



Increase in BPJS Kesehatan Contribution in the Independent Sector

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Abstract

The establishment of BPJS Kesehatan, which stands for 'Badan Penyelenggara Jaminan Sosial Kesehatan' or Social Health Insurance Administration Body is an agency established to carry out government programs, namely health insurance to protect the entire community. With the increasing deficit in BPJS Kesehatan, the government decided to increase BPJS Kesehatan contributions. This problem certainly has a direct impact on the community as BPJS Kesehatan users. This research is qualitative research using the SOR model theory (Stimulus, Organism, Response) The results of this study indicate that communication has an important role in the success of an agency so that the mismatch of information between the health insurance providers and health service providers can be minimized. The majority of the community also stated that they did not agree with the increase in contributions due to economic factors that were currently difficult amid the COVID-19 pandemic.

Keywords: *Increase in contributions; BPJS Kesehatan; Independent*

Introduction

Public services are currently competing to provide the best service that can be given to the community for the realization of quality public services because the achievement of public services that run well and can provide the best satisfaction to the community is not only the desire of the community but is a demand from duties and responsibilities. of the public service provider itself.

Given the importance of the role of the Social Security Administering Body for public services in implementing social security programs with coverage for the entire population of Indonesia, the BPJS Kesehatan Law provides clear boundaries for functions, duties, and authorities for BPJS Kesehatan. Thus, it can be known with certainty the limits of the performance responsibilities of each individual and at the same time can be used as a means to measure the performance of the BPJS Kesehatan transparently.

The Act describes Public Services which regulates the principles of government in providing good services and the effectiveness of government functions (Law Number 25, 2009). Therefore, the quality of public services must always be improved continuously to increase service satisfaction and achieve the responsibilities of the public service providers themselves. BPJS Kesehatan is presented to be able to provide social security nationally to meet decent basic needs for all levels of society based on the

principles of humanity, benefit, and justice. BPJS Kesehatan is an institution that embodies the public service of health that focuses on care insurance health by using a system of insurance premiums. In the insurance, the premium system requires each participant to pay dues by the class that is selected.

The increasing budget deficit continues to occur. It is undeniable that BPJS Kesehatan continues to receive criticism regarding these various problems. Seeing the steadily increasing deficit, the government decided to increase BPJS Kesehatan contributions which were considered to be able to solve the problem, but the public considered that the increase in contributions was not accompanied by an increase in health services itself. As many people know, many complaints from patients who use services from BPJS Kesehatan membership are discriminated against when using services both at general practitioners in collaboration with BPJS Kesehatan and while in referral hospitals. It is necessary to improve the quality of health services to be able to overcome health problems that occur in the community.

President Joko Widodo has again increased the amount of BPJS Kesehatan contributions. This increase is regulated in Presidential Regulation Number 64 of 2020 concerning the second amendment to Presidential Regulation Number 82 of 2018 concerning Health insurance. President Joko Widodo emphasized this Presidential Regulation.

Table 1.1 Details of Changes in BPJS Kesehatan Contribution

January - March 2020 Based on Presidential Regulation 75 of 2019		
Class I	Class II	Class III
Rp160.000,00	Rp110.000,00	Rp42.000,00
↓		
April - June 2020 Back to Presidential Regulation Number 82 of 2018		
Class I	Class II	Class III
Rp80.000,00	Rp51.000,00	Rp25.500,00
↓		
July - December 2020 Based on Presidential Regulation Number 64 of 2020		
Class I	Class II	Class III
Rp80.000,00	Rp51.000,00	Rp25.500,00 <small>(Rp 42.000 reduced by government subsidy of Rp 16.500)</small>
↓		
Year 2021 Based on Presidential Regulation Number 64 of 2020		
Class I	Class II	Class III
Rp150.000,00	Rp100.000,00	Rp35.000,00 <small>(Rp 42.000 reduced by government subsidy of Rp 7000)</small>

Source: (Akbar Bhayu Tamtomo, 2021)

Starting from the changes in this premium fee policy that demands parties- party organizers and providers of services of health to able to provide health facilities safe, quality, and affordable. But unfortunately, the government's efforts in realizing the welfare of the community, especially in the health sector are not balanced with the improvement of human resources and medical equipment that support it. Limitations equipment Medical is this which raises the practical limitations of health services. With the practice of limiting health services, it is the people who are disadvantaged.

