



THE DETERMINANT EFFECT OF HEALTH BPJS FEE PAYMENT ON FEE COMPLIANCE OF INDEPENDENT JKN PARTICIPANTS

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ABSTRACT

Background: JKN (National Health Insurance) is one of the government's efforts to improve public health status by requiring all Indonesians to become JKN members.

Objective: This research aims to determine whether the determinant factor of fee payments has an effect on the compliance of Independent JKN participants in paying the fees.

Method: A quantitative research with an analytic-observational approach and a cross-sectional research design. The population in this study was all the Independent JKN participants in Biringkanya sub-district, Makassar. The samples in this study were 52 families that were selected by using accidental sampling technique and the data collection method was carried out by using an online questionnaire via Google form.

Result: The results of this study indicate there is an effect of the respondent's income (0.001), increase in contributions (0.005), the deadline for payment of contributions (0.011) on the compliance of JKN Mandiri participants in paying BPJS Health contributions, and there is no effect of education (0.723), employment (0.138) and contribution payment procedures (0.656) to the compliance of JKN Mandiri participants to pay BPJS Health contributions in the Biringkanya sub-district, Makassar City in 2020.

Conclusion: Adjusting the amount of fees, adding time limits and in-depth socialization to the community are some alternatives that can be used by providers, in this case by Health BPJS in increasing compliance to pay Health BPJS fees.

INTRODUCTION

Health services are one of the basic rights of the community whose provision must be provided by the government as mandated in the 1945 Constitution Of The Republic Of Indonesia in article 28 section 1 Everyone has the right to live in physical and mental well-being, have a place to live, and have a good and healthy living environment. and entitled to health services (Suprianti A, 2017). The Indonesian government has launched the National Health Insurance Program which aims to fulfill universal health coverage on January 1, 2014. (Fadly F, Vianny O. 2019)

The National Social Security System (SJSN) which is contained in Law Number 40 of 2004 and states that all Indonesian people are obliged to receive National Health Insurance (JKN). JKN is organized by the Health Social Security Administering Body (BPJS) which was ratified in Law number 24 of 2011 concerning Social Security Administration Bodies by the President of the Republic of Indonesia. (BPJS Kesehatan, 2019)

The design of the JKN policy and the implementation of the JKN program are showing rapid progress. This program succeeded in generalizing benefits that previously varied among various social security schemes in Indonesia. The JKN program offers comprehensive benefits,

ranging from handling infectious diseases to diseases that require expensive interventions, such as heart therapy, dialysis and cancer (Situmorang H C, 2016).

Health insurance reduces the risk of people bearing health costs from their own pockets (out of pocket) in an amount that is difficult to predict and sometimes requires a very large cost (Suhanda R, 2015). However, the problem that often arises is the difficult and complicated participation procedure (Witcahyo E, 2016). At the beginning of its implementation, JKN included not all of the population as participants, the uneven distribution of health services, varied quality of health services and systems. (Saputra M, 2015)

Data from Information Center of the Ministry of Health of the Republic of Indonesia (Pusdatin Kemkes RI) taken in 2019, there were 208,054,199 people registered as JKN participants. With details for Contribution Assistance Recipients (PBI) originating from the APBN as many as 92,107,598 people, PBI originating from the APBD as many as 29,873,383 people, non-PBIs for the category of Recipient Workers (PPU) as many as 49,833,095 people, for the category of Non-Wage Workers (PBPU) as many as 31,100,248 people and the Non-Worker category (BP) as many as 5,139,875 people. (Kemenkes RI, 2018)

South Sulawesi recorded the number of JKN participants as many as 8,071,716 people. Details of JKN participants in South Sulawesi are as follows; PBI sourced from the APBN as many as 3,177,016 people, PBI from the APBD as many as 2,377,998 people, non-PBI category PPU as many as 1,154,588 people, PBPU as many as 1,135,134 people, and non-workers as many as 226,980 people. (BPJS Kesehatan, 2019)

The principles of implementing the BPJS are mutual cooperation, mandatory participation, contributions based on a percentage of wage income, non-profit and trustworthy management (Yandrizal & Utami, 2017). The target of the National Health Insurance program, which is to achieve the Universal Health Coverage target of becoming a BPJS Health participant, is not only mandatory for workers in the formal sector but workers from the informal sector are also required to participate in BPJS Kesehatan. (Pangestika, Jati, & Sriatmi, 2017)

