Factors Determining the Implementation of National Health Insurance in Bantul Regency - Yogyakarta Province, Indonesia

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Abstract

Indonesia initiated Universal Health Coverage (UHC) in January 2014 and committed to achieving universal coverage by 2019. UHC in Indonesia known as National Health Coverage/ Jaminan Kesehatan Nasional (JKN). The policy framework is based on Law No. 40/2004 on the National Social Security System, and Law No.24/2011 on the Social Security Agency (BPJS). These two laws followed by Road Map toward National Health Insurance - Universal Coverage 2012 - 2019 (Peta Jalan Jaminan Kesehatan Nasional 2012 - 2019). The implementation of National Health Insurance of Social Security National Agency program which has lasted for 1 year still has a lot of flaws in it. For that reason, the research is conducted. The research focus is related to the implementation of National Health Insurance of Social Security National Agency program and the factors influenced the implementation itself. The variables that affect policy implementation according Merilee S. Grindle (1980) include Policy Content and Policy Context which influence policy implementation of BPJS for Health comprehensively. However, a deeper study is needed using more research samples so that it fulfils minimum requirements of the sample on quantitative research.

Keyword: Implementation, National Health Insurance Program, Factors influencing UHC.

Introduction

The Law No. 40 of 2004 states about National Social Security System. National Social Security System (Sistem Jaminan Sosial Nasional - SJSN) is the mandate of the 1945 Constitution. The state is required to develop a social security system for all citizens and ensure the basic needs and empower the poor and the disadvantaged. Thus, the social security system applied in Indonesia directly provides quality health care so that people can access it easily.

The social security scheme in Indonesia is divided into several types of participation. Based on the data of Ministry of Health in 2012 in Situmorang (2013, p. 254), it is stated that "Health insurance participants from civil servant are 17.3 million people, Indonesian Army/Police are 2.2 million people, Jamkesmas Participant assisted by MoH are 76.4 million people, Jamsostek participants are 5.6 million people, Local Government guaranteed by Jamkesda are 31.8 million, Company Assurance (Self Insured) are 15.4 million, and 2.9 million participants from commercial health insurance". The total number of the above-mentioned registered as the participants of social security are 151.5 million people.

Social security is designed to provide significant benefits to participants/public and minimally to guarantee the proper fulfillment of basic needs for participants and family members including a comprehensive health services in accordance with the principle of social security benefits. BPJS for Health is a transformation of an insurance institution previously known as PT Askes (Ltd.). BPJS for Health began organizing health insurance starting from January 2014. While BPJS for Employment, the transformation of PT Jamsostek (Social Security for Manpower, Ltd.), organizes social security and labor starting from January 2015. The program includes four insurance programs, namely (a) occupational accident insurance, (b) old-age insurance, (c) pension insurance, and (d) death insurance.

The health insurance program was implemented based on the principle of social insurance and equity, i.e similarity to obtain medical care in accordance with medical needs that are not related to the amount of premium. The amount of the premium which should be paid is set based on a certain percentage of wages, for those who have income or those who belong to non- Premium Payment Assistance. This group is required to pay a health insurance premium with the amount depending on the selected class (Gatra, 2 - 8 January 2014 edition). While the government will pay the premium for those who are poor or cannot afford the premium of health insurance. The government budgeted Rp. 19.93 trillions.

Thus, regarding the Premium Payment Assistance by the government to the public as participants in the health insurance, it can be described briefly that: First, people who belong to the category of Premium Payment Assistance (PBI /Peserta Berbayar Iuran) are the poor. It has been arranged and set in the government regulation number 102 of 2012 of the Premium Payment Assistance, whose premium are paid by the government with the amount of Rp19,225 per month/person.

Second, people who are included in the category of Non- Premium Payment Assistance (Non-PBI) consisting of Civil Servants, Members of the Indonesian National Army, members of Indonesian Police, State Officials, Non-Civil Servant Government Employees, private employees, and wage earners, pay the Premium Payment Assistance by themselves according to the chosen class treatment rooms. They must pay Rp 25,500 per month/person for class III, Rp 42,500 per month/person for class II and Rp. 59,500 per month/person for class I (Gatra, 2 - 8 January 2014 edition). In terms of the implementation of BPJS for Health, Boediono (Tempo, December 13, 2013) states that, "The supplies which should be prepared are doctors, medical personnel, infrastructure, pharmaceuticals, rules and regulations, as well as financing".

