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STUDY OF THE PATTERNS OF HEALTH FINANCE UTILIZATION IN THE NATIONAL HEALTH SECURITY (JKN) ERA OF NON-PBI PARTICIPANTS AT H. ABDUL MANAP HOSPITAL

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Abstract

The National Health Insurance is a mechanism designed to protect individuals and families in providing health services to their citizens, especially the poor, in order to reduce financial barriers to obtaining health services. It is known that Non-PBI Mandiri participants who have been late paying premiums for at least six months show that 70.5% of respondents register as BPJS participants on the grounds that they need health financing guarantees in the near future, either on their own or according to directions from doctors or paramedics. Therefore, the aim of this research is to look at the pattern of health financing utilization in the era of National Health Insurance (JKN) for non-PBI participants at H.Abdul Manap Hospital. This study uses a qualitative research method with a phenomenological approach. Data were obtained from 9 informants by conducting in-depth interviews at H.Abdul Manap Hospital with qualitative data analysis. The results of this study (1) Psychological factors found a pattern of moral hazard phenomena with a tiered referral system, because there was a tendency to use BPJS membership benefits only to finance expensive or high-cost health services identified in research informants, (2) Personal factors found an alleatory pattern, because they feel they have benefited from the sustainability of the program and there are differences in understanding from the demand side.

Keywords: Utilization Pattern; JKN ; Non PBI .

1. Introduction

Universal Health Coverage (UHC) aims to ensure that everyone, everywhere can get quality health services without causing financial problems due to their illness. Research conducted by Maximillian et al (2021) shows that UHC is not a 'one size fits all' process, but a long-term policy of engagement that requires adaptation to the context of socio-cultural implementation and political economy[1]. Every year 100 million people fall into poverty and 150 million people globally pay out of pocket health costs for their health. Health insurance is the core of Universal Health Coverage and increasing health financing is the main goal of health financing policies[2]. High medical costs are the most frequently cited reason for not using health services. Research conducted by Qinglu et al (2022) shows that around a third of health financing comes from out-of-pocket (OOP) payments each year[3] and research conducted by Kimani et al. (2018) shows that only a small portion of the poor who live in urban areas and come from the informal sector are enrolled in the NHIF (National Hospital Insurance Fund) program.

The population in Indonesia reaches 2.57 million people, but based on data from the Social Security Administering Body (BPJS) for Health as of November 2016 only 1.64 million

people or 63.8% of the total population have registered as participants in the National Health Insurance. (JKN)[5]. Based on research by Nosratnejad et al (2014), people's willingness to participate and pay for health insurance is positively correlated with income, education, occupation of the head of the household, and the number of members that must be borne in a household[6]. In a recent study in Vietnam, Nguyen et al demonstrated that people who have insurance but do not use it behave significantly differently than those who do use insurance[7]. One of the findings in evaluating the implementation of the National Health Insurance (JKN) in the first 2 years is the high ratio of claims for advanced outpatient services at Advanced Health Facilities (FKTL). The high ratio of health service claims in the Non-Independent PBI scheme is allegedly the result of the adverse selection phenomenon of BPJS membership in the era of the National Health Insurance. A study on 197 respondents to Non-PBI Mandiri participants who had been late paying premiums for at least six months showed that 70.5% of respondents registered as BPJS participants on the grounds that they needed health financing guarantees in the near future, either at their own will or according to directions from doctors or paramedics. [8].

In addition, non-compliance is also one of the adverse selection phenomena where non-compliance is disciplinary behavior that shows the tendency of BPJS Kesehatan participants to disobey in paying contributions, which leads to adverse selection behavior, namely an asymmetrical condition where people only register and pay contributions when sick, thereby affecting the losses incurred by BPJS Kesehatan [9]. Research conducted by Justice (2022) shows that the percentage of independent participants who do not comply with paying BPJS Health contributions after using maternity services in Jambi City is 33.3% [10]. Therefore, researchers need to look at the patterns of financing utilization in the era of national health insurance for non-PBI groups at H. Abdul Manap Hospital, Jambi City.

2. Literature Review

2.1 National Health Insurance

The National Health Insurance (JKN) is a health protection insurance program so that participants receive health care benefits in meeting the basic health needs provided to everyone who has paid their contributions/contributions by the government. The goal in implementing the National Health Insurance (JKN) program is to provide benefits to the community, especially in health maintenance and protection in meeting the basic health needs of the community [11].

