

Determinants of Arrears in Payment of Health Social Security Organizing Bodies for Independent Participants

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ABSTRACT

The Social Security Administrative Body (BPJS) for Health is a legal entity established to administer a health insurance program with objective every inhabitant country get chance And equal rights in obtaining health services. However , based on data obtained from BPJS Health, it is recorded that there are 5 districts in Jambi Province that are in arrears in paying BPJS contributions . One of them is Jambi City happen arrears with the most dues of 76,909,256,816. According to the BPJS Health program rules, payment is requested no later than the 10th of each month. Hence the goal _ in study This is find out the determinants of arrears in payment of Health Social Security Administering Body contributions for independent participants in the city of Jambi. This study used a quantitative method with a cross-sectional research design. The sample in this study were 106 respondents using a purposive proportional random sampling technique. Data collection used a questionnaire and data analysis used univariate and bivariate (chi-square). The results of this study indicate that the majority of 61.3% of respondents are in arrears and based on statistical tests in this study indicate that there are factors related to arrears in BPJS contribution payments, namely income (0.000), knowledge (0.013), perception (0.011), and place of payment (0.002). There is a relationship between the variables where contributions are paid, income, knowledge and perceptions with BPJS contribution arrears.

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1. INTRODUCTION

Health is a human right and need. The right to life which includes and the welfare of himself and his family is a human right that is accepted by all countries in the world. In Indonesia, this is regulated in law (UU) No. 36 of 2009 concerning Health. [1]

The Social Security Administering Body (BPJS) for Health is a legal entity formed to administer the health insurance program as stipulated in Law Number 24 of 2011. Law No. 24 of 2011 which regulates BPJS to be 2, namely Health BPJS and Employment BPJS, with accountability directed to the President, BPJS has the authority to collect and determine the amount of contributions, supervise and conduct inspections of the order of participants and employers. [2]

The National Health Insurance Program (JKN) aims to achieve broad health coverage, all people are required to participate in JKN activities, so that every citizen has the same opportunity and right to obtain health services. There are 2 categories of status for JKN participants, namely Contribution Assistance Recipients (PBI) whose payments are made by each participant by the government, and non-PBI participants whose participant payments are made individually or through the company or agency where the participant works. [3]

Compliance with payment of national health insurance contributions is a significant factor in facilitating participants in utilizing health services. Determination of health services provided to JKN participants individually through obedience in making payments every month . [4]

According to the rules of the BPJS program, contribution payments are requested no later than the 10th (tenth) of each month [5] . Delinquency occurs because of a shared lack of mentality about donations. Indeed, most of the participants who register for BPJS Health are participants who are at

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immediate risk of getting sick. For example, participants need urgent medical treatment (medical history) at high cost. The participants were so enthusiastic about registering for the BPJS program, but after the health services were completed, the participants ignored the obligation to pay contributions. [6]

Nationally, data on BPJS contribution arrears as of November 2020 reached IDR 11 trillion, according to Deputy Director for Health BPJS Contribution Management, Ni Made Ayu Sri Ratna Sudewi, arrears from all classes, both class I, class II, and class II. class III independent participants. Of these, around 60% are class III participants who are independent participants with lower middle income. These arrears are partly due to the impact of the covid-19 pandemic, arrears that occur sometimes are not due to a lack of the community's ability to pay, but also because of the community's willingness to pay. [7]

This of course will affect activity, with a situation where there is a decrease in participant activity which is usually around 55% in December 2019, currently around almost 48%.

2. METHOD

Based on BPJS Health data, there are 73,144 residents of the city of Jambi who are BPJS Health participants in arrears of premium payments. The amount ranges from class 1 to class 3. Participants who are in arrears in contributions in Jambi City are in class III as many as 46,691 participants with a total of Rp. 27,756,840,207, class II as many as 15,526 participants, with a total of Rp. 23,994,675,493, class I as many as 3,200 participants with a total of Rp. 25,157,741,116. [8]