According to data obtained from BPJS Kesehatan in January 2020, the number of JKN Mandiri participants in the city of Makassar was 174,867, with details of 1780 in the Biringkanaya sub-district with a total arrears of Rp. 1,229,109,316, the Bontoala sub-district as many as 678 people with total arrears of Rp. 488,989,563. Based on these data, the total arrears of Mandiri Participants to date have reached Rp. 124,636,612,520, -

with a total premium paid per month per person of Rp. 80,000, - with class I treatment room facilities, Rp. 51,000, - with class II treatment room facilities, and Rp. 25,500, - with class III treatment room facilities. This amount of arrears occurs due to non-compliance with monthly premium payments by independent participants. (BPJS Kesehatan, 2019)

METHOD

The type of research is quantitative research with an observational analytic approach and cross-sectional research design. This research was conducted during the COVID-19 pandemic on May 16 - June 16 through online in the Biringkanaya sub-district, which is one of 3 sub-districts in Makassar with the highest arrears in dues. The population in this study were all JKN Mandiri participants who were in Biringkanaya District, Makassar City with a total population of 122 families with the sample size obtained in this study were 52 respondents.

RESULTS

Based on the results of the study, it is known that the characteristics of respondents based on age are mostly respondents aged 26-40 years. Characteristics of respondents based on gender were mostly female respondents with a percentage of 55.8% and male respondents as many as 23 people with a percentage of 44.2%. Characteristics of

respondents based on the number of family members registered as JKN Mandiri participants are at most 4-6 people as many as 31 respondents with a percentage of 59.6% and the least are respondents with 7-9 registered JKN Mandiri families with 4 respondents and the percentage is 7.6%.

Table 1. Characteristics Of Respondents

Characteristics Of Respondents	n(52)	Percentage (%)
Age		
<25 Years	19	36.5
26 - 40 Years	24	46.2
41 - 55 Years	8	15.4
> 55 Years	1	1.9
Gender		
Male - Male	23	44.2
Female	29	55.8
Family Members Registered With JKN Mandiri		
1 - 3 People	17	32.7
4 - 6 People	31	59.6
7 - 9 People	4	7.6
Respondents' Disease History		
Asthma	1	1.9
Diabetes	2	3.8
Heart	1	1.9
Heart and diabetes	1	1.9
Lupus	1	1.9
None	46	88.5
Class of JKN participants		
Class I	20	38.5
Class II	15	28.8
Class III	17	32.7

Source: Primary Data, 2020

1. Education Variables With Compliance Paying Dues

The results of this study indicate that of the 28 respondents who graduated from college, most of the respondents did not obey in paying dues, namely 21 respondents (75%) and only 7 people (25%) obeyed. likewise respondents with an education level completing high school/senior high school, more respondents who did not comply in paying BPJS Kesehatan dues, namely 16 respondents (67%) while only 8 people (33%) complied. After performing statistical tests using Chi-Square, the value of $p = 0.723$ was obtained. This shows that the compliance of JKN Mandiri participants in paying dues in the Biringkanaya District area is not influenced by the last level of education taken by JKN Mandiri participants in the Biringkanaya sub-district, Makassar City.

2. Job Variables With Compliance Paying Dues

The results of this study indicate that of the 34 respondents who work, there are 27 respondents (79%) who have jobs but do not participate in paying BPJS Kesehatan Mandiri dues in the Biringkanaya sub-district, Makassar City, and only 7 people obey (21%). Meanwhile, 8 respondents (44%) did not have a job but were obedient in paying BPJS Health contributions and 10 (56%) were non-compliant. From the results of statistical tests performed using the Chi-Square test, the

value of $p = 0.138$. This shows that the compliance of JKN Mandiri participants in paying dues in the Biringkanaya District area is not influenced by the presence or absence of JKN Mandiri Participants in the Biringkanaya sub-district, Makassar City.

3. Income Variable With Compliance To Pay Dues

The results of this study indicate that out of 52 respondents, there were 14 respondents (50%) who had sufficient income but were not obedient in paying BPJS dues and 14 respondents (50%) had income and were obedient to pay dues. Respondents who had less income and were not compliant in paying contributions were 23 people (96%) and only 1 respondent (4%) who complied in paying BPJS Health contributions. After the Chi-Square test was carried out to determine whether there was an effect of income on the compliance of JKN Mandiri participants in paying dues, the p value was obtained = 0.001. This shows that the compliance of JKN Mandiri participants in paying BPJS Health contributions is influenced by the income of independent BPJS Kesehatan participants in the Biringkanaya District, Makassar City.