While Thabrany (2011) states that participants with upper level economy class are still unhappy with the service of JKN (National Health Insurance) (also in Gatra, Issued on 2 - 8 January 2014). It means that people with high incomes are still unwilling to join the BPJS program made by the government covered in the form of National Health Insurance (JKN). Similarly, the BPJS policy dissemination is still not fully maximized so there are many similar cases which occur in some areas including Bantul Regency where the research was taking place.

Theoretical Framework

1. Public Policy and Health Insurance

Health policy cannot be separated from the nature of public policy itself, so George C. Edward III (1980, p. 1) in Nugroho (2012, p. 693) suggests to pay attention to four key issues in order to be an effective policy implementation, namely communication, resources, disposition or attitudes, and bureaucratic structures.

Further explained in more detail by Nugroho (2012, p. 693) that:

Communication relates to how the policy is communicated to the organization and/or the public and the attitude and responses of the parties involved;

Resources relates to the availability of resources, especially human resources. It is concerned with implementing public policy skills to carry out effective policies;

Disposition relates to the willingness of the implementers to carry out public policy. Skill itself is insufficient if it is without the willingness and commitment to implement the policy;

Bureaucratic structure relates to the suitability of bureaucratic organizations to host implementations.

According to the International Labour Organization (102 ILO Convention) as cited by Sulastomo (2008) in Situmorang (2013, p. 3), “Social Security is the protection which society provides for its members

through a series of public measure: To offset the absence or substantial reduction of income from work resulting from various contingencies (notable sickness, maternity, employment injury, unemployment, invalidity, old age and death of breadwinner); To provide people with healthcare; To provide benefit for families with children".

As mentioned above, it is the minimum standards of social security. While another definition of social security is given by Guy Standing (2000) in Situmorang (2013, p. 3) who states that: "Social Security is a system for providing income security with the contingency risk of life, sickness and maternity, employment injury, unemployment, invalidity, old age and death, the provision of medical care and the subsidies provision or family with children".

The definition of social security is so diverse but has something in common (Situmorang, 2013, p. 4). Situmorang (2013) defines social security system as "Efforts to bring prosperity and to give a sense of security throughout the life of mankind through a systems approach which should be organized, systematic, and measurable".

Devereux (2010) reaffirms that "Comprehensive social protection systems comprise several components, including: (1) social assistance, (2) social insurance, (3) developmental mechanisms that simultaneously "protect" and "promote" livelihoods, and (4) "transformative" measures that promote social inclusion and social justice".

George Rejda, as quoted by Purwoko (2011) in Situmorang (2013, p. 9 - 10) divides 4 (four) approaches in terms of social security as follows:

2. Social Assistance

It is a social insurance program in the form of cash assistance for the poor, the elderly and unaccompanied children in Indonesia which has been regulated by a separate law. Social assistance is aimed at poverty alleviation through various programs such as cash transfers, public services and the empowerment of disadvantaged communities for the State to be free from poverty

3. Universal Scheme (Demogrant Scheme)

Universal scheme is a social insurance program in the form of cash compensation (income support) or BLT given to every citizen who needs it as a result of economic policy which has affected the disadvantaged people. The objective of this demogrant scheme is to maintain the purchasing power of people to create a national economic stability.

4. Social Insurance

Social Insurance is a social insurance program which is mandatory according to law for any employer and self-employed professionals for the purpose of the partial loss of income as a consequence of the employment relationship that may lead to industrial hazards.

5. Pension Savings Scheme (Provident Fund)

Pension Savings Scheme (Provident Fund) is a component of social security in the form of compulsory savings that provides long-term benefits to the participants at the same time as it reaches pension age.

On the other hand, Situmorang (2013, p. 4) asserts that social security functions are 1) one of the economic factors such as consumption, savings and subsidy/concession for the redistribution of risk; 2) an instrument of the State for economic redistribution and social risks through means test application which tests what has been owned by the participants in the form of savings accounts and real wealth; 3) poverty alleviation programs followed up with community empowerment; and 4) a system of basic protection against partial loss of income as a consequence of the labor relation risk.