Tariffs or contributions are basically a sum of money that must be paid by the insured party (participant) to the insurer (BPJS Kesehatan) for their participation in the National Health Insurance Program. The function of the tariff is to finance participants and their family members in the event of a socio-economic risk. The role of tariffs is very influential for the sustainability of the program, the adequacy of tariffs is a benchmark for the implementation of the Health Insurance Program in the future. The rate increase was determined after the Minister of Health, the National Social Security Council, and BPJS Kesehatan conducted a review and evaluation of the capitation and non-capitation rates. BPJS becomes a financial burden of BPJS. The high cost of catastrophic care needs to be balanced with promotion and preventive measures, thereby reducing the cost burden of financial claims against the state (Shihab et al., 2014).

The JKN or KIS program uses a social insurance scheme for its financing, by dividing contributions based on three categories of participants (Class I, II, and III). Regarding the review of the number of contributions, based on the latest law concerning the Second Amendment to (Presidential Regulation Number 82, 2018) concerning Health Insurance, the number of contributions is reviewed no later than every 2 (two) years, using the standard actuarial practice of social security and applies universally, general public and at least pay attention to inflation, the cost of health insurance needs, and the ability to pay contributions (Presidential Regulation Number 64, 2020). However, in reality, the increase in the premiums for BPJS Kesehatan Class III Mandiri participants this time has ignored the third requirement, namely the public's declining ability to pay due to deteriorating economic conditions as a result of the ongoing Covid-19 pandemic. Indeed, the increase in BPJS Kesehatan contributions is by the provisions based on a deadline (per 2 years), but the problem is, this increase in contributions is carried out during the Covid-19 pandemic which has continued since last year, which has destroyed the national economy and reduced the level of public welfare. The increase in BPJS Kesehatan contributions is considered very burdensome, especially for Independent Class III participants (this class is different from Class III Contribution Assistance Recipients (PBI) who are paid all contributions by the Government).

Through changes in setting these policies, BPJS Kesehatan is the party that formulates policies consisting of the President Director, the Internal Supervisory Unit of Finance, as well as the Director of Development Planning and Risk Management, and Internal Supervisors. However, in the process of determining the policy, it is not only carried out by BPJS Kesehatan but there are other parties that participate in the process of setting the policy. These parties include the Minister of Health, the House of Representatives (DPR), the People's Consultative Assembly (MPR), and the President. The President is the party who has the highest authority in determining the policy. Progress towards universal health coverage in Indonesia has been uneven and iterative, but consistently driven by domestic political interests (Pisani et al., 2017).

Based on the explanation above, the institutions involved in the policy-making process consist of legal-formal institutions, because in these legal institutions politics is always associated with legal issues, so this discussion refers more to the legal constitution that exists in a country. And the approach is said to be formal because the discussion only revolves around formal political institutions and structures. Institutional is an order and pattern of relationships between members and the community or organizational institutions that are mutually binding which can determine the relationship between humans or between organizations that are accommodated in an organization or network and are determined by limiting and binding factors in the form of norms, codes of ethics, formal and informal rules. for controlling social behavior and incentives to cooperate and achieve common goals (TD, Sunaryo, D. Suharjito, & M, 2003).

