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Utilization of JKN Mandiri Participants Health Services in Barru General Hospital since Achievement of Universal Health Coverage (UHC) Participation

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Abstract

The World Health Organization formulates three dimensions in achieving universal coverage, namely the first dimension is guaranteed population, the second dimension is guaranteed health services and the third dimension is the proportion of guaranteed health costs. Along with the introduction of JKN, the health service system is expected to gradually increase the reach of health services to the community towards Universal Health Coverage. Barru District has received an award from the Governor of South Sulawesi as a district that has achieved Universal Health Coverage (UHC) participation dimension in 2018. In membership of Health Social Security Organizing Agency, independent participants are non-permanent. Increased independent participation is not in line with its compliance in paying JKN contributions. In accordance with Presidential Regulation No. 82 of 2018, the guarantee status is not active when participants are late in paying contributions. Total contributions are in arrears and penalties must be paid off before service can be provided. This research was conducted to describe the utilization of JKN Mandiri Participants' health services at Barru General Hospital after achieving 100% Universal Health Coverage (UHC) participation in Barru District according to the three dimensions of UHC achievement, namely participation, health service aspects and financing aspects. This type of research is descriptive research through a qualitative approach.

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Qualitative data about information was obtained by Focus Group Discussion and in-depth interviews using interview guidelines, document studies, and direct observation. From the aspect of participation, there are still JKN Mandiri participants who do not adhere to paying contributions, from the aspect of health services, health services in Barru Hospital are good, from the aspect of financing, there are still out of pocket payments from JKN Mandiri participants.

Keywords: JKN Mandiri; UHC; Service Utilization.

1. Introduction

The focus of development in the health sector, especially implementation of the national health system, is implementation of the third goal of the SDGs, which is "ensuring a healthy life and promoting prosperity for all people of all ages". One of the new concerns in achieving this goal is the existence of Universal Health Coverage (UHC) in the sense that the coverage of services and access to comprehensive health including touching the poor and disadvantaged groups of people. In many low and middle income countries, out-of-pocket (OOP) cash is the largest source of health financing. This OOP health payment system has a strong positive relationship with catastrophic events. Catastrophic health expenditure events are those in which health spending incurred (above a certain threshold) results in household financial difficulties and can cause impoverishment. Ownership of health insurance can reduce spending on catastrophic health. This is expected to provide financial protection to households [1]. Law Number 40 of 2004 concerning the National Social Security System is established with the main consideration to provide comprehensive social security for all Indonesian people whose achievements are carried out in stages. All residents must become participants without exception. Along with the introduction of JKN, the health care system is expected to gradually increase the reach of health services to the community towards Universal Health Coverage. World Health Organization (WHO) formulates three dimensions in achieving universal coverage, namely how much percentage of the population is guaranteed, how complete the services guaranteed and how much the proportion of direct costs are still borne by the population. The first dimension is the guaranteed population. The second dimension is guaranteed health services (limited to hospitalization or including outpatient care). The third dimension is the proportion of guaranteed health costs (all health costs are guaranteed by the government or residents must pay a portion of hospital fees) [2]. National Health Insurance participants included participants of Health Insurance Contribution Assistance namely the poor and needy people and non-participant of Health Insurance Contribution Assistance, namely participants who were not classified as poor and poor people. Non-participant of Health Insurance Contribution Assistance participants include Workers Not Recipients of Wages and Non-Workers [3]. In Clause 15 paragraph (1) of the Presidential Regulation Number 82 of 2018 states that each Non-Wage Recipients and Non-Workers must register themselves and their family members individually or collectively as participants of the Health Insurance for BPJS Health by paying contributions [4]. In South Sulawesi Province, in 2018, there were 11 Districs that had received awards from the Governor of South Sulawesi as districts that had achieved Universal Health Coverage (UHC) participation dimensions. One of them is Barru District. Amount of Data from the South Sulawesi Provincial Health Office, JKN Participants in Barru District amounted to 178,102 people. This consists of 127,840 Participant Recipients and 50,262 Participants who are not Recipients of Health Insurance Contributions. The South Sulawesi Provincial Health Office noted in February 2019,

