



(RESEARCH ARTICLE)



The effect of paying capability on the compliance of paying the National Health Insurance Contribution (NHI) participants of NHI independent during the covid-19 pandemic at the Langgikima public health center, north Konawe regency, southeast Sulawesi province in 2021

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Abstract

Currently, until September 2021, the number of participation in the National Health Insurance (NHI) has reached 226.3 million participants or about 83.5% of the total population of Indonesia of 257,912,349 people. Meanwhile in Southeast Sulawesi Province, the number of SSAI Health participants reached 2,253,942 people. The number of independent SSAI participants in Southeast Sulawesi reached 181,032 people. During the Covid-19 pandemic, the community's ability to pay NHI contributions will decrease because people's incomes have also decreased. The purpose of this study was to determine the effect of ability to pay on compliance with paying NHI contributions for independent NHI participants in the work area of the Langgikima Public Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021. This type of research is a survey research type with a Cross Sectional Study approach. This research was conducted in the working area of the Langgikima Public Health Center, North Konawe Regency, Southeast Sulawesi Province. The sample of this study was all independent NHI participants, namely 51 participants. Data Collection Using Questionnaires and Observations. Data analysis was done by univariate and bivariate. Presentation of data in the form of a frequency distribution table accompanied by an explanation. The results showed that there was an effect of the ability to pay independent NHI contributions on compliance with paying NHI contributions for independent NHI participants at the Langgikima Health Center, with a p-value = 0.009. The conclusion of the research is that there is an effect of the ability to pay the independent NHI contributions on the compliance of paying the NHI contributions of the independent NHI participants. The suggestion for this research is the need for education by the SSAI to the community about the benefits of the NHI program for the community. The community should always provide NHI contributions and make payments on time.

Keywords: Ability to pay; NHI Independent; Compliance; Contribution

1. Introduction

At the beginning of 2020, humanity around the world was shaken by the Corona Virus (Covid-19) pandemic which created panic everywhere. Hundreds of thousands of people were infected and thousands more died. WHO since January 2020 has declared the world to be in a global emergency regarding this virus. This condition also triggers food insecurity. We must also pay attention to family food security during the COVID-19 pandemic, because family food security can affect the ability to buy food that is nutritionally balanced so that it affects the body's immune resistance [1]

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Health insurance is a guarantee in the form of health protection so that participants receive health care and protection benefits in meeting basic health needs which are given to everyone who has paid dues or whose contributions are paid by the government. Operationally, the implementation of the NHI system is also contained in Government Regulations and Presidential Regulations. Participants who take part in the health insurance program will receive health care and basic health services. This National Health Insurance is managed by the Health Social Security Administering Institution (SSAI) as stipulated in Law Number 24 of 2011 and has been operating since January 1, 2014. All Indonesian residents are required to become participants in the health insurance managed by SSAI, including foreigners who have worked for a minimum of six months in Indonesia and has paid dues [2]

In Indonesia, health insurance is provided by SSAI Health as a legal entity formed to administer the health insurance program. One of the SSAI Health memberships is that workers are not wage earners, they have to pay a monthly contribution of a certain amount according to the desired treatment class. It is undeniable that there are still many people who find it difficult to pay their monthly dues. The ability to pay SSAI Health contributions is very dependent on the level of income which can influence the patient's determination in choosing treatment that can maximize satisfaction and benefits [3]. In 2020 SSAI health will increase the dues that must be paid by NHI participants to independent participants, for inpatient class I services, the monthly fee to be paid is Rp. 150,000.00, for inpatient class II Rp. 100,000.00 and inpatient class III Rp. 42,000 per person per month [4]

Independent membership which continues to increase is contrary to its regularity in paying NHI contributions. As of October 2014, around 13,000 people (40%) of all independent participants were not regularly paying monthly fees. As a result, around 3 billion rupiah of monthly dues are not paid. In fact, the total expenditure of SSAI Health to finance sick participants is eleven times greater than the income received from premiums for SSAI participants [5]

