



ANALYSIS OF THE LEVEL SATISFACTION INDEPENDENT PARTICIPANTS AND MANAGEMENT OF BPJS KESEHATAN CONTRIBUTION COLLECTABILITY

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ABSTRACT

Background: The problem that is most often heard in both mass and electronic media is related to the BPJS Kesehatan budget deficit.

Objective: This research aims to analysis of the level satisfaction independent participants and management of BPJS kesehatan contribution collectability.

Method: This type of research is associative using quantitative research methods with a sample of 21 people, taken using accidental sampling

Result: The results of the T-Test on the PLS output show a t-count value (1.059) < t-table (1.725), the amount of contributions from the T-Test results on the PLS output shows a t-count value (0.072) < t-table (1.725), participant life satisfaction. T-test results on PLS output show a t-count value (0.128) < t-table (1.725), perception of service access, T-test results on PLS output show t-count value (0.061) < t-table (1.725), the premium amount. The T-Test results on the PLS output show the t-count value (0.128) < t-table (1.725), the life satisfaction of participants from the T-Test results on the PLS output shows the t-count value (1.630) < t-table (1.725), participant satisfaction with the T-Test results on the PLS output shows the t-count value (0.103) < t-table (1.725) meaning that all hypotheses are accepted.

Conclusion: This research concludes that the perception of service access, the amount of contributions, participant life satisfaction, and participant satisfaction have a positive influence on the level of collectability.

INTRODUCTION

Universal Health Coverage (UHC) is a program launched by WHO that aims to make all levels of society able to use health services for their respective individuals with good quality and at minimal cost. In Indonesia, UHC is realized through the National Health Insurance (JKN) organized by BPJS Kesehatan (Carolina et al, Yulianto, 2019).

It has been emphasized that the right to health is a human right that every individual must have, where everyone has the right to receive adequate health services and the government is fully responsible for providing health service facilities that can be provided to the community (Salim, 2020). without the fulfillment of the right to health, the welfare state or a concept that realizes human beings in a country can stay prosperous will no longer be found (Handoyo & Fakhriza, 2018). To realize a welfare state may be performed by way of meeting the Universal Health Coverage (UHC) goal.

The Indonesian government continues to race against time to achieve universal health services or Universal Health Coverage (UHC) by making various policies, one of which is the National Health Insurance (JKN) program and the Health Social Security Administering Body (BPJS). The total number of JKN BPJS Kesehatan Program participants as of July 2022 has reached 242,639,038 participants (participation coverage 89.51%) (Dewan Jaminan Sosial Nasional DJSN, 2023).

Based on the BPJS Kesehatan data above, this means that more than half of Indonesia's population is already a BPJS Kesehatan participant. Meanwhile, in South Sulawesi Province, the number of BPJS Kesehatan participants reached 8,842,643 people or around 99% of the total population. Meanwhile, in Gowa Regency, the number of BPJS participants as of July 2023 was 784,511 people or around 85.5% of the total population of Gowa Regency, non-PBI participants were 37.9%, and PBI 62.1% (Dewan Jaminan Sosial Nasional DJSN, 2023).

The proportion of membership based on membership segments is Central PBI (Contribution Assistance Recipients) 45.1%, Regional PBI 15.3%, Non-Wage Recipient Workers (PBPU) 12.7%, Non-Workers (BP) 1.8%, and Wage Recipient Workers (PPU) 25.1%. Independent BPJS Kesehatan participants are the PBPU and BP segments.

The problem that is most often heard in both mass and electronic media is related to the BPJS Kesehatan budget deficit. One of the causes is arrears from participants. From the available data, the number of independent participants (PBPU and BP) who are inactive (in arrears) reached 16,303,865 people (6.7%), or half of the number of participants in this segment (Dewan Jaminan Sosial Nasional DJSN, 2023).

