

The Analyze Of Health Service Utilization With The Compliance Of Paying Premium On The Independent Bpjs Participants Who Seek Treatment In Unit In Dr Iskak Tulungagung Hospital

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ABSTRACT

Many people take advantage of the BPJS program me as an alternative to the issue of health care expenses using the cost insurance system so light. The problem is because of the patients who experienced delay paying premium / dues BPJS every month so that can not take advantage of health services. The purpose of this research is to know the relationship of health service utilization with the compliance of paying premium on the independent BPJS participants who seek treatment in Unit In Dr Iskak Tulungagung Hospital. The design of this study was observational with cross sectional approach. The population in this study were all patients of independent BPJS who treated in Unit In Dr. Iskak Tulungagung Hospital on average monthly number of 2500 patients. The sample is part of the population that is 80 respondents with accidental sampling technique. The data that have been collected is processed by chi square statistic test with significance $\alpha = 0,05$. The results showed that from 80 respondents, most of respondents use BPJS service, that is 49 respondents (61,2%) and most of respondent pay BPJS premium regularly, that is 48 respondent (60,0%). The result of chi square test analysis obtained p-value = 0,005 ($<0,05$) which means reject H0 and accept H1 so that there is relation of health service utilization with compliance pay premium to participant of BPJS independent in Unit In Dr Iskak Tulungagung. Utilization of health services BPJS maximally will provide optimal health benefits that will make respondents realize the importance of paying premiums regularly in order to take advantage of health services.

Keywords : BPJS Treatment, Compliance Paying Premium, Utilization of Health Services



INTRODUCTION

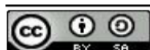
Many people are now using the BPJS program as an alternative to the problem of high health care expenses. BPJS Kesehatan will bear every financing for each person as long as the person is willing to become a BPJS Kesehatan participant independently. Through this BPJS program, every citizen can get comprehensive health services, including promotive, preventive, curative and rehabilitative services at a low cost because they use the insurance system. However, until now there are still many problems and obstacles faced by independent BPJS participants when they will get health services, including the status of BPJS membership cards that are inactive due to late payment of BPJS premiums/contributions every month (BPJS, 2016).

At the beginning of January 2014, the number of BPJS Kesehatan participants in Indonesia reached 121.6 million people and as of October 24, 2014 the number of participants reached 130,287,703 people out of 252,124,458 of the total population of Indonesia (Agustina, 2014). Meanwhile in East Java, BPJS Kesehatan membership was recorded as many as 1,340,499 participants. Of this number, 1.3 million participants are civil servants (PNS), then the TNI-Polri as many as 342,434 participants and independent participants as many as 615,218 participants. For the Tulungagung Regency area, the number of BPJS Mandiri participants as of December 31, 2015 is 310,005 people, which every month has increased the number of participants by an average of 3,000 people to 6,000 people (BPJS, 2015). Independent participant inpatients at the Dr. Iskak Tulungagung Regency in 2015 as many as 2,235 people, namely 46% of the total inpatients participating in JKN which every month experienced an increase in the number of independent patients on average around 50 to 90 people.

In a preliminary study conducted by researchers on August 21-22, 2017, it was known that the number of independent BPJS participants in Tulungagung reached 103,090 people. The researcher also conducted interviews with 25 patients who were treated at the Regional General Hospital. Iskak Tulungagung Regency stated that the 18 patients (71%) were irregular in paying JKN contributions and had just paid off JKN contributions when they were going to undergo treatment in the hospital and 7 patients (39%) were routine in paying contributions. The researcher also asked how to use BPJS and obtained data that most of the 15 patients (60%) patients used BPJS services well and 10 patients 40 (%) used it if they were sick.

Based on the provisions of BPJS Year 2016 states that the contribution for independent participants is Rp 25,500,- (twenty-five thousand five hundred rupiah) per person per month if the participant chooses the benefit of inpatient class III services, for inpatient class II the amount of contribution is Rp.51,000,- (fifty-one thousand rupiah) per person per month and inpatient class I is Rp.80,000,- (eighty thousand rupiah) per person per month (BPJS, 2016).

The impact caused by the delay in paying BPJS mandiri premium contributions is on the use of services obtained for participants where patients can take advantage of services if they regularly pay premiums. If the JKN independent participant patient has not paid the contribution, then the JKN independent participant patient is required to pay off the unpaid contribution, and if the independent participant patient does not pay the contribution, the independent participant patient cannot take advantage of health services. This has an impact on



inpatients who must be general patients so they have to bear the burden of their own treatment costs because they are no longer guaranteed by BPJS Kesehatan.

