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Behavior Paying Premium to the Independent Participants in Healthcare Social Insurance Administration Office

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Abstract

Premiums non-compliance leads to the Healthcare Social Insurance Administration Office (henceforth, will be referred to as BPJS Kesehatan) budget deficit, resulting in an accumulation of debt claims in various health facilities and an impact on the quality and quantity of health services in health facilities. As of March 2019, 38% of independent National Health Insurance (JKN) participants in Gorontalo City were not compliant to pay dues. This study objective to assess the relationship between willingness to pay with compliance behavior to pay premiums for BPJS Kesehatan independent participants. This study uses a cross-sectional study design. The population was 8,594 people who were independent BPJS Kesehatan participants with a sample of 95 people using accident sampling techniques. Data were collected through interviews using a questionnaire, data analysis using Chi-Square test. The results showed that the distribution of the level of compliance paying BPJS premiums independently was still 64.2%. Distribution of the willingness to pay by 85%. There is a significant relationship between Willingness To Pay (WTP) with compliance paying dues with $p = 0.031$. There is a relationship between WTP with compliance to pay premiums of BPJS Kesehatan independent participants in the inpatient installation at RSUD Prof. Dr. H. Aloei Saboe in Gorontalo City.

Introduction

JKN participants who are not recipients of premium assistance or non-PBI participants are self-employed (not wage earners) who earn income from their businesses and are not classified as poor or disadvantaged so they have to pay premiums every month. In Indonesia, up to March 2019 there had been 31,424,849 participants (BPJS, 2019). While in Gorontalo Province, based on secondary data from the BPJS Kesehatan in Gorontalo, BPJS Kesehatan participants as of March 2019, have reached 1,169,645 participants. The number of independent BPJS Kesehatan participants in Gorontalo Province being 60,643 participants (BPJS, 2019).

Increasingly independent membership is not in line with compliance in paying JKN premiums. According to Marzuki et al (2019), compliance in paying premiums means the

behavior of someone who has willing to pay premiums on time. Based on secondary data from the BPJS Kesehatan in Gorontalo, as of December 2018, there were 30,482 Participants or 50.3% of the total irregular independent participants paying monthly premiums.

Based on secondary data from the BPJS Kesehatan obtained by researchers. The number of JKN participants in Gorontalo City per March 2019 reached 192,286 inhabitants. The number of independent participants in Gorontalo City per March 2019 is 18,375 people, which continues to increase every month. Of all the independent participants in Gorontalo City, as many as 7,030 were not compliant with paying JKN premiums (BPJS, 2019).

According to some opinions, several factors influence compliance in paying health insurance premiums. Based on the results of Rosmanely's research (2018), there is a

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relationship between the number of family members, perception, and risk of illness to compliance paying dues in ParangTambung Village, Kec. Tamalate. There is also a relationship between travel time and motivation with compliance paying dues.

Compliance paying dues for JKN participants is the most vital component to facilitate JKN participants in utilizing health services. Paying compliance is influenced by the willingness to pay from participants. 74.5% of workers do not have an excess household budget to pay BPJS from families who have an average family income of Rp. 1,500,000 each month with an average family of 6 (Nurbaeti and Bataru, 2019).

The hospital is one of the advanced level referral health service facilities. RSUD Prof. Dr. H. Aloei Saboe is one of the public hospitals owned by the Gorontalo City Government. Currently, RSUD Prof. Dr. H. Aloei Saboe in Gorontalo City became the largest hospital in Gorontalo Province and became a referral center for health services in Gorontalo Province. RSUD Prof. Dr. H. Aloei Saboe is one of the hospitals with quite a lot of patient visits.