participants of Non-Wage Recipient Workers in Barru Regency were 24,752 people. In achieving UHC, in addition to the participation dimension, there are two other dimensions which are also indicators of Universal Health Coverage. In the participation of BPJS, independent participants are non-permanent. Increased independent participation is not in line with its compliance in paying JKN contributions. In accordance with Presidential Regulation Number 82 of 2018, the guarantee status is not active when participants are late in paying contributions. Total contributions are in arrears and penalties must be paid off first before services can be provided [4]. Independent participants are mostly informal sector workers, where the achievement of membership in this group is still low at 7% of the total population in Indonesia [5]. Informal sector workers who register as JKN participants at the time of illness are 23% and around 28% do not routinely pay their contributions [6]. Whereas data from the Deputy Health BPJS of the South Sulawesi and Maluku regions, the collectibility of JKN contributions for PBPU in South Sulawesi Province until March 2019 is only 65.1%. Some studies show that insurance premiums are not a major obstacle, but rather the availability of health services and poor understanding of health insurance. Therefore, expanding universal coverage requires increased investment in health care facilities and campaigns to educate the public about the importance of health insurance [7]. Research conducted by Duku in 2016 stated that perceptions about the low quality of services received and the lower frequency of visits to health services were associated with increased drop-out from health insurance. National Social Security Council states that the quality of services is greatly influenced by the amount of payment, the behavior of health workers serving, motives for health services and also the availability of health care facilities [8]. From a survey conducted by BPJS in May 2017, JKN and KIS have succeeded in increasing community access, especially providing benefits for increasing affordability of health costs, but also found problems in the level of implementation that are still not good concerning the quality of services and poor referral systems and discrimination participants [9]. JKN/ KIS increases access to health services, equality, and increased treatment for non-communicable diseases. However, in terms of financing, only 18% of the estimated total health costs are borne, indicating out of pocket is too high [6]. Director of BPJS Health Services Maya Amiarny Rusady said "There are still a number of hospitals that collect fees outside the provisions for both treatment and certain medicines. This occurs in several regions in Indonesia, "[10]. The challenges often faced by BPJS participants in health services are, among others, the long queues in hospitals, the difficulty of obtaining inpatient rooms because the rooms for BPJS participants are often full and there are medicines that are not guaranteed by the BPJS so participants must bear themselves [11]. Of the various problems that exist, the authors are interested in conducting this research to illustrate the utilization of health services for JKN Mandiri Participants in Barru General Hospital after achieving 100% Universal Health Coverage (UHC) participation in Barru Regency according to the three dimensions of UHC achievement, namely participation, aspects health services and financing aspects.

2. Materials and Method

WHO formulates three dimensions in achieving universal coverage, namely the first dimension is the guaranteed population. The second dimension is guaranteed health services (limited to hospitalization or including outpatient care). The third dimension is the proportion of guaranteed health costs (all health costs are guaranteed by the government or residents must pay a portion of hospital fees). Expansion of the guarantee of the three dimensions depends on the financial capability of a country and its population choice [12, 13].

From the aspect of participation, especially for independent participants, if participants are late in paying dues, participants will receive some consequences that have an impact on health services to patients. In accordance with Presidential Regulation No. 82 of 2018, for independent participants who do not pay contributions until the end of the current month, the guarantee of participants is suspended from the 1st day of the following month. According to Azwar, there are several things that affect individuals in the utilization of health services, namely the availability and continuity of services, fairness and acceptance of society, easily achieved by the community, affordable and quality [14].From the aspect of financing, it relates to how much the proportion of out of pocket costs are still borne by the participants. Universal coverage means that the proportion of out-of-pocket costs that are incurred directly by the community is smaller so that it does not interfere with the financial catastrophic which causes participants to become poor. This type of research is descriptive research through a qualitative approach. Qualitative data about information is obtained by FGD (Focus Group Discussion) and in-depth interviews using interview guidelines, document studies, and direct observation. In this study, the informant retrieval technique was carried out with a purposive sampling system to obtain key informants (people who knew correctly and reliably). The informants in this study were 8 independent JKN participants in Barru Regency for Focus Group Discussion (FGD). The criteria for the FGD participants were JKN Mandiri participants who had used health services in Barru General Hospital in 2019. Informants for in-depth interviews in this study were the Director of Barru Regional Hospital or who represented and administered the Barru Hospital JKN Program.

