

Partnership Analysis of National Health Insurance Pooling Mechanism Among Informal Workers in Banyumas Regency

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Abstract: Indonesia in achieving Universal Health Coverage has the challenge to protecting informal workers. But, informal sector workers covered *BPJS Kesehatan* by the Workers Not Receiver Wages is still low enrolment. Premium collection of *BPJS Kesehatan* for members especially informal workers is important to the sustainability of National Health Insurance program. The premium collection of *BPJS Kesehatan* can't reach for informal sector as a whole. Expansion of premium collection *BPJS Kesehatan* is needed to facilitate the informal sector to register and pay *BPJS Kesehatan* premiums. The aim of this research is describe the partnership in collecting premiums of *BPJS Kesehatan* for informal workers in Banyumas. This research is qualitative research with 14 informans. Research location in informal sector worker of palm sugar farmer and batik worker in Banyumas. Data collection was done by in-depth interview, observation and documentation. The results of this research indicate that the partnership in collecting premiums desired by informal sector workers in Banyumas is partnership through association or cooperative. This partnership facilitates the payment of contributions *BPJS Kesehatan* by associations or cooperatives that they are regular contact or who they trust. Oversight and guidance to the partnership were done by the Department of Labor and Cooperative Banyumas and *BPJS Kesehatan*.

1 INTRODUCTION

Indonesia's efforts to achieve universal health coverage still face challenges to be faced, previous research says that the challenge faced in reaching Universal Health Coverage (UHC) is to provide protection to informal sector workers. However, in this time, informal sector workers covered by national health insurance with non-PBI members category for non-wage workers or Pekerja Bukan Penerima Upah (PBPU) are still low enrollment. Data *BPJS Kesehatan* in August 2017, indicating that the recipient contributions or Penerima Bantuan Iuran (PBI) is the type of membership in Indonesia, as many as 109.54 million participants (61%). Unlike the case with non-PBI members is wage workers or Pekerja Penerima Upah (PPU), that is as much as 42.32 million participants (24%). Non-PBI membership for Non-Wage Workers (PBPU) or informal sector has the least amount, only 27.60 million participants (15%).

Informal sector people have certain characteristics that must be well understood.

Informal workers in the 2012-2019 JKN roadmap are non-wage Workers (PBPU) or workers outside the working relationship (self-employed), most of whom do not occupy permanent business locations and irregular income. Collection of premium contributions from workers in the informal sector requires processes and procedures that are very different from the formal sector. This difference is causing the current premium arrears in *BPJS Kesehatan*. The biggest arrears come from segments of Non-Wage Member (PBPU) or the informal sector. Up to the 3 rd Quarter of 2015, the segment's premium debt reached more than Rp. 2.43 trillion. Data from *BPJS Kesehatan* Purwokerto Branch shows in 2015, about 57.84% of members aren't pay contribution, the majority of arrears by informal sector workers covered by national health insurance with categories of non-wage workers.

Efforts to expand the member *BPJS Kesehatan* of the informal sector and the collection of informal sector premiums in Banyumas, especially for palm farmers and batik worker, need an innovative approach. Innovative approach one by doing

partnerships in the collection of premiums in the informal sector so they regularly pay premiums and willing to join a member *BPJS Kesehatan*. This partnership can be carried out between *BPJS Kesehatan* Purwokerto Branch and Cooperatives or associations of informal sector workers. The scheme of increasing informal sector members through cooperatives will bring ease in the collection of premiums from informal sector workers. Payment of insurance premiums can be made directly one year or monthly using the loan facility from the Cooperative. Cooperatives provide ease of supervision, communication, advocacy and provision of information in this channelling between stakeholders and the agency of health insurance to the informal sector.

2 METHODS

This research is qualitative research with case study. The research location in Banyumas district at Nira Satria Cooperative as an association of informal sector workers of palm farmers and Perbain as association of batik workers. Data collection was done by in-depth interview, observation and documentation. The study began in March until July 2017. The subjects were 16 participants consisting of 1 head of Cooperative Nira Satria, 1 head of batik association of Perbain, 1 head of membership unit of *BPJS Kesehatan* Purwokerto Branch, 1 head of batik worker, 1 head of Banyumas Cooperation Office, coconut, 5 palm farmers and 5 batik workers.

All Interviews were digitally recorded and then transcribed for analysis in OpenCode 4.03 qualitative analysis software. Two researchers analyzed the transcripts through direct content analysis, a qualitative data analysis method, using OpenCode 4.03. Codes were developed primarily according to the four themes. The researchers analyzed transcripts line by line and assigned new codes to additional emerging concepts. OpenCode 4.03 was used to sort and organize the themes and to examine the patterns emerging from each of the themes. To ensure consistency and common understanding of code concepts, the analysts discussed the coding process and one senior member of the team checked the analysis results.

