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Analysis of Ability to Pay and Willingness to Pay PBPU Participants Who Are In Arrears of National Health Insurance Contributions in Samarinda Ulu District

Nur Asiza*^{1a}, Muhammad Rafli Aidillah^{1b}, Henry Gunawan^{1c}

¹ Department of Health Administration ITKes Wiyata Husada Samarinda, Indonesia

^a nurasizah@itkeswhs.ac.id

^b rafliaidillah@gmail.com

^c mhenry@itkeswhc.ac.id

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ABSTRACT / ABSTRAK

The implementation of the National Health Insurance program-Healthy Indonesia Card (JKN-KIS) in Indonesia is far from the goal. This study seeks to find out through an analysis of the ability and willingness to pay BPJS Kesehatan participants for participants Non-wage earners in the Samarinda Ulu District of Samarinda City. This type of research is an analytical survey with a cross-sectional research design, that is, research where data is collected only once to answer research problems. The population of this study was BPJS Kesehatan participants in the Non-Wage Earner group of 553 so that the study sample was 227 Data collection using a research questionnaire, then analyzed the collected data using bivariate analysis. Payment of dues for non-wage earners in Samarinda Ulu sub-district of Samarinda City is in a fairly good position even though in this case the level of consumptive community is high. Unable to pay is caused by some participants with low incomes and high consumptive rates

***Corresponding Author:**

Nur Asiza,
Department of Health Administration ITKes Wiyata Husada Samarinda, Indonesia
Jln. Kadrie Oening 77, Samarinda, Indonesia.
Email: nurasizah@itkeswhs.ac.id

1. INTRODUCTION

The implementation of the National Health Insurance program-Healthy Indonesia Card (JKN-KIS) in Indonesia is far from the goal. According to the Social Security Organizing Agency (BPJS), as many as 221,66,708 participants or 80% of the total Indonesian population have been registered as JKN-KIS participants until February 2021. Of these, 25 million participants (including their families) are registered employees. from the employer. Based on the total population of Indonesia 261 million and raw data from BPJS Kesehatan shows that 70-80 million Indonesians do not have health insurance, so the head of BPJS Kesehatan wants to receive 261 million information from the ministry by the end of this year. BPJS Kesehatan is waiting for internal problems that have not been registered.

Based on BPJS Kesehatan data, participants who have been registered with JKN in Indonesia are 222,463,022 as of July 1, 2019 with a total PBI APBN of 96,637,268, PBI APBD of 36,905,446, PPU-PN of 17,470,358, PPU-BU of 34,008,295, PBPU-Independent Workers of 32,289,326 and Non-Workers of 5,152,329 people.

Reflecting on when the Deficit hit the National Health Administration Agency (BPJS) in 2019. The impact reached the area. As of August 2019, BPJS Samarinda Branch Office owes Rp 184. It claims 28 partner hospitals in its working area. Namely Samarinda, Kukar, Bontang, Mahakam Ulu, and East Kutai. The deficit of BPJS Kesehatan apart from the large burden of disease costs is also a factor of order to pay participants who experience delays.

Delays in paying BPJS Kesehatan participants in East Kalimantan may be caused by several things such as technical problems, administrative problems, or budget constraints. However, this is certainly very detrimental for participants who experience late payments. Therefore, there is a need for efforts to improve the payment system and process so that there are no more delays.

Efforts that can be made in delays do not occur again such as the improvement of the Information System: The need to improve and update the information system used for BPJS Kesehatan payments to make it more efficient and well-integrated, Optimization of Administrative Processes: There is a need for simplification and cutting of excessive administrative processes so that the payment process is faster and more precise, Provision of Sufficient Funds: There needs to be an additional sufficient budget to finance BPJS Kesehatan payments so that there are no delays, Synergy between agencies: There is a need for cooperation and synergy between relevant agencies to ensure that the BPJS Kesehatan payment process runs well and Periodic Monitoring and Evaluation: There is a need for periodic monitoring and evaluation to ensure that the BPJS Kesehatan payment system and process runs well and meets the needs of participants.

This study seeks to find out through an analysis of the ability and willingness to pay BPJS Kesehatan participants for participants Non-wage earners in the Samarinda Ulu District of Samarinda City.

2. MATERIALS AND METHOD

This type of research is an analytical survey with a cross-sectional research design, that is, research where data is collected only once to answer research problems. The population of this study was BPJS Kesehatan participants in the Non-Wage Earner group

of 553 so that the study sample was 227 Data collection using a research questionnaire, then analyzed the collected data using bivariate analysis.

