

Fraud Prevention in the Management of Covid-19 Claims in Indonesia

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ABSTRACT

Corona Virus Disease 2019 (Covid-19) has become a global pandemic that concerns the world. The covid-19 pandemic has a broad impact on multiple aspects of people's lives. Various countries around the globe have implemented strategic policies for handling Covid-19, including one of them is financing policies. Regulations and policies were made to regulate health management due to Covid-19, including its claims. A large amount of Covid-19 claim financing in Indonesia can lead to potential fraud in managing the claim. This research aims to analyze the possibility of fraud in the management of Covid-19 claim and mitigate the law of preventing or handling fraud in managing Covid-19 claim in Indonesia. The research method used in this legal research is normative juridical research with uses secondary data. The result and analysis prove that the current management of the Covid-19 claim can lead to potential fraud and needs to be mitigated. Reasonable regulations are required regarding fraud criteria in managing Covid-19 claims as preventive measures and sanctions. A fraud prevention system must be optimized in the management of Covid-19 claims.

Keywords

Fraud prevention; claims management; Covid-19

Introduction

Health is a basic human need. It is a human right inherent in citizens. The right to live a healthy life aims to create social justice for the entire community. The World Health Organization (WHO) goal: to ensure the world community has universal health coverage, protect the world community from health emergencies, and obtain good health and well-being. The definition of health here is not only free from illness or disability or due to one's physical condition but includes mental and social health. The Universal Health Coverage echoed by WHO has the concept of expanding health services both for individual health and public health. It ensures that people can access qualified promotive, preventive, curative, and rehabilitative health efforts based on their needs. The community does not experience financial difficulties when using these health services (Adiyanta, 2020). The concept of universal health coverage was created based on a global agreement among United Nations member countries worldwide. It started with the universal declaration related to human rights in 1948, followed by Millenium Development Goals (MDGs) program in 2000-2015, then continued with the Sustainable Development Goals (SDGs) program for 2016-2030. The goals of SDGs in the health sector, see from all aspects related to health, not only the health system itself, but also health services, health personnel, and infrastructure involved in management to achieve efforts to improve world public health (World Health Organization, 2020).

There is currently a global Corona Virus Disease 2019 (Covid-19) pandemic that has spread to various countries, including Indonesia. The Covid-19 pandemic impacts multiple aspects of people's lives in terms of health, economy, social, politics, and state resilience. The Covid-19 outbreak caused by the coronavirus (SARS-CoV-2) initially

occurred in Wuhan, China. It then spread rapidly to various countries globally, resulting in a decrease in public health level, economic downturn, affecting social and political conditions, and state resilience (Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/MENKES/413/2020). The massive transmission of Covid-19 to humans has resulted in a high mortality rate and has urged the countries made strategic policies related to handling this pandemic. Various countries in the world have implemented health emergencies over the Covid-19 pandemic. Health protocols, health quarantine, strategic policies, including financing policies and health services, are made and conditioned to manage the Covid-19 pandemic. The state is present in providing health financing guarantees for citizens. This disease became crowded in Indonesia when two Indonesian citizens were confirmed positive in March 2020 with initial complaints such as upper respiratory tract infections. Since WHO determined the Covid-19 case as a public health emergency on January 30, 2020, it became a concern worldwide. The Covid-19 was declared as a global pandemic on March 11, 2020. Due to relatively fast transmission, there has spread among countries with high mortality rates, which impacts the increasing need for the world community for services in the health sector.

Indonesian government establishes strategic policies, including provisions regarding the financing of Covid-19 claims. Regulations related to the management and reimbursement of Covid-19 claims were issued after services were provided to patients without any prior explicit provisions. Based on sources from the *Badan Pemeriksa Keuangan* Republic of Indonesia, on July 22, 2020, the Indonesian government had disbursed a significant amount for Covid-19 funding, with the most considerable portion for claim payments around 21.06 trillion (Azis, 2020). The large

portion of the Indonesian government’s budget for financing Covid-19 claims certainly requires efforts to maintain financial accountability. The potential fraud that can occur in managing Covid-19 claims must be mitigated. The laws and regulations that are made must minimize the potential fraud (Greenfield, 1997). The rapid spread of the Covid-19 case was not accompanied by immediate rules in the management of financing due to the Covid-19 case, causing uncertainty in the law financing. Disinformation in the Covid-19 case and inaccuracy in managing its financing impact the potential fraud in managing Covid-19 claims. The absence of regulations regarding fraud prevention and handling mechanism in the management of Covid-19 claims results in the need for further study and analysis of synchronization and legal certainty of the provisions of the prevailing laws and regulations. Therefore, fraud prevention must be needed to analyze the possibility of fraud and mitigate the rule of preventing or handling fraud in the management of Covid-19 claims in Indonesia.