Table 1. Data on total arrears

| Regency/City | Class 1 | Class 2 | Class 3 | Grand Total |
|------------------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Jambi city | 25,157,741,116 | 23,994,675,493 | 27,756,840,207 | 76,909,256,816 |
| Regency. Muaro Jambi | 7,356,806,581 | 13,967,873,727 | 28,911,460,356 | 50,236,140,664 |
| Regency. Tanjung West Jabung | 3,800,175,655 | 6,910,581,096 | 16,110,534,275 | 26,821,291,026 |
| Regency. Tanjung East Jabung | 2,595,525,460 | 4,921,010,142 | 11,215,414,820 | 18,731,950,422 |
| Regency. Batanghari | 3,689,429,584 | 6,593,719,200 | 6,354,984,405 | 16,638,133,189 |
| Grand Total | 42,599,678,396 | 56,387,859,658 | 90,349,234,063 | 189,336,772,117 |

Table 2. BPJS Health Participant Data

| Regency/City | Class 1 | Class 2 | Class 3 | Grand Total |
|------------------------------|---------------|---------------|----------------|----------------|
| Jambi city | 10,927 | 15,526 | 46,691 | 73,144 |
| Regency. Muaro Jambi | 3,200 | 8,965 | 47,095 | 59,260 |
| Regency. Tanjung West Jabung | 1626 | 4,323 | 26,405 | 32,354 |
| Regency. Tanjung East Jabung | 1,144 | 3,098 | 18,288 | 22,530 |
| Regency. Batanghari | 1,575 | 4,161 | 11.103 | 16,839 |
| Grand Total | 18,472 | 36,073 | 149,582 | 204,127 |

This study uses a quantitative method and a cross-sectional research design, where the independent variable and the dependent variable are carried out at the same time [9]. The population in this study were all BPJS Mandiri participants who were in arrears in Jambi City, totaling 73,144 people. A sample of 106 respondents with a sampling technique using Purposive Proportional Random Sampling. The independent variables of the research are places of payment, income, knowledge, perceptions. The dependent variable is the arrears of contribution payments. The data

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were obtained by filling out a questionnaire and then the data were analyzed using the chi-square test.

In this stage, the researcher carries out a series of stages that are arranged systematically, from determining the research sites that will be used for research, making observations of the research sites that will be used for research. set, preparation of questionnaires for research, arrange schedule research, permit implementation for research, implementation study.

3. RESULTS AND DISCUSSION

The distribution of respondent identities by gender showed that the most respondents were women, 57 people (53.8%) and men, 49 people (46.2%).

A. The relationship between income and arrears in BPJS Health contributions for independent participants in Jambi City

Table 3. Relationship Between Income And Arrears In BPJS Health

| Income | Arrears | | | | Total | | p-value | CI (95%) | home work |
|--------|-------------------|------|---------------------|------|-------|------|---------|-------------------|-----------|
| | There are arrears | | No There is arrears | | | | | | |
| | N | % | N | % | N | % | | | |
| Low | 52 | 49,1 | 17 | 16,0 | 69 | 65,1 | 0.000 | 2,368 – 13,467 | 5,647 |
| Tall | 13 | 12,3 | 24 | 22,6 | 37 | 34,9 | | | |
| Total | 65 | 61,3 | 41 | 38,7 | 106 | 100 | | | |

The results of statistical tests using chi square obtained a value of $p = 0.000$ which was less than the p -value of <0.05 H_a received. This shows that there is a relationship between income and arrears in BPJS Health contributions for independent participants in the city of Jambi. PR results = 5,647 CI (95%) = 2,368 - 13,467 which means that low-income people will have a risk of arrears in paying BPJS Health contributions of 5,647 for independent participants.

B. The Relationship between Knowledge and Arrears in Payment of Independent Participant Health BPJS Contributions in Jambi City

Table 4. Relationship between Knowledge and Arrears in Payment of Independent Participant

| Knowledge | Arrears | | | | Total | | p-value | CI (95%) | home work |
|-----------|-------------------|------|---------------------|------|-------|------|---------|------------------|-----------|
| | There are arrears | | No There is arrears | | | | | | |
| | N | % | N | % | N | % | | | |
| No Good | 47 | 44,3 | 19 | 17,9 | 66 | 62,3 | 0.013 | 1,332 – 6,863 | 3,023 |
| Good | 18 | 17,0 | 22 | 20,8 | 40 | 37,7 | | | |
| Total | 65 | 61,3 | 41 | 38,7 | 106 | 100 | | | |

The results of statistical tests using chi square obtained a value of $p = 0.013$ which was smaller than the p -value of <0.05 H_a received. This shows that there is a relationship between knowledge and arrears in paying BPJS Kesehatan contributions for independent participants in the city of Jambi. PR results = 3,023 CI (95%) = 1,332 – 6,863 which means that people with less knowledge will have a risk of 3,023 arrears in BPJS Health contribution payments for independent participants.

