

The Effectiveness of National Health Insurance Membership Services at Social Security Agency Office in South-East Sulawesi Province

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Abstract: Health Financing in Indonesia is still a major health problem especially for the poor. Through the National Health Insurance program, it is expected that all of the Indonesian people can access health services without constrained by the cost. Analyze the effectiveness of Health Insurance membership services at Social Security Agency office in Southeast Sulawesi Province. This study used survey approach with a qualitative design. This study conducted at Social Security Agency office in Southeast Sulawesi Province. Respondents were selected purposively, consist of Social Security Agency Officials and member. Data was collected by triangulation method and data analysis used content analysis matrix. Even though the perspective about National Health Insurance services was viewed from the patient said that it has been effective generally, but there still ineffectiveness factors. Mostly, because of the complicated service mechanism, the difficulty of service requirements, the length of waiting time for services, and less of facilities due to a limited staff of Social Security Agency office in South Sulawesi Province. This, it can be concluded that there is still lack of administrative mechanism and human resources aspect of membership service in Social Security Agency office, South Sulawesi Province. Therefore, the Social Security Agency expected to develop policy and services management to improve the effectiveness of National Health Insurance membership services.

1 INTRODUCTION

"Health is a Fundamental Human Right" is the concept of the World Health Organization (WHO) to ensure for each people can live healthy to more productive. The rights of each people obviously reflect two absolute obligations for each individual or institution who seek and provide health services for being healthy and maintain healthily. Therefore, every country has the obligation to ensure these rights are fulfilled and also accepted by the entire population (Maidin,2013).

Health insurance is a guarantee in the form of health protection for participants to get the benefit of health care and protection to meet the basic health needs are given to every person who has paid contributions or dues paid by the government. This guarantee is called the National Health Insurance for all residents of Indonesia shall be insured people

managed by BPJS including foreigners who have worked for a minimum of six months in Indonesia and have paid contributions (MoHRI,2013).

The National Health Insurance is a financing scheme pre-effort, which means that health financing was issued before or in a state hospital. The pattern of financing pre-effort embracing the law of large numbers and risk collective. So that risks can be disseminated widely and effectively reduced, then this financing pattern requires a large number of participants. Therefore, in practice, the National Health Insurance requires all residents of Indonesia participated in such large numbers that the law can be met. Risk embrace occurs when a number of individuals at risk have agreed to raise the risk of loss with the aim of reducing the burden (including the cost-loss/claims) are to be borne by each individual (Azwar,1996; Murti,2000).

The National Health Insurance (JKN) participants are divided into 2 groups: (1) The beneficiary contribution (PBI), which includes the poor communities; and (2) Not beneficiary contributions (Non-PBI), which include formal and informal workers and their families. Health insurance contributions are the amount of money paid regularly by the participant, employer and/or the government's health insurance program. On the basis of contributions paid each participant is entitled to receive the benefits of health insurance that is both personal health services, including promotion, preventive, curative, and rehabilitative services including drug services and medical materials consumables in accordance with the medical needs required (MoHRI,2013).

Effectiveness is range effort a program as a system with limited resources and means to accomplish its goals and objectives without crippling it means and resources and without giving any unnatural pressure on its implementation (Steers,2005). According to book Behaviour, Structure, Processes mentions that measurement of the organization effectiveness including; 1). Production is an organization's ability to produce the quantity and quality of output according to environmental demands. 2). Efficiency is the ratio between the output to the input.3). Satisfaction is a measurement to show the extent to which the organization can meet the needs of the community. 4). Excellence is the level where the organization can and really responsive to internal and external changes. 5). Development is a measure the ability of the organization to improve its capacity to cope with the demands of society. Factors that influence the effectiveness is 1). Characteristics of the organization. 2). Characteristics environment. 3). Feature workers. 4). Policies and management practices (Gibson,2006).

