# THE PUBLIC'S PERCEPTION TO THE SERVICE OF SOCIAL SECURITY BOARD FOR HEALTH / BADAN PENYELENGGARA JAMINAN SOSIAL KESEHATAN /BPJS KESEHATAN: A STUDY IN SLEMAN PUBLIC HOSPITAL – YOGYAKARTA SPECIAL REGION

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## Abstract

Act No. 24 of 2011 has been implemented since January 1, 2014 in all local governments, including Sleman Regency, Special Region of Yogyakarta (DIY). However, the implementation of Social Security Board (Badan Penyelenggaran Jaminan Sosial/BPJS) still faces many problems in the field. Many complaints from the health insurance members who feel lost of the facilities, especially in referral process, drugs, and other supporting services is one of the problems. The objective of this research is to know how the perception on the implementation of BPJS in Sleman Regency in managing National Health Insurance (JKN) policy in Sleman Regency. The type of this research was quantitative descriptive. The data collection techniques were using questionnaires and documentation. The total samples in this research were 100 respondents and the sample taking technique was using purposive sampling. The research results conclude that: 1) there is no significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on the implementation and/or receiving the registration of BPJS for Health participants in Sleman, 2) there is no significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on the data management of BPJS for Health participants in Sleman, 3) there is significant difference in perception between Contribution Assistance Recipients (PBI) and non-PBI based on financing benefits or financing health services of BPJS for Health in Sleman, and 4) there is significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on the providing information of BPJS for Health implementation in Sleman.

Key words: POLICY Implementation, Social Security Program, and Health Insurance Policy

## INTRODUCTION

The Social Security Board (BPJS) has been established based on the Act No. 24 of 2011 about BPJS which is a transformation from four State-Owned Enterprises (BUMN), they are Askes, ASABRI, Jamsostek, and Taspen. Through this Act No. 24 of 2011, there established 2 (two) Social Security Agencies (BPJS), they are BPJS for Health and BPJS for Employment. BPJS for Health implements the health insurance program and BPJS for Employment implements the programs of Accident Insurance Program (Jaminan Kecelakaan Kerja), Annuities Insurance (Jaminan hari Tua), Pension Insurance (Jaminan Pensiun), and Death Benefit (Jaminan Kematian). With the establishment of both BPJSs, therefore, the range of membership of social security program will be expanded gradually (Qomaruddin, 2012).

Act of No. 24 of 2011/ Undang-Undang No 24 tahun 2011 obliges the government to provide five basic insurances for all Indonesian citizens which are health insurance, accident insurance, death benefit, pension, and annuities insurance. The referred insurances are financed by 1) individual, 2) employers, and/or 3) government. Therefore, the government will begin to implement Universal Health Coverage policy in term of providing

health service to the public, where previously the government (Central) only provided health service to Civil Servants, Indonesian Armies, and Polices (Janis, 2014).

The establishment of Act No. 24 of 2011 for the purpose of effective social security implementation for all Indonesian citizens, it turns out that the implementation still finds many obstacles. The first is the problems of drug provision. Before the BPJS for Health was implemented, the patients were given drugs for 30 days. But, after the BPJS for Health implemented, the patients are only given drugs for 7 days. Second, there are still many private hospitals which have not joined to BPJS for Health, especially in regions. The lack of socialization becomes the main cause of the private hospitals have not joined to be BPJS for Health network (www.beritasatu.com).

Act No. 24 of 2011 has been implemented since January 1, 2014 by all the local governments, including Sleman Regency, DIY. Recently, Sleman Regency has had 25 primary service facilities, 25 Community Health Centers, 48 family physicians, 15 family dentists, and also the primary clinics which have signed agreement with BPJS. There are 26 hospitals as referral health facilities. Among those 26 hospitals, there are 17 ones that have cooperated with BPJS. However, the implementation of BPJS still meets many problems in the field. Too much public's participation has not been balanced by the appropriate system, so that there are still many problems in the field. Moreover, the lack of socialization by BPJS causes confusing information in the society. Besides that, there are many complaints from health insurance members who feel lost of the facilities, especially in the referral process, drugs, and other supporting services. (www.slemankab.go.id)