2.2 Patterns of Health Financing

The pattern of health financing is the flow and form of financing for health services for Jamkesmas patients, Jamkesda and the amount of costs incurred by public patients pays out of pocket [12]. The health financing system is defined as a system that regulates the amount and allocation of funds that must be made available to organize and or utilize various health efforts needed by individuals, families, groups and communities [13].

3. Research Methodology

This study uses a qualitative research method with a phenomenological approach. Data were obtained from 9 informants by conducting in-depth interviews at H. Abdul Manap General Hospital in December 2022-February 2023. The informant determination technique used in this study was purposive, namely the selection of informants deliberately by researchers based on certain criteria and considerations. The data analysis used was

qualitative data analysis using NVivo software and using source triangulation to generalize the data that had been obtained.

4. Results And Discussion

4.1 Personal Factors

Based on the results of in-depth interviews conducted to look at personal factors, in this study the author will show the Utilization Pattern of Health Financing in the National Health Insurance Era (JKN) for Non-PBI Participants at H.Abdul Manap Hospital from the aspect of income and satisfaction as Non-PBI participants who later receive services as a member of BPJS Kesehatan. Of the 7 informants obtained based on the criteria of Non-PBI BPJS Health users at H.Abdul Manap Hospital, most were at a level above the UMR and some other informants were at a level below the UMR. From all the existing informants, information was obtained that the income earned at this time was not a consideration for using the type of inpatient and outpatient services. In fact, with an income above the minimum wage, they used both types of services, namely inpatient and outpatient care, while informants who were in the lower category only used one type of service, namely inpatient/outpatient care.

"It's rare for us, but we use it to go out...usually we pay our own expenses, we are still here for 1 year" (Informant 1)

"Take care of the outpatient too sis ..." (Informant 2)

"I've only used it once in this hospital, but use it twice" (Informant 3)

"Take outpatient care..." (Informant 4)

"Yes, outpatient care is also good.." (Informant 5)

"Just hospitalized..." (Informant 6)

"So far I have only used BPJS twice for my eyes only" (Informant 7)

The informant's statement above has several reasons such as rarely using BPJS for Health, because he is more often a General Patient and there is also because there has never been a doctor's recommendation that requires hospitalization and the discovery of a pattern of moral hazard phenomena in JKN utilization for non-PBI participants at H.Abdul Hospital Manap. The interesting information about this aspect of satisfaction is that all non-PBI informants chose the H.Abdul Manap Hospital because of a referral from a doctor at the First Health Facility (Puskesmas), whereas according to the FO at H.Abdul Manap Hospital it was because the service was fast and good as well as due to close transportation access factors. Based on the results of the research above, it can be seen that one of the elements that must be present in finding patterns of utilization in the National Health Insurance Era for non-PBI participants is by looking at the income and satisfaction aspects. which here is the amount of income received by members of the community for a certain period of time as remuneration or factors of production that have been donated[14].

However, it turned out that the existing income pattern was found to be a moral hazard phenomenon, because there was a tendency to use BPJS membership benefits only to finance expensive or high-cost health services identified in research informants. Participants do not use their right to benefit from JKN to get full health services, but only use their right to benefit from JKN guarantees for cases that require expensive drug services. Informants with incomes above the UMR used both types of services, but informants who had incomes below the UMR used only one type of health service. This is because informants are more often general patients and also because there is no doctor's recommendation requiring hospitalization. This was also conveyed by Surya and Kur'aini in 2022 which stated that the level of income is indeed not a guarantee that you can

determine or choose the right place and type of health service because there are other related factors besides income that also determine [15]. Even so, the implementation of the health service program by the BPJS has helped many groups of people with low economic incomes to get appropriate health services, but there are still many respondents who do not take advantage of their JKN for various reasons [15]. In this study, the existing income indicated a pattern of moral hazard phenomena. This can also be seen from the results of interviews that have been triangulated with the results, although the income earned is a consideration for beneficiaries of health services that are felt to be needed/expensive at H. Abdul Manap Hospital. In addition to income, satisfaction is also one of the driving factors for the use of BPJS at the chosen hospital. Satisfaction will encourage patients to choose a hospital where health services are carried out. [16] In this case satisfaction is defined as the patient's expectations that arise from the actions of health workers as a result of the performance of health services during the process of interacting in an effort to provide services [17]. Satisfaction will encourage someone to perform services in certain places, in creating satisfaction, of course, good service and management is needed from a hospital. Satisfaction is formed as a response that a person will feel with the action or treatment he receives.