Literature Review

The term of fraud is different from corruption. The definition of fraud means that a deliberate behaviour to get financial gain results in losses to specific parties by defrauding the benefits system (Stolk, 2010). It’s different between error and corruption. An error means unintentional behaviour perpetrated by claimants or staff, while corruption is deliberate behaviour by staff to exploit the benefits system. These misappropriations which describe due to error, fraud, and corruption (figure 1):

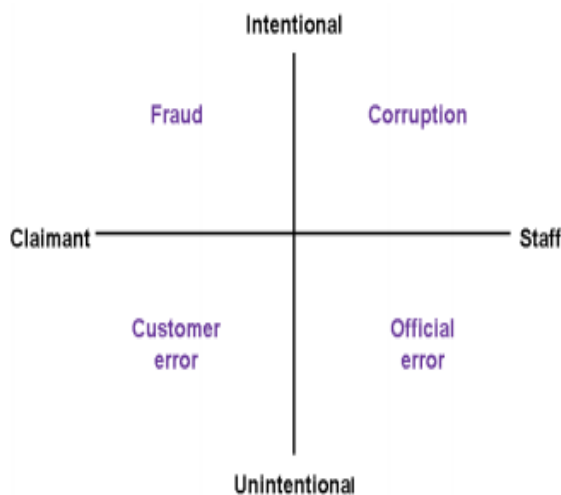


Figure 1. About the error, fraud, and corruption (Stolk, 2010).

Research conducted by Teremetsky et al. discusses general corruption in the health sectoral at Covid-19 pandemic. Corruption can be due to fraud (Teremetskyi, Duliba, Kroitor, Korchak, & Makarenko, 2020), but fraud is not necessarily corruption.

Legal certainty in managing Covid-19 claims is needed as a form of protection for justice seekers from arbitrary action

(Mertokusumo, 1993). Legal certainty is required and refers to a legal rule which clear, consistent, and not influenced by subjective matters. Utrecht argued that legal certainty could mean the existence of arrangements that make individuals know what is allowed or not to be done. Besides, it can be a form of individual protection from the arbitrary actions of other parties because there are arrangements that make individuals know what is appropriate or inappropriate done (Syahrani, 1999). Legal regulation is a statutory regulation made by the competent authority that provides legal certainty that guarantees the function of law as a rule that must be obeyed. Legal certainty in the management of Covid-19 claims is part of the effort to achieve justice. Everyone has the same rights fairly without any discrimination for the welfare of society as a whole, in getting justice regardless of one’s status or attributes where this value correlates with the current conditions of the Covid-19 pandemic (McMillan, 2020). If there are rights, of course, there are obligations that must be fulfilled by both the individual and other individuals. The right of a person is another individual obligation. The right of a person must respect the rights of other individuals.

In a health emergency, the World Health Organization in its function to carry out health emergency preparations by identifying, mitigating, and managing risks, preventing the occurrence of sustainable emergencies by supporting the development of infrastructure needed for outbreak management, detecting and responding to health emergencies, and support dissemination of important health service information related to epidemic management. Various countries have made, changed, and updated regulations and policies to handle the spread of the Covid-19 pandemic as a form of control against the occurrence of health emergencies, including the Medicare program in America (Podulka & Blum, 2020). Various countries provide legal and regulatory policy flexibility to make it easier for health service providers to regulate the management of Covid-19 handling, including the management of Covid-19 claims. This flexibility must be mitigated and minimize the potential for fraud that can occur, including implementing and managing Covid-19 claims.