The solution that can be done to minimize the delay of BPJS participants in paying contributions is to collaborate across sectors and programs with related parties to provide education to the public about the importance of the BPJS program, the benefits that can be obtained and the payment procedures for BPJS participants. This collaboration can be carried out with health workers both in health centers and hospitals, midwives, health offices and related government officials, both sub-district heads, village heads and other village officials. This is to instill confidence in patients about the importance of paying BPJS contributions regularly so that the public can really benefit from the BPJS program which ultimately increases awareness for the community (Tulungagung Public Relations, 2016). The purpose of this study is to analyze the relationship between the use of health services and compliance with paying premiums in independent BPJS participants who receive treatment at the Iskak Tulungagung Regional Hospital.

METHOD

The design of this study is observational with a cross sectional approach. The population in this study is all independent BPJS patients who receive treatment at the Poli Dalam Hospital dr Iskak Tulungagung which averages 2500 patients per month. The sample is part of the population, namely 80 respondents with accidental sampling techniques. The collected data was processed by chi square statistical test with a meaning of $\alpha = 0.05$.

RESEARCH RESULTS

Subject Characteristics

Table 1. The characteristics of the respondents in this study include age, gender, education, occupation, utilization of BPJS services and compliance in paying BPJS premiums.

It	Characteristic	ΣN	Σ%
1	Age (year)		
	20-40	8	10
	41-60	35	43,8
	>60	37	46,2
2	Gender		
	Man	20	25
	Woman	60	75
3	Education		
	SD	3	3,8
	JUNIOR	9	11,2
	SMA	42	52,5
	PT	26	32,5
4	Work		
	Irt	10	12,5
	Farmer	12	15
	Self employed	48	60
	Private	10	12,5
5	Utilization of BPJS services		
	Utilize	49	61,2
	Less	31	38,8
6	Compliance paying premiums		
	Routine	48	60
	Not routine	32	40
	Total	80	100

Based on table 1 above, it is known that out of a total of 80 respondents aged >60 , years, 37 respondents (46.2%), female gender, namely 60 respondents (75%), high school education, namely 42 respondents (52.5%) have a job as self-employed, namely a total of 48 respondents (60%), taking advantage of BPJS services, namely 49 respondents (61.2%) and paying BPJS premiums regularly, namely 48 respondents (60%).

Statistical Test Results

Table 2. Statistical Test Results

Chi-Square Tests					
	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	29.528 ^a	1	.000		
Continuity Correction ^b	27.038	1	.000		
Likelihood Ratio	30.950	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	29.159	1	.000		
N of Valid Cases ^b	80				
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.40.					
b. Computed only for a 2x2 table					

Based on table 4.12, it is known that with a significance level $\alpha = 0.05$, it has a p-value = 0.000 (< 0.05) which means rejecting H_0 and accepting H_1 so that there is a relationship between the use of health services and compliance in paying premiums for independent BPJS participants who receive treatment at the Poli Dalam Hospital dr Iskak Tulungagung.

Table 3. Relationship Relationship Value Table

Symmetric Measures		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.519	.000
N of Valid Cases		80	

It is known that the Contingency Coefficient value is 0.519, which means that the relationship between the use of health services and compliance with paying premiums for BPJS mandiri participants is strong. The limit of the r value between 0.41-0.70 shows a strong correlation (Nugroho, 2005).

DISCUSSION

Utilization of BPJS Health Services at the Poly in Dr. Iskak Tulungagung Hospital

Based on the results of the research that has been carried out, it is known from 80 respondents, most of the respondents stated that they utilize BPJS services, namely 49 respondents (61.2%).

There are two types of services that will be obtained by JKN participants, namely in the form of health services (medical benefits) and accommodations and ambulances (non-medical benefits). Ambulances are only given to referral patients from health facilities with certain conditions set by the local BPJS (Permenkes, 2014). Accommodation benefits are in the form of inpatient services divided into three classes that are adjusted to the criteria of participants and the amount of contributions. Health services are provided at the first level and if necessary, referrals can be made to advanced health facilities (BPJS, 2014).

According to the researcher, based on the results of the study, data was obtained that most of the respondents stated that they used BPJS services. This proves that BPJS services are beneficial for its participants with the number of participants who take advantage of the health services provided to support or improve the health status of their participants. The type of service used by the participants can also be proven through the acquisition of questionnaires from respondents, where most of the respondents stated that they often use medical services, namely in questions number 1 to number 6, where the respondents received a referral from a doctor at a first-level health facility to seek treatment at the hospital and then routinely check their health and consult a doctor. Check the laboratory and use medication according to the doctor's prescription. The respondent's medical service pad stated that they rarely use blood transfusion services. This is indeed related to certain types of services, for example hemodialysis patients or chemotherapy patients who require blood transfusions.

In the questionnaire, data was also obtained that most respondents stated that they rarely used health facilities in the form of non-medical services, especially inpatient and ambulance services. This is because inpatient services are only intended for patients whose condition is already severe, so treatment. Outpatient treatment alone is not able to cope with it and requires

hospitalization. In addition, there were also answers from respondents who stated that it was very rare to not get friendly service from health workers when I was hospitalized, and this proves that health services at hospital health facilities have tried their best to provide excellent service to patients. Respondents' answers were very rarely obtained in questionnaires that stated that respondents only used ambulance services if they were in an emergency condition, for example patients needed to be referred to other health facilities. This is also in accordance with BPJS rules which state that amonth is only given to referral patients from health facilities with certain conditions set by the local BPJS.