The total of health insurance membership in Sleman Regency who can be integrated directly with JKN is more or less 43.2% from the total citizens of Sleman Regency which has the total of 1,059,383 citizens. Excluding those 40%, there are still more or less 26.7% who also have health insurance consisting local health insurance (Jamkesda) of

Contribution Assistance Recipients (PBI) from Budget and Expenditure (APBD) of Sleman Regency, that amounted to 143,191 people of Jamkesda for village officials, permanent employees, and health workers amounted to 11,327 people, independent Jamkesda amounted to 19,470 people, the member of Social Health Insurance (Jamkesos) for Poor amounted to 19,000 people, and Jamkesos for Cadres amounted to 7,503 people with the contribution assistance from Province APBD and 10% of predicted citizens who have other commercial health insurances. (www.slemankab.go.id)

After the enactment of Act No. 24 of 2011, then the next step is the implementation of that Act. According to Gaffar (2009), implementation is a series of activities in order to deliver the policy to the public so that policy can bring the expected results. Rifdan (2010) added that policy implementation in the context of public policy is the implementation of a particular decision stipulated by the act, government regulation, or local regulation to achieve goals and objectives together in the social life. Therefore, implementation is needed from the Act No. 24 of 2011 so that the policy that has been developed can be perceived directly by the society.

Article 10 of Act No. 24 of 2011 states that BPJS has several duties, i.e. 1) conducting and/or receiving participant registration, 2) picking up and collecting contribution from the Participants and Employers, 3) Receiving contribution assistance from government, 4) managing Social Security Fund for the participants' benefits, 5) collecting and managing the participants' data of Social Security program, 6) financing benefits and/or financing the health services in accordance with the provision of Social Security program; and 7) providing information about the Social Security program to the participants and society.

Based on the above description, it shows that Sleman Regency has begun to implement Act No. 24 of 2011. It is proved by the government of Sleman Regency preparation who have provided referral health facilities. Among 26 hospitals, 17 of those

have cooperated with BPJS. This preparation shows that Sleman Regency has been ready to implement Act No. 24 of 2011 about BPJS.

Based on the background problem above, so the research questions which become the focus in this research are as follows:
1. How is the public's perception to the services of BPJS in RSUD Morangan Sleman DIY?
2. Are there any differences between Contribution Assistance Recipients (PBI) and non-PBI in: the implementation and or receiving the participants' registration of BPJS for Health in Sleman Regency, data management of the participants of BPJS for Health in Sleman Regency, financing benefits or financing the health services of BPJS for Health in Sleman Regency, providing information about the implementation of BPJS for Health in Sleman Regency.

## THEORETICAL FRAMEWORKS
### 1. Public Policy

Suharto (2007) in his book titled "Kebijakan Sosial Sebagai Kebijakan Publik" metioned that policy is a government instrument, not only 'government' term related to state apparatus, but also 'governance' term that touches the management of public resources. Policy is essentially decisions or choices of action that directly regulates the management and distribution of natural resources, financial and people in the public interests, they are the people, residents, community or citizen. Policy is the result of the synergy, compromise or even competition among the various ideas, theories, ideologies, and interests representing the political system of a country.

Bridgeman and Davis (2004) explains that public policy has at least three dimensions that are interlocked, they are as Objective, as the choice of legal action (Authoritative Choice), and as Hypothesis.

a. Public Policy as Objective
   A policy is a means to an end (a means to achieve a purpose). Public policy ultimately concerns the achievement of a public purpose. It means public policy

is a set of government actions designed to achieve certain results expected by the public as a government constituent. Therefore, a good policy would avoid this trap by way of formulating it explicitly:
   1) The official statement regarding the choices of action to be performed.
   2) The cause and effect mode underlying the policy.
   3) The results that will be achieve within a certain time.

b. Public policy as Authoritative Choice
   Choice of action in the policy is lega or authoritative because it is made b institutions that have legitimacy in th government system. The decision i binding on civil servants to prepare lav drafts or government regulations to b considered by parliament or allocat budget to implement the specifi program.
   Policy, then, can be viewed as a respons or official response to public issues c problems. This means that public polic covers:
   1) Objective/Purpose. Public polic always involves the achievement c government objectives through th implementation of public sources.
   2) Decision. Decisions making an consequences testing.
   3) Structure. Structured with th performers and the steps are clea and measurable.
   4) Action. Political actions that expres the selection of priority programs o the executives.

c. Public policy as hypothesis
   Policy is made based on theories, models or hypotheses about cause and effect. Policies always rely on assumptions about the behavior. Policy always contains incentives that encourage people not to do something. Policy should be able to unite the estimates (projections) on the success to be achieved and mechanisms to overcome failure that may occur.