6. National Health Insurance

Basically social security is a part of social protection. It is also stated by the Royal Government of Cambodia (2008: 19) that "Social protection is closely related to other development fields. In particular, social protection, employment and agricultural and rural development are interlinked and mutually reinforcing". More clearly Situmorang (2013, p. 24) explains that "the function of social security cannot be separated from the principles of social security regulated in the Social Security Act (UU SJSN)". It can also be seen in article 3 of Act No. 40 of 2004 on National Social Security System (SJSN) that "the National Social Security System aims to guarantee the fulfillment of the basic needs of a decent life for each participant and/or members of his family". The basic requirement is the need for health care services that allow someone who is sick to be able to recover so that he can carry out activities as usual. In order for the right of everyone to social security as mandated by the constitution can be realized, the Act number 40 of 2004 on National Social Security System (SJSN) states that the social security program which covers the entire people (universal coverage) to be achieved in stages is mandatory.

"Social security programs prioritized in advance to cover the entire population first is the health insurance program. Thus the attainment of membership of health insurance for all residents (universal coverage) is mandated by law and executed by the government and all parties involved" (Mundiharno, 2012, p. 208). Situmorang (2013, p. 185) also adds that "generally it can be explained in details into five specific aspects related to Universal Coverage of Health Insurance, those are: 1) membership aspect; 3) benefit aspect; 3) finance aspect; 4) health facilities aspect; and 5) institutional aspect".

World Health Organization (WHO) divided several dimensions related with the health scope which is implemented in all over the world. Those dimensions include membership, service and finance dimensions which are encapsulated in Universal Health Coverage (UHC) scheme. This scheme becomes one of foundations in implementing health security in Indonesia that is Badan Penyelenggara Jaminan Sosial (BPJS) for health insurance. Health security in Indonesia which is organized by BPJS for Health

covers all communities as its participants including the poor and disadvantaged who are called Premium Payment Assistance (PBI) and non poor participants who are called non-PBI participants.

Practically, BPJS For Health manages the health insurance program by providing a guarantee of health insurance for all Indonesian people. Thus, Eka Putri and Mahendra (2013, p. 111) emphasize that "health insurance according to the Social Security Act is organized nationally by the social insurance principle and the principle of equity, with the aim of ensuring that participants receive the benefits of health care and protection to meet basic health needs". Social security reformation includes four important aspects (Situmorang, 2013, p. 184 - 185). First, it is to arrange a procedure of implementing social security by some social insurance institutions. Second, it has noble goals to give a guarantee of fulfilling the proper basic needs of life for every participant and/or the family members. Third, the caretaker is Badan Penyelenggara Jaminan Social (BPJS) which has to be established based on law. Fourth, health security program aims to achieve Universal Health Care.

According to Norman et.al (2009) in Mundiharno (2012. p. 213), it is important to consider three important things in the implementation of health security. Those are: (a) how the fund is raised; (b) how risks guaranteed together; (c) how the fund rose is used as efficient and effective as possible.

Figure 1: Health Security Implementation Aspects

Source: Mundiharno (2012:213)

Based on the figure above, Mundiharno (2012, p. 213) describes it as follows:

First, regulation aspect. Since health insurance developed is social health security that involves public importance, then regulation aspect is very important to consider and even it becomes the foundation of implementing health insurance. It needs to arrange regulations that become the foundation of implementing health insurance.

Second, membership aspect. The Act of SJSN states that social security program is obligatory that includes all citizens (universal social security) which will be achieved in phases. It is an obligation for all

citizens to become the member without exception. Social security program that becomes the first priority to include all citizens is health insurance program. Hence, related to membership aspect, it is important to consider how all citizens become the members of the program.

Third, benefit and premium aspects. Health insurance needed to guarantee that the members do not have problems in health budgeting when they are sick. Therefore, kinds of illness included in health insurance benefits should be in accordance with the member's medical needs. The Act of SJSN states that the benefits of health insurance included are comprehensive based on the medical needs. However, the comprehensive scope has implication on the amount of the finance. To avoid partiality in health services then the benefit scopes that want to achieve need to have comprehensible benefits, appropriate and equal for all participants.