7 Methods

This type of research is a quantitative study with a cross-sectional study. The population was 8,594 people who were independent BPJS Kesehatan participants with a sample of 95 people. A sampling of research using accidental sampling method with inclusion criteria: 1) BPJS independent patients, 2) Head of the family or family member responsible for paying premiums, and 3) Patients or families of patients willing to become patients respondent and ready to be interviewed. The instrument used in this study was a questionnaire in the form of questions that refer to the guidelines and are filled out by the patient or patient's family in the inpatient installation of Prof. Dr. H. Aloei Saboe. We do the data collection technique by distributing questionnaires to them and then collecting them after they complete them. Then, the data were analyzed using chi-square.

Results and Discussions

The willingness of respondents to pay premiums is divided into two categories, namely

willing and not willing. The results show of the 120 respondents, 102 people (85.0%) claimed to be willing to pay premiums. Meanwhile, 18 people (15.0%) stated that they were not willing to pay dues. One of the health problems in Indonesia is the difficulty to access health services due to limited resources. The out-of-pocket payment method requires the sick to have cash when going to a health care facility. This condition includes about 100 million people worldwide in Indonesia. As a solution to this problem, the Indonesian government has developed a National Health Insurance system, which is a social security scheme that allows people to access health services without financial difficulties. BPJS requires the public to pay a premium of IDR 22,000.00 per person per month to a third-party insurer. However, there are still people who do not pay for many reasons. For example, because they are unable to pay or do not want to pay premiums (Kutzin, 2001).

Willingness to pay for health care costs is beyond a person's financial means and has a multifactorial effect. The willingness to pay (WTP) can be affected by several factors, such as age, perception, income, education, household size dependency ratio, rural/urban locality, quality of health services, and ability to pay. However, other factors affect the PAP, namely the marginal cost (increase in prices and utility levels) of certain services or goods and access to available health services. The price level does not affect the WTP for health care (Aizuddin, Sulong and Aljunid, 2012; Darmawan, Satibi, and Kristina, 2019).

People who have health insurance contracts tend to be willing to contribute to paying high premiums. The level of education is associated with the willingness and ability to pay for health care expenses (Borges, Reis, and Anj, 2017). People with tertiary education are willing to pay as much as 2 to 3 times as much as those without education in all health domains (Lew et al, 2020).

Indicators of respondents' pay compliance seen from the results of the interviews. Namely, compliance to pay BPJS premiums monthly. Respondents who pay a monthly fee are considered compliant. Non-compliant respondents are respondents who sometimes

fail to pay BPJS premiums every month. The results show that of the 120 respondents, there were 77 people (64.2%) who complied, while 43 people (35.8%) were less compliant in paying the independent BPJS premiums. The compliance rate is still too low. Premiums are contributions paid by the insured to the guarantor regularly up to the time specified as a substitute for the policy to guarantee protection against a person's risk that may occur in the future. Premiums are needed for the insurer (insurance) to meet the payment of health service claims every month. The National Health Insurance System (JKN) developed in Indonesia is a social insurance scheme that allows anyone to access health services without financial difficulties (Ramadhan, Rahmadi and Djuhaeni, 2015).

Compliance with paying premiums needs to be approached by looking at the characteristics of the participants. The primary consideration is the ability to pay because the ability and willingness to pay social health insurance premiums is a vital tool for developing health insurance policies

(Lunenburg, 2012). The results found that 82.5 percent of respondents were willing to pay the BPJS premium set by the government. That is because most respondents' income is higher than the UMP in Gorontalo Province.

Most of the households support the national health financing scheme. Some have suggested that a government agency manage the scheme, whereby their salary is deducted every month as a contribution form. Willingness to pay for this national health financing scheme is significantly higher for younger people, women, rural areas residents, those with higher incomes, and the sick (Noor, Saperi, and Aljunid, 2019). People will seek treatment only when a complaint to their health has become evident. Some people view health insurance as a need, and they are willing to pay an annual premium from the insurance provider (Jain et al, 2014).

WTP is associated with compliance paying premiums for independent BPJS with the chi-square statistical test. The test results are presented in the following table.

