

Phenomenological Study of Compliance with Paying Dues by Independent Participants in the National Health Insurance Program in Medan City in 2023

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Abstract. The objective of this study is to determine and analyze the causing factors of non-compliance in paying National Health Insurance contributions (JKN) by independent participants and to find out the efforts made by the Social Security Agency on Health (BPJS) to increase compliance in paying JKN contributions and the efforts made by the Medan Government through Health Department to taking care the independent participants in arrears. This is a qualitative study with a phenomenological approach. Data collection is carried out by in-depth interviews and documentation. The informants in this research are Independent JKN Participants, BPJS Stakeholders and Health Department Stakeholders. The data processing uses the Miles Hubberman method. The results of the study show that the causing factors of non-compliance with paying JKN contributions are due to large amount of arrears, They are still able to seek health treatment using their ID card at the Puskesmas (Community Health Center), Economic Factors, Number of dependents (family members) and an Increasing in dues. Efforts that have been made by Health BPJS to increase compliance in paying JKN contributions are by providing convenience in payment methods, there are efforts to establish communication with independent JKN participants (through tele-collecting efforts, conduct WhatsApp blasts for delinquent participants, visit delinquent participants through JKN cadres, and conduct outreach in sub-districts and crowded places), as well as the existence of a Phased Payment Plan (REHAB) program where the arrears can be paid in installments. Efforts made by the Health Department and the Medan City Government include switching independent participants to JKN Contribution Assistance Recipient (PBI) participants and the Universal Health Coverage (UHC) Program through the Medan Berkah Health Insurance (JKMB) of Medan City.

1. INTRODUCTION

The ideals of the Indonesian nation as stated in Pancasila and the Preamble to the Constitution of the Republic of Indonesia in 1945, that health is a human right of every human being that exists and is an element of the welfare of every human being that is realized. Therefore, every effort and activity carried out by the State aims to improve the highest degree of public health of citizens carried out based on the principles of non-discriminatory, participatory, protection, and sustainability. This is very important for the formation of Indonesian human resources, improving the health and competitiveness of the nation, and national development. Law Number 36 of 2009 explains that everyone has the same right to access every resource in the health sector and everyone also gets safe, quality, and affordable health services. Conversely, it is also explained that everyone has the obligation to participate in the social security program (Law Number 36 of 2009).

Health is an important aspect that becomes one of the elements of community welfare, where physically, mentally, spiritually and socially healthy that allows everyone to live a productive life socially and economically. Every individual has the right to the health of himself and his family members, this has been stipulated in article 25 of the Universal Declaration of Human Rights (UDHR) which states that everyone has the right to an adequate standard of living for the health, well-being of himself and his family.

The government has pursued various policies to realize the improvement of public health degrees based on non-discriminatory, participatory, and sustainable principles. Policies governing the right to social security to be able to meet basic decent and comprehensive living needs are contained in Law Number 40 of 2004 concerning the National Social Security System (SJSN). The implementation of SJSN is carried out by a legal entity managing social security, hereinafter referred to as the Social Security Organizing Agency (BPJS). This is regulated in Law Number 24 of 2011 concerning the Social Security Organizing Agency. In its implementation, BPJS is divided into two,

namely BPJS Employment and BPJS Health. BPJS Employment has 4 (four) guarantee programs, namely work accident insurance, death insurance, old age insurance and pension insurance, while BPJS Health has 1 (one) guarantee program, namely health insurance called National Health Insurance (Undang-Undang Nomor 24 Tahun 2011).

The National Health Insurance Program (JKN) through BPJS Kesehatan is a good initiative for equitable distribution of health service quality for all levels of society with affordable contributions and broad health service coverage. One of the tasks of BPJS Kesehatan in carrying out its function of organizing JKN is to collect, collect, and manage contributions from participants, employers and the government. In carrying out this task, BPJS Kesehatan is authorized to collect contribution payments and conduct supervision and examination, on the compliance of participants and employers in fulfilling their obligations in accordance with the provisions of national social security laws and regulations (Undang-Undang Nomor 24 Tahun 2011).

Every Indonesian citizen must have awareness that JKN is made for every citizen where participation is mandatory with the principle of gotong-royongan. The principle of mutual cooperation can be realized in the form of a mutual cooperation system from capable participants to underprivileged participants, participants who have a low risk of helping participants who have a high risk and healthy participants helping the sick. One of the gotong-royong mechanisms that can be realized is mandatory participation in the JKN program for every Indonesian citizen. Social security programs can foster social justice for all Indonesian people through this principle of cooperation (Ministry of Health, 2013).

Given the importance of the JKN program, all parties are required to actively maintain that the program can run sustainably. One of the efforts that participants can make to maintain the sustainability of the JKN program is to regularly pay contributions. BPJS must also be able to ensure active participation and compliance to pay contributions to the PBPU segment for the sustainability of the JKN program. (Info BPJS Kesehatan, 2019). Independent participant dues vary according to class and community ability level. Community sustainability in paying contributions regularly has an impact on funding the national health insurance system. The obligation of the Indonesian people in paying JKN contributions is important. By regularly paying JKN-KIS contributions, we have created health risk management for ourselves. To process health risk management for themselves, people only need to be mandatory and regularly pay JKN contributions. (Thabrany, 2020).

The increase in the number of participants is one indicator that the JKN program is increasingly needed by the community. Nationally, the Social Security Organizing Agency (BPJS) Health noted that National Health Insurance (JKN) participants reached 248,771,088 people as of December 31, 2022. This number is equivalent to 91.77% of Indonesia's total population of 274.20 million people in 2022. When compared to the previous year, the number of JKN participants was recorded to increase by 5.54%. In 2021, the domestic population who have participated in the JKN program is 235.72 million people. Based on the segment, JKN participants who are included in the category of Contribution Assistance Recipients (PBI) are 151.80 million people. A total of 111.04 million of them are participants of the PBI APBN, while 40.76 million others are participants of the PBI APBD. A total of 19.38 million people are included in the segment of state organizer wage earners (PPU-PN). Then, 42.55 million people belong to the business entity PPU segment (PPU-BU). JKN participants who are non-wage earners (PBPU) or independent workers are 30.76 million people. Meanwhile, non-worker participants were recorded at 4.27 million until the end of 2022. (<https://dataindonesia.id>)

North Sumatra Province has 12,470,454 JKN participants in 2022. This number is equivalent to 84.81% of the entire population of North Sumatra as many as 14,703,522 people in 2022. The Mandiri participants were 2,142,718 people (17.2%), PBI APBN/JAMKESMAS participants were 5,347,159 people (42.9%), PBI APBD/Jamkesda participants were 1,862,918 people (14.9%), PPU as many as 2,792,673 people (22.4%) and the rest were Non-Workers as many as 324,986 people (2.6%). ([SISMONEV TERPADU JKN | Aspek Kepesertaan \(djsn.go.id\)](https://djsn.go.id))

Medan City has 2,429,181 JKN participants in 2022. This number is equivalent to 98.7% of the total population of Medan City of 2,460,858 people in 2022. Directly Medan City has achieved the target in the Universal Health Coverage (UHC) program or commonly called Universal Health

Coverage, where all residents of Medan City can access their health services for free just by showing an Identity Card (KTP). Of the total JKN participants, there were 524,888 independent participants (21%), 666,927 PBI APBN/JAMKESMAS participants (27%), 533,270 PBI APBD/JAMKESDA participants (22%) and 704,096 PPU (29%). (BPJS Kesehatan Kota Medan, 2022).

