, heart and kidney disease? Another angle would be proxy measure for health, such as frequency of doctor visits and having a "usual source of care." It is understandable if these measures are beyond the scope for this paper, and if so, perhaps the authors could discuss the prevalence of some of these factors in the introduction and revisit them in the discussion, as a way of framing research questions for future study.

On the technical front, perhaps I missed something, but I don't know if the authors explicitly discuss whether the difference in hospitalizations among those with private versus government-run insurance (4.866 vs 4.261) is statistically significant. Even if this difference is significant, the magnitude of the difference is quite small, and I question whether it is warranted in the analysis and conclusions to emphasize this difference. Similarly, for those with both private and government-run coverage, hospitalization usage is much higher than either one alone (11.974); however, the prevalence of having both types of insurance is very small (less than one percent). So again, I question the narrative that simply ranks the coverage types by their numeric score without a more nuanced discussion of the importance of these outcomes. For example, can the authors suggest any reasons the government-run program would have a lower rate of hospital utilization than those in the private program? Are there important differences between the two programs in terms of the services they cover, quality of care, and the types of populations they cover? These issues could illuminate the findings and help provide context and meaning, since the focus of paper is about urban poor and it is unlikely they are the group that has private coverage (or both types of coverage).



### Ratna Dwi Wulandari <ratna-d-w@fkm.unair.ac.id>

# BMC Public Health: Decision on your manuscript

1 message

BMC Public Health <a href="mailto:bmcpublichealth@biomedcentral.com">bmcpublichealth@biomedcentral.com</a> To: ratna-d-w@fkm.unair.ac.id

Tue, Jan 10, 2023 at 3:36 PM

Ref: Submission ID e411df82-9ae1-4fcb-b8f1-9fd62e1c01da

Dear Dr Wulandari.

Re: "Hospital Utilization among Urban Poor in Indonesia in 2018: Is government-run insurance effective?"

We're delighted to let you know that your manuscript has been accepted for publication in BMC Public Health.

#### Editor comments

Thank you for addressing the reviewers' comments.

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Once again, thank you for choosing BMC Public Health, and we look forward to publishing your article.

Kind regards,

Catherine Smith **Editorial Board Member BMC Public Health** 

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