In Indonesia, Covid-19 is an outbreak of an infectious disease included in a non-natural national disaster. The regulation that generally regulates health services in disasters, including their financing, is contained in Law No. 36 of 2009 on health. Indonesia also has rules on Infectious Disease Outbreaks in Law No. 4 of 1984, Law No. 24 of 2007 on Disaster Management, and Law No. 6 of 2018 on Health Quarantine. Considering that Covid-19 is an infectious disease that is of particular concern due to its massive transmission, high risk for the economy and other sectors, and had become a global pandemic which impacts the sustainable development of the country, then as the basis for implementing the handling of the Covid-19 pandemic in Indonesia with developments and needs in the field of health law for very dynamic emergency response, was formed Law No. 2 of 2020 on Stipulation of Government Regulation in Lieu of Law No. 1 of 2020 on state financial policies for

handling the Covid-19 pandemic. This law applied from May 18, 2020, ratified a Government Regulation in Lieu of Law enacted on March 31, 2020 (Law No. 2 of 2020). This Government Regulation in Lieu of Law regulated state financial policies in the handling of Covid-19 pandemic, one of which is the financial policy as contained in Article 1 paragraph (3) and (4) (Government Regulation in Lieu of Law No. 1 of 2020). In other countries such as Singapore, there is an infectious disease law or known as the Infectious Disease Act (IDA), which was passed in 1976 after experiencing the malaria and typhoid epidemic in 1975. The Covid-19 pandemic, which occurred in Singapore, revised the law regarding the Infectious Disease Act (IDA), which in the current Singapore IDA can be applied to handle Covid-19 (Gurrea-Martínez et al., 2020).

Research Methods

This research is normative legal research, which studies the norms stated in the laws and regulations (Amiruddin & Asikin, 2012). It uses a statutory approach and a conceptual approach. The statutory approach is carried out by analyzing statutes and regulations related to this legal issue. In contrast, the conceptual approach is carried out because there is no regulation for the legal issue faced (Marzuki, 2005), in this case, related to the potential for fraud and its prevention in managing Covid-19 claims. Secondary data is used in this research through literature research methods, using the data machine "google search." The legal sources used in this research consist of primary legal sources, which consist of laws and regulations concerning the financing guarantees related to the Covid-19 pandemic, and secondary legal sources consisting of doctrine or opinions developed by scholars related to fraud theory. This research used qualitative data analysis techniques through descriptive-analytical methods. Descriptive means to explain the mechanism for handling Covid-19 claims in Indonesia. The analytical approach is intended to analyze the possibility of fraud in managing Covid-19 claims and mitigate prevention laws due to fraud in managing Covid-19 claims in Indonesia.

Result and Analysis

The Covid-19 pandemic, which has become a global pandemic, has led various countries to regulate strategic policies in handling Covid-19, including financing policies for Covid-19 claims. The financing model in the national health system becomes an integral part of managing Covid-19 claims. The National Health Service (NHS) in the UK is an example of a national health financing agency, which is considered efficient and protects its citizens from inadequate financing due to justice in the health sector and economics in health financing issues (Haagh, 2020). In Indonesia, health financing is part of the national health system. The Indonesian government guarantees the financing of health services due to the Covid-19 pandemic under statutory provisions. In managing Covid-19 financing in Indonesia, as a derivative of the Law No. 4 of 1984 on Infectious Disease Outbreaks, Law No. 24 of 2007 on Disaster Management,

Law No. 36 of 2009 on Health, Law No. 44 of 2009 on Hospital, Law No. 6 of 2018 on Health Quarantine, Law No. 1 of 2020 on Stipulation of Government Regulation in Lieu of Law No. 1 of 2020 on State Financial Policy and Financial System Stability for Handling Pandemic Corona Virus Disease 2019 (Covid-19) and/or in the Context of Facing Dangerous Threats National Economy and/or Financial System Stability into Law, there are government regulations, health minister regulations, health minister decrees and other derivative regulations related to Covid-19 and its financing.

The massive spread of Covid-19 and the emergence of the first case in Indonesia in March 2020 led the Indonesian government to stipulate Presidential Decree No. 11 of 2020 on Stipulation Public Health Emergency of Corona Virus Disease 2019 (Covid-19) and Presidential Decree No. 12 of 2020 on Stipulation Disaster Non-Natural the Spread of Corona Virus Disease 2019 (Covid-19) as a National Disaster. The focus in handling the Covid-19 pandemic is not only on implementing health protocols, the need for adequate health facilities and their resources and infrastructure, but also to attend certainty of guaranteed financing due to Covid-19.