The data above shows that the percentage of independent participants is quite large both nationally, the Province and the City of Medan. Independent participation that continues to increase is contrary to its regularity in paying JKN contributions. Based on preliminary studies that have been conducted by the author, there is currently an increase in arrears in payment of contributions by JKN independent participants, these arrears will have an impact on themselves and their families as JKN participants when they want treatment and when they need health services. This can be seen from the high gap between the dues collected and the number of registered independent participants.

Compliance with payment of contributions for participants of the National Health Insurance program-Kartu Indonesia Sehat decreased during the pandemic. This decrease was mainly in the segment of participants who were not wage earners or independent participants. Based on data from the Social Security Organizing Agency (BPJS) Health, a downward trend in the activity of non-wage earners (PBPU) began to occur in February 2020. This also has an impact on increasing the number of inactive participants. In December 2019, the active level of participants in the Healthy Indonesia National Health Insurance (JKN-KIS) program was 55.50%. This number continues to decline consecutively, to 51.19 percent (February 2020), 47.84 percent (June 2020), and 47.20 percent (September 2020). The number of inactive PBPU participants in September 2020 reached 16.15 percent. <https://www-beta.kompas.id/baca/kesehatan>

The Social Security Organizing Agency (BPJS) for Health in the Sumatra-Aceh Region noted that until July 2020 around 600 thousand independent participants of the National Health Insurance (JKN) program were in arrears with contributions. Unmitigated, the total value of arrears in dues reached IDR 800 billion. The receivables (arrears of contributions) are not only in 2020, but accumulated from previous years since 2014. Of the three categories of independent participant classes, the highest number of arrears are Class III participants. Class III participants who are in arrears with these contributions are generally incapable, however, these participants do not get contribution assistance (PBI APBD). The collectivity of independent participant dues has become a national problem, not only in North Sumatra and Aceh. Nationally, the percentage of collectivity of dues is still below 70 percent. (<https://sumutpos.co/>)

In 2020, as many as 290,616 Medan residents who were participants of BPJS Kesehatan were in arrears with a total arrears of Rp. 228,353,935,657,-. Those who are delinquent in contributions are independent participants or non-wage earner segments (PBPU). Of the 290,616 participants who were in arrears with the dues, 189,323 people (65%) of them came from class 3 participants. Then 50,801 people (17%) came from class 2 participants, and 50,492 people (17%) came from class 1 participants. (BPJS Kesehatan Kota Medan, 2020) In 2021, as many as 306,884 Medan residents who were participants of BPJS Kesehatan were in arrears with a total arrears of Rp. 266,737,026,772,-. Those who are delinquent in contributions are independent participants or non-wage earner segments (PBPU). JKN-KIS Medan City participants in 2021 amounted to 2,016,735 people or 79.89% of the total population. Of the 306,884 participants who were in arrears with contributions, 208,551 (68%) of them came from class 3 participants. Then 49,774 people (16%) came from class 2 participants, and 48,559 people (16%) came from class 1 participants. (BPJS Kesehatan Kota Medan, 2021)

Based on data from BPJS Kesehatan Kota Medan, it can be seen that the number of delinquent independent participants in Medan City in 2022 is 377,451 people with total arrears of Rp. 321,362,916,965, - with details of class I of 54,414 people (14%) of delinquent independent participants, class II of 62,845 people (17%) of delinquent independent participants, and this contribution arrears are dominated by class III independent participants of 260,192 people (68.9%) of delinquent independent participants. (BPJS Kesehatan Kota Medan, 2022)

Director of Finance and Investment of BPJS Kesehatan, Kemal Imam Santoso, explained that the Non-Wage Earner Workers (PBPU) segment or the independent segment scored a low contribution collectability, which was around 54 percent. "This low collectability is due to discipline.

For independent segment participants, the discipline to pay contributions is low. Some participants pay dues when they want to use the service. There are also participants who stop paying contributions after receiving benefits. The level of awareness of independent participants about the concept of social insurance is also still low even though the contributions paid can help other communities. In fact, it is possible that the contribution will help the health services of the participants' friends or family. Kemal said that BPJS Kesehatan together with the government and all related institutions continue to try to increase the collectibility of independent participant contributions. One of them is by requiring all independent participants to use the auto-debit system in paying contributions as of January 1, 2020. (<https://money.kompas.com>).

For health insurance participants who experience arrears in payment of National Health Insurance (JKN) contributions, BPJS Kesehatan developed a Phased Payment Plan (REHAB) program. The Covid-19 pandemic situation for the past 2 years has caused the Ability to Pay of PBPU participants to be the main reason for this REHAB program to be launched, the point is to provide convenience and relief for JKN participants whose contributions are delinquent, especially the Non-Wage Earner Workers (PBPU) segment. In principle, the procedure for paying contributions in the National Health Insurance (JKN) program has been regulated in Presidential Regulation No. 82 of 2018 concerning Health Insurance. For PBPU or independent participants who are unable to pay their contribution arrears and meet the requirements to become a Contribution Assistance Recipient (PBI) participant, participants can apply for a transfer of their membership as a PBI participant by contacting the Social Service or Office appointed by the local government.

BPJS Kesehatan continues to strive to conduct socialization both directly (through BPJS officers in health facilities, hospitals and Puskesmas) and indirectly (through mass media, social media, television and radio) to the community, so that participants when they want to exercise their rights can follow applicable procedures. This socialization activity will continue to be intensified by BPJS Health in addition to being an obligation, this socialization activity is expected to increase participants' knowledge and encourage participants to continue to maintain their health and regularly pay their contributions. BPJS Kesehatan also introduced the JKN Mobile application. This application greatly facilitates the public, both those who have become JKN-KIS participants and those who have not been registered. In the JKN Mobile application, there are various conveniences, namely the ease of paying and changing participant data, the ease of knowing participant and family data information, the ease of knowing billing information and payment of contributions, the ease of getting services at health facilities, and the ease of submitting complaints and requests for information about JKN-KIS. Mobile JKN users can also check the location of the health facility network both first and advanced levels as well as the location of GPS-based BPJS Kesehatan offices. People who will register themselves and their family members also don't need to bother anymore to go to the BPJS Health office, just download this application can register for the JKN-KIS Program. (<https://bpjs-kesehatan.go.id>).

Studies on factors that affect the compliance of JKN program independent participants in payment of contributions, including Ayu Wulandari's research, found that there is a significant relationship between the level of knowledge, income, perception of health services and perception of risk with compliance with the payment of contributions of JKN program independent participants (Ayu Wulandari, 2019). Another study from Jihan Adani states that there is a relationship between knowledge, quality of health services, contribution rates, payment methods, and family support with JKN contribution payment compliance. Meanwhile, there is no relationship between age, gender, education, and ease of information with compliance with JKN contribution payments (Jihan Adani, 2019).