Fourth, health services aspect. One of critical issues in health services in the availability of prevalent health facilities and workers in all regions in Indonesia. Health security is only meaningful when accompanied with the prevalent health facilities as well as maintained quality. Gradual referral system needs to be strengthened in order to develop health services.

Fifth, premium aspect. One of the functions that has to be obtained in the implementation of health insurance is to keep the fund available for it, including to pay claims to providers. Therefore, it is important to confirm that there are enough funds and its management is efficient as well as accountable.

Sixth, organization and institutional aspects. The Act of BPJS states that the institution that held social health security in Indonesia is BPJS for health which was operated since 1 January 2014. There are many things to be prepared so that BPJS for health starting from 1 January 2014 can operate well based on good corporate governance principles.

Research Method

Most of the data in this study will be quantitative and qualitative in nature. This implies that the analytical approach of this study is derived from a mix methods between quantitative and qualitative research methods. Mixed methods research has been complementing the existing traditions of quantitative and qualitative movements (Tashakkori & Teddlie, 2003, Teddlie & Tashakkori, 2009 in Driscoll, et.al. 2007). The term quantitizing has been coined to describe the process of transforming coded qualitative data into quantitative data and qualitizing to describe the process of converting quantitative data to qualitative data (Tashakkori and Teddlie 1998: 126 in Driscoll, et.al. 2007). In this mix methods, the quantitative approach will use more on descriptive quantitative parameter such as table of frequency and the average of dispersion by conducting survey.

Research location was in Special Region of Yogyakarta, in the office of BPJS for Health branch of Yogyakarta and Regional Hospital (RSUD) in Yogyakarta by considering that BPJS for Health is the caretaker

for the policy of BPJS for Health. Meanwhile, regional hospital is the advanced level of health facility that cooperates with BPJS for Health to implement the policy of BPJS for Health. In order to determine patients' sample in RSUD Panembahan Senopati Bantul, purposive sampling method was used. The populations of Askes in RSUD Panembahan Senopati Bantul in 2013 and from January to March 2014 were 79.197 people. Meanwhile, the patients' sample in RSUD Panembahan Senopati Kabupaten Bantul was counted using Slovin formula with margin of error is 10%.

Data analysis technique used to describe the implementation of BPJS for Health policy in Bantul regency of Yogyakarta Special Region was descriptive qualitative analysis. Correlation analysis Product Moment was used to describe factors that influence the implementation of BPJS for Health policy in Bantul regency.

Research Results and Discussion

1. Communication Dimension

Index value for communication dimension (Y1) is 4.00 which is categorized as "Good". It means that the process of delivering communication between BPJS for Health with health facilities as the policy practitioner has been conducted as it should be. The communication process has been conducted smoothly and there are endorsements to support communication delivery.

Communication is conducted in order to achieve its goal for the information acceptance process can be achieved well, easy to understand and clear so that what need to be done for both parties can be understood and conducted based on the regulation. Communication is in the forms of meetings, workshops, training and socialization. Besides, Person in Charge (PIC) is appointed both as communication media and supervisory.

Resources Dimension

Index value for resource dimension (Y2) is 4.59 which categorised as "very good". The parameters for resources dimension are staff, information, authority, and facilities. First, the staff or human resources recruitment. BPJS for health insurance recruited staff or added human resources to manage National Health Security in which the recruitment was conducted through tests and announced publicly. When they fulfilled qualifications then they were accepted to work in the implementation of the health security program. That was what RSUD Panembahan Senopati did as well. A special team was formed to handle the implementation process BPJS for Health in the hospital which is named Control Team (Tim Kendali), Networking control Team (Tim Jejaring Kontrol), and Internal Verification team. Those teams have their own duties and resposibilities based on decree of RSUD director.

Second, related with information that is the easiness to access information and receive responds from the members of BPJS for Health. Information access is important to achieve by BPJS for Health and RSUD Panembahan Senopati Bantul in implementing national health security program. The supports given by BPJS for Health in accordance with accessibility of information related with National Health Security are the use of website, call center, leaflet, radio, newspaper, banners and customer service.