Membership problem of National Health Insurance PBI still are in some areas one in South-East Sulawesi registered as participants PBI as many as 253 157 Life (74%), while the number of poor according to BPS data in 2014 as many as 342 263 of peoples, in this case, shows that as many as 89 106 people (26 %) have not joined the PBI (BPS Sultra,2014). This is in line with research findings in the early study file, that there are still many poor and underprivileged patients who came for treatment to the General Hospital BLUDs Bahteramas South-east Sulawesi, the outpatient services have not been registered for the PBI for some reason in the service of membership JKN complexity, lack of knowledge of the patient, and is recommended by the hospital to become a participant JKN.

In connection with the participation of patients JKN PBI, acquired a reality are still many problems

as the testimony of General Hospital BLUDs officer Bahteramas South-east Sulawesi Province who say the problem of membership PBI because the patient does not understand, and there are still many patients who do not have a card of JKN from poor families because they have not been recorded by social Security Agency (BPJS) of Health.

Problems of health insurance membership can be seen from several studies including research Triyono and Soewartoyo says that the majority of informal workers untouched from social security programs employment (Triyono, 2013; Soewartoyo,2013). In addition to health care referral issues, other issues that need to be prepared to welcome the National Health Insurance is membership (Yuningsih,2013). Therefore, the purpose of this study was to analyze the effectiveness of the services the Health Insurance Participation In Social Security Agency Office (BPJS) of Health Southeast Sulawesi province.

2 METHODS

The study using survey approach, with using qualitative designed, a cross-sectional study is one form of observational studies (non-experimental). Informants in this study were participants JKN, BPJS Officers and employees of the Bank in Kendari (South-East Sulawesi). Selection of informants using a purposive technique. Data collection using literature, observations, review documents and also interview. Data analysis using matrix content analysis.

3 RESULTS

Results of in-depth interviews will then be elaborated into the formulation of the problem points that have been determined as follow:

3.1 How Terms of Service in Registration Process of National Health Insurance Membership by Society

There are still some problems based on the findings of in-depth interviews showed that the process of self-service membership card given to participants. There is still a denial of service because the candidates of the participants are not able to meet the terms of service in the process registration according to the terms that have been required by the BPJS provisions.

In terms of ease of servicing the membership independently, participants complained about the

complexity of the registration file. For example the candidate have to written statement from both parents (difficult for candidates who have parents who are far away in a different area), are required to have an ATM/bank, are required to have a certificate of domicile (difficult for candidates who are outside the area of origin identity card or KTP), separation of service BPJS and banks (office service is not the roof) made it difficult for service payment of dues beginning BPJS as proof of registration of membership. Separation of BPJS services and Bank services will the presence of service for participants. Bank in BPJS office depends on the availability of human resources BPJS Bank itself, the length of time, the time that card is active about two weeks so that the card would not be used immediately in the health service, as well as statements from the following informant;

... in that time I came mismanagement, not accepted because there is what it is, the less ... Family Identity card(RTA, 28 Years)

... the requirement is not ease to pack, should have Family Identity card, ID cards, photos, turning then to the bank again and again to BPJS, bother to pack ...,(THI, 35 Years)

... the requirements are complicated, because many of the conditions, then the distance BPJS to the bank, after paying must return to BPJS, then wait for the lifetime of the card about 2 weeks .. ,(AHL, 23 Years)

3.2 How Terms of Dues Service for NHI's Member by Social Security Agency

Another problem of the findings of in-depth interviews showed that participants were not burdened with a number of dues BPJS because every person is free to choose the class of service in accordance with the rates they can cover. On the other hand, participants who classified able to state is not an issue size of contributions throughout the service obtainment health meet or exceed the expectations of the participants. But for participants who are less able to feel burdened with dues main BPJS families who have many dependents. In the case where payment of dues BPJS participants felt easy because BPJS dues payment systems are now using an auto-debit system that costs taken directly through the account so that participants do not need to bank/post and with auto-debit services can prevent participants forget the payment of dues. What is more, there are still obstacles in the payment of membership dues because participants can only make payment of dues BPJS when experiencing

pain. Therefore, BPJS inform participant data delinquent BPJS in the primary healthcare with the purpose of facilitating controlling /denial of patient care before entering the health care basic level advanced, as well as statements from the following informant;

... my husband's just a driver, it is hard for us because we are five people on my family (SMI, 48 Years)