4. Contribution Increase Variable With Dues Paying Compliance

After statistical analysis was carried out using the Chi-Square test to determine whether there was an effect of the increase in contributions on the BPJS Kesehatan

participants' loss of paying the dues independently, the p value was obtained = 0.005. This shows that the compliance of JKN Mandiri participants in paying contributions is influenced by the increase in BPJS Health contributions.

5. Contribution Payment Procedure Variable With Dues Paying Compliance

The results of this study indicate that out of 52 respondents, there are 4 respondents (22%) who stated that the procedures that must be done to pay BPJS Kesehatan dues are difficult but obedient in paying BPJS Kesehatan dues. Meanwhile, 23 respondents (68%) stated that the procedures that must be done to pay the BPJS Kesehatan premium are easy but they are not compliant in paying contributions. After a statistical analysis was carried out using the Chi-Square test to determine whether there was an effect of the BPJS Kesehatan premium payment procedure on the compliance of paying contributions for JKN Mandiri participants, it was found that the value of $p = 0.656$. This means that the fee payment procedure does not affect the compliance of JKN Mandiri participants in paying contributions.

6. Variable Time Limit For Payment With Compliance To Pay Dues

The results of this study indicate that out of 52 respondents, there are 9 respondents (47%) who state that the time limit given by the provider, in this case BPJS Kesehatan, is

the time limit until the 10th of each month is quite long but not compliant in paying premiums. Meanwhile, 5 respondents (15%) stated that the deadline given by BPJS Kesehatan was not long but they were compliant in paying BPJS Health premiums. After conducting statistical analysis using the Chi-Square test to find out whether there is a time limit for paying BPJS Health contributions to compliance with JKN Mandiri participant payments, the p value is found to be 0.011. This shows that the compliance of JKN Mandiri participants in paying contributions is influenced by the deadline given by JKN providers, in this case BPJS Kesehatan.

DISCUSSION

1. Education

Educational factors are factors that indirectly influence the socio-economic conditions of the family so that it will also affect the family in the use of services health. Education is needed to obtain information that will be used in improving the quality of life. The higher a person's education, the easier it is to receive information so that the more knowledge one has. On the other hand, a lack of education will hinder the development of one's attitude towards the values introduced (Priyoto, 2014: 81).

The results of statistical tests using Chi Square, with a value of $p = 0.723$ ($p > 0.05$) so that the conclusion H_0 is accepted, which

means that there is no effect of the last level of education on the compliance of JKN Mandiri participants in paying BPJS Health premiums in Biringkanaya sub-district, Makassar City. This is because respondents with a tertiary education level considered that respondents could get more maximum service if they were general patients at the hospital that the respondents wanted compared to being BPJS Kesehatan Mandiri participants who could not choose the Advanced Referral Health Facility (FKTRL). There are quite a lot of respondents who do not consider health insurance such as BPJS Kesehatan as a priority.

This research is in line with research conducted by Suhardi, et al (2014) (S, Shaluhayah, & Patriajati, 2016) with the results obtained that a p value = $0.104 > 0.05$, there was no relationship between education and a willingness to become a participant in health insurance insurance.

However, the results of this study are not in line with research conducted by Usniza Mila (2015) which states that education has a relationship with the compliance of JKN Mandiri participants in paying contributions. research conducted by Intisari, et al (2015), which shows there is a relationship between education and health insurance ownership ($p = 0.001$) (Intiasari, Trisnantoro, & Hendartini, 2015).

Table 2. Results Of Bivariate Analysis

Variable	Compliance				<i>p-value</i>
	Disobedience	<i>Percentage (%)</i>	Comply	<i>Percentage (%)</i>	
Education					
Graduated high school/high school	16	67	8	33	<i>P = 0.723</i>
Graduated college	21	75	7	25	
Work					
Working	27	79	7	21	<i>P = 0.138</i>
Not working	10	56	8	44	
Income					
Enough	14	50	14	50	<i>P = 0.001</i>
Less	23	96	1	4	
The fee increase					
Unreachable	25	89	3	11	<i>P = 0.005</i>
Affordable	12	50	12	50	
Procedures dues					
Hard	14	78	4	22	<i>P = 0.656</i>
easy	23	68	11	32	
Deadline for payment					
Long enough	9	47	10	53	<i>P = 0.011</i>
Not long	28	85	5	15	

Source: Primary Data, 2020

In a study conducted by Indah Cristiana (2016), it was stated that the socio-economy and education level did not have a significant relationship with the compliance of paying BPJS Health dues. Other research shows that education and knowledge affect the attitude of acceptance of new things related to progress, including payment for BPJS membership (Wardana, et al, 2017).