According to Ayu Wulandari¹, Nur Afrainin Syah², CH. Tuty Ernawati³ in a study entitled Factors Affecting the Compliance of Independent Participants in Payment of National Health Insurance Program Contributions in Solok City, statistical test results show that there is a significant relationship between the level of knowledge, income, perception of health services and perception of risk with compliance with the payment of contributions of independent participants of the JKN BPJS Kesehatan program in Solok City. There is no significant relationship between the level of education,

the distance traveled where contributions are paid and the number of dependents on the compliance of contribution payments for independent participants of the BPJS Kesehatan JKN program in Solok City (Andalas Health Journal, 2020). Noor Latifah A et al in their research stated that there is a relationship between knowledge and the compliance of independent participants in paying BPJS contributions with suggestions that there needs to be regular socialization from BPJS Health officers regarding information on timely contribution payments (Noor Latifah A et al, 2020).

The Medan City Government (Pemko) has implemented Universal Health Coverage (UHC) since December 1, 2022. Since then, all residents of Medan City can get health services from every health facility (health facility) in Medan City that has collaborated with BPJS Kesehatan by simply showing a Medan Identity Card (KTP). Medan Mayor Bobby Nasution launched the Universal Health Coverage (UHC) of Medan Berkah Health Insurance (JKMB) as a form of improving health services to the community. This policy was also taken related to the high arrears of JKN mandiri participants in Medan City, so that independent participants who were delinquent could also still get health services when sick. JKN independent participants who are already in arrears will still receive health services at existing health facilities if needed with a note that their arrears will remain in debt and can be paid when they already have money. The mechanism to get health services is by being directly registered as a PBI participant when sick by Puskesmas or Hospital officers and can only get class 3 services and cannot ask to upgrade to service class (www.bpjs-kesehatan.go.id). The negative impact of this UHC program is that not all participants are aware of paying contributions on time, so that the accumulated BPJS contribution funds are reduced, even though the health service claims of BPJS participants continue to run. (<https://mars.umy.ac.id>)

Various efforts to increase the collectibility of contributions, especially the independent participant segment, have been carried out by BPJS Kesehatan, one of the efforts made is to remind by telephone and provide convenience to the public, including payments can be made at Bank Mandiri / BNI / BRI / BTN offices, *internet mobile banking* and ATMs. Other efforts made are by sending *SMS gateways*, bills to participants, collaborating with *PPOB* (Payment Point Online Bank) *channels*, and the availability of EDC (*Electronic Data Capture*) machines at BPJS Kesehatan Branch Offices. However, these efforts have not been able to significantly increase the collectibility of contributions. BPJS Kesehatan participants who are in arrears with contributions will harm the person concerned. In addition to the BPJS card being temporarily inactive, participants will also be charged a fine fee from their arrears. However, if you have completed the contribution obligation along with the arrears, the card can be reactivated. Based on the description above, independent participants are a segment of participation that is quite influential in receiving JKN program contributions. Therefore, the compliance of independent participants in paying JKN contributions greatly affects the sustainability of JKN implementation, considering that the availability of the JKN program budget comes from contributions.

2. METHOD

The research method used in this study is *qualitative* research with a phenomenological approach. The phenomenon of non-compliance in paying JKN dues in Medan City for the last 6 years shows an increase in JKN contribution arrears by independent participants ranging from Class I to Class 3 every year. The trend of increasing contribution arrears by independent participants can be seen in table 1 below.

Table 1. Data on Arrears of JKN Medan City Independent Participants in 2017 – 2022

T A H U N	Kelas						Total Jumlah Peserta	Total Jlh Tunggakan (Rp)
	1		2		3			
	Jlh Peserta	Jlh Tunggakan (Rp)	Jlh Peserta	Jlh Tunggakan (Rp)	Jlh Peserta	Jlh Tunggakan (Rp)		
2017	45,806	37,850,317,508	35,110	18,138,177,594	113,131	28,420,396,728	194,047	84,408,891,830
2018	39,804	36,011,244,035	37,417	20,204,363,190	120,418	31,620,237,876	197,639	87,835,845,102
2019	42,813	37,511,294,035	43,405	30,204,363,190	160,439	43,621,837,846	246,657	111,337,495,071
2020	50,492	89,517,416,327	50,801	56,315,956,884	189,323	82,520,562,446	290,616	228,353,935,657
2021	48,559	97,202,295,027	49,774	66,656,504,414	208,551	102,878,227,331	306,884	266,737,026,772
2022	54,414	103,528,887,892	62,845	75,952,791,523	260,192	141,881,237,550	377,451	321,362,916,965

This research method was chosen on the grounds that this research can reveal and explain the symptoms that arise around the community related to JKN policies which are described narratively and in depth (Moleong, 2007) so that with this method it is expected that JKN Mandiri participants in the Medan City area can provide factual information about what things are the reasons for compliance or non-compliance of participants in paying JKN contributions and are expected can provide the widest benefit for policy makers in overcoming JKN financing problems for the coming day, and is also expected to provide the widest benefit for the community in general.

This research site will be conducted in Medan City from March 2023 to August 2023. The instrument in this study is the researcher himself, who previously had insight into the field under study and readiness to enter the object of research assisted by using recorders, cameras, stationery and others as well as guidelines for conducting interviews. In this study, the sampling technique used is *purposive sampling*, which is a technique for taking informants with certain considerations (considerations of people who are considered to know best about what we expect). The informants in this study are *JKN stakeholders*, namely people who are interested or involved in the JKN program. From the program implementation component, informants are the Head of BPJS Medan City Branch or who is in charge of participation in the BPJS Medan City Branch Office, the Head of Health Services at the Medan City Health Office and the manager of the JKN Program at the Medan City Health Office, and from the JKN beneficiary component / target or informant who knows and uses health services as JKN participants, in this case it is a PBP Participant or JKN Independent Participant in Medan Helvetia District. The reason for choosing Helvetia District as the location for taking informants is because according to data from the Medan City Health BPJS shows that Helvetia District is the district that has the highest number of arrears compared to other districts in Medan City in 2022.

Table 2 Informers and Expected Information

No	Informan	Expected information
1	Community/Independent Participant	What factors cause non-compliance of JKN independent participants in paying their dues What triggers independent participants to want and regularly pay their dues What are the expectations and inputs from the independent participants for the JKN Medan City program
2	Head/ Responsible BPJS Health Participants	What efforts have been made to improve compliance with paying dues by JKN independent participants What methods have been carried out so that independent participants are obedient in paying their dues
3	Head of Health Services of Medan City Health Office	What policies have been carried out in an effort to improve compliance with paying dues by independent participants What policies have been carried out so that independent participants who are delinquent or no longer able to pay contributions in the National Health Insurance (JKN) program can still get health services.