Ability to pay (ATP) and willingness to pay (WTP) are two factors that play a role in the utilization of medical services which in turn will affect equity. Community participation in paying health insurance contributions will depend on ability to pay and willingness to pay. The size of the ATP and WTP of a person or community in payment of contributions is certainly inseparable from the factors that influence it, namely education, knowledge, occupation, income, expenses, motivation, information about NHI, contributions, availability of place of payment of contributions, distance to the place of payment, contributions, travel time to the place of payment of contributions, number of family members, perceptions of the quality of health services and a history of catastrophic [6]

The SSAI Health program can be the right health insurance for workers with non-permanent income so that they can experience adequate health services and can reduce the risk of people bearing health costs from their own pockets out of pocket in very large and difficult to predict amounts [5]

The number of independent participants in North Konawe Regency until November 2021 is 182 people, which every month continues to decrease, from all independent participants in North Konawe Regency. Data from the SSAI Office of North Konawe Regency showed that the number of independent SSAI participants at the Langgikima Health Center was 51 participants with 11 active participants and 40 inactive participants.

The results of initial interviews with 5 independent NHI participants showed that the community's compliance in paying SSAI contributions at the Langgikima Health Center was still lacking in discipline, on the grounds of not paying because the community did not have a steady income, the independent NHI contributions were very burdensome for the community after the increase in fees in July 2021, and lack of community compliance to make payments. Another factor is caused by the public perception that the health services they receive are less than optimal in terms of quality and satisfaction of health services, on the other hand the reason people do not routinely make payments because participants feel that if they do not experience pain the money they pay just disappears and even though they experience pain, the money they pay just disappears. If you are sick, it is enough to buy medicine at the nearest shop. The fact is also found that many cases in the community will renew and administer the NHI card when they experience illness when they will be referred to the head of advanced health services.

2. Material and methods

The type of this research is an analytical survey research with a Cross Sectional Study approach. The implementation of this research took place in the work area of the Langgikima Public Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021. The population in this study was 51 participants, thus the determination of the research sample was carried out by total sampling. Data was collected using a questionnaire instrument and field observations. Data analysis was carried out univariate and bivariate. Presentation of data in the form of a frequency distribution table accompanied by an explanation [7]

3. Results

3.1. Univariate Analysis

3.1.1. Ability

The ability to pay for health is the amount of funds that can actually be allocated to finance the health in question. The ability to pay the contributions of independent NHI participants is categorized into capable and unable, as presented in table 1.

Table 1 Distribution of Respondents by Ability of Independent NHI Participants in the Work Area of the Langgikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021

No	Ability to pay	Amount (n)	Percentage (%)
1	Able to Pay	12	23.5
2	Unable to pay	39	76.5
Total		51	100

Source: Primary Data in 2021

Based on Table 1, it shows that out of 51 respondents (100%) there are 12 (23.5%) who have the ability to pay NHI contributions, and 39 respondents (76.5%) do not have the ability to pay NHI contributions independently.

3.2. Compliance

Compliance with paying independent NHI contributions is the willingness and obedience of independent NHI participants to pay independent NHI contributions in a timely manner based on applicable regulations. Compliance paying dues is influenced by the behavior of someone who has the willingness and ability to pay dues. Compliance with paying dues for independent NHI participants is categorized into compliant and non-compliant, as presented in table 2.

Table 2 Distribution of Respondents by Compliance with NHI Independent Participants in the Work Area of the Langgikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021

No	Compliance Pay	Amount (n)	Percentage (%)
1	Compliance Pay	28	54.9
2	Not obedient to pay	23	45.1
Total		51	100

Source: Primary Data in 2021

Based on Table 2, it shows that from 51 respondents (100%) there are 28 respondents (55%) who have compliance in paying NHI contributions independently and as many as 23 (45.1%) respondents who do not have the ability to pay NHI contributions.

3.3. Bivariate Analysis

3.3.1. The Effect of Paying Ability on Compliance Paying Contributions NHI independent

Based on Table 3, it shows that of the 12 respondents (100%) with the ability to pay, there are 11 respondents (91.7%) who have compliance in paying NHI contributions and there are as many as 1 respondent (8.3%) who do not have the compliance to pay NHI contributions. Meanwhile, from 39 respondents (100%) who are unable to pay contributions, there are 17 respondents (43.6%) who have compliance in paying NHI contributions and there are as many as 22 respondents (56.4%) who do not have compliance with paying NHI contributions.