### 2. Policy Implementation
Howlett and Ramesh (1995) noted a public purpose. It means public policy

that the implementation of policy is strongly influenced by the nature and formulation of the policy issues, diversity issues handled by the government, the size of the target groups, and the expected level of the behavior change. According to Bridgman and Davis as quoted by Suharto (2007), a lot of literatures indicate a prerequisite for the successful implementation of policies, they are:

a. Based on the theories and scientific principles about how the program and regulation operate.

b. Having steps that are not too numerous and complex. The more numerous and more complex the steps of a policy, the greater the difficulties faced by the policy as cause of many misunderstandings and conflicts that arise.

c. Having clear accountability procedures. A competent person or institution should be entrusted with clear responsibilities to control and ensure the successful implementation of a program.

d. The party which is responsible for providing services should be involved in the formulation of policy design. The bureaucrats in execution level should have complete information about the nature, the model and the philosophical foundation on the policy that underly a program.

e. Involving monitoring and regular evaluation. The supervision and evaluation is strongly needed in order to effective policy implementation.

f. The policy makers must give earnest attention to the implementation as well as the formulation of policy. It means the policy makers do not feel that the task has been completed when a policy has been formulated successfully. Rather, they should work continuously until the policy has been able to be applied through a series of programs that is beneficial for the society.

Implementation function according to Suwitri (2008) in her book titled 'Konsep Dasar Kebijakan Publik' mentioned that an effort that allows the objectives or public policy goals can be realized as an outcome or result of government activity. Therefore, implementation is related to the creativity of the policy implementation to design and find special devices that are designed and found for the sake to achieve the goal. The objective of public policy is translated in the action programs which can achieve the goals:

### 3. Universal Health Coverage (UHC)

Mundiharno (2012) stated in the perspective of health insurance, 'universal coverage' term has several dimensions. First, dimension of membership coverage. From this dimension, universal coverage can be defined as "thorough membership", in term that all the citizens are covered to be the health insurance participants. By becoming the participants of health insurance, they can have access to the health services. But, not all the poeple who have become the participants of health insurance can necessarily access the health insurance. If the area where they are living does not provide health facilities, they will find it difficult to reach the health services. Therefore, the second dimension of universal health coverage is equitable access for all citizens to obtain health services. Implicitly, this definition implies that it is necessary to provide the facilities and health workers so that the people who participate in health insurance really can obtain health services. Third, universal coverage also means that the proportion of the costs incurred directly by the people (out-of-pocket payment) become smaller so it does not disrupt the participants financial (financial catastrophic) that causes the participants become poor.

WHO formulates three dimensions in the achievement of universal coverage that is described through the cube picture below:
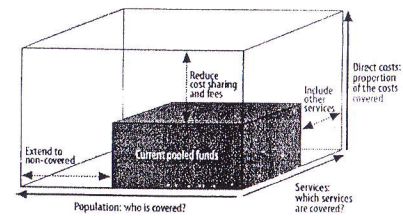


Source: WHO, The World Health Report (2010)

Those three dimensions of universal coverage according to WHO are (1) how much the percentage of citizens guaranteed; (2) how complete the guaranteed service is; and (3) how large a proportion of direct costs that are still borne by the citizens. The first dimension is the total of guaranteed citizens. The second dimension is the guaranteed health services, for example: whether it is only the services in the hospitals or including the outpatient services. The third dimension is the proportion of guaranteed health cost. The more provided funds, the more people are served, the more comprehensive the service package is, and also the less the proportion of cost that should be borne by the citizens. The limited allocation or fund collection affects the comprehensiveness of the guaranteed services and the proportion of guaranteed cost for treatment/care (Mundiharno, 2012).