The method used for the data collection process in this study is by triangulation process (combining several ways), namely: *In-depth Interview* and Documentation. Once the data series is collected, it is processed and analyzed with an Interactive Analysis Model. The interactive analysis model according to Miles and Huberman, namely in qualitative research, allows data analysis when

researchers are in the field or after returning from the field, new analysis is held. In this study, data analysis has been carried out in conjunction with the data collection process. As revealed by Miles and Huberman (1992: 20) the flow of analysis follows an interactive analysis model.

1. **Data Collection.** Data obtained from interviews, observations and documentation are recorded in field notes consisting of 2 parts, namely the descriptive part and the reflective part. The definition of descriptive notes is natural notes, (is a record of what is witnessed, heard, seen and experienced by researchers themselves without any interpretation and opinion from researchers on the phenomena they experience). Reflective notes are records that contain impressions, opinions, comments and interpretations of researchers about what discoveries are found. In addition, it is material for data collection plans for the next stage.
2. **Data Reduction.** Furthermore, after the data is collected, data reduction is made, to determine relevant and meaningful data, focusing data that leads to problem solving, discovery, meaning or to answer research questions. Furthermore, simplifying and compiling systematically and describing important things about the results of the discovery and its meaning. In the process of data reduction, only data findings or findings related to research problems are reduced. As for the data that has nothing to do with the research problem, it is discarded. Or in other words, data reduction is used for analysis that directs, classifies, sharpens and discards the unimportant and organizes data. That way it will make it easier for researchers to draw a conclusion.
3. **Data Presentation.** The presentation of data can be in the form of writing, images, tables and graphs. The purpose of presenting data is to combine information so that it can provide an overview of the situation that occurs. In this case, so that researchers do not have difficulties in mastering information properly and thoroughly and also certain parts of the research results. Therefore, researchers must create narratives, graphs or matrices to facilitate the mastery of data or information. In this way, researchers can stay in control of the data and not drown in conclusions that can be boring. This is done because poorly compiled data can influence researchers in making impartial conclusions and in acting carelessly, and not fundamentally. Regarding data display, it must be realized as part of data analysis.
4. **Conclusion Drawing.** Drawing conclusions is carried out during the course of research, as well as the data reduction process, after the data has been collected adequately, provisional conclusions can be obtained, and after the data is completely complete, final conclusions can be obtained. The data analysis component of the interactive model can be seen in figure 1.

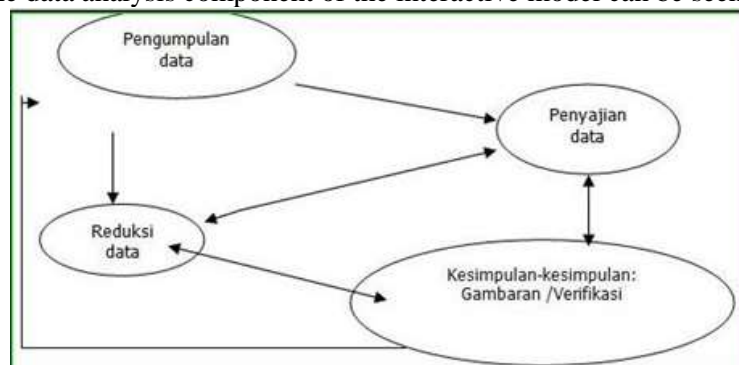


Figure 1: Components of Interactive Model Data Analysis (Miles & Huberman, 1992;20)

Starting from the beginning of research, researchers always want to try to find the meaning of the data collected. Therefore it is necessary to find themes, patterns, similarities, relationships, hypotheses, things that often arise and others. Initially, the conclusions obtained were vague, tentative and doubtful, but with the increase in data both from observations and interviews and from obtaining the overall data of the research results. Therefore, these conclusions must be clarified and verified throughout the course of the study. Furthermore, the existing data are united into units of information that become the formulation of categories by adhering to holistic principles and can be interpreted without additional information. Data about information that feels the same are put together in one category, thus providing the possibility of the emergence of new categories from existing categories.

3. RESULTS AND DISCUSSION

Based on the demographics of Medan City, the population of Medan City in 2022 reaches 2,494,512 people. The population density of Medan City in 2022 is 9,410 people per square kilometer. portal.pemkomedan.go.id. Based on data from the Central Statistics Agency (BPS) of Medan City in Medan City in 2023 Figures, the Integrated Data Recapitulation of the Poor and Indigent of Medan City in 2022 is 243,372 families. This data has increased over the last 4 years, where in 2019 there were 129,250 families, 2020 as many as 127,283 families, and 2021 as many as 226,632 families. (BPS Kota Medan)

Factors that cause non-compliance in paying contributions by independent participants in the National Health Insurance Program (JKN) in Medan City.

An in-depth interview was conducted on Monday, July 31, 2023 with 10 independent participants in the Helvetia Health Center work area in Medan City, of which 6 were non-active independent participants (delinquent) and 4 were active independent participants (not in arrears). Based on the results of the interview, researchers found several factors that caused non-compliance in paying contributions by independent participants in the JKN program in Medan City as follows:

a. Huge arrears

The first reason that can cause BPJS Health membership status to become inactive is when participants are late paying contributions. Late payment of contributions every month causes arrears that need to be paid immediately. If the arrears are not immediately repaid, the arrears will gradually get bigger and accumulate which will eventually become more burdensome to be paid by JKN independent participants. In general, these participants are no longer able to pay their arrears because they feel it is very burdensome due to the accumulation of arrears every month. These delinquent participants also get minimal information about the mechanism for paying arrears they have from BPJS and there is no desire to find solutions to their problems so that their participation can be active again other than by paying arrears.

b. Can Seek Treatment Only Using KTP at Puskesmas

Long before the government enacted a policy on Universal Health Coverage (UHC) or often referred to as Universal Health Coverage which provided opportunities for all people, both those who were not yet BPJS participants and participants who were delinquent in BPJS, could seek treatment at the Puskesmas just by bringing an ID card, the Puskesmas had indeed implemented that any community who came for treatment to the Puskesmas would still be served even if only by showing an ID card. People in general know that treatment at the Puskesmas is free, even when there is an appeal to register as a BPJS participant to pay contributions and pay off the arrears they prefer not to pay because they can still seek treatment at the Puskesmas. The problem later is that when these people need further treatment or referral to the hospital, they are obliged to pay as general patients.

c. Economic Factors (Income)

Economic factors are one of the main triggers for JKN independent participants to no longer be able to pay their monthly contributions and BPJS arrears. The reasons for the inability to pay due to these economic factors vary, ranging from the breadwinner is no longer working, old and the main source of family income is not running as before, so these independent participants hope that there will be a whitening of fines from BPJS Kesehatan or their membership will be transferred to free or become Contribution Assistance Recipients (PBI).

d. Number of Dependents (Number of Family Members)

More or less the number of dependents in one Family Head registered in the JKN program that must be paid every month by JKN participants greatly affects the ability to pay contributions and arrears of JKN independent participants. From the results of the interview, it can be found that the more dependents, of course, the more burdensome the payment of contributions and result in arrears also accumulating. The number of family dependents who must be paid BPJS contributions further reduces the desire to pay the contributions and arrears of these independent participants.

e. Iuran Ascension

Starting from July 1, 2020, the government agreed to increase BPJS Health contributions. This increase in dues reaped a lot of public comments. Because this increase is considered quite significant

by the community, especially JKN independent participants. The community considers this contribution increase policy very burdensome and significant enough to increase their financial burden, thus further reducing the desire of participants to pay their contributions and arrears every month. Based on the results of direct observations carried out by researchers that the tendency of participants who are inactive due to arrears is an economically disadvantaged community and the condition of breadwinners who are not working or working irregularly somewhere. Some of them even have many dependents so that with the addition of the increase in BPJS contributions, the arrears are getting bigger and increasing every month and these JKN independent participants are decreasing their desire and ability to pay.

