

Factors associated with compliance payments patient social assurance administrative agency of health independent participants in the hospital Kendari city southeast Sulawesi province Indonesia, 2023

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Abstract

Background: Health is a human right that must be fulfilled by every country. Therefore, the Indonesian government guarantees quality health services through the implementation of national health insurance as a global commitment for every country to implement universal health coverage. In Indonesia, the number of participants in the health social assurance administration agency reached 248.77 million people or the equivalent of 90.73% of the entire population of Indonesia which was recorded at 274.20 million people. Southeast Sulawesi has a total of 8,071,716 health social assurance administration agency participants, while in Kendari City the number of participants from the health social security administration body reached 67,375 as of August 2023. However, health social assurance administration agency membership is not followed by the level of compliance of health social assurance administration agency participants in paying contributions.

Method: The type of research used is descriptive quantitative with a cross sectional study approach. The total sample was 505 respondents with sampling methods, namely accidental sampling and purposive sampling. The independent variables are knowledge and sanctions, while the dependent variable is compliance with paying contributions. Data analysis uses bivariate analysis with the unit of analysis, namely the chi-square test with SPSS.

Result: The results of the research show that there is a significant relationship between knowledge and compliance with paying health social assurance administration agency. The results of statistical tests using the chi-square test obtained a p-value = 0.000 < 0.05. Meanwhile, there is no relationship between sanctions and compliance with paying health social assurance administration agency. The results of statistical tests using the chi-square test obtained a p-value = 0.541 > 0.05.

Conclusion: There is a relationship between knowledge and compliance with paying health social assurance administration agency independent participant and there is no relationship between sanctions and compliance with paying health social assurance administration agency independent participant in hospitals throughout Kendari City. Therefore, health social assurance administration agency needs to collaborate with all stakeholders involved to increase socialization so that health social assurance administration agency independent participant membership achievements are directly proportional to compliance with paying contributions, because this can indirectly affect health services.

Keywords: Compliance; Knowledge; Sanctions; Participants; Health social assurance administration agency; Patient; Participant; Independent

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1. Introduction

Health is a state of physical, mental and social well-being that enables every individual to live a productive life socially and economically. To realize the global commitment of each country to carry out Universal Health Coverage (UHC) for the entire population, the government is responsible for implementing the National Health Insurance (NHI) program [1]. Social assurance administration agency is a legal entity formed to administer social security programs and consists of Health social assurance administration agency and social assurance administration agency Employment. social assurance administration agency aims to realize the provision of guarantees to fulfill the basic needs of a decent life for every participant and/or their family members [2].

In Indonesia, there were 222.46 million people who had participated in the Health social assurance administration agency program at the end of 2020. This figure is reduced by around 1.64 million people compared to the number of participants in 2019 of 224.1 million people. The increase in the number of participants cannot be separated from the enactment of Presidential Regulation 64/2020 concerning Health Insurance, which contains health insurance funding policies including contribution policies [3]. In 2022, it will continue to increase to 248.77 million people or the equivalent of 90.73% of the entire population of Indonesia which is recorded at 274.20 million people [4].

Southeast Sulawesi has a total of 8,071,716 social assurance administration agency participants, while in Kendari City the number of social assurance administration agency participants has reached 67,375 as of August 2023 [5]. According to the Southeast Sulawesi Health Service in 2021, the population in 2021 was 2,669,840 people with a total participation of 2,469,046 people, of which there were 1,729,431 people including Contribution Assistance Recipient participants, as many as Wage Receiving Worker participants. 516,674 people, 190,132 Non-Wage Recipient Worker participants, and 32,809 Non-Worker participants, while 200,794 non-NHI participants [6].

Based on data obtained from social assurance administration agency Health Kendari City, in general, 298,656 people are registered as NHI participants and 44,664 people have not yet registered as NHI participants at the social assurance administration agency Health KC-Kendari Office [7] (Dinkes Kota Kendar, 2021). Meanwhile, the number of independent social assurance administration agency participants reached 67,375 people [5].