### RESEARCH METHODOLOGY

In this research, the writer used quantitative descriptive research. According to Sukmadinata, descriptive research aims at describing the events in the present moment as it is. Descriptive research is a research methodology that aims at describing the phenomena exist, that happen in the present moment or in the past. This research does not conduct the manipulation or alteration of variables but describes a condition as it is (Sukmadinata, 2011). While quantitative research according to Sugiyono (2003) is a research by obtaining data in the form of numbers or numerical qualitative data.

Based on the BPJS data in RSUD Morangan from January-September 2014, it was obtained that the numbers of BPJS for Health participants in Sleman Regency were 54,787. To determine the numbers of research samples, it was determined by using Slovin's formulation below:

$$n = \frac{N}{1+ (N \times e^2)}$$

Means
n = Sample size
N = Population (in this research, the total population is 54,787)
e = Error Precentage (in this research is the expected error rate of 10%)

Based on the Slovin's formulation above, so the total research samples were 99,817, or it was rounded to be 100 research respondents.

The technique used to analyze the data in this research was descriptive analysis technique. The analysis of quantitative data is a measurement used in a research that can be calculated with a certain number of units or described in numbers. This analysis consisted of data processing, data organizing, and research results. In this research, the analysis of quantitative data used was analysis of index number. Besides using index analysis, this research also used independent sample t test analysis. This test was conducted to get to know the difference in perception of BPJS for Health services in RSUD Morangan, Sleman, DIY between Contribution Assistance Recipients (PBI) from the government and non-PBI beneficiaries. In the analysis of independent sample t test, the writer used SPSS 21 software.

### RESEARCH RESULTS AND DISCUSSION

1. The Public's perception to the BPJS for Health services in RSUD Morangan Sleman, DIY

   In this research, the people's perception to the BPJS for Health services in RSUD Morangan, Sleman, DIY is viewed from indicators below:

   a. The People's Perception to the Registration Reception of BPJS for Health Participants

   After the research conducted toward 100 respondents, the public's perception toward the registration reception of BPJS for Health participants, the index result was obtained as follows:

Table 1.1 The Public's Perception toward the Registration Reception of BPJS for Health

| No | Indicators | Index Value | Category |
|----|-----------|-------------|----------|
| 1. | The readiness of BPJS for Health officers in Sleman Regency in registration. | 3.05 | Good |
| 2. | The speed in registration service | 2.98 | Good |
| 3. | The easiness in registration mechanism | 3.10 | Good |
| 4. | The BPJS for Health registration requirements | 2.78 | Good |
| 5. | The easiness of conversion to be BPJS for Health participants | 3.38 | Very Good |
| 6. | The speed conversion from Health Insurance participants to be BPJS for Health participants | 3.23 | Good |
| | **Index Average Value** | 3.09 | Good |

The table above provides information that the average variable performing and or receiving the registration of BPJS participants in Sleman Regency is 3.19, which includes into good category. But, in the registration requirements, BPJS for Health has the lowest index, that is 2.78. It shows that the people consider that the registration requirements of BPJS for Health is still considered difficult by the public.

**b. Public's Perception Towards The Contribution Collection of BPJS for Health in Sleman**

After the research done to 100 respondents, the public's perception toward the dues collection of BPJS for Health, it is obtained the index result as follows:

Table 1.2 Public's Perception towards Contribution Collection of BPJS for Health in Sleman

| No | Indicators | Index value | Category |
|----|-----------|-------------|----------|
| 1. | Depositing mechanism | 3.06 | Good |
| 2. | The participant's ability to pay contribution | 3.04 | Good |
| 3. | Dues billing mechanism | 3.00 | Good |
| 4. | Information about contribution payment | 2.86 | Good |
| 5. | Pinalty for late contribution payment | 2.82 | Good |
| 6. | Pinalty for employers who do not register their employees | 2.94 | Good |
| | **Average Index Value** | 2.95 | Good |

Source: Processed data (2014)

The table above provides information that overall, the BPJS for Health in Sleman Regency do participants' dues collection, having index 2.95 that belongs to good category. But, in the implementation, the pinalty for late contibution payment has the lowest index, that is 2.82. The low index on the implementation of pinalty for late contribution payment shows most of the society still consider that BPJS for Health in Sleman Regency has not applied pinalty for BPJS participants who are late in paying contribution.