Efforts that have been made by BPJS Kesehatan to improve compliance with paying contributions by independent participants in the National Health Insurance Program (JKN) in Medan City

Various efforts have been made by BPJS Kesehatan as the organizer of the JKN Program in Medan City to reduce non-compliance and increase compliance with paying contributions by JKN independent participants. Here are some of the efforts made according to the results of an interview with BPJS Kesehatan Kota Medan:

a. Ease of payment methods for dues and arrears

So far, JKN independent participants have been greatly facilitated, especially in the method of paying dues and fines that are very familiar and close to the community, even very easy to do. However, the convenience of this payment method does not guarantee that these independent participants are obedient and disciplined in paying their dues. The convenience in this payment method is actually expected so that the community, especially JKN independent participants, will be more disciplined and willing to pay their contributions on time because payments can be made anywhere.

b. Efforts to Establish Communication with JKN Independent Participants

BPJS Kesehatan continues to innovate in an effort to reduce non-compliance in paying contributions by JKN independent participants in Medan City. Among them are communicating with JKN independent participants through communication media such as mobile phones and even visiting participants directly through JKN Cadres or through socialization to crowded places. With all these efforts, it is hoped that JKN independent participants can be more exposed to information about the BPJS program, especially related to their contributions and arrears so that they can still get health services at existing health facilities when needed.

c. Program REHAB

BPJS also relaxes the payment of arrears of more than 3 months with the REHAB program (Phased Contribution Payment Plan) to provide convenience and relief for independent JKN participants whose contributions are delinquent. Payment of arrears can be made in installments. Based on the results of the interview, we can see that there is convenience for JKN independent participants who are delinquent, where if the arrears are more than 24 months, only 24 months are paid in installments and the rest is whitened. It is hoped that with this REHAB program, JKN independent participants can start making installments to pay their arrears so that their membership can be reactivated.

Efforts made by the Health Office and Medan City Government in the National Health Insurance Program (JKN) in Medan City

The increase in fees set by the government to JKN independent participants is indeed burdensome for the community. But if the community realizes that JKN is social in nature and there is cost sharing in it, where when we are healthy we have helped the sick. However, people are less aware so they feel they need to register for JKN only when they are sick. Some people do feel that this fee is burdensome because of an increase in value, for example to Rp. 35,000 for class 3, with the large number of families that must be borne making this contribution burdensome, in this case it is expected that the government is present to help and ease the burden on the underprivileged. People who register are required to register all family members in 1 KK, after registering and paying, within 14 days it can be used. No later than the 10th of each month must be paid, when paid above the 10th,

participation is declared inactive, eventually burdening the community. The following are some of the efforts made by the Medan City Government through the Medan City Health Office based on the results of interviews with the JKN Participation PIC for Yankes of the Medan City Health Office and the Head of Health Services of the Medan City Health Office.

a. Transfer independent membership to JKN Contribution Assistance (PBI) participants

The government through the Medan City Health Office opens the greatest opportunity for JKN independent participants who are no longer able to register to become PBI or JKN KIS participants in Medan City by following applicable procedures in order to continue to obtain their rights in their health services. After switching to PBI participants, the monthly contributions of these participants will be charged into the Medan City Budget to be paid to BPJS Kesehatan. The process of transferring independent participants to PBI or JKN KIS participants usually takes a rather long time because of the long procedure through Lurah, Sub-district, Social Office and BPJS Kesehatan because it requires verification and validation to be sent to the Ministry of Social Affairs to be registered in the Integrated Social Welfare Data (DTKS) which is a requirement to be able to receive JKN contribution assistance.

b. Universal Health Coverage (UHC) Program through Medan Berkah Health Insurance (JKMB) Medan City

Universal Health Coverage (UHC) is a health insurance system that ensures every citizen in the population has equitable access to quality promotive, preventive, curative, and rehabilitative health services at affordable costs. In Medan City as of December 1, 2022, all people in Medan City can enjoy BPJS health services at Puskesmas and all hospitals through existing procedures just by showing an Identity Card (KTP), Medan City has met UHC standards so that it can apply this. The UHC JKMB program is currently a flagship program run by the Medan City Government as a form of improving health services to the community. Moreover, health is one of the priority programs of the Mayor of Medan during his leadership. For this reason, Bobby Nasution is committed that this program can run and benefit residents is a flagship program run by the Medan City Government as a form of improving health services to the community. Moreover, health is one of the priority programs of the Mayor of Medan during his leadership. For this reason, Bobby Nasution is committed to this program can run and benefit residents, especially underprivileged residents. The Medan City Government through the Health Office strives to accommodate JKMB funding in the Medan City Budget on an ongoing basis because it is related to the payment of contributions to BPJS Kesehatan. This JKMB is not open as a whole to all communities, but is open to all sick people, both those who have not been registered with BPJS and also for delinquent independent participants, of course, with a referral system through the Puskesmas. For arrears billed to delinquent independent participants for a maximum of 24 months (2 years) that must be paid and considered as debt, the rest will be whitened by BPJS. This is enough to help ease the burden of these independent participants in fulfilling their obligations, if one day they want to go up the segment to independent participants again, these arrears must be paid first.

Discussion

Factors that cause non-compliance in paying contributions by independent participants in the National Health Insurance Program (JKN) in Medan City

Based on data from BPJS Kesehatan of Medan City, in 2022, there were 377,451 independent participants who defaulted on payments, with a total outstanding amount of Rp. 321,362,916,965. Specifically, 54,414 participants (14%) from class I defaulted, 62,845 participants (17%) from class II defaulted, and the majority of the unpaid dues came from class III independent participants, numbering 260,192 individuals (68.9%). This information is sourced from BPJS Kesehatan of Medan City, 2022. The study reveals reasons for the non-compliance of these independent JKN participants in paying their monthly JKN dues.

Huge arrears

Delayed monthly payments lead to accumulating dues that need prompt settlement. If these arrears are not settled promptly, they will continue to grow, becoming burdensome and resulting in the inability of independent JKN participants to pay. This situation arises primarily because many

JKN independent participants pay dues only when they fall ill or need BPJS. Additionally, they feel the dues are only burdensome. This aligns with research by Erlita Noviana Sihaloho titled "Determinants of Willingness to Pay for Independent National Health Insurance Participants in the Working Area of the Semarang City Health Office in 2015". It stated that determinants of willingness to pay for independent JKN participants include income, the presence of catastrophic diseases, service quality, and payment capability. It's vital for BPJS Health to conduct regular awareness campaigns and surveys regarding JKN's ability and willingness to pay. If independent JKN participants better understand their rights and obligations, arrears can be minimized. With the increasing arrears of BPJS dues among independent JKN participants, it's crucial to evaluate the current dues collection system to prevent further payment arrears in the National Health Insurance.