The increasing membership is not in line with compliance in paying NHI contributions. Based on health social assurance administration agency data for the city of Kendari in 2023, it shows that the total arrears of independent participants reached IDR 33,266,604,994,- with an average premium amount paid each month per person of IDR 150,000 with class I treatment room facilities, a premium of IDR 100,000 with treatment room facilities class II and IDR 35,000 with class III treatment room facilities [5].

Social assurance administration agency program rules for premium payments are required no later than the 10 of each month. Arrears occur because there is no mutual cooperation mentality in terms of contributions. This is because most participants who register with Health social assurance administration agency are participants who are at risk of getting sick before their eyes. Such as participants who need immediate medical treatment (illness history) at high costs. Participants like this are enthusiastic about registering for the social assurance administration agency program but after the health treatment process has gone through, the participants are indifferent to the obligation to pay contributions [1].

Contributions are an obligation for Health Insurance participants. Participants pay dues in accordance with established provisions. Health insurance contributions are an amount of money paid regularly by participants, employers and/or the government for the Health Insurance program. PBI participants or participants who cannot afford to have their fees paid by the government and Non-PBI Participants who earn income from their own business, the fees are paid independently or by deducting a percentage of their salary. Based on Republic Indonesia Presidential Decree No. 12 of 2013, NHI participants in the independent worker category are required to pay contributions to Health social assurance administration agency no later than the 10th of every month. If the 10th falls on a holiday, then contributions are paid on the following working day. Participants in the self-employed category are subject to a fine for late payment of contributions of 2% per month of the total contribution in arrears. Apart from that, the guarantee will be temporarily suspended if the delay in payment of contributions is more than 6 months [8].

2. Material and methods

The type of research used is descriptive quantitative with a cross-sectional study approach, namely looking for factors related to compliance with paying social assurance administration agency contributions for independent participants in hospitals throughout the city of Kendari. The number of samples in this research was 505 independent social assurance administration agency participants who utilized health services at hospitals throughout Kendari city. The sampling techniques are purposive sampling and accidental sampling, purposive sampling technique is a sampling technique with certain considerations by determining criteria that must be met by the research sample so that it is more representative [9]. Data analysis consists of univariate analysis and bivariate analysis. Univariate analysis describes the characteristics of each research variable [10]. Bivariate analysis was carried out on variables that were thought to be correlated using statistical testing, namely the chi-square test [10].

3. Result and discussion

3.1. Respondent Characteristics

Table 1 Distribution of Characteristics of Independent social assurance administration agency Participant Respondents in Hospitals in Kendari City, Southeast Sulawesi Province in 2023

Respondent characteristics	Number (n)	Percent (%)
Age (Years)		
20-24	38	7.5
25-29	64	12.7
30-34	66	13.1
35-39	69	13.7
40-44	62	12.3
45-49	47	9.3
50-54	48	9.5
55-59	49	9.7
=>60	62	12.3
Total	505	100
Gender		
Male	225	44.6
Female	280	55.4
Total	505	100
last education		
No School	2	4
Elementary school	8	46.9
junior high school	39	100
High school	274	54.3
Bachelor	182	36.0
Total	505	100
Class		
1	79	15.6

Respondent characteristics	Number (n)	Percent (%)
2	181	35.8
3	245	48.5
Total	505	100
Job status		
Doesn't work/Housewife	102	20.2
Trader/Entrepreneur	227	45.0
Private sector employee	143	28.3
Free labor experts	33	6.5
Total	505	100
Family Income/Month		
< 2.758.984	95	18.8
≥ 2.758.984	410	81.2
Total	505	100
Compliance		
Obedient	453	89.7
No obedient	52	10.3
Total	505	100

Source: Primary data, 2023

Based on the table above, it shows that the majority of respondents aged 35-39 years were 69 people (13.7%) and 30-34 years old were 66 people (13.1%) and the lowest were aged 20-24 years as many as 38 people (7.5%). Of the 505 respondents, the gender of the respondents was mostly women with 280 people (55.4%) and men with 225 people (44.6%). Of the 505 respondents, the highest level of final education was Senior High School (SLTA) with 274 people (54.3%) and the least was no school with 2 people (4%).