2. Work

A job is an activity or activity carried out by a person in order to earn

income. Every family in fulfilling their needs is always linked to their livelihood, in addition to the skills and results obtained. The results of this study also showed that the number of respondents who did not work was 18 respondents. With 10 respondents (56%) who do not work and do not comply in paying BPJS Health contributions.

This is because respondents who do not work do not have sufficient income to pay BPJS Health contributions. Meanwhile, 8 respondents (44%) did not

work and were obedient in paying their dues. This is because even though the respondent does not have a job, the respondent is still obedient in paying the dues because the respondent knows that BPJS Kesehatan helps in dealing with health financing, especially those who do not have regular income to support unexpected health financing. Respondents who do not work but are obedient to paying dues also have a history of illness that has the potential to make the respondent have to use health facilities so that even though the respondent does not work, the respondent is still obedient in paying dues so that the respondent can still use health facilities

The results of statistical tests performed using the Chi-Square test obtained p value = 0.138 ($p > 0.05$), which means that H_0 is accepted. This shows that the compliance of JKN Mandiri participants in paying dues in the Biringkanaya District area is not influenced by the presence or absence of JKN Mandiri Participants in the Biringkanaya sub-district, Makassar City.

Health insurance in other countries such as South Korea, where the government provides contribution payment assistance to workers whose contributions are not paid by employers and self-employed workers by bearing 44% of the

premiums that must be paid by participants (Jhonson, 2017). In contrast to the BPJS Kesehatan system, PBPUs and non-workers become independent participants who are required to pay dues every month.

3. Income

Based on the results of this study, it shows that respondents who have an income above the Provincial Minimum Wage (UMP) of South Sulawesi, namely RP. 2,941,270 as many as 28 respondents. There were 14 respondents (50%) who had an income above the UMP but were not obedient in paying dues. This is because the higher a person's income, the more wants he wants and is indifferent to needs that he deems unimportant. Meanwhile, 14 respondents (50%) had an income above the UMP and were obedient in paying dues. This is because respondents who have an income above the UMP are aware of the importance of health insurance.

Based on the results of the Chi-Square analysis which is used to determine whether there is an effect of income on the compliance of JKN Mandiri participants in paying contributions, the p value is obtained = 0.001 ($p < 0.05$), which means that H_0 is rejected. This shows that the compliance of JKN Mandiri participants in paying BPJS Health contributions is influenced by the income of independent BPJS Kesehatan participants in the

Biringkanaya District, Makassar City.

The results of this study are in line with research conducted by Usniza Mila (2015) which states that there is a relationship between income and compliance to pay BPJS Mandiri dues. Where based on the results of the Chi-Square test, the value of $p = 0.018$ ($p < 0.05$) was obtained. This means that there is a relationship between income and paying compliance. High community income will increase public interest and awareness to obey in paying contributions. Research conducted by Kusumaningrum and Azinar (2018) shows that there is a significant relationship between income and JKN membership independently ($p = 0.010$).

However, the results of this study are not in line with the research conducted by Prasetyo (2016) which states that there is no relationship between income and BPJS Kesehatan Mandiri membership based on the results of the Chi Square test conducted, which obtained p value = 0.112 (Prasetyo, 2016).

4. Increase in contributions

Based on the results of this study, it shows that of the 52 respondents, 28 samples number state that the new fees, namely Class I Rp. 160,000, Class II Rp. 80,000 and Class III Rp. 42,500 are not affordable. Of the 28 samples who stated

that the new fees were not affordable, there were 25 respondents (89%) who did not comply. This is due to the respondent's dissatisfaction with the provider's policy to increase the BPJS Health premium. Meanwhile, 3 samples (11%) stated that the number was not affordable but were still obedient. This is because respondents feel that even though the new fees are not affordable, they hope that along with the increase in premiums, the quality of health services can increase significantly.