Can Seek Treatment Only Using KTP at Puskesmas

Long before the government implemented the Universal Health Coverage (UHC) policy, which allows all citizens, whether they are BPJS participants or those with outstanding BPJS dues, to seek treatment at Puskesmas simply by presenting their ID, Puskesmas had already practiced treating anyone who came with just an ID. This aligns with Law No. 36 of 2009, which states that health is a fundamental human right and an element of welfare aligned with Indonesia's national ideals as laid out in Pancasila and the 1945 Constitution. However, this ease has led some independent JKN participants to neglect their dues, believing they can always access health services at Puskesmas. The issue arises when these participants require referral services to hospitals; their ID can't assist unless they settle their BPJS dues. Otherwise, they'd have to pay as regular patients, incurring significant costs. Continuous education and outreach by BPJS, especially towards independent JKN participants, is crucial to heighten awareness about the benefits and regulations of being an independent JKN member.

Economic Factors (Income)

According to Reksoprayitno, income refers to the money received by individuals and companies in forms like salaries, wages, rents, interest, and profits, including various allowances such as health and pensions. Lawrence Green in Notoatmodjo notes that income status is a predisposing factor that can influence an individual's behavior in premium payments. Economic factors are typically the primary reasons participants delay or neglect their payments, leading to accumulating and burdensome dues. These participants understand that non-payment results in their membership becoming inactive, preventing them from accessing healthcare services. This study aligns with Nur Aisyah Malik's (2021) research, which highlights the influence of respondents' education, income, and motivation on the compliance of BPJS participants in making payments. Ayu Wulandari (2019) identified additional factors affecting compliance, including limited banking access, low awareness of the importance of health insurance, economic constraints, negative perceptions of health services, administrative issues, and limited understanding of the JKN program. Higher incomes generally correlate with heightened awareness of the importance of insurance and timely premium payments. A person's income plays a significant role in determining their regularity in paying JKN premiums. Lower incomes can decrease the community's compliance in paying JKN premiums due to other pressing family needs, leaving no allocation for such payments. Continuous and consistent outreach and education by BPJS are essential to boost participants' awareness about the benefits, rules, rights, and obligations of being an independent JKN member.

Number of Dependents (Number of Family Members)

The size of a family is an influential aspect that cannot be overlooked. The more family members there are, the more health needs arise, leading to a higher allocation of the family's monthly income towards healthcare expenses (Adisasmita, 2008). Research has found that an increasing number of dependents burdens premium payments, leading to accumulating dues. The higher the number of family members for whom BPJS premiums need to be paid, the less likely it is that they'll want to pay their dues.

This aligns with a study by Kadek Astiti Nadi, Suhadi Suhadi, Asnia Zainuddin (2021) titled "The Relationship Between the Number of Family Members, Ability to Pay Premiums, and Regularity of Paying Premiums of BPJS Independent Participants in Landonu Subdistrict, Konawe

Selatan District in 2021." They found a relationship between the number of family members, ability to pay premiums, employment, and income with the regularity of premium payments following a policy of increased premiums in 2021. However, this contrasts with research by Syahrul (2021) titled "Analysis of Factors Associated with Non-compliance in Paying Health BPJS Premiums for Independent PBPB Participants in Baru Village, Tolitoli District, Central Sulawesi." Out of 94 respondents, 86.2% were non-compliant in paying their health BPJS premiums. The only variable associated with non-compliance was income. Variables such as knowledge, number of family members, payment location, and perception were found unrelated.

Iuran Ascension

The government decided to raise the BPJS Kesehatan premiums starting July 1, 2020, as outlined in Presidential Regulation (Perpres) Number 64 of 2020, revising Perpres 82/2018 on Health Insurance. This increase aims to maintain the quality and continuity of the National Health Insurance (JKN) program. The details are as follows:

- Class I, previously Rp 80,000, remained the same for April, May, and June. From July 2020, it increased to Rp150,000.
- Class II, previously at Rp51,000, remained unchanged for April, May, and June, but rose to Rp100,000 from July 2020.
- Class III, initially Rp25,500 in 2020, will increase to Rp35,000 in 2021 onwards, with the government subsidizing Rp7,000.

This has caused public grievances, especially amidst the ongoing pandemic until 2022. The rise in BPJS Kesehatan premiums is considered burdensome, primarily for Class III JKN independent participants. This increase impacts their ability and willingness to pay monthly, leading to higher arrears. Jihan Adani's 2019 research titled "Factors Related to Compliance in JKN Premium Payments Among Independent Participants in Depok City 2019" highlighted the relationship between knowledge, quality of health services, premium rates, payment methods, and family support in JKN premium payment compliance. Nur Azizah Ramadani's 2020 study titled "Factors Related to Compliance in Paying BPJS Premiums Among Independent Participants in Bontomatene Sub-district, Selayar Islands Regency 2020" found significant relationships between income, knowledge, perceptions of premium rates, and compliance, but no significant relationship between distance to payment locations or perceptions of healthcare services.

From interviews, the primary obstacle identified was people's lack of willingness, often stemming from a lack of awareness or a tendency to delay payments, deeming it not a basic need since they don't fall sick daily. These defaulting independent participants don't prioritize timely premium payments, placing other needs above settling bills or arrears. When they get sick, they prefer paying as regular patients. In contrast, compliant JKN independent participants recognize the benefits of timely BPJS premium payments to access affordable healthcare.

Expectations and Input from the community

The community, especially the JKN independent participants, primarily hope for the forgiveness of their arrears by the BPJS, citing challenging current economic conditions. If not possible, they suggest a shift to the Penerima Bantuan Iuran (PBI) category, a government-subsidized free scheme, ensuring continued health services during sickness. They also hope for no future increases in JKN premiums, emphasizing its strain on families with multiple dependents. Feedback for the BPJS includes a request for a grace period before deactivation for late payments, an improved hospitalization policy that avoids premature discharges, and immediate reactivation of JKN services post arrears settlement. The overarching expectation is for enhanced healthcare services for JKN participants in Medan city.

Efforts that have been made by BPJS Kesehatan to improve compliance with paying contributions by independent participants in the National Health Insurance Program (JKN) in Medan City

The Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan provides affordable healthcare services for the Indonesian public. BPJS Mandiri participants are obliged to pay monthly premiums, which fund these services. However, late or missed payments can lead to service disruption or

inactivation of their BPJS card. Consequences of such delinquency include the deactivation of one's status from the following month, cessation of healthcare services, the inability to use the BPJS card for medical services, and the BPJS card being blocked until all dues are cleared. Reactivation is possible after settling arrears for a maximum of 24 months and the current month's premium. There's a penalty for hospital services needed within 45 days of reactivation, set at 5% of the initial diagnostic cost for inpatient services, multiplied by the number of months in arrears (up to 12 months), with a maximum penalty of Rp30 million. For certain participants, employers bear this penalty. In an interview, the Head of BPJS Kesehatan in Medan, represented by Fauziah Anwar Nasution, highlighted challenges in premium collection, including payment channel issues, misuse of BPJS cards, discriminatory service access, and additional charges by affiliated healthcare facilities. Efforts have been made by BPJS Kesehatan to address these arrears and improve the situation in Medan.