C. Relationship between perceptions and arrears in paying BPJS Health contributions for independent participants in Jambi City

Table 5. Relationship between perceptions and arrears in paying BPJS Health

| Perception | Arrears | | | | Total | | p-value | CI (95%) | home work |
|--------------|-------------------|------|---------------------|------|-------|------|---------|--------------------|-----------|
| | There are arrears | | No There is arrears | | | | | | |
| | N | % | N | % | N | % | | | |
| No Good | 40 | 37,7 | 14 | 13,2 | 54 | 50,9 | 0.011 | 1,364 – 6,980 – | 3,086 |
| Good | 25 | 23,6 | 27 | 25,5 | 52 | 49,1 | | | |
| Total | 65 | 61,3 | 41 | 38,7 | 106 | 100 | | | |

The results of statistical tests using chi square obtained a value of $p = 0.011$ which was smaller than the p -value of <0.05 H_a received. This shows that there is a relationship between perceptions and arrears in paying BPJS Kesehatan contributions for independent participants in the city of Jambi. The results of $PR = 3,086$ and $CI (95\%) = 1,364 - 6,980$ which means that people with poor perceptions will have a risk of arrears in paying BPJS Health contributions of 3,086 for independent participants.

D. The relationship between payment points and arrears in BPJS Health contributions for independent participants in Jambi City

Table 6. The relationship between payment points and arrears in BPJS Health

| Place Payment | Arrears | | | | Total | | p-value | CI (95%) | home work |
|---------------|-------------------|------|---------------------|------|-------|------|---------|--------------------|-----------|
| | There are arrears | | No There is arrears | | | | | | |
| | N | % | N | % | N | % | | | |
| Pay cash | 46 | 43,4 | 16 | 15,1 | 62 | 58,5 | 0.002 | 1.659 – 8.626 – | 3,783 |
| Pay Non- Cash | 19 | 17,9 | 25 | 23,6 | 44 | 41,5 | | | |
| Total | 65 | 61,3 | 41 | 38,7 | 106 | 100 | | | |

The results of statistical tests using chi square obtained a value of $p = 0.002$ which was smaller than the p -value of <0.05 H_a received. This shows that there is a relationship between the place of payment and the arrears of BPJS Health contributions for independent participants in the city of Jambi. $PR = 3,783$ and $CI (95\%) = 1,659 - 8,626$ which means that people who pay in cash will have a risk of arrears in paying BPJS Health contributions of 3,783 for independent participants.

a. The Relationship between Income and BPJS Health Contribution Payment Arrears for Independent Participants

Income is the money received by individuals and companies in the form of salaries, wages, rent, interest and profits, including various benefits, such as health and pensions. According to Lawrence Green in Notoatmodjo, income status is one of the predisposing factors that can influence a person's behavior in paying contributions. [10]

Based on the results of the study, the percentage of respondents who were in arrears with contributions was the most low-income respondents at 49.1%, this was due to the low income earned each month, namely under Umrah in Jambi City.

The results of the chi square statistical test with $p=0.000$ ($p<0.05$) so that H_a is accepted, which means that income has a relationship with BPJS Health contribution arrears for independent participants.

This research is in line with research conducted by St. Rosmanely (2018) assumes that basically high-income families are still in arrears of payment of contributions, this is because participants are

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still able to pay at the practice or clinic when they need health services without thinking about the amount to be paid, especially when they need urgent health services. [11]

b. Relationship between knowledge and arrears in paying BPJS Health contributions for independent participants

Knowledge is the theoretical and practical understanding possessed by humans. The knowledge possessed by a person is very important for that person's intelligence. Knowledge can be stored in books, technology, practices and traditions. Stored knowledge can undergo transformation if used correctly. Knowledge plays an important role in the life and development of individuals, communities or organizations.