According to the researcher with a high school education, the respondents have been able to receive and understand information about the importance of using BPJS services so that many respondents use these services to maintain and improve their health. The low level of education of some respondents has an impact on the respondents' ignorance of the importance of using BPJS services, so as to take advantage of BPJS health services. With the foundation of high school education, respondents have a strong basis to behave positively and have good behavior in utilizing BPJS health services.

Compliance in Paying Premiums for BPJS Mandiri Participants Who Receive Treatment at the Poly in Dr. Iskak Tulungagung Hospital

Based on the results of the research that has been carried out, it is known from 80 respondents, most of the respondents stated that they pay BPJS premiums regularly, namely 48 respondents (60%).

Compliance according to the Indonesian dictionary (Dep.Dik.Bud, 2013) obedience is liking orders, obeying orders or rules. Compliance is behavior according to rules and discipline. Compliance in paying BPJS premiums is defined as the level of patients in carrying out BPJS contributions/premiums payments regularly and not late. According to Sackett (1976) quoted by Niven (2014), compliance is the extent to which patient behavior is in accordance with the provisions provided by health professionals.

According to the researcher, based on the results of the study, data was obtained that most respondents stated that they paid BPJS premiums regularly. This is also evidenced by the acquisition of questionnaires given to respondents, where respondents have an awareness that according to the BPJS independent membership regulations, participants can get maximum health service benefits if participants fulfill their obligations, namely paying contributions regularly and regularly. However, compliance with paying this premium needs to be improved again because there are several respondents who still answer that they have been in arrears in paying BPJS contributions and do not pay BPJS contributions once a month according to the amount so that they get fines. This is important to improve because at any time a patient needs inpatient services, the patient will experience problems and must pay a fine first. In the researcher's observation through the SEP (Participant Elegibiltas Letter) printout, all respondents have their participation cards active so that they can be used.

AnAnalysis of the Utilization of Health Services with Compliance in Paying Premiums for BPJS Mandiri Participants WhoSeek Treatment at the Polyclinic in Dr. Iskak Tulungagung Hospital

Based on cross-tabulation it is known that most of the respondents stated that they use BPJS services and most of the respondents pay BPJS premiums/contributions on a regular basis. It is also known that there are 41 respondents (51.2%) who stated that they take advantage of

BPJS services and also pay BPJS premiums/contributions regularly. Based on the results of the Chi Square statistical test with a significance level $\alpha = 0.05$, it has a p-value = 0.000 (< 0.05) which means rejecting H_0 and accepting H_1 so that there is a relationship between the use of health services and compliance in paying premiums for independent BPJS participants who receive treatment at the Poli Dalam Hospital dr Iskak Tulungagung.

Many people are now using the BPJS program as an alternative to the problem of high health care expenses. BPJS Kesehatan will bear every financing for each person as long as the person is willing to become a BPJS Kesehatan participant independently. Through this BPJS program, every citizen can get comprehensive health services, including promotive, preventive, curative and rehabilitative services at a low cost because they use the insurance system (BPJS, 2016).

The researcher argues that the results of the study show that there is a relationship between the use of health services and compliance with paying premiums in independent BPJS participants. This is in accordance with the statement of Niven (2014), which states that compliance is the extent to which patient behavior is in accordance with the provisions provided by health professionals. The more compliant the respondent, the more the respondent will benefit from health services according to their needs.

There are still some respondents who are not regular in premium payments, which can be overcome by providing health counseling to respondents in particular and to the community in general. In addition, by collaborating across sectors and programs with related parties to provide education to the public about the importance of the BPJS program, the benefits that can be obtained and the payment procedures for BPJS participants. This collaboration can be carried out with health workers both in health centers and hospitals, midwives, health offices and related government officials, both sub-district heads, village heads and other village officials.

This is to instill confidence in patients about the importance of paying BPJS contributions regularly so that the public can really benefit from the BPJS program which ultimately increases awareness for the public that through this BPJS program, every citizen can get comprehensive health services, including promotive, preventive, curative and rehabilitative services at a low cost because they use the insurance system

CONCLUSION

1. The utilization of health services for independent BPJS participants who receive treatment at the Inner Poly of Dr. Iskak Tulungagung Hospital is mostly using BPJS services, namely 49 respondents (61.2%).
2. Compliance in paying premiums for independent BPJS participants who receive treatment at the Poli Dalam Hospital in Iskak Tulungagung is mostly to pay BPJS premiums on a regular basis, namely 48 respondents (60%).
3. There is a relationship between the use of health services and compliance in paying premiums for independent BPJS participants who receive treatment at the Poli Dalam Hospital dr Iskak Tulungagung, with p-value = 0.000.

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