4.2 Psychological Factors

Based on the results of interviews conducted to see perceptions or commonly referred to as direct responses from information that is known to someone to find patterns of utilization in H. Abdul Manap Hospital, it was found that the results of the perception that the use of the national health insurance program, namely BPJS Kesehatan, did not cause any loss to society. This was conveyed directly by all BPJS Health user informants at H. Abdul Manap Hospital, such as free caesarean deliveries and guaranteed health with the help of BPJS Health.

"Yes, like yesterday, I gave two cesarean deliveries free of charge heheh"

(Informant 1)

"We are a company that is partially responsible, so we don't feel a loss. If luck is clear deck, guaranteed our health. (Informant 2)

"So far it's been a profit, no loss." (Informant 3)

"Profit, no loss" (Informant 4)

"Nothing to lose" (Informant 5)

"For me personally, there is no loss yet..." (Informant 6)

"If there are no losses, then BPJS will help" (Informant 7)

From the seven informants who use BPJS Health in the National Health Insurance (JKN) program, it is known that the selection of H. Abdul Manap Hospital was based on recommendations from FKTP/Doctors on basic health care facilities, which means that an Aleatory pattern was found in using BPJS Kesehatan because they felt they were getting benefits. coverage. The triangulation answer on this aspect of motive has been answered on the satisfaction aspect above which indirectly answers questions from this aspect of motive. Based on the results of the in-depth interviews conducted, it was also found that the public's knowledge regarding the use of BPJS Kesehatan was still not good, because there were still patterns of differences in understanding demand for diseases that could not be claimed. Public perception is one of the factors related to community participation in JKN. Participants and non-participants feel the benefits of health insurance, such as offering financial protection to participants, making participants feel comfortable when their families are in the hospital, and building solidarity to help other community members. In this research, an Aleatory pattern was found in the use of the Health BPJS at H. Abdul

Manap Hospital because they felt that they had received the value of benefits/coverage. This can be illustrated from the answers of all informants stating that there is no loss from using BPJS Health, instead it provides benefits to informants. In addition, perceptions regarding BPJS Health payments are in accordance with existing health regulations. The informant who has responsibility as FO at H.Abdul Manap Hospital said that the APS would be paid for himself, but with consideration of the emergency and patient comfort.

The statement above is in accordance with Ambarwati's 2019 study regarding public perception. Perception will encourage people to determine the use of health services based on the benefits of a health insurance program. The research says that people's perceptions are formed by the clarity and benefits provided, the use of benefit services that can and cannot be used, as well as the provision of health insurance facilities and advantages in this case BPJS for health services[18]. The interpretation of similar results was also obtained by a study conducted by Rumenang, et al., with the results of the interpretation that there was an influence on perceptions of the utilization of BPJS patient health services with consideration of the utility of the BPJS program. The community feels that the use of BPJS is deemed capable of providing benefits and also guarantees for public health[19]. Perceptions regarding the use of the BPJS program are in accordance with the essence of the benefits of BPJS related to the purpose of providing BPJS without harming any party and are also in accordance with BPJS regulations to pay for themselves. Public perception has shown the suitability of the results for the utility of the BPJS program. In addition to perception, there are also aspects of motive which become an internal force that directs one's activities towards meeting their needs. In the study of the utility of BPJS health insurance financing, of course motive is the driving force that influences individuals to take action. Before someone takes an action, of course there will be a prior motive behind it [20]. However, based on the attitude aspect, it is shown that there is still a negative attitude from the public and is not fully in accordance with the appeal of the Ministry of Finance of the Republic of Indonesia. This can be seen from the fact that there are three informants who are still in arrears in making BPJS contribution payments. Likewise with regard to addressing support for BPJS,

5. Conclusions and recommendations

1. From personal factors which are divided into 2 aspects, namely income and decisions, the result is that there is a pattern of Moral Hazard phenomena in the utilization of JKN and a Tiered Referral System Pattern according to needs (Needs)
2. From psychological factors which are divided into 4 aspects, namely perception, motives, knowledge and attitudes, it is found that the Aleatory pattern is found in using BPJS because they feel they are getting benefits/coverage values, patterns of differences in understanding the demand side for diseases that cannot be claimed and JKN regulations as well pattern of premium arrears at H.Abdul Manap Hospital

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