This is no exception in the Malino High Area, especially in Kanreapia District. The issue of payment of contributions is still a problem. Data collected from the Field Study

indicated that most households didn't have health insurance. According to several participants interviewed during initial data collection, this was caused by the high contribution amount, the perception that BPJS membership was forced and the health services they received were not much different from other participant segments.

The reasons stated by the participants are considered to be related to participant satisfaction which ultimately influences the level of contribution collectability. In line with this, several studies state that satisfaction with the use of health insurance participants is influenced by product quality (Rotileanu & Onișor, 2021). Medical facilities and equipment, health care personnel services, better availability and quality of medicines, and certainty in receiving appropriate and timely care, all contribute to higher levels of satisfaction (Yusuf & Awwaliyah, 2018).

Other research shows that financial accessibility health care facilities, and membership type have a significant effect on patient satisfaction. Health insurance providers must design contracts with hospitals that have good physical infrastructure, adequate supplies of medicines, equipment, and qualified medical personnel to increase patient satisfaction (Basri, 2018). Based on the description above, this prompted the author to

research the satisfaction of independent participants and the level of collectibility of BPJS Health Contributions in the Malino High Region.

METHODS

This type of research is associative research with a quantitative approach that aims to analyze the influence of one variable on other variables. This research was carried out in one of the villages in Kanreapia District which has a low level of collectability in 2023 with the population being BPJS Kesehatan participants in the non-wage earner and non-employee segments of Gowa Regency using the Slovin method. The number of participants is 30 households. The sampling technique uses accidental sampling. The criteria include respondents who are BPJS Kesehatan participants in certain segments and have or have used health services at clinics, health centers, or hospitals.

The data used are primary data and secondary data with data collection techniques using questionnaires, observation, and documentation. Data processing and analysis uses Structural Equation Modeling (SEM) using Smart Partial Least Squares (SmartPLS) software.

RESULTS

Health Profile

Table 1
Frequency Distribution of Respondent Characteristics (n=21)

No	Respondent Characteristics	f	%
1	Age of Head of Household		
	20 years and under	0	0
	21-30 years	2	9,5
	31-39 years and above	13	61,9
2	20 years and under	6	28,6
	Gender		
	Female	3	14,3
	Male	18	85,7
3	Collectability level		
	High	11	52,4
	Low	10	47,6

Source: Primary Data 2023

Most of the respondents were aged 31-40 years, namely 13 people (61.9%) and most of them were male, 18 people (85.7%).

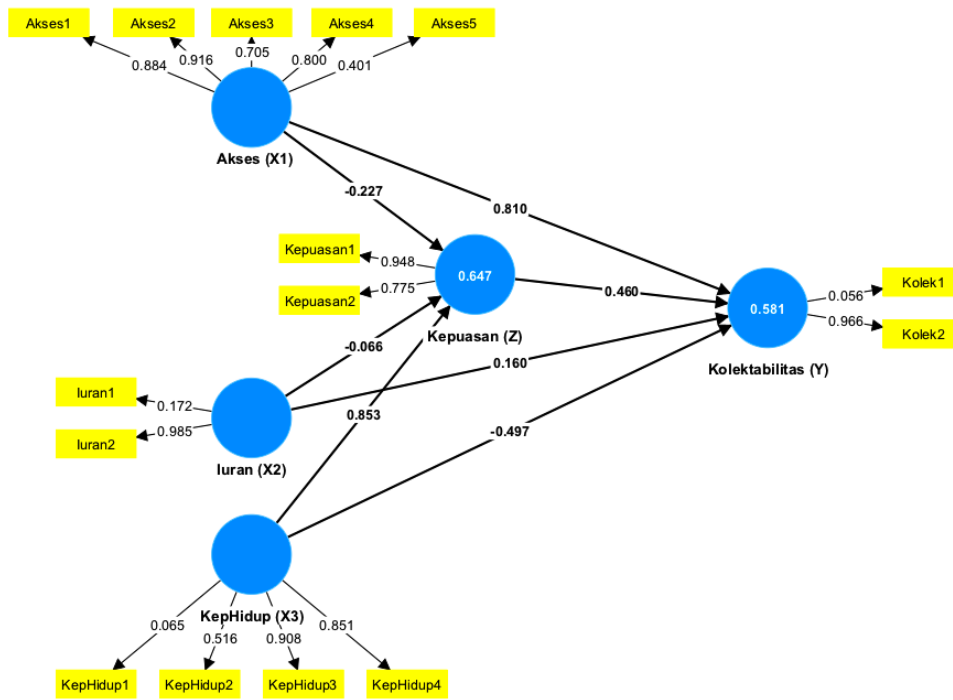
The collectability variable in this study was measured through 2 questions with a score of 1 for a "no" answer and a score of 2 for a "yes" answer. So the questionnaire score ranges between 2-4. Based on the results of the analysis, it was found that the majority of aged respondents had a high level of collectability (52.4%).