Regulation of the Minister of Health No. 59 of 2016 on Exemption of Fees for Certain Emerging Infectious Disease Patients explains that hospitals that provide care for patients suffering from particular emerging infectious diseases can submit claims for reimbursement of costs treatment the Ministry of Health. The new emerging infectious disease can be found in Article 1 of the regulation (Regulation of the Minister of Health of the Republic of Indonesia No. 59 of 2016). Emerging infectious diseases originate from viruses, parasites, or bacteria that spread relatively quickly in humans. Covid-19 is designated as a specific emerging infectious disease that can cause an outbreak and public health emergencies based on the Decree of the Minister of Health No. HK.01.07/MENKES/104/2020 on Stipulation of the Novel Corona Virus Infection (2019-nCoV infection) as a disease that causes an outbreak and effort overcome it so that the hospitals can claim the financing for Covid-19 patients to the Ministry of Health which used state funding.

In terms of managing the clinical management of Covid-19, hospitals shall refer to guidelines for the prevention and control of Covid-19, which had undergone several changes. The last revision refers to the Decree of the Minister of Health No. HK.01.07/MENKES/413/2020. Meanwhile, for hospitals to claim reimbursement of costs for treatment given to Covid-19 patients, it can be done only after the issuance of Decree of the Minister of Health No. HK.01.07/MENKES/238/2020 of April 6, 2020, and Circular Letter The Minister of Health No. HK.02.01/MENKES/295/2020 on April 24, 2020, which was subsequently replaced on July 22, 2020, by the Decree of the Minister of Health No. HK.01.07/MENKES/446/2020 of April 5, 2021. It was replaced by the Decree of the Minister of Health No. HK.01.07/MENKES/4344/2021. The state facilitates the financing guarantee for the Covid-19 case for people in Indonesia exposed to Covid-19, both

Indonesian citizens and foreign citizens who are hospitalized within the Republic of Indonesia. The hospital submits a Covid-19 claim to Health Social Security Administering Agency (BPJS Kesehatan) for verification, and if approved, it will be paid by the Ministry of Health. Health Social Security Administering Agency (BPJS Kesehatan) is a public legal entity mandated to organize a health insurance program based on Law No. 40 of 2004 and Law No. 24 of 2011. Regarding the management of claim insurance for Covid-19 patient services, Health Social Security Administering Agency (BPJS Kesehatan) is given a particular assignment by the Coordinating Minister for Development People and Culture of the Republic of Indonesia to verified Covid-19 claims.

Based on the Decree of the Minister of Health No. 4344 of 2021, there are roles and functions of the Ministry of Health, Health Social Security Administering Agency (BPJS Kesehatan), Public Health Office, and hospitals in managing Covid-19 claims (Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/MENKES/4344/2021). It is an overview of the business process for managing the payment of Covid-19 claims:

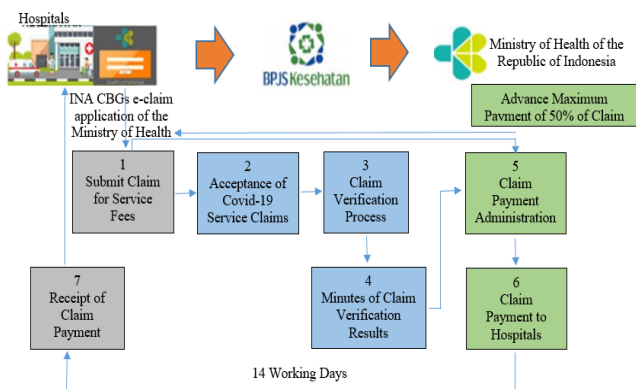


Figure 2. Business process for managing the payment of Covid-19 claims (Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/MENKES/4344/2021).

The high budget issued by the Indonesian government in allocating Covid-19 claim payments requires efforts to maintain accountability for state finances. In managing Covid-19 claims, there can be potential fraud in its implementation. Fraud can occur due to deliberate factors, financial benefits, losses for certain parties, or things whose implementation is not following the provisions. There are several forms of potential fraud that can occur in managing Covid-19 claims. These potential frauds are as follows:

1. Patients are not honest in reporting or conveying their condition or medical history when they go to the hospital.
When going to the hospital, patients are not honest in conveying their condition or medical history, so the doctors and health workers have exposed Covid-19 which ultimately impacts the cost of handling Covid-19.
2. Double claims