3. Results and Discussion

3.1 Participation Aspect

From the aspect of participation, the information you want to know is how compliance is paying for JKN Mandiri participants who utilize health services in Barru General Hospital. From the results of in-depth interviews it is known that there are independent participants who do not obey pay their contributions. This can be seen from the presence of patients who pay fines when receiving inpatient services at Barru General Hospital, for April 2019, there are 61 people. These patients must pay a fine of 2.5% from the INA CBG's package.From the results of the Focus Group Discussion (FGD), the information obtained supports the information above. Most of the informants were JKN Mandiri participants who did not pay. This situation made some of them have to pay a fine of 2.5% from the INA CBG's package at the time of hospitalization. From the informants, it was found that they would routinely pay JKN contributions when they wanted to get health services or when they were sick. The motivation of the community in BPJS payments is still relatively low because people feel that they do not use health services continuously so that people feel disadvantaged if they have to pay every month. These JKN Mandiri participants feel burdened with their finances because the benefits they pay are not felt now because they have not been sick. Willingness to pay BPJS Health premiums based on theoretical concepts is influenced by the price of goods and utilization of health services. The high price of goods will make people not willing to spend their income because it is not balanced with the utilization of high health services. The opposite is true even though the price of goods is high and is offset by the use of high health services, the community will have the willingness to pay [5].

Research conducted by Annisa in 2015 stated that the experience of pain, income, number of family members, is a factor associated with the willingness to pay someone. While the study of JKN program collection models for non-participants of Health Insurance Contribution Assistance, the problem faced in the collection of independent participant contributions (Workers Not Recipients of Wages) is that arrears of payments (not routine payments) by participants are 4.1% due to "I don't get sick often" and 2.7% because "if I don't get sick, my money just goes away" [8]. Most informal sector workers delay participation because they feel they have no need, do not fully understand JKN procedures and benefits, and listen to complaints from nearby people [15]. Different things are seen in the people who have registered as independent participant of National Health Insurance participants. The factor that encourages them to register is that they are already sick or do have a high risk of illness and there are indications that they will immediately use health services. This condition indicates that there is an adverse selection [16]. Research by Rismawati in 2017 states that there is a relationship between motivation and compliance with payment of BPJS Mandiri contributions. One of the contributing factors is that as an independent BPJS participant, some people register for independent BPJS already in a state of urgency, where prospective BPJS participants register because they are already sick. So they immediately registered as BPJS Mandiri participants. After they do not get service at the hospital, they do not continue to pay BPJS Mandiri contributions. Mandiri participants also register because some have been sandwiched for example because there are already family members who are already sick so that there is an element of compulsion to register members and when they are paid the monthly fee is forgotten [17]. From the results of the FGD, all informants who were not obedient paid their BPJS contributions, after learning of the fines imposed, they became obedient in paying contributions so they would not be fined again. JKN Mandiri participants register themselves to be influenced by several reasons including because the community feels it is important for health and paid contributions are not burdened with the benefits received from treatment when using BPJS. This makes the motivation of the citizens higher because there are some facilities provided by BPJS to participants. From the results of the FGD, it was also known that the informants did not know that there were fines imposed when getting inpatient services in the hospital if they were late in paying contributions. In Presidential Regulation No.82 of 2018 also stated that Workers Not Recipients of Wages participants and Non-Workers participants must pay contributions to BPJS Health no later than the 10th of every month. In addition, there was firmness regarding fines for JKN-KIS Mandiri participants, namely the participation status of someone JKN-KIS was deactivated. If the participant is hospitalized at the Advanced Level Referral Health Facility within up to 45 days from the active participation status again, it will be subject to a service penalty of 2.5 percent of the estimated cost of the INA CBG's package with a maximum fine of Rp 30 million [4]. The high level of informality in this country creates additional challenges. For direct achievement of universal health insurance. In the implementation there are several problems. One of them is additional complexity with the inclusion of the informal sector in contribution-based schemes where many workers in the informal sector have unstable and regular income, such as farmers who have to wait for harvest to earn income. This condition causes the process of collecting regular contributions to be hampered and potentially causing high drop-out rates [18].