**c. Public's Perception Towards Contribution Assistance from Government**

After the research done to 100 respondents about public's perception towards contribution assistance from government, and it was obtained the index result as follows:

Table 1.3 Public's Perception towards Contribution Assistance from Government

| No | Indicators | Index Value | Category |
|----|-----------|-------------|----------|
| 1. | Feasibility to obtain contribution assistance | 3.06 | Good |
| 2. | Documenting contribution assistance recipients | 3.06 | Good |
| 3. | Mechanism of contribution reception from government | 3.06 | Good |
| 4. | Contribution assistance to fulfill the need of health payment | 3.43 | Very Good |
| | **Average Index Value** | 3.15 | Good |

Source: Processed Data (2014)

Table 1.3 provides information that overall, Health BPJS in Sleman Regency has implemented their duty related to the dues aid reception from government well. It is because from those four indicators, the average index value obtained is 2.15 which belongs to good category. The table above also provides information that from those four indicators, all the society have considered that BPJS for Health in Sleman Regency have conducted assessment about the feasibility to obtain contribution assistance, documenting the beneficiaries, mechanism of contribution acceptance from government, and contribution assistance in fulfilling t need of health payment is in go category with index value above 3.

**d. Public's Perception towards Participant Data Management**

After the research done to 100 re pondents about public's perception 1 wards the participant data manageme it was obtained the index result as f lows:

Table 1.4 Public's Perception towar Participant Data Management

| No | Indicators | Index Value | Category |
|----|-----------|-------------|----------|
| 1. | Documenting BPJS for Health participants in Sleman | 2.94 | Good |
| 2. | Checking back the contribution assistance recipients | 2.80 | Good |
| 3. | BPJS card usage | 3.12 | Good |
| 4. | Information as BPJS for Health participants in Sleman | 2.81 | Good |
| | **Average Index Value** | 2.91 | Good |

Source: Processed Data (2014)

The table above provides information that overall, BPJS for Health of Sleman Regency has done the participant documenting well. It is because of those four indicators with index values, it is obtained the average of 2.91 that includes in good category. The table above also provides information that from those four indicators, the indicator about information as BPJS for Health participants in Sleman has the lowest index. This illustrates that if in the case of information as BPJS for Health participants in Sleman, not all people obtain information on whether they have been registered as BPJS members not.

This is because the people a supposed to be actively looking f information, not BPJS.

**e. Public's Perception Towards the BPJS for Health Advantages in Sleman**

After the research conducted to 10 respondents about public's perceptio to the BPJS for Health advantages i Sleman, it is obtained the index value a follows:

**Table 1.5 Public's Perception towards BPJS for Health Advantages in Sleman**

| No | Indicators | Index Value | Category |
|---|---|---|---|
| 1. | The advantages to be BPJS for Health participants | 3.39 | Very Good |
| 2. | The provision of social health program financing | 3.31 | Very Good |
| 3. | The mechanism of financing of health services by BPJS | 3.24 | Good |
| 4. | Ease in withdrawal the cost | 3.19 | Good |
| | Average Index Value | 3.28 | Very Good |

Source: Processed Data (2014)

The table above provides information that overall, the people has felt the advantages by becoming BPJS for Health participants. It is because from those four indicators, the average index value is obtained 3.28 which includes in very good category. The table above also provides the information that from those four indicators, the indicator about the ease in withdrawal cost has the lowest index of 3.19. It illustrates that in term of withdrawal cost, people still consider there are few difficulties. These difficulties are related to the requirements that should be fulfilled in withdrawal cost.

**f. Public's Perception towards Information About BPJS for Health in Sleman**

After the research conducted to 100 respondents about public's perception towards the information about Health BPJS in Sleman, it is obtained the index results as follows:

**Table 1.6 Public's Perception towards Information about BPJS for Health in Sleman**

| No | Indicators | Index Value | Category |
|---|---|---|---|
| 1. | Information about the participants' rights and obligations | 2.88 | Good |
| 2. | Information about BPJS participant provisions | 2.92 | Good |
| 3. | Information about procedures to be BPJS participants | 2.92 | Good |
| 4. | Information about procedures to obtain financing | 2.88 | Good |
| | Average Index Value | 2.90 | Good |

Source: Processed Data (2014)

The table above provides information that all the people have considered that BPJS for Health of Sleman Regency has provided information about BPJS well. It is because of four indicators, the average index obtained is 2.90 which includes in very good category. The table above also provides information that of the four indicators, the indicator about information of procedures to obtain financing has the lowest index of 2.88. It illustrates that in term of information about procedures to obtain financing is not felt by the people.