3 RESULT

As mentioned in the Methods section, the partnership analysis identified four key topics for

assessment; below, we summarize and describe the interviews by topic.

3.1 The Perception of Informal Sector Workers on Registration Becomes A Member of *BPJS Kesehatan*.

Participants who are palm farmers want the cooperative to register the farmers who have not enroll into *BPJS Kesehatan* member. They want Cooperative Nira Satria willing to register palm farmers to become member of *BPJS Kesehatan*. This can be seen in the following participant quote:

“I want a cooperative willing to help register health insurance, if we have difficulties, difficulty registering, cooperatives can register us to have health insurance. I want it like that. The cooperative should help us register *BPJS Kesehatan*.”

Informal sector workers want the ease of registration into *BPJS Kesehatan* members. The ease of registering to become a member of *BPJS Kesehatan*, according to the participants by registering through Nira Satria Cooperative. Nira Satria Cooperative can facilitate registration of informal sector workers, especially palm farmers become BPJS member because the cooperative is where they sell the production of coconut sugar they make. They sell coconut sugar every five days to the cooperative

3.2 Perceptions of Informal Sector Workers About Paying Premiums *BPJS Kesehatan*

Member of *BPJS Kesehatan* especially member which including Non-Wage Worker (PBPU) must pay premium every month. This is also what must be done by the batik workers who joined the *BPJS Kesehatan* member. According to the participants, the ease of payment of premium *BPJS Kesehatan* by batik workers by paying premiums to batik associations. They are not used to Banks or Automatic Teller Machine (ATM). Premium collection through batik association coordinator. Coordinator of batik association who became channel between *BPJS Kesehatan* with batik association member who became member of BPJS. When the premiums have been collected by the coordinator of batik, then from the *BPJS Kesehatan* contacted to make payment premiums BPJS Health. This can be seen in the following quote information:

“...Ease of premium collection for batik workers through batik association. In batik association there is one coordinator. The coordinator can be a channel with *BPJS Kesehatan*. The batik coordinator will contact *BPJS Kesehatan* when the premiums of batik workers have gathered. When there is new information or regulations from BPJS regarding premiums can be through the coordinator of the association.”

Informal sector workers want ease in paying BPJS premiums. The paying premium of member *BPJS Kesehatan* can ease through coordinator of batik association. This coordinator can facilitate the payment premium of informal sector workers because of the batik coordinator where they sell their batik work

3.3 Giving Information to Informal Sector Workers Makes Them Interested in Becoming a Member of *BPJS Kesehatan*

Palm farmers and batik workers to be willing to participate *BPJS Kesehatan* needed information that makes them interested. Participants say that palm farmers and other batik workers are willing to join *BPJS Kesehatan*, they must first be given socialization by *BPJS Kesehatan*. Participants want to socialize about *BPJS Kesehatan* in Nira Satria Cooperative for palm farmers and batik association in Perbain cooperative. Nira Satria Cooperative and Perbain Cooperative every thirty-five days once there is a meeting. When the meeting at Nira Satria Cooperative and Perbain Cooperative has been completed can also be socialized from *BPJS Kesehatan* to palm farmers and batik workers.

“We want socialization at Cooperative. *BPJS Kesehatan* give socialization to us in Cooperative. Cooperative held a meeting at Wage Wednesday or meeting in Cooperative every Thirty-five days. When the meeting is completed BPJS can also socialize to us.”

“I prefer socialization from *BPJS Kesehatan* rather than a brochures about *BPJS Kesehatan*. The brochure can't give me information about benefits of *BPJS Kesehatan*. *BPJS Kesehatan* can socialize to batik workers through batik association. Batik association at Perbain Cooperative. Batik owners and batik workers gathered at meetings in Perbain so *BPJS Kesehatan* can easy to give information to batik association during meeting at Perbain.”

Cooperatives can partner with *BPJS Kesehatan* in providing information to its members and

informal sector workers who do not know about *BPJS Kesehatan*. Cooperatives can be a channel of *BPJS Kesehatan*. The cooperative room can also be a place of socialization about *BPJS Kesehatan* that can be provided by *BPJS Kesehatan* itself or from cooperatives. Therefore, if the information provided by the cooperative or association, the information provided from the cooperative to the member must be the same as the information provided by *BPJS Kesehatan* to the cooperative.

3.4 Partnership in The Collection of Premium *BPJS Kesehatan*

The member is not a recipient of the wages (PBPU) or informal sector workers who have participated in *BPJS Kesehatan* membership and joined in a community, such as cooperatives can collect *BPJS Kesehatan* premiums within a group. The collection of premiums within a group or through this community is known as the collective PBPU. The collective PBPU is a collection of premium PBPU participants with a minimum of 100 members. Members of the informal sector are grouped in an association or cooperative can also register its members collectively, through the cooperative. Requirements that must be met such as family card, resident card, and form. The cooperative can register its members to become a member of *BPJS Kesehatan* collectively and can collect the contribution of member's premiums collectively as well. In a cooperative there will be a coordinator who will be channel with *BPJS Kesehatan*. The following information from the Head Unit member, *BPJS Kesehatan* Purwokerto Branch, through the quote below.