The results of the chi square test obtained a value of $p = 0.009$ ($p > 0.05$) meaning H_0 is rejected. This shows that there is an effect of the ability to pay NHI contributions on compliance with paying NHI contributions for independent NHI participants in the work area of the Langgikima Health Center, Langgikima District, North Konawe Regency, Southeast Sulawesi Province in 2021.

Table 3 Effect of ability to pay on compliance with paying independent NHI contributions at Langgikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021

No	Ability to pay	Compliance Pay				Amount (n)		<i>P Value</i>
		Compliance Pay		Not obedient to pay		n	%	
		n	%	n	%			
1	Ability to pay	11	91.7	1	8.3	12	100	0.009
2	Able to Pay	17	43.6	22	56.4	39	100	
Total		28	54.9	23	45.1	51	100	

Source: Primary Data Year 2021

4. Discussion

The right of every citizen to obtain social security. One form of social security is health insurance. Access to social security is a basic right for every citizen in this world. Health insurance is a government and people program that aims to provide certainty of health insurance for all Indonesian people so that they can live healthy, productive and prosperous lives [8]. In Indonesia, health insurance is "managed" by SSAI. One form of SSAI membership is worker participants who are not wage recipients. They have to pay monthly dues with a certain amount according to the desired treatment class. However, it cannot be denied that there are still many people who have difficulty paying their monthly dues.

Health insurance is a guarantee in the form of health protection so that participants receive health care and protection benefits in meeting basic health needs which are given to everyone who has paid dues or whose contributions are paid by the government. Operationally, the implementation of the NHI system is also contained in Government Regulations and Presidential Regulations. Participants who take part in the health insurance program will receive health care and basic health services. This National Health Insurance is managed by the Health Social Security Administering Body as stipulated in Law Number 24 of 2011 and has been operating since January 1, 2014. All Indonesian residents are required to become participants in the health insurance managed by SSAI, including foreigners who have worked for a minimum of six months in Indonesia and have paid dues [2]

The ability to pay for health is the amount of funds that can actually be allocated to finance the health in question [9]. According to Fauziyyah I, 2016 Ability to pay is the ability of the community to pay SSAI Health contributions to replace the service costs they receive [10].

The findings when the research was conducted as the data presented in table 1 shows that, more number of independent NHI participants who stated they could not afford it than independent NHI participants stated that they were able to pay NHI contributions. This data shows that the higher the inability to pay contributions, the higher the non-compliance in paying NHI contributions. On the other hand, the lower the inability to pay NHI contributions, the lower the non-compliance in paying independent NHI contributions. Conceptually, it is found that the ability to pay dues is closely related to a person's compliance in paying dues. The availability of sufficient funds is owned by a person so that person is consciously willing to pay NHI contributions, because in the view of most people that the need for health services is very important and becomes a top priority in life.

A person who gets health services has benefited from the fulfillment of these health needs in the form of treating disease, preventing disease transmission and healing. In health care, people have different desires and expectations. If the health services received are in accordance with their expectations and needs, independent NHI participants will comply with paying NHI fees, but on the other hand, if health services do not meet their expectations and needs, independent NHI participants will not comply with paying NHI fees. Some of the independent NHI participants became compliant with the payment of NHI contributions when the participants still needed NHI health services, but if they had recovered from the disease, they were in arrears and did not even make payments, this was due to the assumption that they only used NHI when they were sick. Conditions that occurred during the Covid-19 pandemic, some independent NHI participants did not pay NHI dues on the grounds that family income had decreased due to a ban or restriction on working outside the home by the government through the implementation of restrictions on community activities (IRCA) policy, so that people's incomes decreased in general.

The research findings show that the ability to pay NHI Independent participants in the work area of the Langgikima Health Center, North Konawe Regency, Southeast Sulawesi province is included in the poor category, this is closely related to compliance with paying NHI Independent contributions where most independent NHI participants feel that the finances obtained from income Priority is given to spending on more urgent primary health needs, such as eating and drinking, thus setting aside the payment of independent NHI contributions even though health services are important. The results of this study are in line with research conducted by Mudayana which states that family income affects the patient's ability to pay for health services that have been provided, if the patient's income is still lacking then they assume that they cannot afford health services [11].