Based on the table above, of the 505 respondents, the highest social assurance administration agency class is class 3 with a total of 245 people (48.5%) and the lowest social assurance administration agency class is class 1 with a total of 79 people (15.6%). Of the 505 respondents, the highest employment status was trader/entrepreneur with a total of 227 people (45.0%) and the lowest employment status was freelance professional with a total of 33 people (6.5%). of the 505 respondents, the highest family income/month was ≥ 2,758,984 with a total of 410 people (81.2%) and the lowest family income/month was < 2,758,984 with a total of 95 people (18.8%). that as many as 453 people (89.7%) complied with paying social assurance administration agency contributions and the remaining 52 people (10.3%) did not comply with paying independent social assurance administration agency contributions at hospitals throughout Kendari city.

3.2. Karakteristik Variabel

Table 2 Distribution of characteristics of independent social assurance administration agency participant research variables in hospitals throughout Kendari City, Southeast Sulawesi Province in 2023

Variable	Number (n)	Percent (%)
Knowledge		
Not enough	2	0.4
Enough	503	99.6
Total	505	100
Sanction		

Don't know	13	2.6
Know	492	97.4
Total	505	100

Source: Primary data, 2023

Based on the table above, it is known that of the 505 respondents, 503 people (99.6%) had sufficient knowledge and only 2 people (0.4%) had insufficient knowledge. Of the 505 respondents, 492 people (97.4%) knew about social assurance administration agency sanctions and the remaining 13 people (2.6%) did not know about independent social assurance administration agency sanctions in hospitals throughout Kendari city.

3.3. The relationship between knowledge and sanctions and compliance with paying social assurance administration agency Independent patient contributions

Table 3 The relationship between knowledge and sanctions and compliance with paying independent social assurance administration agency patient contributions at hospitals in Kendari City, Southeast Sulawesi Province in 2023

Variable	Compliance with paying dues						pvalue
	Obedient		Not Obedient		Total		
	Number (n)	Persen (%)	Number (n)	Percent (%)	Number (n)	Percent (%)	
Knowledge							0.000
Not enough	0	0.0	2	100	2	100	
Enough	453	90.1	50	9.9	503	100	
Total	453	89.7	52	10.3	505	100	
Sanction							0.541
Not Know	11	84,6	2	15,4	13	100	
Know	442	89.8	50	10.2	492	100	
Total	453	89.7	52	10.3	505	100	

Sumber: Data primer, 2023

Based on table 3 above, it shows that of the 2 people who have insufficient knowledge, 2 people (100%) are not obedient in paying social assurance administration agency independent contributions, while of the 503 respondents who have sufficient knowledge, there are 453 (90.1%) respondents who are obedient in paying contributions. and 50 (9.9%) respondents did not comply with paying social assurance administration agency independent contributions. The results of the statistical test using the chi-square test obtained a value of $pvalue= 0.000 < 0.05$ because because the ρ value is smaller than 0.05, H_1 is accepted and H_0 is rejected, which means there is a relationship between knowledge and compliance with paying independent social assurance administration agency patient contributions at hospitals in Indonesia. -Kendari City, Southeast Sulawesi Province in 2023.

Based on the research results, it can be concluded that the factors that influence NHI participants' compliance in paying contributions are the level of knowledge, income level, and perception of health risks that each community has. The level of knowledge is one of the factors that is significantly related to NHI participants' compliance in paying contributions [11]. This is in accordance with Lawrence Green's theory in Priyoto (2014) which states that one of the predisposing factors is knowledge which can influence a person's behavior. NHI participants who have a good level of knowledge regarding NHI will increase individual compliance in paying NHI program contributions. This is in line with the research results [12] that there is a relationship between knowledge and compliance of NHI participants in paying NHI contributions in the working area of the Ranotana Weru Community Health Center, Manado City.