3. RESULTS AND DISCUSSION

The results of the analysis of the willingness and ability to pay health insurance participants who are not wage earners in Samarinda Ulu District obtained the results that the average income of the community with the goal of wage recipients is in the range of Rp. 2,500,000-Rp. 3,000,000-, which can be seen in Table 1. In addition, the largest distribution of the community is in food expenditure every month in the range of Rp. 500,000-Rp. 1,499,999-.

Tabel 1. Distribusi Responden Berdasarkan Pendapatan Dan Pengeluaran Peserta Bukan Penerima Upah di Kecamatan Samarinda Ulu

Independent variables (Income and Expenses)	Sum	Percentage (%)
Income (Rp)		
<1.500.000	24	10,6
1.500.001-1.999.999	17	7,5
2.000.000-2.499.999	34	15,0
2.500.000-2.999.999	55	24,2
≥3.000.000	97	42,7
Total	227	100
Food Expenditure (Rp)		
<500.000	35	15,4
500.000-999.999	87	38,3
1.000.000-1.499.999	77	33,9
≥1.500.000	28	12,3
Total	227	100
Non-Food Expenses (Rp)		
<500.000	88	38,8
500.000-999.999	103	45,4
≥1.000.000	36	15,9
Total	227	100
Non-Essential Expenses (Rp)		
<500.000	203	89,4
≥500.000	24	10,6
Total	227	100

Based on the results above, the consumptive level of the community in Samarinda Ulu District is quite high through the distribution of food and non-food with a proportion of income of Rp. 2,500,000-Rp. 3,000,000. In addition, from the results of the analysis, the results of *willingness to pay* and *ability to pay* health insurance contributions can be obtained from Table 2. below.

Table 2. Respondents' Distribution based on Ability to Pay Dues and Willingness to Pay Dues of Non-Wage Earners in Samarinda Ulu District

Variable	Sum	Percentage (%)
Ability to Pay Dues		
Can	199	87,7
Incapable	28	12,3
Willingness to Pay Dues		
Want	214	94,3
Not want	13	5,7

Based on the results of the analysis, it was obtained that the percentage of the ability to pay dues for non-wage earners was 87.7%, which means that the ability to pay is quite good for participants who are not wage earners and 12.3% are unable to pay. Furthermore, followed by the willingness to pay, there were 94.3% and not willing to pay as much as 5.7%. We can conclude that there are participants who are not capable but have a good willingness to pay as stated in Table 3. Distribution of relationships Ability to pay dues and willingness to pay dues.

Table 3. Respondents' Distribution based on the Relationship between the Ability to Pay Dues and the Willingness to Pay Dues of Non-Wage Earners in Samarinda Ulu District

Ability to Pay	Willingness to Pay					
	Want		Not want		Total	
	n	%	n	%	n	%
Can	192	92,8	7	35	199	87,7
Incapable	15	7,2	13	65	28	12,3

The results of a survey conducted in the Ulu Samarinda region showed that the income of the majority of respondents was in the category of sufficient income based on the MSE of Samarinda city. Many respondents argue that basic or additional income money prioritizes the cost of daily necessities or monthly consumption costs, but the ability and ability to pay is still quite high. However, the relatively high level of consumption gradually has an impact on the obligation to pay for health insurance (Kusuma, A. R. , 2021).

The cost of eating is quite high, ranging from rice, side dishes to pastries, non-food items such as durable goods (kitchen, mobile phones) are purchased only when necessary, with the largest non-food expenditure being electricity bills. , gas and water for special needs every month. Unnecessary expenses, the biggest expenses are cigarettes and snacks. Many respondents are also married and have children so quite a lot is spent on children's

snacks. The study of Satria and Dawood (2017) shows that the total expenditure on tobacco consumption and the total food consumption of the poor in Darul Imarah District are negative, meaning that ketika total pengeluaran untuk konsumsi tembakau meningkat, maka akan mengurangi konsumsi tembakau digunakan untuk konsumsi pangan (Ningsih, W. A. 2021).

4. CONCLUSION

Payment of dues for non-wage earners in Samarinda Ulu sub-district of Samarinda City is in a fairly good position even though in this case the level of consumptive community is high. Unable to pay is caused by some participants with low incomes and high consumptive rates.

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