“ So for the collection ... ee ... independent members or the general public, the community joined in a cooperative community, it could be, it could be in a group.. the group name is a collective PBPU... independent members of the collective, where a minimum of members is 100 people. So, within a community... there is a cooperative ... included in BPJS collectively with on behalf of the cooperative, the registration will bring the requirements such as Family Card, Resident Card etc. Through cooperative.. So that collects the contribution from the cooperative, which pays to the BPJS is from the cooperative. There is one coordinator cooperative. This cooperative who register the collect, collect to BPJS.. later from the BPJS Health relationship with the cooperative..”

Cooperatives or associations can be a place for informal sector workers. It can be formed to become an association of informal sector workers with the same job. The purpose of the establishment of the

association is as a partner between *BPJS Kesehatan* and members of informal sector workers, the benefit is that informal sector workers know about the benefits of being a member *BPJS Kesehatan*. Partnerships in the collection of premiums desired by informal sector workers in Banyumas district are partnerships through associations or cooperatives. This partnership facilitates the payment of contributions by partnerships between associations or cooperatives that they are regular contacts or who they trust

4 DISCUSSION

Efforts to expand the participation of the informal sector and the collection of premium contributions of the informal sector, especially palm farmers and batik workers need an innovative approach. Innovative approach one by using cooperatives as a method of gathering premiums. Membership in a microfinance institution such as a cooperative serves as a community-based association to participate in health insurance [5]. Cooperatives are the determinants of informal sector workers in access to premium payments to health insurance.

In Kenya, since 2003, the National Hospital Insurance Fund (NHIF) has been cooperating with cooperatives through savings and community credit. NHIF and cooperatives are also working together to increase membership of health insurance, taking photos in making NHIF identity cards, submitting NHIF identity cards and NHIF premium collection agencies. The cooperative also helps NHIF in socialization and promotion to its cooperative members who do not yet have health insurance. After working with cooperatives, NHIF can expand its membership to rural communities that have no health insurance. Cooperatives benefit by providing protection to their members through health insurance managed by NHIF.

Efforts to increase membership and awareness to regularly pay contributions to the informal sector in national health insurance found many obstacles. The low level of enrolment in the informal sector is triggered by several factors including low income, uncertain income, lack of awareness to participate in health insurance, if they join an irregular health insurance to pay premiums.

Approach with door to door premium collection or Door to Door collection. This approach is appropriate for cooperative members who are reluctant or difficult to reach payment points. Cooperative members will choose a door-to-door collection method with a person in charge of

collecting premium contributions from the cooperative. This effort allows members of the cooperative to regularly pay premium contributions each month. Members of the cooperative who have paid, are given proof of payment from the cooperative in charge of collecting contributions. Proof of payment is useful in preventing fraud in collecting contributions.

There is an increasing willingness to pay health insurance contributions to the informal sector after routine and intensive socialization of health insurance to the informal sector. This study shows, if routinely performed on informal sector workers such as coconut farmers and batik workers, their awareness will increase to follow the health insurance program and the willingness to regularly pay premiums will increase as well.

The provision of information on health insurance programs relates to the level of community participation incorporated in the dairy farm cooperatives against the health insurance program in Kenya. The more intensive the provision of information about the health insurance program the higher the level of participation of dairy farmers in the cooperative against the health insurance scheme.

In Uganda, the community participating in community health insurance is low enrolment due to the lack of information to the public about the benefits of being a participant of the health insurance. Kenya uses cooperatives in covering the informal sector with support by governments in the country. This cooperative is capable as a supporting tool in increasing the participation of informal sector into health insurance in that country because based on community or group. Informal participants will be easy to get information, register and collect premiums in health insurance.

In Philippines, Philhealth applies group-based participation by requiring individuals to enroll in a group or community-based health insurance scheme through *Kasapi*. The purpose of group-based participation is that expansion can be done more quickly and facilitated in collecting membership contributions. All group members in the association are enrolled, administrative costs are reduced and the only ill phenomenon that comes with health insurance or adverse selection can be reduced. Based on their occupational categories, informal sector workers may not be organized in groups or associations based on their work, but they may be members of community-based organizations such as women's groups, religious groups, agricultural groups or associations of traditional market.

5 CONCLUSION

Partnerships in the collection of premiums desired by informal sector workers in Banyumas District are partnerships through associations or cooperatives. This partnership facilitates the payment of contributions with partnerships between associations or cooperatives that they are regular contacts or who they trust. Supervision and guidance is done by the Office of Labour and Cooperatives with *BPJS Kesehatan*.

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