**2. Difference Test of the Implementation of BPJS of Sleman Regency in Managing National Health Insurance (JKN) in Sleman Regency**

Difference test, in this research, was conducted to get to know the difference in perception between Contribution Assistance Recipients (PBI) and non-PBI about the implementation of BPJS of Sleman Regency in managing National Health Insurance (JKN) in Sleman Regency. The difference test in this research is viewed from four indicators. The results of difference test can be seen in table 1.7 as follows:

Table 1.7 Difference Test of Implementation of BPJS of Sleman Regency in Managing National Health Insurance (JKN) in Sleman Regency

| No | Variables | Sig | Standard | Conclusions |
|---|---|---|---|---|
| 1 | The implementation and or receiving the participant registration | 0.182 | 0.05 | There is no difference between the Contribution Assistance Recipients (PBI) and non-PBI based on the implementation and or receiving participant registration |
| 2 | Management of BPJS for Health participant data of Sleman Regency | 0.270 | 0.05 | There is no difference between the Contribution Assistance Recipients (PBI) and non-PBI based on participant data management. |
| 3 | Benefit financing or financing health services | 0.007 | 0.05 | There is difference between the Contribution Assistance Recipients (PBI) and non-PBI based on benefit financing or financing health service |
| 4 | Providing Information about BPJS for Health Implementation | 0.000 | 0.05 | There is significant difference between the Contribution Assistance Recipients (PBI) and non-PBI based on the providing information about BPJS for Health implementation |

Source: Processed Data (2014)

The difference test results show that there is significant difference between the Contribution Assistance Recipients (PBI) and non-PBI based on financing benefit or financing the health services of BPJS for Health in Sleman. This difference lies in two things, they are the provision of social health program financing and the mechanism of health service financing by BPJS. The PBI will not pay BPJS dues every month, while the non-PBI are obliged to pay contibution every month. Next is the payment mechanism for PBI who do not need to pay, so they do not need to think how the payment mechanism is. While for the non-PBI, they have to obey the payment procedures which have been set by the government.

The other variable which has difference is variable of providing information of BPJS for Health of sleman implementation. On the above difference test, it is known that there is significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on the information provision of BPJS for Health of Sleman implementation. This difference lies on, first, information about procedures to be BPJS for Health participants.

For the PBI, information about procedure is not really important, so they consider th information about procedures to be BPJ for Health participants have been qui good, while for non-beneficiaries, they real need that information, so they consider th the information is very important. Howeve the information about procedures is s perceived lack for non-PBI of BPJS for Heal in Sleman Regency. The second differen is information about procedures to obta financing. For the PBI, that information abo the procedures to obtain financing becau they automatically become the participar with the help from government. While for no PBI, that information is still needed becau they think that some of them deserve receive contribution assistance, but they a not listed.

**CONCLUSION**

Based on the research result, it can concluded that public's perception towar the service of Social Security Board (BPJ for Health in RSUD Morangan Sleman D according to Article 10 of Act No. 24 of 20 which contains of 1) Conducting and

receiving the participant registration, 2) Picking up and collecting dues from participants and employers, 3) Receiving dues aid from government, 4) Collecting and managing the data of Social Security program participants, 5) Financing benefits and/or financing health services in accordance with the provision of Social Security program, and 6) Providing information about the implementation of Social Security program to the participants and public which has been good with the range of index of 2.78 to 3.43.

The research results also concludes that 1) there is no significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on the implementation and or receiving the BPJS for Health participant registration in Sleman. 2) There is no significant difference in perception between Contribution Assistance Recipients (PBI) and non-PBI based on data management of BPJS for Health participants in Sleman. 3) There is significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on financing benefit or financing health services of BPJS for Health in Sleman, and 4) there is significant difference in perception between Contribution Assistance Recipients (PBI) and non-PBI based on providing information of BPJS for Health implementation in Sleman.

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