However, in the process of implementing the policy, there is an impact of the policy. The high demand for health services is not matched by the increase in health services. The quality of health services refers to the level of perfection in the appearance of health services that can satisfy every user

of health services by the level of satisfaction of the average population, the procedures for its implementation are following the standards and professional code of ethics that have been set. (Azrul. Azwar, 1994)

Literature Review

Service quality is an important part that every company must strive for if they want their products to compete in the market to satisfy the needs and desires of consumers. Consumers always want to get quality products according to the price paid, which is accompanied by good service quality. Fees define quality simply as suitability for use. This definition includes product features that meet consumer needs (Feigenbaum, 1991) Quality is the overall characteristics of products and services which include marketing, engineering, manufacturing, and maintenance of these products and services in their use will be following customer needs and expectations.

According to Kotler in Laksana (2008) service is any action or activity that can be offered by a party to another party, which is what the customer wants. to fulfill essentially intangible and does not result in the ownership of anything. While the definition of service itself according to (Sugiarto, 2002) is the maximum effort given by service officers from an industrial company to meet customer expectations and needs so that satisfaction is achieved.

Customer service is a customer-oriented activity that consists of tangible elements in the form of factors that can be touched, heard, and felt such as size, weight, color and so on. Then the presence of unreal elements is more difficult to measure and is often subjective because it depends on attitudes that can be influenced but are not taught, for example feeling comfortable, relaxed, trusting and so on. The expected level of excellence and control over the level. (Nasution, 2004)

The existence of health services is very important in the development of the country to create a healthy society. Various primary, secondary, tertiary health services, both government-owned and private, were established in each area to make it easier for the community to access health services. To become the health service of choice and gain community loyalty, every health service needs to improve the quality of service. (Setiawan, 2011)

The quality of health services is one of the important things and is always considered by the community, various independent institutions, and the government itself. Providing quality services to the community is one of the main requirements of health services. A health service is said to be of high quality if it can satisfy the service users and the procedures for its implementation are following the code of ethics and standards that have been set (A. Azwar, 2010).

From the description above, it can be concluded that the definition of Service Quality is a series of superior activities that are expected to fulfill customer desires from the overall characteristics of the product.

The development of health insurance in Indonesia is running very slowly compared to the development of health insurance in several neighboring countries in ASEAN. Careful research on the factors influencing the development of health insurance in Indonesia is insufficient. Theoretically, several important factors can be put forward as the cause of the slow growth in health insurance in Indonesia, such a request (demand) and income of the low population, the lack of willingness of the government, a culture of insured has not been good, and the poor quality of health services and lack of legal certainty in Indonesia (Thabrany, 2014).

Health insurance is a way to overcome the risk of uncertainty about the event of illness and the implications of the costs that result. Health insurance turns uncertain and unpredictable events into certain and planned events. Insurance helps reduce individual risk to the risk of a group of people using risk

pooling. To turn an unpredictable event into a predictable one, members pay a relatively small but regular amount of money (called a premium) to the insurance agency (Murti, 2007).

The theory used is the SOR model (*Stimulus, Organism, Response*). According to this model, the organism produces certain behaviors if there are certain stimulus conditions, the effect caused is a reaction to the stimulus, so that one can expect and estimate the suitability between the message and the reaction of the communicant. (Effendy, 2003)

Methodology

The researcher chose a qualitative descriptive research method to examine and analyze public opinion about the increase in BPJS Kesehatan contributions, because of the relevance of the character of the research theme.

Qualitative research is useful for generating tentative theories (hypothesis generating), and not for testing theories (hypothesis testing). Researchers may go into the field without having any theory because at the end of the research it is hoped that researchers can find new theories. Qualitative data analysis can form theories and values that are considered valid in a place (Anggito, Albi & Setiawan, 2018). Researchers are free to observe the object and then formulate their theory based on their findings. His research continues to be reformulated as new information is discovered. So the hypothesis does not come before the research but appears during the research (Rakhmat, 2009)

Based on its characteristics, descriptive research is one of the variants of qualitative research methods, so research with this descriptive method can be classified in the realm of qualitative research. (Holloway, 2008) explains that qualitative research focuses more on words, and not numbers, although there are times when numbers are needed to mark the frequency of the presence of a certain theme in the transcript or the occurrence of certain actions. To determine who will be used as key informants, the researcher uses a purposive technique (aimed at), namely the researcher selects people who are considered to know clearly the problem to be studied (Faisal, 1990).