... not a problem for me about the charges, the most important is the hospital services good ...,(THI, 35 Years)

... about the contribution are later adjusted,... actually it was not burdensome but affordable because accordance with the service and can choose the tariff class suit for everyone ...,(SRI, 43 Years)

Similarly, other findings from in-depth interviews found that in card services BPJS participants felt obstacles in the form of domicile of those who came from outside the region. The statement of the parents, within the banks-BPJS route, are quite far, the lifetime of the old card, mandatory unbanked /ATM so that these complaints would be a material improvement for the BPJS service quality improvement. In terms of efforts officer helps service participation, participants stated that no effort was good and clear of personnel in dealing with complaints of participants, although the complaint submitted directly. In terms of ease of service complaints, response channel officers carried out either directly or through email, post, hotline is always on standby, as well as statements from the following informant;

...the obstacles are, turns the first payment in the bank, the bank no longer take care of us in order affidavit that I take care of BPJS stamp duty, must use a statement that the father and mother of this entry, must open an account using an ATM card, and I had to return the from BPJS office in to the Bank again, must ask for a letter of domicile ...,(NBH, 24 Years)

... old card active period, a period of one month can only be active ...,(RYD35 Years)

... the barriers of distance to the bank, then the conditions convoluted so procedures required to the bank,...,(DMN, 29 Years)

3.3 How Terms of Service by Social Security Agency Officers for NHI's Member

In-depth interview findings obtained also that in terms of the attitude of the officers, the facilities, the number of officers, waiting time and information services officer attitude participants felt good, the wait time service good, easy information services, but some things that become problems such as cramped waiting room service, seating is limited, the number of officers is less, means and facilities are still lacking, and this time BPJS office continues developing balustrades service resources, as well as statements from the following informant;

„the attitude is very response, timeouts nice, the facilities are still lacking in the waiting room
 „,(DPI, 30 Years)

„ the number of officers seems pretty lacking
 „,(LNA, 30Years)

„ fast service, Just waiting room small
 „,(TJO, 28Years).

4 DISCUSSIONS

BPJS as a public service, in service BPJS membership, requires the convenience of the service management and the accomplish of the public interest as well without the injured party in the service including avoiding their rejection of membership services. By doing the refusal of service member it will hinder the achievement of good public services.

the coveted public service is the ease of taking care of the interest of getting a reasonable service, the same behaviour without partial and treatment honest and forthright (Moenir,2001). In addition, he also added that the smooth running of the service rights depends on the willingness of workers to the obligations imposed, systems, procedures, and methods are inadequate, the organization of the ministry was completed, the revenue officer or employee sufficient for their needs, abilities or skills employees, and adequate working facilities.

Still the problems of service membership independent in terms of denial of service the membership for their inability to applicants meet the requirement file services of membership in a short time, this shows that the service system of membership BPJS in particular the requirements of membership still needs to be evaluated by the entire stakeholder to take appropriate measures and the

need to build a service model that is easy, fast and connected to government agencies related to the membership management BPJS, for example, the need for a realignment of the length of active time card BPJS (long wait for active cards for two weeks so that the card would not be used as soon as possible in healthcare) with a view side benefits to participants and the benefits for institutions manager. The need to develop the integration / connectivity services registry offices (services KTP, KK) with the BPJS, and the bank it is intended that the entire data service needs to be monitored together easily without force/charge to people who forget to bring a file requirements or incompetence communities meet the requirements of membership file in quick time. In another sense that the people who come to the registration service of the membership did not experience difficulties or delays service membership in both the accomplish of the requirements, including other requirements such as having to have a written statement from both parents (for candidates who have parents who are far away), the obligation to have a letter of domicile (for candidates who are outside the area of origin KTP) and others. This is in line with research Lestari that the administrative services are considered complicated, convoluted, and less information (Lestari,2010).