Third, authority. The authority possessed by BPJS for Health of Yogyakarta branch is to manage national health security in Yogyakarta. While the authority possessed by RSUD Panembahan Senopati as the first level of health facility and advanced level is to implement the health service as mandated by BPJS for Health. The authorities have been in regulated details in the Act No.24 of 2011 about Badan Penyelenggara Jaminan Sosial. In article 11 it is mentioned that there are eight BPJS authorities in implementing the national health security.

Last, related with facilities. The supports are facilities and infrastructure needed for national health security, as well as fund availability to run the program. Supporting facilities and infrastructure in implementing National Health Security by RSUD Panembahan Senopati Bantul are BPJS for Health Centre, electronic LCD and INA CBGs software.

Disposition Dimension

Index value for disposition dimension (Y3) is 4.4 which categorised as "Very Good". It can be concluded that the employees understand the content of the policy. They are able to manage national health security in accordance with its goals. Furthermore, the supports of BPJS for Health in the first level and advanced level of health facilities aim to give benefits for the community as the members of national health security.

Therefore, RSUD Panembahan Senopati Bantul is supported by BPJS for Health of Yogyakarta branch in various kinds such as:

Provide BPJS Centre in hospital with its staff

Conduct Program Socialization

Strive for fast claim

Provide the staff for internal verification

Hardware and software systems

Bureaucracy Structure Dimension

Index value for disposition dimension 9Y3) is 4.57 which categorized as "Very good". It means that the implementation of BPJS of health policies used procedures and rules which are arranged in accordance with applicable provisions. There are some standards in health services, claim services, and

referral services and others. Those standards are arranged so that in the implementation they are conducted systematically, structurally and well-organized so that the member or patients are able to be served well. Besides that, RSUD Panembahan Senopati Bantul also applies a number of Standard Operational Procedures (SOP) related with service flow, patients' registration flow, referral flow, claim service flow, ambulance service flow, inpatient and outpatient service flow, and emergency service flow.

Meanwhile, in its implementation BPJS of Health of Yogyakarta branch and RSUD Panembahan Senopati Bantul are supported by partners or stakeholders. The stakeholders are: a) Health Department of Bantul Regency, b) Hospitals network, c) Social Department of Bantul, d) Local government clinic (Puskesmas) and, e) Family doctor.

2. Product Moment Coefficient Correlation Test

Coefficient correlation test is conducted to analyze the importance of correlation among variables X and Y. Each variable was tested using Statistical Product and Service Solution (SPSS) software by choosing Product Moment Coefficient Correlation test. After being measured, then the results of coefficient correlation that have been interpreted are as follows:

Correlation X.Y1 is 0.000 with very low significant level means that there is no relation between variable factor that influence with communication dimension in the policy implementation of BPJS for Health in Bantul which is included in the very low category.

Correlation X.Y2 is 0.355 with low significant level means that there is a close relation between variable factors that influence with resources dimension in the policy implementation of BPJS for Health in Bantul which is included in low category.

Correlation X.Y3 is 0.937 with very strong significant level means that there is a close relation between variable factor that influence with resources dimension in the policy implementation of BPJS for Health in Bantul which is included in very strong category.

Correlation X.Y4 is 0.937 strong significant level means that there is close relation between variable factors that influence with bureaucracy structural dimension in the policy implementation of BPJS for Health in Bantul which is included in strong category.

Correlation X.Y is 0.798 with medium significant level means that there is close relation between variable factor that influence with the variable of the policy implementation of BPJS for Health in Bantul which is included in strong category

Correlation X1.Y1 is 0.000 with very low significant level means that there is no relation between variable factor that influence with the content of policy dimension with communication dimension in the policy implementation of BPJS for Health in Bantul which is included in the very low category.

Correlation X1.Y2 is 0.286 with low significant level means that there is a close relation between variable factors that influence with the content of policy dimension with resource dimension in the policy implementation of BPJS for Health in Bantul which is included in the low category.

Correlation X1.Y3 is 0.926 with very strong significant level means that there is a close relation between variable factors that influence with the content of policy dimension with the disposition dimension in the policy implementation of BPJS for Health in Bantul which is included in the very strong category.