Discussion

Every policy made has certain aims and objectives for the common good for the government and society, to solve existing problems. The success of a policy is seen from the implementation of the policy.

The provision of health services should be given to every community to get access and services for health needs. Determination and formulation of changes in tariff increases organized by BPJS Health which is then carried out with the Minister of Health, the House of Representatives, the People's Consultative Assembly, and then ratified by the President as the owner of the highest rights in a country. Based on the data in the field, the change in the contribution policy for the increase in tariffs occurred because of the discontinuity or deficit experienced by BPJS Kesehatan, thus formulating the policy.

The government's decision to increase BPJS Kesehatan contributions is not appropriate considering the Indonesian economy is in a slump due to the Covid-19 pandemic. The lower middle class, under normal conditions, find it difficult to pay BPJS Kesehatan contributions, coupled with the Covid-19 pandemic, they objected. Especially people who have temporary jobs in the private sector, such as farm laborers, construction workers, motorcycle taxi drivers and so on. So it can be ascertained that many BPJS Kesehatan participants are in arrears in payments.

The majority of the public, which in this case is represented by the community in Boyolali Regency, stated that they did not agree due to economic factors. Other matters, such as the legal side of regulations issued by the government, are not of concern to the public. As reported in various media, the Supreme Court has canceled the increase in BPJS Kesehatan contributions issued in (Presidential Regulation Number 75, 2019). However, the government increased BPJS Kesehatan contributions as of

July 1, 2020, with Presidential Regulation Number 64 of 2020 concerning the Second Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance.

Meanwhile, in terms of ideal services for BPJS Kesehatan participants, the public wants services that are not discriminatory. BPJS Kesehatan participants are expected to get excellent service like non BPJS patients. The public also wants complete facilities or the government builds special health facilities for BPJS Kesehatan patients.

The reliability of health workers also affects the level of trust of participants, especially patients participating in BPJS Kesehatan. The reliability of health workers is the quality of service that can be used as a stepping stone so that the services provided can satisfy users, in this case, patients at health facilities in Boyolali Regency. Reliability can also mean the ability of health facilities to provide services as promised for BPJS Kesehatan users accurately and reliably, performance must be following customer expectations so that it creates a sense of trust among participants in the services provided. In providing services, it does not discriminate or discriminate against BPJS Kesehatan participant patients based on class or with the general public.

Conclusion

The results obtained indicate that there is a demand from the community regarding the need for improving health services to be the main factor to obtain optimal health services. However, in reality, the increase in tariff contributions made by the government is not matched by an increase in health services to the community. Whereas the success of public policy implementation can be measured through the achievement of results or outcomes, whether or not a goal is achieved, it can be interpreted that the success or failure of a policy can be seen from the process and the policies that have been achieved. This is supported by two factors, namely the impact or effect on the community and the level of change that occurs and the acceptance of the target group for the changes that occur.

The government's move to increase BPJS Kesehatan contributions through Presidential Decree No. 64 of 2020 in a condition of the Covid-19 pandemic burdening people in the middle to lower economic category. The Covid-19 pandemic has hit the economy of people whose income is not fixed, so the increase in BPJS Kesehatan contributions has added to their burden.

The problems faced by BPJS today, such as deficits, then those of a regulatory, administrative and technical nature, must be addressed immediately and used as material for improvement so that in the future BPJS Kesehatan can serve all Indonesian people better. Therefore, the government needs to make or improve regulations that are administrative and technical in nature. As Article 52 letter (p) of Presidential Regulation Number 82 of 2018 concerning Health Insurance must be reaffirmed regarding the purpose and types of health services in unexpected events that can be prevented and further emphasize administrative sanctions in (Presidential Regulation Number 86, 2003), such as the number of fines imposed must be paid by the arrears. Then, monitoring and evaluation are carried out on the implementation of the national health insurance.

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