According to Notoatmodjo (2007), sufficient knowledge about JKN affects the behavior of JKN participant communities. If people's knowledge about JKN is lacking, it will have an impact on people's attitudes towards the program. [12]

Based on the results of the study, the highest percentage of respondents who were in arrears of contributions were respondents with poor knowledge of 44.3%. This is because many respondents do not understand BPJS in terms of payment deadlines, various ways of paying contributions, and the consequences of arrears in paying contributions.

The results of the chi square statistical test with $p=0.013$ ($p<0.05$), so that H_a is accepted, which means that knowledge has a relationship with BPJS Health contribution arrears for independent participants.

The results of this study are in line with research conducted by Arfiliyah (2015) which stated that respondents who had a sufficient level of knowledge but did not comply with paying BPJS Health contributions independently due to factors such as lack of support from their families and in obtaining information about BPJS Health were not yet effective. [13]

c. The relationship between perception and arrears in paying BPJS Health contributions for independent participants

Perception is part of an individual's judgment which is a characteristic of a need that makes it possible to seek treatment that can be manifested in action if it is felt as a need. In other words, needs are the basis and direct stimulus for using health services.

Based on the results of the study, the highest percentage of respondents who were in arrears of contributions were respondents with a bad perception of 37.7%. The reason is, many are disappointed with the service system provided by health workers and BPJS patients who feel discriminated against.

The results of the chi square statistical test with $p = 0.011$ ($p<0.05$) so that H_a is accepted, which means that perception has a relationship with the arrears in paying BPJS Kesehatan contributions for independent participants. This research is in line with research conducted by Risdianti (2021) that there is a relationship between the perception variable and arrears in payment of contributions. Those who have a negative perception have the number of respondents who are in arrears as many as 16 people or 59.3%. [14]

d. The relationship between the place of payment and the arrears of payment of BPJS Kesehatan contributions for independent participants

Types of service facilities used by respondents in paying contributions. The availability of a place to pay contributions is a form of public service carried out by the government as a fulfillment of community needs. One form of public service performed by the government as a fulfillment of community needs. One of the needs of the community is to get health services with health insurance that is meaningful to the community. Independent JKN participants must pay contributions at payment centers that have collaborated with BPJS Health so they can obtain services at health facilities and are guaranteed by BPJS Health. [3]

Based on the results of the study, the highest percentage of respondents who were in arrears of contributions were those who paid cash by 43.4%. This happened because most of the respondents said that when paying their dues at the post office or bank they had to queue first and also needed time to go so they were often late paying their dues and also some respondents said they did not know

whether Indomaret/Alfamart could pay BPJS.

The results of the chi square statistical test with $p = 0.002$ ($p < 0.05$) so that H_a is accepted, which means that the place of payment has a relationship with BPJS Health contribution arrears for independent participants. This is in line with Risdayanti's research (2021) the results of the chi square test with a value of α (0.05) obtained $p = 0.032$ where the p value is smaller than the α value, this indicates that there is a relationship between access to payment points and arrears in paying BPJS Kesehatan Mandiri contributions at Bunga Eja Beru Village, Tallo District, Makassar City. [14]

If contributions are determined without extensive due diligence, or only half way, there is a risk that BPJS cannot make payments for health facilities, No there is guarantee, as well as public reduce trust in the state. The amount of contributions includes: (1) Quality health services can be paid for, (2) There is a reasonable economic price that can be used to finance quality BPJS operations (3) For high needs there is a technical reserve fund. (4) Funds available for program development, operational research, or new maintenance. [15]

4. CONCLUSION

There is a relationship between income and arrears in paying BPJS Health contributions for independent participants ($Pvalue = 0.000$). There is a relationship between knowledge and arrears in paying BPJS Health contributions for independent participants ($Pvalue = 0.013$). There is a relationship between perceptions and arrears in paying BPJS Health contributions for independent participants ($Pvalue = 0.011$). There is a relationship between the place of payment and the arrears of BPJS Health contributions for independent participants ($Pvalue = 0.002$)

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