In terms of barriers, understaffed bank services is the management of banks need to adapt to the conditions and needs of the service, with the intention that the service does not make it difficult for the ministry of membership dues and registration. Similarly, in terms of service, the bank should not impose the will of the applicants to have had an ATM/bank, but the need for the bank giving a service to applicants, whether the service payment of contributions made directly through auto-debit or through payment in cash, or through other methods e.g. union dues BPJS integrated with payment of electricity bills/water / or union account payment of other taxes. This is in line with research that there are obstacles in the form of procedural administrative services, technical constraints, constraints of human resources, and socio-cultural community (Haeruddin,2010).

When the BPJS cooperating with the bank as collecting fund membership dues, the aspects of ease and speed of services should be tailored to the local community. This is important so that dues payments service is not a barrier in service members. As the results to concerning Analysis attitude Informal Workers Non PBI Not Yet Registered Program National Health Insurance (JKN) 2014 In Brebes city found that of 347 respondents showed with 90, 5% of informal workers non-PBI Brebes city states

agree with their cooperation with banks and BPJS in BPJS dues payment services (Purwandari,2014).

Dues BPJS is the tariff to be paid by each participant to the BPJS independently of each month, the amount of its contribution based on the class selection of service desired by someone. According to the Presidential Regulation No. 19 The year 2016 regarding the Second Amendment to Presidential Regulation No. 12 The year 2013 on Health Insurance. The regulation stipulated in change fees for participants Not Receiver Wage Workers (PBPW) with details: Class 1 the amounts of fees of Rp 59,500 rose to Rp 80,000, class 2 amounts of fees from Rp 42,500 to Rp 51,000 and Grade 3 amounts of fees did not increase. Participants are required to pay health insurance contributions to BPJS later than 10 (ten) each month. If the date ten (10) falls on a holiday, then the dues payable on the next working day (PP Regulation No. 12,2013).

Non-burdened participants with the amounts of fees BPJS, this is in line with the principle of mutual cooperation BPJS, in the sense of mutual subsidy among those who fall into the category of the rich to the poor category, between the patient's rich and poor patient so that the model sharing service/financing will help to accomplish the operationalization of health services the main burden of financing by the government. With insufficient health funding both from the public and the government it is becoming one measure of the success of programs BPJS current health and future, because historically travel health insurance (health insurance) in Indonesia still face key problems adequacy of health funding, so that with the JKN now then access, quality of care, equity and availability of health resources are expected to work better towards the future towards achieving health coverage 2019.

BJPS service fare classes are varied, the concept is very profitable government and society, because by itself participant will choose a suitable tariffs for himself and his family in accordance with the existing financial capability, on the other hand, the absence of coercion to the people to choose a higher class of service of its capabilities, it also will give freedom to the people to conduct mutation of membership to various levels as desired class of service and good economic conditions to class and non-PBI.

This is consistent with research that 87.1% states are willing to become a participant of health insurance, total premiums 93.3% want the maximum amount of Rp 25,000 / month/person, as much as 93.3% want the amount of the premium inpatient unit 3 the maximum class 25.000 / month/person (Djuhaeni;Gondodiputro;Setiawati,2010). There are

83.3% of informal workers agree with the Participation of non-PBI. And 73.2% of non-PBI informal workers agree with Membership required. While 59, 4% agreed with 25,500 premium class for the inpatient unit 3. A total of 55% agreed with 49,500 premium class for the inpatient unit 2. A total of 56, 2% agree with 59,500 premia for inpatient room class 1 (Purwandari,2014). The factors affecting the health insurance program participation are factor income, knowledge and education (Triyono;Soewartoyo,2013). ILO study that 22.04% of informal workers are willing to pay social insurance premiums, 8.07% found the national social insurance premium is the responsibility of the employer; 34.39% believe the responsibility of the state and 18.86% found premium pay social security is the responsibility of workers, employers, and governments (ILO,2004).

However, the problems that occur in the field there are participants complained fees are mainly families who have many dependents, if it is constantly happening then chances are that the participants and their families will do the arrears-arrears payment of dues BPJS, and should it need to do education, and advocacy to the community to provide an understanding of the mutation to ease the burden of membership dues BPJS.