Ease of payment methods for dues and arrears

BPJS Kesehatan has implemented multiple payment methods to facilitate timely premium payments for JKN participants in Medan. These methods encompass both government banks like Bank Mandiri, BRI, BCA, BNI, and Bank BTN; private banks such as BCA, Bank Syariah Indonesia, Bank Mestika, and Bank Danamon; e-commerce platforms including Shopee, Tokopedia, Dana, I-saku, Ovo, and Finpay; and traditional merchants like PPOB and Autodebit payment channels. By providing such diverse payment options, BPJS Kesehatan aims to eliminate reasons for late payments and significantly reduce the number of outstanding premiums.

Efforts to Establish Communication with JKN Independent Participants

BPJS Kesehatan continuously seeks innovative ways to enhance premium collection and minimize non-compliance with payment obligations by independent JKN participants in Medan. Their efforts include expanding payment alternatives, implementing autodebit systems, and deploying JKN Cadres, institutional agents, and telecollecting methods. Furthermore, they involve individuals and businesses to assist in paying the premiums for JKN-KIS PBPU and BP participants through donation programs and Corporate Social Responsibility (CSR) initiatives. To address premium arrears, they utilize telecollecting, sending reminders via WhatsApp blasts, and dispatching JKN Cadres—local representatives recruited directly by BPJS Kesehatan to facilitate participants in their premium payments and to provide the latest program updates. In addition, they conduct awareness campaigns in neighborhoods and public spaces to inform about the BPJS Kesehatan program, its premium payment methods, and how to address overdue payments.

Program REHAB

BPJS Kesehatan introduced the REHAB Program (Staged Premium Payment Plan) to provide flexibility and relief for independent JKN participants with overdue premiums. This program allows participants to settle their arrears in installments. Eligibility criteria include: only available for Non-Wage Workers (PBPU) and Non-Workers (BP), participants with arrears ranging from 4 to 24 months, and a maximum installment period of 12 months. Participants must register via the Mobile JKN app or the BPJS Kesehatan Care Center 165. Once all arrears and the current month's premium are paid, their membership status becomes active. The program's aim is to offer convenience in settling arrears gradually. To join the REHAB program, participants download the Mobile JKN app, select the "Program Rehab" option, agree to terms and conditions, and make the required payments through authorized channels. This program is expected to help participants clear their debts, resume their health services, and enhance the overall collection efficiency for BPJS Kesehatan.

Efforts made by the Health Office and Medan City Government in the National Health Insurance Program (JKN) in Medan City

The Medan City Health Office collaborates with related Local Government Organizations (OPD) in the Medan City Administration to address the high arrears of JKN premiums in Medan, aiming to ensure that defaulting participants still have continuous, free access to health services. This collaboration involves all stakeholders, including the Medan City Regional Development Planning Agency (Bappeda), Medan City Social Office, and the Medan City Financial and Asset Management Agency (BPKAD). The goal is to allocate budget from the Medan City's Regional Revenue and

Expenditure Budget (APBD) to cover health insurance for all residents, especially those who are underprivileged and in arrears.

Transfer independent membership to JKN Contribution Assistance (PBI) participants

The Medan City Health Department, in partnership with related local government agencies, has taken steps to assist independent JKN participants who are financially struggling, offering them the opportunity to register as PBI or JKN KIS participants in Medan, ensuring they continue to receive health services. This transition isn't straightforward due to various regulations and criteria. The PBI BPJS membership targets impoverished or less fortunate residents based on specific criteria related to living conditions, consumption habits, and income levels, among others. Once registered as a PBI participant, the monthly fees are covered by the Medan City Regional Budget, alleviating the individual from payment responsibilities.

Universal Health Coverage (UHC) Program through Medan Berkah Health Insurance (JKMB) Medan City

Medan's Universal Health Coverage (UHC) ensures that every citizen has fair access to a range of quality health services at an affordable cost. Since December 1, 2022, Medan achieved the UHC status, incorporating its residents into the "Medan Berkah Health Insurance" (JKMB). Individuals with outstanding dues can shift to the JKMB's tier 3, though these dues are retained by the BPJS. If they wish to revert to the independent class in the future, they must clear these dues. JKMB is not universally accessible but is available to those referred through a clinic, except in emergencies when a simple ID proof suffices. Following UHC, all Medan residents can access healthcare services regardless of outstanding dues, simply by presenting their identification. Moreover, the government mandates only the last 24 months of unpaid dues to be cleared, effectively waiving any additional backlog. While various campaigns have informed the public about BPJS health programs, word of mouth remains the most effective. The ultimate goal is to enhance public health awareness and ensure the highest possible health standards as a socio-economic investment, aligning with the Health Law No. 36 of 2009.

Limitations and weaknesses of researchers

The phenomenological study on the compliance of independent JKN participants in paying their dues in Medan is still limited. This limitation arises from the researcher's constraints in terms of time and knowledge. As a result, it's hoped that subsequent researchers will continue this study. The research hasn't achieved its maximum potential due to these shortcomings. Essential data, such as the specific outstanding amounts of each informant, their monthly income, and their fundamental needs, were not found during the research process. The researcher was not authorized to request proof of income or other essentials, hindering the understanding of why participants were reluctant to pay their JKN fees.

4. CONCLUSION

The research concluded that several factors contribute to the non-compliance of independent JKN participants in Medan in 2023 towards their dues. These include significant outstanding balances, the fact that citizens can access healthcare services at Puskesmas using just their ID, economic challenges, the rise in JKN fees for independent JKN participants, and the responsibility of supporting a large family. The BPJS Health has initiated efforts to boost compliance by introducing flexible payment methods, engaging in direct communication like tele-collecting, launching the REHAB program to assist with installment payments, and more. Furthermore, the Medan City Health Office and the local government have implemented policies like the shift from independent JKN to the PBI program and the Universal Health Coverage (UHC) initiative. Recommendations from this study include: urging independent JKN participants to view the health assurance system as a form of social good, especially for those who can afford it. It's crucial not to take away from those genuinely in need. For participants who can't pay, rest assured that healthcare in Medan will be provided. Citizens under the Medan JKMB or UHC program should address any outstanding dues, as the program isn't valid outside Medan. BPJS Health should intensify its public awareness campaigns, ensuring clarity on participants' duties, rights, and benefits. Quality of service provided by healthcare

partners should also be prioritized. Lastly, the Medan local government, through its Health Office, is encouraged to allocate a higher annual budget to support those struggling with their premium payments, emphasizing that health is a fundamental right for all Indonesians.