In a study conducted by Deby (2020), which states that patient services at one of the Advanced Referral Health Facilities located in Bulukumba Regency, the quality of are still low, this is based on the timeliness of service, health service processes and others have not met the quality standards of health services.

Based on the results of statistical analysis using the Chi-Square test to determine whether there is an effect of increased contributions on BPJS Kesehatan participants' loss of paying the dues independently, the value of $p = 0.005$ ($p < 0.05$) means that H_0 is rejected. This shows that the compliance of JKN Mandiri participants in paying contributions is influenced by the increase in BPJS Health contributions.

The system implemented by the NHI in South Korea is based on the

principle of freedom of choice of health facilities because health facilities are paid for services per service (*service fee*). Payment for services per service or fee for service is paid utilizing a merit system where the doctor who is better at serving patients who then get more visits will get a higher income. Higher-income will lead to increased service quality and increased satisfaction of health insurance participants (Jhonson, 2017).

5. Contribution Payment Procedure

Based on the results of this study, it shows that out of 52 respondents, 18 samples stated that the procedures that must be taken in paying BPJS Kesehatan dues are difficult. There are 14 samples (78%) who stated that the fee payment procedure was difficult and they did not comply with paying fees. This is because respondents feel that the procedures for paying dues make it difficult so that respondents do not comply with paying contributions. While respondents who stated that the procedures that must be carried out in paying BPJS Kesehatan dues were easy but still did not obey in paying the dues as many as 23 respondents. This shows that even though the procedure used to pay contributions is easy, the size of the contributions to be paid is too high and the income is insufficient, which will cause the respondent to not be compliant in

paying contributions. Most of the respondents in this study were respondents who benefited from the first-class treatment room with a contribution of Rp. 160,000 per person, per month. The number that must be paid by JKN Mandiri class I participants is very high, of course, is one of the reasons respondents are not compliant in paying BPJS Kesehatan contributions even though the procedure for paying contributions is easy.

Based on the results of statistical analysis using the Chi-Square test to determine whether there is an effect of the BPJS Kesehatan premium payment procedure on the compliance with JKN Mandiri participant payments, it was found that the value of $p = 0.656$ ($p > 0.05$) means that H_0 is accepted. This means that the fee payment procedure does not affect the compliance of JKN Mandiri participants in paying contributions.

6. Payment Deadline

Based on the results of this study, it shows that of the 52 respondents, 37 were not compliant in paying BPJS Kesehatan dues. There are 9 respondents (47%) who stated that the time limit given by BPJS Kesehatan to pay dues, namely until the 10th of each month is quite long but they are not obedient in paying dues, this is because most respondents in this study who work are private employees, daily

workers and self-employed workers whose wages are not fixed by the employers so that even though the time limit given is quite long, the funds to be used to pay contributions are not there, respondents still cannot pay contributions on time. Meanwhile, 28 samples (85%) stated that the time limit given for making payments was not long and they were not compliant in paying contributions. This is because the time given is not sufficient for the respondent to pay contributions.

Based on the results of statistical analysis using the Chi-Square test to determine whether there is a deadline for payment of BPJS Health contributions to compliance with JKN Mandiri participant payments, it was found that the value of $p = 0.011$ ($p < 0.05$) means that H_0 is rejected. This shows that the compliance of JKN Mandiri participants in paying contributions is influenced by the deadline given by JKN providers, in this case, BPJS Kesehatan. The time limit given affects the compliance of JKN Mandiri participants because the time limit given is not sufficient to pay the dues and respondents sometimes forget to pay the dues. A many other needs must be fulfilled first.

CONCLUSION

The conclusion of this study is the determinants of BPJS Health contribution payments in this case; education,

employment, income, increase in contributions, procedures for payment of contributions and deadline for payment of contributions to determine their effect on the compliance of JKN Mandiri participants in paying contributions, resulting in income (0.001), increase in contributions (0.005) and the deadline for payment (0.011) affect compliance JKN Mandiri participants in paying temporary fees Education (0.723), employment (0.138) and payment procedures (0.656) do not affect on the compliance of JKN Mandiri participants in paying dues in the Biringkanaya sub-district of Makassar City in 2020.

RECOMMENDATIONS

Researchers suggest that BPJS is the organizer of social security public health to further improve community-based information sources so that all levels of society can access the latest information related to JKN.

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