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Analysis of Social Insurance Administration Organization

by Agus Aan Adriansyah

Analysis of Social Insurance Administration Organization Member Satisfaction Level of Class I, Class Ii and Class Iii in Wonocolo District, Surabaya City, East Java, Indonesia

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Abstract: One of Universal Health Coverage (UHC) program for Indonesia is the Social Insurance Administration Organization or Badan Penyelenggara Jaminan Sosial (BPJS). There are two kinds of BPJS program i.e Health BPJS and Employment BPJS. The aim of this study is to find out the satisfaction level of member classes of BPJS health program member. Quality of product and service will determine the satisfaction of the patient. BPJS and health facilities should have good service quality intangible, reliability, responsiveness, and empathy. This study used primary data with Analytical Descriptive as research design with a cross-sectional approach to be able to measure the satisfaction level of BPJS member. The results of the study showed that satisfaction was significantly related to patient satisfaction at all levels of care class. The overall strength was quite strong (Coefficient> 0.50). The highest coefficient was almost entirely in care class 2, meaning that dimensions of reliability, responsiveness and were not strong enough to relate to satisfaction of class 2 respondents. Coefficient class 3 respondents were the highest among other classes on the tangible dimension on the satisfaction of class 3 respondents. So that it could be concluded that the satisfaction of class 1, grade 2 and grade 3 BPJS members in Wonocolo District, Surabaya City, East Java showed that there was no difference in each tangible, reliability, responsiveness, assurance and empathy categories.

Keywords: UHC, BPJS, Level of Satisfaction, Service Quality.

Introduction

Universal Health Coverage (UHC) exists when all people receive the quality healthservices they need without suffering financial hardship. UHC combines two key elements, the first relating to people's use of the health services they need and the second to the economic consequences of doing so[1]. Universal Health Coverage (UHC) has adirect impact on both individual health and wellbeing and the overall health oft population [2]. One of the programs of the Universal Health coverage applied in Indonesia is the Social Insurance Administration Organization or Badan Penyelenggara Jaminan Sosial (BPJS)[3,4,5].

The presence of BPJS is used to provide national social security to fulfil the basic needs that are feasible for all society levels based on principles of humanity, benefits and justice. Health BPJS program is an institution that provides health insurance services using an insurance premium system that requires each participant to contribute according to the class chosen[3]. In the insurance, premium system requires each participant to pay contributions according to the class chosen.

The total number of hospitals that have collaborated with Health BPJS program since October 10th, 2014 was 1,592 hospitals (65.75%) of which there were 617 private hospitals (40%) as Health BPJS program referral[6].

There are 3 classes in the Health BPJS program namely I, II and III that based on the premium insurance. Determination of the contribution of insurance premiums was firstly established on Presidential Regulation No. 13 in 2013. Government regulation established theinsurance premium contribution about IDR 59,500 for class I, IDR 42,500 for class II, and IDR 25,500 for class III. But

over time, there was a change of second regulation about insurance premium rate contribution policy based on Presidential Regulation No. 19 in 2016 i.e. the premium insurance contribution about IDR 80,000 forclass I, IDR 51,000 for class II, and IDR 30,000 for class III [3].

Based on those payment differences between class I, class II and class III of BPJS member. Therefore researcher wants to study about the effect of BPJS class member on the satisfaction level of BPJS member on health service in Wonocolo district, Surabaya city. This research aimed to find out the satisfaction level ofmember classes of BPJS health program member.

2. Materials and Methods

This study used primary data withAnalytical Descriptive as research design with a cross-sectional approach to be able to measure the satisfaction level of BPJS member on health services and collect simultaneously at the same time or once in a time. The population in this study used 150 BPJS member who lived in Wonocolo district, Surabaya city.

3. Results

a. Characteristics of Respondents

This study involved 150 respondents who were divided equally into 3 classes of BPJS namely class 1, class 2 and class 3. Respondent characteristics observed included age, gender, occupation and duration as BPJS member. The age group of Health BPJS Program throughout the treatment class was dominated by adults (18-35 years) and women. Respondents were BPJS Health Program whowere not from workers category with more than 2 years of experience in all treatment classes. (see Table 1).

Table 1. Characteristics of Respondents

No	Characteristic	Class						Total	
		class 1		class 2		class 3			
		(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
1	Age								
	Adults (18-35 th)	33	34,38	39	40,62	24	25,00	96	64,00
	Middleage (36-55 th)	8	24,24	9	27,27	16	48,49	33	22,00
	Elderly (> 55 th)	9	42,86	2	9,52	10	47,62	21	14,00
2	Gender								
	Man	13	32,50	16	40,00	11	27,50	40	26,67
	Woman	37	33,64	34	30,91	39	35,45	110	73,33
3	Job description								
	Workers	13	33,33	15	38,46	11	28,21	39	26,00
	Not workers	37	33,33	35	31,53	39	35,14	111	74,00
4	Duration of Health BPJS member program								
	≤ 2 years	11	28,21	13	33,33	15	38,46	39	26,00
	≥ 2 years	39	35,14	37	33,33	35	31,53	111	74,00

b. Level Satisfaction of BPJS Health Program Member Program

Description of Level Satisfaction of BPJS Health ProgramMember Program. The level of respondent satisfaction was measured in 3 categories namely dissatisfied, less satisfied and satisfied. Satisfaction was measured based on 4 dimensions such asreliability, responsiveness, empathy and tangible. Class 3 in BPJS member was the lowest care class and overall satisfied with all dimensions of satisfaction. Meanwhile, respondents in class 2 carefelt dissatisfied with the dimensions of tangible and reliability. Therefore needs to increase the dimensions of reliability in providing services to class 1 and 2 respondents (see table 2)