3. Assistance obtained from the government is not reduced
In calculating the total rates of inpatient claims, the hospital does not deduct Personal Protective Equipment (PPE) and medicines received from Central Government assistance through the state revenue and expenditure budget.
4. Supporting services that are not done are not reduced
In calculating the hospitalization claim rate for each patient, the hospital does not deduct supporting services (laboratory, radiology) for each examination that is not done. These support services include lactic acid, procalcitonin, CRP, all types of microorganism (aerobic) cultures with resistance, D Dimer, PT, APTT, bleeding time, anti-HIV, gas analysis, albumin, thorax AP/PA (Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/MENKES/4344/2021).
5. Manipulate patient criteria/diagnosis
Manipulation is a fraudulent activity intended to be billed as a Covid-19 patient through attempts to falsify patient criteria/diagnosis. For example, for a patient with fever and dyspnea, RT-PCR or RDT-Ag results didn't yet exist. Still, to include suspect criteria, it was written that the patient in the last 14 days had a history of travel to an area that reported local transmission before the onset of symptoms in that patient. In contrast, the patient did not have a history of a trip to the reported local transmission place in the last 14 days before the onset of symptoms.
6. Charge claims in the same case recurring (repeat billing)
For example, billing claims that have been submitted and paid but are re-charged.
7. Extend the length of patient care
The extension of the length of patient care without medical indications will cause higher financing of Covid-19 claims.
8. Extend the length of the patient's medical procedure without indication
Extending the length of medical treatment without medical indication extends the time on a ventilator without medical indication.
9. Approve or allow verification of claims that are not under the provisions to obtain financial benefits.
10. Withhold payment of claims to hospitals that have been verified and accordance with statutory provisions.
11. Epidemiological investigation data of Covid-19 patients are intentionally not conveyed correctly.
12. Providing or receiving bribes related to managing Covid-19 claims is not allowed

The slow pace of regulation can also play an indirect role in the emergence of potential fraud in the management of Covid-19 claims. Bad faith/intention of the parties involved in managing Covid-19 claims trigger fraud which has an impact on state losses and cause Covid-19 control efforts not to be optimal. Fraud can be a barrier pace of development in

handling Covid-19. As stated by Donald R. Cressey, the fraud triangle can occur due to pressure, the opportunity to commit fraud, and the ability to rationalize the crime (HRZONE, 2021). The potential fraud in the health sector, especially during the Covid-19 pandemic, can occur because the nature of the health sector has an uncertainty tendency, external factors influencer, and information asymmetry. It can lead to petty corruption up to widespread scale and/or high volume.

According to Regulation of the Minister of Health of the Republic of Indonesia No. 16 of 2019, mitigating the law on potential fraud in the management claims of Covid-19 means preventing fraud in the health insurance program. The mitigation process will provide:

- a. preventive measure from fraud in all sectors that pose a risk of fraud;
- b. deterrence to the parties who will conduct the fraudulent acts;
- c. disruption by complicating perpetrator of fraud;
- d. identification of all forms of high-risk activities and weak control; and
- e. civil action prosecution that demands and imposes sanctions for acts of fraud committed by the perpetrators of fraud.

It is based on legal principles are legal certainty, justice, and utilitarianism. It is crucial in managing Covid-19 claims to mitigate lawful prevention due to fraud.

Conclusion and Recommendation

Fraud in the management of Covid-19 claim financing must be analyzed the possibility, anticipated, and prevented. Flexibility in legal and regulatory policies made for handling Covid-19 must mitigate and minimize the potential fraud that can occur, including implementing and managing Covid-19 claims. Compared with health insurance programs that also use government spending, health insurance programs have regulations to prevent and handle fraud in health insurance. It was regulated in the Regulation of the Minister of Health No. 16 of 2019. Management of Covid-19 claims financing does not yet have similar regulations.

The author recommends that legal regulation shall be made to govern fraud prevention in the management of Covid-19 claims financing and imposition of sanctions. The principles that must be applied in efforts to prevent and handle fraud in managing Covid-19 claims are:

- a. formulation of legal policies in fraud prevention,
- b. culture development of fraud prevention,
- c. health services development effectively and efficiently,
- d. formation of fraud prevention teams, and imposition of sanctions for fraud violations in managing Covid-19 claims financing.

To achieve the effectiveness of the objectives of fraud prevention, a fraud prevention system must be built that involves related parties in implementing management of Covid-19 claims, including hospitals, Health Social Security Administering Agency (*BPJS Kesehatan*), Public Health Office, and Ministry of Health.

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