Outer Model

In this research, validity, and reliability testing has been carried out on each latent

variable measured using the help of SmartPLS software. An individual reflexive measure is said to be valid if it has a loading value (λ) with the latent variable to be measured ≥ 0.5 , if one of the indicators has a loading value (λ) < 0.5 then the indicator must be dropped because it indicates that the indicator is not good enough to measure latent variables correctly. The following is the output results of the structural equation path diagram in PLS using SmartPLS software.

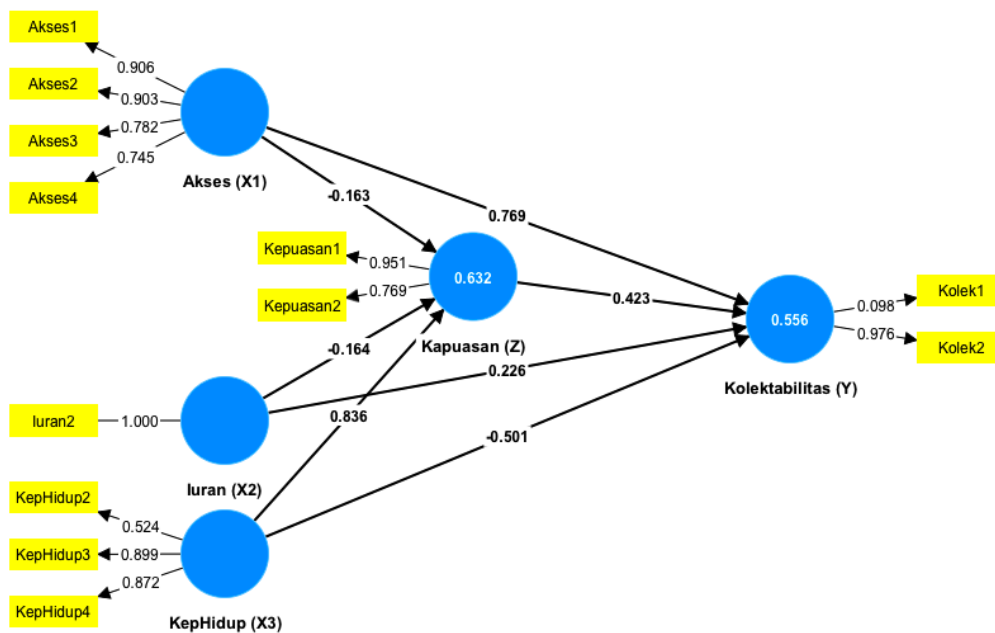
The following is the output results of the structural equation path diagram in PLS using SmartPLS software.



Picture 1. Loading Factor Phase 1

The results show that several indicators have OUTER LOADING < 0.50 , which shows that some indicators are not able to explain the

latent variable, meaning that the data needs to be dropped.