Table 1. Relationship between WTP and Compliance Paying JKN Dues in the Inpatient Installation of RSUD Prof. Dr. H. Aloei Saboe

WTP	Compliance Paying				Total		Sig.
	Obedient		Not obedient		n	%	
	n	%	n	%			
Willing	70	58.3%	32	26.7%	102	85.0%	0.031
Not willing	7	5.8%	11	9.2%	18	15.0%	
Total	77	64.2%	43	35.8%	120	100.0%	

Source: Primary Data, 2019

Of the 120 respondents, there were 32 people (26.7%) who willing to pay dues but were less compliant in paying dues. Whereas respondents who were not willing to pay dues and were obedient in paying dues were 11 people (9.2%). Based on the Chi-square statistical test p-value was obtained = 0.031 ($p > 0.05$) with significance level $\alpha = 0.05$. It shows that there is a relationship between Willingness To Pay (WTP) and compliance with paying premiums for BPJS Kesehatan independent participants at the inpatient installation at RSUD Prof. Dr. H. Aloei Saboe in Gorontalo City. Statistical test results show that there is a significant relationship ($p < 0.05$) between the willingness to pay (WTP) to

compliance paying a premium for independent BPJS every month. Respondents who have willing to pay most of them obediently pay BPJS premiums independently. Some studies indicate that respondents who have the ability and willingness to pay will be obedient to pay health insurance premiums.

Respondents who are not willing to pay the majority are not compliant with the independent BPJS premiums payment. Willingness to pay is a consideration in spending income/expenses to buy goods or other services due to limited acceptance. So that economically in choosing maximum satisfaction. We can use the understanding to understand respondents. Those who less

willing to pay will choose more important expenses to rule out paying BPJS premiums independently. High costs can prevent patients from getting the care they need. These findings have two distinct policy implications. First, raise awareness among service providers of high allowance burdens and financial barriers to care, so doctors need to discuss health care coverage and costs to their patients. As long as the patient's perception is not correct about the ability to pay, the doctor can help the patient overcome the treatment barrier. Second, a health plan can reduce the sharing of patient costs for medicines. By overcoming financial barriers to care, it is hoped that treatment adherence will increase among patients (Bernard, Johansson and Fang, 2014).

This community group needs more attention from the government so that their health is guaranteed. 20% of the respondents of this study entered the age of the elderly (more than 45 years). Several factors influence WTP, namely age, family status, occupation. It can be information about how these findings can be used to help find more fully the value of health insurance and its implications for policy decisions (Al-Hanawi et al, 2019; Mon et al, 2018).

The financing of the health system in Bangladesh has been slowing down as a result of the increasing inequality of health care payments. Financing is more concentrated among the poor. Income inequality increases due to high "direct from pocket payments". The increase in income inequality due to out-of-pocket payments was 89%. These findings prove the impact of health system financing on the unfair financial burden of health care and income. Direct payments dependence highly affects the standard of living of households. Therefore, it is necessary to reform the health system financing scheme (Molla and Chi, 2017).

The average person will be less willing to pay for prevention costs than treatment, but they are still willing to pay for prevention costs with a higher WTP than treatment. The average total WTP for prevention is about 85% higher than for treatment (Wolff, Larsson, and Svensson, 2020). they will be willing to pay for the intervention, provide reimbursement (eg reduced hospitalization) and improve

efficiency in staff utilization is demonstrable. These factors will support the price premium if it is cost-effective (Cope et al, 2018).

Social trust is a vital factor in determining the willingness of the population to provide the financial resources needed to support public health care. Increased social trust is associated with a greater willingness to pay contributions to improve public health services. (Habibov, Cheung, and Auchynnika, 2017). Patients' willingness to pay for prevention and health care services depends on the patient's ability to pay. Those with higher monthly incomes tend to pay for local services (Meng et al, 2020).

Conclusion

Willingness to pay is related to compliance with pay. Respondents who have willing to pay are more obedient to pay premiums than respondents who have no willing to pay. Thus, the government needs to reorganize the health system financing scheme in Indonesia.

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