When the outbreak of the Covid-19 pandemic in the world, the incident shook human life in the world, including in Indonesia. The large number of morbidity and mortality due to Covid-19, experienced by the community, has become a fear of its own to work and do activities outside the home to meet the needs of household life. This condition has been going on for the years 2020-2021. The impact on the health sector is the increase in cases of Covid-19 disease so that it requires special handling for its healing. The higher the number of cases of Covid-19, this is a challenge for the community in meeting the needs of health services in the midst of a situation of reduced public income. In the economic sector, there was a decline in people's income due to government policies with the implementation of restrictions on community activities. The implementation of the IRCA is enforced throughout the territory of Indonesia, judging by the level of incidence of cases in the region. The long-term impact of the Covid-19 incident is that there is a change in the pattern of health financing in the community from the priority of income allocation for main needs to the allocation of emergency or urgent needs (food and beverages), so that some people with non-fixed income will delay or even be unable to pay NHI contributions.

The ability to pay for health is the amount of funds that can actually be allocated to finance the health in question. The amount of dues that must be paid by independent participants of the National Health Insurance for class 3 is Rp. 35,000, class 2 is Rp. 100,000, and class 1 is Rp. 150,000. The approach used in the ATP analysis is based on the allocation of costs to meet daily needs from routine income. Factors that affect health ATP include: the price of goods (health costs), consumer income, and number of family members. ATP is divided into three groups, namely non-food expenditure, non-essential expenditure, and essential expenditure. In the ATP concept, the ability to pay for health services is the amount of expenditure for these non-essential goods. The assumption is that if a person is able to spend on non-essential goods, then of course that person will also be able to pay for essential health services [12].

From the results of the Chi Square statistical test at the 95% confidence level (0.05) it shows that the value of Value = 0.009, so Value < 0.05, so H1 is accepted and H0 is rejected. This shows that there is an effect of ability to pay on compliance with paying independent NHI contributions in the work area of the Langgikima Public Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021. This study is in line with research results [13], [14] which say that there is a relationship between ability and compliance with paying NHI contributions in the use of health services. Research [15] which says that there is a relationship between ability to pay and utilization of health services. The results of the study [16] which stated that the ability to pay for the family has a significant relationship with the selection of birth attendants in Indonesia

From the statistical test results, it was found that there was an effect of the ability to pay for independent NHI participants on compliance with paying independent NHI contributions in the work area of the Langgikima Health Center, North Konawe Regency in 2021, this happened because many factors played a role in encouraging someone to comply with independent NHI payments in addition to the ability factor, However, other factors that also influence include the public's perception that health is important and future illness will occur, the perception of paying NHI contributions as part of a charitable fund if it is not used by participants, factors in the quality of health services obtained, community confidence, and the number of family responsibilities.

The findings in this study are not in line with the following studies which state that some respondents cannot pay dues according to the class of care taken because respondents with the lowest payment class were initially able to pay dues but with the increase in the SSAI dues rate it caused they can't afford to pay. The ability to pay for health insurance is highly dependent on the level of income [17]. Similar to informal sector workers, their ability to pay SSAI contributions is strongly influenced by income factors and the number of dependents in the household. Access to health services is not easy for low-income and informal sector workers [18]. The informal sector workers want the monthly contribution payment to be charged to only one family member who is responsible for all family members. This is very reasonable, because informal sector workers do not have excess income. Their income is just enough for expenses. There is ample evidence showing that socioeconomic levels such as income and education are related to access to health services. Equity access to health services is considered a key component of achieving Universal Health Coverage which is also part of efforts to achieve sustainable development [19]

5. Conclusion

There is an influence of ability to pay on compliance with paying independent NHI contributions in the work area of the Langgikima Health Center, North Konawe Regency, Southeast Sulawesi Province in 2021. The suggestion of this research is the need for education by the SSAI to the community about the benefits of the NHI program for the community. The community should always provide NHI contributions and make payments on time.

Compliance with ethical standards

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Disclosure of conflict of interest

All authors in the making of this scientific article have no conflict of interest.

Statement of informed consent

All informants/respondents involved in this study have stated their consent as informants/respondents to be interviewed and provided information/information in accordance with research needs.

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