Picture 2. Loading Factor Phase 2

In this research, a variable is said to be quite reliable if the variable has a composite reliability value greater than 0.7 and an AVE value greater than 0.5. The following are the results of reliability testing for each latent variable with the help of SmartPLS software.

Inner Model

The structural model can be evaluated by looking at the R2 value of the endogenous variable and the path coefficient parameter. The following are the results of the hypothesis raised in this research:

Table 2
The results of the hypothesis

Hypothesis	f-square
Access (X1)-> Satisfaction (Z)	0,061
Access (X1) -> Collectability (Y)	1,059
Dues (X2) -> Satisfaction (Z)	0,071
Dues (X2) -> Collectability (Y)	0,072
Satisfaction (Z) -> Collectability (Y)	0,103
Life Satisfaction (X3) -> Satisfaction (Z)	1,630
Life Satisfaction (X3) -> Collectability (Y)	0,128

Source: Primary Data 2023

H1: Perception of service access has a positive effect on the level of contribution collectability. The results of the T-test on the PLS output show the t-count value (1.059) < t-table (1.725), meaning the hypothesis is accepted.

H2: The amount of contributions has a positive effect on the level of collectability. The T-Test results on the PLS output show the t-count value (0.072) < t-table (1.725), meaning the hypothesis is accepted.

H3: Participants' life satisfaction has a positive effect on the level of collectability. The T-Test results on the PLS output show the t-count value (0.128) < t-table (1.725), meaning the hypothesis is accepted.

H4: Perceived service access has a positive effect on participant satisfaction. The T-Test results on the PLS output show the t-

count value (0.061) < t-table (1.725), meaning the hypothesis is accepted.

H5: The premium amount has a positive effect on participant satisfaction. The T-Test results on the PLS output show the t-count value (0.128) < t-table (1.725), meaning the hypothesis is accepted.

H6: Participants' Life Satisfaction has a positive effect on participant satisfaction. The results of the T-test on the PLS output show that the t-count value (1.630) < t-table (1.725) means that the hypothesis is accepted

H7: The T-Test results on the PLS output show the t-count value (0.103) < t-table (1.725), meaning the hypothesis is accepted

DISCUSSION

The influence of perceived access to services on the level of contribution collectability

The first hypothesis (H1) in this study states that the quality of service access has a positive effect on the level of collectability. This shows that JKN-KIS participants receive good service, which has an impact on increasing contribution receipts.

The results of this study support the research of (Wulandari et al, 2020) which states that the perception of good health services will lead to higher levels of compliance. Other research was also carried out by Further research conducted by (Murniasih et al, 2022) which obtained results that 73.5% of respondents had remote access to pay BPJS Mandiri contributions, this made the majority of respondents disobedient in paying BPJS Health contributions. The P-value obtained is 0.05, which means there is a relationship between service access and compliance with paying contributions.

The influence of the amount of contributions on the level of collectability.

The second hypothesis (H2) in this study states that the amount of contributions has a positive effect on the level of collectability. This shows that if the premium amount increases, the level of collectability will decrease and vice versa. The results of this research are supported by research conducted by (Hasibuan et al, 2020) whose research showed that the majority of respondents were

active JKN-KIS participants (97.3%) and refused to increase contributions (78.1%). Likewise, research conducted by (Wijaya & Fajriana, 2018) and (Gidey et al, 2019), which in their research shows that people's perception of the use of health services begins with considering calculating the costs that must be incurred. Within the framework of the JKN-KIS program, cost calculations are based on the monthly contribution amount. With this, the community then measures its ability in terms of willingness to pay (WTP) and ability to pay (ATP) for these contributions.

Research (Hardika & Purwanti, 2020) stated that the policy of increasing fees caused 47 out of 100 respondents to choose to move to a lower treatment class. The more participants who can pay, the level of collectability will increase as per the research results (Hildayanti et al 2021) which shows that 68.1% of the 72 respondents can pay BPJS Health contributions and they are willing to pay these costs, and as many as 31.9% were unable to pay. This ability to pay is also due to income factors and the large number of family members covered.