Thus, participants who have registered as participants Non-PBI and feel unable to make a payment dues BPJS expected to can perform mutation of membership as provided in Rule BPJS No. 1 of 2014 on article 27 paragraph 1 and 2 and Article 30 on health insurance (BPJS,2014)

The concept of payment of dues through the system auto-debit will essentially facilitate service payment of dues each month, with system it also will benefit the participants of the transport costs because it does not need to go to the bank counter, from the time do not need to queue at the bank, in terms of labour was efficient because participants do not have to deal with the bank, and most importantly, will prevent the participant forgets to make payments including payment arrears prevented the participants do. In general, an auto-debit system very well is applied as more BPJS participants in terms of ease of payment. With the system auto-debit also be advantageous than the manual system because the banks and BPJS will easily monitor payment arrears of participants, so that information can auto-debit system used to prevent patients get health care and on the other hand can control the billing process payment of membership dues.

Still the participants who frequently delinquent dues BPJS due to intentional factor or other factors, so the willingness of patients to pay payment including penalties when sick, show that lack of awareness or lack of patient understanding of the

importance of health and the importance of the program JKN for the community, it could be this is the case because the program has not socialised JKN well. The need for the role of government and society, primarily related institutions BPJS manager to find the right model to address their arrears so that the future payment of dues BPJS no impact on the survival JKN program in the future. This is in line with research that the insurance awareness classified as moderate 41%, hence the need to done by the health insurance funds to be able to educate a wider range of people in order to increase public awareness in insured healthcare (Sakinah, 2014)

Existence of barriers to the service requirements of membership either in the form of letter of domicile for those who come from outside the region, a statement of the parents, this is effective only for candidates from outside the area will make it difficult for participants to complete all requirements, this condition can lead to potential participants will choose to continue the service registration membership or terminate such registration. When participants chose to discontinue the registration then when he/she get health care will be fabricated using BPJS services, by itself it will be forced to use a common course of patient care dues health care more expensive. But when he went to the registration of membership he must incur huge costs to obtain compliance with requirements such as having to deal with the urban village office / local village, must meet with parents for approval, and could be candidates to commit fraud administrative completeness of the files in order to avoid the cost of obtaining file completeness.

In terms of distance bank and office BPJS far shows that the absence of an agreement or the absence of integrated services prepared jointly between the bank and BPJS, if this condition persists then the efficiency of the time, cost and labour was detrimental to the applicants because they have completed all stages of the service will be a delay of even a membership service when some of the participants decided to suspend or terminate the registration on the grounds that it faces the difficulty of servicing.

The distance between the bank and BPJS difficult and much will affect the community to come to the bank because of the distance and cost of travel. By him that the need for evaluation and repair service stages and good coordination between BPJS and the bank to find a suitable service model that can facilitate the service participants. Similarly, in an effort to solve the problems attendant care faced by the participants in order to give a good response so that the barriers in the service would be solved and prevent service delays.

In case any officer attitude is good, the wait time service is good, the service information easily will be carrying in the service process and add value to the service personnel, so that the service member will pass easily and participants will feel comfortable, relieved, happy even to feel satisfied for all those services. But if the ministry had received had the opposite outcome than the participants will feel upset, uncomfortable even consider the service received was not in accordance with expectations is by itself the participants will tell other potential participants about the quality of those services.

With the waiting room service cramped, seating is limited, the number of officers is less, means and facilities are lacking, will have an impact on the speed, accuracy, and smooth service, on the other hand, would be detrimental to the participants because seating is limited, participants had to stand waiting queue. With the number of those with less than, the service will slow this can cause queues. Likewise with limited means and facilities which will hamper the service, so that participants feel annoyed frustrated, stressed, and not be satisfied because of long service. By him that BPJS parties to continue to conduct an evaluation to improve service management and service resources continue to develop in order to create good customer service and satisfy the participants. This is consistent with research that the public service there was limited because of the facilities inadequate, lack of human resources and employee discipline (Musdiansyah,2014).

5 CONCLUSIONS

Services JKN participation in BPJS Office has been effectively carried out. But there are still many problems in the implementation both in terms of regulation, service management, behaviour and readiness of resources, therefore the need for policy improvement and service management to improve the effectiveness of JKN membership services.

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