Correlation X1.Y4 is 0.922 with strong significant level means that there is a close relation between variable factors that influence with the content of policy dimension with bureaucracy structure dimension in the policy implementation of BPJS for Health in Bantul which is included in the strong category.

Correlation X2.Y1 is 0.000 with very low significant level means that there is a close relation between policy context dimensions with communication dimension in the policy implementation of BPJS for Health in Bantul which is included in the low category.

Correlation X2.Y2 is 0.417 with medium significant level means that there is a close relation between policy context dimensions with resource dimension in the policy implementation of BPJS for Health in Bantul which is included in the medium category.

Correlation X2.Y3 is 0.944 with very strong significant level means that there is a close relation between policy context dimensions with disposition dimension in the policy implementation of BPJS for Health in Bantul which is included in the very strong category.

Correlation X2.Y4 is 0.944 with strong significant level means that there is a close relation between policy context dimensions with bureaucracy structure dimension in the policy implementation of BPJS for Health in Bantul which is included in the strong category.

Factors that Influence the Implementation of BPJS for Health Policy

The factors that influence BPJS for Health are from the content of policy dimension and policy context. Those two dimensions are established based on eight indicators and parameters so that there are eight questions provided. Validity test was conducted using Product Moment Validity Correlation with correlation coefficient value is r table in which N=8 and α 5% is 0.707. The result of validity test showed that the overall question items are valid.

After that, reliability test was conducted for the overall question items on the same variable, that is influence variable. This test was conducted using Statistical Product and Service Solution (SPSS) software by choosing statistical test Alfa-Cronbach' (α). Based on the reliability test, it shows that

coefficient value Alfa-Cronbach is higher than 0.6 that is 0.987. Therefore, this research instrument is reliable.

After the relation between influence variable (X) and implementation variable (Y) was discovered, then the next step was to count how significant was the relation between influence variable (X) with content policy indicators (X1) and policy context (X2) with the implementation (Y). Therefore, it would be known whether policy content (X1) or policy context (X2) that significantly influenced implementation (Y).

Overall, the correlation between the influence variable (X) and implementation variable (Y) is significant enough which value is 0.798. If it is consulted with coefficient correlation orientation table, then that value is included in strong category. Meanwhile, the correlation between policy content (X1) and implementation variable (Y) is significant which value is 0.798. If it is consulted with coefficient correlation orientation table, then that value is included in strong category. The correlation between the policy context (X2) and implementation variable (Y) is significant as well, which value is 0.839. If it is consulted with coefficient correlation orientation table, then that value is included in very strong category. It means that compared to policy content (X1) and policy context (X2), the correlation of policy context (X2) is higher eventhough each of them has very strong correlation with the implementation variable. Hence, the variable that influences implementation od BPJS for Health in Bantul is policy context (X2)

Meanwhile, the factor that affects the implementation of BPJS for Health in Bantul is Policy Context. It was found when correlation analysis was conducted in which coefficient correlation value is 0.839 (very strong). Meanwhile, the variable of Policy Content (X1) has a significant correlation toward Implementation variable (Y) which is smaller than that of 0.768 (very strong).

Based on the results of the study, there are some suggestions that need to noticed that the implementation of BPJS for health policy should include four parts as the policy doers; those are BPJS for Health, First level of Health Services (FKTP), Advanced Level of Health Services (FKTL) and Supporting Health Facilities (FKP). However, this study only focuses on two parts; BPJS for Health and Advanced Level of Health Facilities (FKTL) and is added with the users' policy that is the communities as the patients/ National Health Security participants. It means there are two parts which have not been included in this study. Therefore, it is important for further researches to focus on those four parts. The variables that affect policy implementation according Merilee S. Grindle (1980) include Policy Content and Policy Context which influence policy implementation of BPJS for Health comprehensively. However, a deeper study is needed using more research samples so that it fulfils minimum requirements of the sample on quantitative research.

Conclusion

The factor that affects the implementation of BPJS for Health in Bantul is Policy Context. It was found when correlation analysis was conducted in which coefficient correlation value is 0.839 (very strong). Meanwhile, the variable of Policy Content (X1) has a significant correlation toward Implementation variable (Y) which is smaller than that of 0.768 (very strong).

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