REFERENCES

- Undang-Undang Nomor 36 Tahun 2009 Tentang Kesehatan.
- Undang-Undang Nomor 24 Tahun 2011 Tentang Badan Penyelenggara Jaminan Sosial (BPJS)
- Kemkes, 2013. Prinsip Jaminan Kesehatan nasional <https://promkes.kemkes.go.id/>
- BPJS Kesehatan, 2019 Info BPJS Kesehatan Edisi 85 Kinerja BPJS Kesehatan Kelola Program JKN-KIS diganjar 6 kali WTP dan Sederet Apresiasi Dunia.
- Thabrany, 2020. Jaminan Sosial Untuk Indonesia yang Lebih Baik. Komunitas Penulis Asuransi Indonesia (KUPASI) <https://kupasi.org/>.
- Data Indonesia, 2023. Peserta BPJS Kesehatan Capai 248,77 Juta Jiwa pada 2022. <https://dataindonesia.id>
- SISMONEV, 2023. Dewan Jaminan Sosial Nasional SISMONEV TERPADU JKN | Aspek Kepesertaan (djsn.go.id).
- BPJS Kesehatan, 2022. BPJS Kesehatan Kota Medan.
- Sumut Pos, 2022. Piutang BPJS Kesehatan hingga Juli 2020: Peserta Mandiri Tunggak Iuran Rp 800 M. <https://sumutpos.co/>
- Kompas.com, 2019. BPJS Kesehatan: 15 Juta Peserta Mandiri Tunggak Iuran. <https://money.kompas.com/>
- Republik Indonesia. 2018. Peraturan Presiden Republik Indonesia Nomor 82 Tahun 2018 Tentang Jaminan Kesehatan. www.hukumonline.com
- Ayu Wulandari, 2019. Faktor-Faktor yang Mempengaruhi Kepatuhan Peserta Mandiri Dalam Pembayaran Iuran Program Jaminan Kesehatan Nasional di Kota Solok <http://jurnal.fk.unand.ac.id/>
- Jihan Adani, 2019. Faktor-Faktor yang Berhubungan dengan Kepatuhan Pembayaran Iuran JKN pada Peserta Mandiri di Kota Depok Tahun 2019. *Jurnal Ilmiah Kesehatan Masyarakat Vol. 11 Edisi 4, 2019*
- Jurnal Kesehatan Andalas, 2020. Faktor-Faktor yang Mempengaruhi Kepatuhan Peserta Mandiri Dalam Pembayaran Iuran Program Jaminan Kesehatan Nasional di Kota Solok, jurnal.fk.unand.ac.id
- Noor Latifah A dkk, 2020. Hubungan Pendapatan Dan Pengetahuan Tentang Kewajiban Membayar Iuran Dengan Kepatuhan Membayar Iuran Peserta Bpjs Non Pbi Di Bpjs Kesehatan Kantor Kabupaten Banjar Tahun 2020, <http://eprints.uniska-bjm.ac.id/>
- Ayu Wulandari1 , Nur Afrainin Syah2 , CH. Tuty Ernawati3, 2020. Faktor-Faktor yang Mempengaruhi Kepatuhan Peserta Mandiri Dalam Pembayaran Iuran Program Jaminan Kesehatan Nasional di Kota Solok, Jurnal Kesehatan Andalas, 2020.
- UMY Magister Administrasi Rumah Sakit, 2017. Universal Health Coverage Di Indonesia Dan Dampaknya, <http://mars.umy.ac.id>
- BPJS Kesehatan, 2015. Info BPJS Kesehatan 2015 <https://www.bpjs-kesehatan.go.id/bpjs/>
- BPJS Kesehatan, 2023. Beranda BPJS Kesehatan, Peserta, Manfaat, Iuran <https://www.bpjs-kesehatan.go.id/bpjs/>
- Wikipedia, 2023. Wikipedia Ensiklopedia Bebas - BPJS Kesehatan <https://id.wikipedia.org>
- Sarwono, Sarlito W dan Eko A. Meinarno. 2011. Psikologi Sosial. Jakarta: Salemba Humanika
- Notoatmodjo, S. 2012. Promosi Kesehatan dan Ilmu Perilaku. Rineka. Cipta : Jakarta. Kamidah, 2015. Faktor-faktor yang mempengaruhi kepatuhan ibu hamil dalam mengkonsumsi tablet besi di Puskesmas Simo Boyolali. *Gaster XII (1)*
- Blass, Thomas. 1999. *The Milgram Paradigm After 35 Years: some thing we now know about obedience to authority*. Journal of Applied Psychology, Vol.29.

- Haedar, Akib dan Antonius Tarigan. 2000. Artikulasi Konsep Implementasi Kebijakan : Perspektif, Model dan Kriteria Pengukurannya. Jurnal Kebijakan Publik.
- Creswell, J.W. 2007. Qualitative inquiry & research design choosing among five approaches. Second Edition. Sage Publications – California.
- Streuber Speziale, Hellen J & Carpenter, Dona R. 2003. Qualitative Research In Nursing Advancing the Humanistic Imperative Third Edition. Lippincott Williams & Wilkins: Philadelphia.
- Moleong, Lexy J. 2007. Metodologi Penelitian Kualitatif. Edisi Revisi. Bandung: PT Remaja Rosdakarya.
- Peraturan Presiden Republik Indonesia No 12 Tahun 2013 tentang Jaminan Kesehatan.
- A.Michael Huberman, dan Matthew B. Miles, 1992. Analisis data kualitatif Terj. Tjejep Rohidi. Jakarta : UI Press.
- BPS Kota Medan, 2023. KOTA MEDAN DALAM ANGKA Medan Municipality in Figures 2023
<https://medantourism.pemkomedan.go.id>
.: Pemko Medan .: <https://portal.pemkomedan.go.id>
- Nur Aisyah Malik, 2021. Kepatuhan Peserta Bpjs Kesehatan Mandiri Membayar Iuran Di Masa Pandemi Covid-19 Pada Wilayah Kerja Puskesmas Bajeng Kabupaten Gowa Tahun 2021.
- Syahrul, 2021. Analisis Faktor Yang Berhubungan Dengan Ketidapatuhan Membayar Iuran BPJS Kesehatan Peserta Mandiri PBPU Di Kelurahan Baru Kabupaten Tolitoli Sulawesi Tengah tahun 2021.
- Kadek Astiti Nadi, Suhadi Suhadi, Asnia Zainuddin, 2021. Hubungan Jumlah Anggota Keluarga, Kemampuan Membayar Iuran, Dan Keteraturan Membayar Iuran Peserta BPJS Mandiri Di Kecamatan Landonu Kabupaten Konawe Selatan Tahun 2021.
- Nur Azizah Ramadani, 2020. Faktor Yang Berhubungan Dengan Kepatuhan Membayar Iuran BPJS Pada Peserta Mandiri Di Kecamatan Bontomatene Kabupaten Kepulauan Selayar Tahun 2020
[Kompas.com](https://www.kompas.com) "Cicil Tunggakan BPJS Kesehatan dengan Program Rehab
<https://www.kompas.com/wiken/read/2022/05/22/125500581/cicil-tunggakan-bpjs-kesehatan-dengan-program-rehab-ini-caranya?page=all>. Penulis : Maya Citra Rosa. Editor : Maya Citra Rosa
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