This research is not in line with research (Lasut et al 2021) that obtained results that the premium amount had a negative effect on the level of collectability with a coefficient value of -0.2888. This shows that if the premium amount increases, the collectability of contributions will decrease and vice versa.

Participants' life satisfaction with the level of collectability

The third hypothesis (H3) in this study states that participants' life satisfaction has a positive effect on the level of collectability. Participants' life satisfaction is often associated with material fulfillment or income. So, this research provides an illustration that if income increases, the level of collectability will decrease and vice versa.

These results are in accordance with the results of research conducted by (Rismawati et al, 2017) in the Batalaiworu Community Health Center working area, statistical test results with $p = 0.023$, which means that there is a relationship between income and participant compliance in paying BPJS Mandiri contributions. This is also to the results of research conducted by (Mekarisce et al, 2022) and (Rosdiana et al, 2023) that the level of income is related to the compliance of independent participants in paying contributions.

However, this is different from the results of research (Zain & Batara, 2021) which states that income is not related to compliance with paying contributions, with a value of $p=0.368$ or $p>0.05$. This is because respondents feel that health is the thing that is most needed and needs to be maintained. Apart from the motivation to live a healthy life, the existence of fines, if the fees are in arrears, encourages respondents to comply with paying the fees.

The participant's income level has a big influence on awareness of taking insurance. The higher a person's income, the higher the participant's awareness of taking insurance and paying contributions. Likewise participants' regularity in paying BPJS Health Mandiri contributions (Novita, 2020).

Independent participants with low incomes prioritize their income to meet routine daily living needs such as food costs, education costs, electricity and water payments, and other costs, while independent participants tend not to prioritize health costs because they are still in good health. On the contrary, Independent participants who have high incomes, apart from being able to allocate their income for daily needs, are also able to finance health costs so that they can make regular contribution payments every month.

The influence of perceived service access on participant satisfaction

The fourth hypothesis (H4) in this research states that service quality has a positive effect on participant satisfaction. This shows that the better the quality of service, the greater participant satisfaction. The results of this study are in line with research conducted (Kartika et al, 2023) which shows that the majority of patients are satisfied with the ease of access to services when needed. Patient satisfaction can be created from the results of patient evaluation of access to services

Patient satisfaction does not depend on certain factors, therefore, health service

providers need to ensure quality is displayed starting from the physical appearance of the environment to the trust instilled in customers by the staff of the health service provider organization. In general, to achieve overall satisfaction, all factors from physical evidence to empathy must be satisfactory (Wijaya & Fajriana, 2018).

The influence of the contribution amount on participant satisfaction

The fifth hypothesis (H5) in this study states that the amount of contributions has a positive effect on participant satisfaction. This shows that the size of the contribution can increase participant satisfaction, where the increase in fees is used to improve services to participants.

The results of this research are in line with research conducted by (Azhari & Fitri, 2022) showing that the price/tariff variable has a significant effect on the consumer satisfaction variable. Based on the results of the t-test carried out on the tariff variable on the consumer satisfaction variable, it shows that the calculated t value (5.020) is greater than the t table value (1.985), which means that there is an influence of tariffs on service satisfaction. With affordable rates coupled with quality service, this can fulfill consumer satisfaction

Other research, namely (Wijaya & Fajriana, 2018) shows that the level of contributions, health facility services, and administrative services have a positive and

significant effect on the level of satisfaction of JKN-KIS BPJS Health participants, both partially and simultaneously.

Further research by (Gidey et al, 2019) states that product quality, service quality, and price perception have a significant effect on the satisfaction of JKN-KIS participants who are wage earners from private businesses. Meanwhile, the emotional condition and cost variables do not have a significant effect on the satisfaction of JKN-KIS participants who receive wages in private companies. The variables of product quality, service quality, emotional condition, perception of price, and cost simultaneously influence the satisfaction of JKN-KIS participants and workers who receive wages in private companies.