Table 2. Description of Level Satisfaction of Health BPJS Member Program in Various Class

No	Dimensions	Satisfaction Level of Health BPJS Program						SatisfactionTotal
		Dissatisfied		Less Satisfied		Satisfied		
		(n)	(%)	(n)	(%)	(n)	(%)	
1	Reliability							
	Class 1 (n=50)	4	8,00	25	50,00	21	42,00	Less Satisfied
	Class 2 (n=50)	4	8,00	24	48,00	22	42,00	Less Satisfied
	Class 3 (n=50)	5	10,00	21	42,00	24	48,00	Satisfied
2	Responsiveness							
	Class 1 (n=50)	0	0,00	19	38,00	31	62,00	Satisfied
	Class 2 (n=50)	1	2,00	20	40,00	29	58,00	Satisfied
	Class 3 (n=50)	1	2,00	20	40,00	29	58,00	Satisfied
3	Empathy							
	Class 1 (n=50)	6	12,00	14	28,00	30	60,00	Satisfied
	Class 2 (n=50)	5	10,00	10	20,00	35	70,00	Satisfied
	Class 3 (n=50)	1	2,00	21	42,00	28	56,00	Satisfied
4	Tangible							
	Class 1 (n=50)	1	2,00	23	46,00	25	50,00	Satisfied
	Class 2 (n=50)	1	2,00	26	52,00	23	46,00	Less Satisfied
	Class 3 (n=50)	2	4,00	22	42,00	26	52,00	Satisfied

c. Relation of Dimensions and Satisfaction level of BPJS Health Program

Relation of Dimensions and Satisfaction level of BPJS Health Program in various class. BPJS Health program member satisfaction dimension in various classes was tested statistically to determine the relationship or contribution to patient satisfaction based on grade level. The results of the study showed that satisfaction was significantly related to patient satisfaction at all levels of care class. The overall strength was quite strong (Coefficient> 0.50). The highest coefficient was almost entirely in care class 2, meaning that dimensions of reliability, responsiveness and were not strong enough to relate to satisfaction of class 2 respondents. Coefficient class 3 respondents were the highest among other classes on the tangible dimension on the satisfaction of class 3 respondents (see table 3).

Table 3. Relation of Dimensions and Satisfaction level of BPJS Health Program in various class

No	Dimensi		Class		
			Class 1	Class 2	Class 3
1	Reliability	P-value	0,002	0,001	0,001
		Coefficient	0,508	0,642	0,550
		Result	Significant	Significant	Significant
2	Responsiveness	P-value	0,001	0,001	0,001
		Coefficient	0,619	0,666	0,602
		Result	Significant	Significant	Significant
3	Empathy	P-value	0,001	0,001	0,001
		Coefficient	0,668	0,697	0,621
		Result	Significant	Significant	Significant
4	Tangible	P-value	0,004	0,001	0,001
		Coefficient	0,527	0,604	0,646
		Result	Significant	Significant	Significant

4. Discussion

BPJS should have service good quality that was divided into five such astangible, reliability, responsiveness, assurance and emphaty[5]. Transparency of health payment and reduction of medical expenses especially for poor patients will promote patients satisfaction[4,7]. the heavy reliance on out-of-pocket financing in Indonesia and the relatively low level of expenditure on health care suggests that poverty may preclude the poorest from seeking care[7,8].

Tangible becomes important as a measure of service due to patients will use their sense of sight to assess the quality service such as tools and equipment, infrastructure, communication,also medical practitioner skills[5]. Based on the result showed that p-value about 0,004 for class 1; 0,001 for class 2 and 0,001 for class 3 (p-value < 0.05) as of tangible had not affected in satisfaction of BPJS member for each class in Wonocolo District, Surabaya.

Reliability dimensions are dimensions that measure the reliability of BPJS in providing services to its patients. There are two aspects such as BPJS ability to provide services as promised and how far BPJSwill be able to provide accurate or no error service[5]. Based on the resulting research showed that p-value about 0,002 for class 1; 0,001 for class 2 and 0,001 for class 3 (p-value < 0.05) as of reliability had not affected in satisfaction BPJS member for each class in Wonocolo District, Surabaya.

Technical competency of medical practitioners, which is the related quality of services, uses of technology skills, medical practitioner experience, and ability to decision making by medical practicioners[4,7,8].

Responsiveness is the most dynamic dimension of service quality. Patients expectation of service speed can almost certainly change[5]. Based on the resulting research showed that p-value of each class about 0,001 (p-value < 0.05) as of responsiveness had not affected in satisfaction BPJS member for each class in Wonocolo District, Surabaya.

After physical, security, and social needs are fulfilled, then ego and actualization needs will be pursued. Based on the resulting study showed that p-value of each class in BPJS about 0.001 (p-value < 0,05) as of responsiveness had not affected in satisfaction BPJS member for each class in Wonocolo District, Surabaya

Patients satisfaction arises when they get the best services. A sense of pride, trust and confidence could build an emotional by having good communication between medical practitioners Patients satisfaction is determined by patients perceptions of product or service performance in fulfilling customer expectations.

5. Conclusion

The satisfaction of BPJS member ofclass 1, class 2 and class 3 in Wonocolo district, Surabaya City, East Java showed that had not discrepancy for each category of tangible, reliability, responsiveness, assurance and empathy.

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