The results of the research above show that the better the respondent's knowledge, the higher the level of compliance. The public already understands that BPJS membership is an obligation for all Indonesians to ensure their health. Public knowledge about BPJS membership, including the obligation to pay monthly contributions, can be obtained from various media sources, including health workers and counseling conducted by Kendari City bahwa ada hubungan faktor

pendidikan dengan kepatuhan pembayaran iuran NHI di Instalasi Rawat Inap RSUD Sidoarjo Tahun 2020 staff. Community knowledge is also related to the level of education, where the majority of Kendari city residents have an average of 274 high school education (54.3%) and 184 (36%) from tertiary institutions, so this can influence perceptions of compliance in paying social assurance administration agency contributions regularly. [13] that there is a relationship between educational factors and compliance with NHI contribution payments in the Sidoarjo Regional Hospital Inpatient Installation in 2020. [14] There is a relationship between knowledge about the obligation to pay contributions and compliance with paying contributions from Non-PBI social assurance administration agency participants at the social assurance administration agency of Health Banjar District Office in 2020 with a p-value = 0.000.

Based on table 3 above, it shows that of the 13 respondents who did not know the sanctions received for those who were late in paying contributions, there were 11 people (84.6%) who were compliant and 2 people (15.4%) who were not compliant in paying social assurance administration agency contributions for independent participants in hospitals throughout the city of Kendari. This is because people have experienced it themselves and understand that if they are late or in arrears in payments then when they use them when they are sick at a health facility, they have to settle the arrears in payments. Meanwhile, of the 492 respondents who knew about the sanctions due to delays, 442 people (89.8%) were compliant and 50 people (11.2%) were disobedient in paying the independent social assurance administration agency participant fees at hospitals throughout Kendari city. This is because people have experienced it themselves and understand that if they are late or in arrears in payments then when they use them when they are sick at a health facility, they have to settle the arrears in payments. Apart from that, some people, even though they already understand the consequences of being late in paying contributions, they do not comply with paying the 11.2% contribution due to income factors and choose to prioritize meeting their daily needs rather than paying contributions every month..

Law Number 24 of 2011 also states the sanctions that will be received if you do not register and pay contributions regularly, namely that employers (companies) other than state officials who do not register will be subject to administrative sanctions. The administrative sanctions given are in the form of fines. The imposition of fine sanctions is carried out by BPJS, which is given for a maximum period of 30 (thirty) days after the end of the imposition of the second written warning sanction. (vide: Article 13 paragraph (3) Law No. 24 of 2011 in conjunction with Article 7 of PP No. 86 of 2013).

The results of statistical tests using the chi-square test obtained a value of $p\text{value} = 0.541 > 0.05$ because because the p value is greater than 0.05, H_1 is accepted and H_0 is rejected, which means there is no a relationship between sanctions and compliance with paying social assurance administration agency independent patient contributions at hospitals. - Kendari City, Southeast Sulawesi Province in 2023.

[15] social assurance administration agency impose a written warning sanction on companies that do not register their workers or laborers as first social security participants for a maximum period of 10 (ten) days. If by the end of the 10 (ten) day period for the first written warning sanction, the company does not carry out its obligations, then social assurance administration agency will impose a second written warning sanction for a period of 10 (ten) days.

A fine is imposed if after the imposition of the second written warning sanction ends the company does not carry out its obligations. Fines are imposed at 0.1% per month of the contributions that should be paid which are calculated from the end of the second written warning. Then the fine is paid to social assurance administration agency along with the next month's contribution payment. If sanctions in the form of fines are not paid in full, the company is subject to sanctions for not receiving certain public services.

4. Conclusion

There is a relationship between knowledge and compliance with paying contributions from independent BPJS participants in hospitals throughout the city of Kendari. There is no relationship between sanctions and compliance with paying social assurance administration agency Mandiri participant contributions at hospitals in the city of Kendari. Therefore, social assurance administration agency needs to collaborate with stakeholders from health agencies, academics, NGOs and community leaders to increase outreach, so as to increase health insurance participation.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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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