The influence of life satisfaction on participant satisfaction

The sixth hypothesis (H6) in this study states that patient life satisfaction has a positive effect on satisfaction with health services. This shows that patient life satisfaction can increase participant satisfaction.

Customer satisfaction is a specific measure for each transaction, situation, and short-term interaction, while life satisfaction is an attitude formed from a comprehensive evaluation of the life a person lives. A revised perception of life changes consumers' purchasing intentions toward future purchases. So if consumers feel satisfied with their lives, consumers will tend to be satisfied and

continue to use BPJS Health services. Research (Liu et al, 2021) shows that patient satisfaction can lead to patient loyalty to reuse a service.

Customer satisfaction is an indicator that assesses the extent to which customers or consumers are happy with the products or services they receive. Satisfaction can also be interpreted as a comparison between expectations and perceptions of an experience (Fatihuddin et al, 2019)

The influence of participant satisfaction on the level of collectability.

The seventh hypothesis (H7) in this study states that participant satisfaction has a positive effect on the level of collectability. Based on the test results, the t-statistic value was $8.1726 > 1.67$, so it can be concluded that H5 is accepted. This shows that if participant satisfaction increases or increases, this will be followed by an increase in the level of collectability. The results of this research are in line with research conducted by (Lasut et al., 2021) through his research which explains that customer satisfaction has a positive effect on contribution collectability.

Customer satisfaction can be formed from customer assessments of quality, performance results, and consideration of costs incurred with the benefits obtained from the services received. Participants who are satisfied with the benefits and services they receive will increase their willingness to pay which in turn affects the level of collectability.

Other research conducted by (Putra & Abiyoga, 2023) shows that product quality has a positive and significant effect on purchasing decisions, as well as price also provides positive results and has a significant effect on purchasing decisions. Product quality is the dominant factor that consumers consider when purchasing a product, both in terms of shape, performance, durability, reliability, convenience, and design of the product itself. (Putra & Abiyoga, 2023)

CONCLUSION

Access to services has a positive effect on the level of collectability with a coefficient value of 1.059. The quality of service in health facilities will be largely determined by meeting the needs and expectations of JKN-KIS participants. This will increase participants' willingness to pay so that their collectability can increase.

The contribution amount variable also has a positive effect on the level of collectability with a coefficient value of 0.072. If the contribution amount increases, contribution collectability will increase and vice versa. The participant's life satisfaction variable has a positive effect on the level of collectability. Participants' life satisfaction is often associated with material fulfillment or income. So, this research provides an illustration that if income increases, the level of collectability will decrease and vice versa. Access to services also has a positive effect on participant satisfaction, with a coefficient

value of 0.061. This shows that the better access to services, participant satisfaction will also increase. Likewise, the amount of contributions has a positive effect on participant satisfaction, with a coefficient value of 0.071. This shows that the contribution amount can increase participant satisfaction, where the increase in fees is used to improve services to participants.

The life satisfaction variable also has a positive effect on participant satisfaction, with a coefficient value of 0.071. This shows that patient life satisfaction can increase participant satisfaction. Participant satisfaction has a positive effect on the level of collectibility. This is indicated by a coefficient value of 0.103. Thus, if participant satisfaction increases, this will be followed by an increase in contribution collectibility.

SUGGESTION

There needs to be a regular education program for BPJS Health participants in the Malino High area regarding the benefits,

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coverage, and procedures for health insurance claims. Health service providers should provide various contribution payment options including online payments, bank transfers, or at various physical locations that are easily accessible to participants. Apart from that, there is a need for notifications or reminders about payment of contributions via text messages to participants' cellphone numbers or it can also be done by automating payments and what is no less important is involving the local community in decision-making and planning programs that will increase participant satisfaction and contribution collectibility.

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