3.2 Health Service Aspects

From the results of in-depth interviews, information was obtained about the availability and continuity of services in the Barru General Hospital, including the availability of personnel, the completeness of services, the

availability of medicines and the availability of facilities and infrastructure. For the availability and continuity of services, the results of in-depth interviews found that in Barru General Hospital still lacked 1 Pediatrician and 1 Surgeon but provided services for Anatomical Pathology Specialists. The information above is supported by the results of the Focus Group Discussion that in the Barru General Hospital the availability of personnel, the completeness of services, the availability of medicines and the availability of facilities and infrastructure are good. In accordance with the Regulation of the Minister of Health No. 54 of 2014 concerning Hospital Classification and Licensing, that in general hospitals for class C, medical specialists who must be owned are two specialist doctors for each type of basic specialist medical service. The basic specialist medical services involved are internal medicine, child health, gynecological surgery and obstetrics [19].Furthermore, from the results of the study, the completeness of the services in Barru General Hospital was complete according to the standards of class C hospitals. Even in Barru Hospital provided anatomical pathology services that were not required to be in class C hospitals. Again referring to the Minister of Health Regulation No.54 of 2014, the services provided by General Hospital for Class C, at least medical services, pharmacy services, nursing and midwifery services, clinical support services, non-clinical support services and inpatient services. Based on the results of the study, the availability of drugs in Barru General Hospital was quite good. Only sometimes there are drugs that are included in the National Formulary but happen to be unavailable in the hospital or the stock is out, so the patient is recommended to buy at a pharmacy outside the hospital. However, purchases by patients will be compensated by the hospital. According to Presidential Regulation No. 82 of 2018 that the list of medicines, medical devices and consumable medical materials borne by the BPJS Health is set forth in the national formulary or compendium of medical devices. Medicines, medical devices and consumable medical materials must be provided by hospitals because they are included in the benefit package of services at the Advanced Level Referral Health Facility [4]. From the results of the document review, the availability of Health Facilities and Infrastructure in Barru Hospital is in accordance with Class C hospital standards in accordance with Minister of Health Regulation No. 54 of 2014 which states that inpatient services provided by Class C General Hospitals must be equipped with a number of class care beds III at least 30% of all beds for government-owned hospitals. According to the results of the FGD, in general the availability and continuity of services in the Barru General Hospital have been good, starting from health workers, completeness of services, availability of medicines and infrastructure facilities. The results of the above research are also supported by Andersen's theory (2001) which states that organizational factors, namely the availability of health facilities are factors that enable a person to utilize health services. Theory of Alan Dever (1984) also explains that the availability of sufficient resources in terms of quality and quantity greatly influences the utilization of health services [20]. This is in line with the research conducted by Anggraheni, Muhlisin, & Ambarwati in 2012 [21] which states that the utilization of health services is influenced by the availability of hospital facilities. Gunawan & Sugiarto (2013) in his research stated that available medical personnel, comfortable treatment rooms and adequate facilities had a positive effect on the utilization of health services [22]. For access to health services, from the results of the Focus Group Discussion (FGD) information obtained about distance and means of transportation to Barru General Hospital can be reached by informants. The FGD informant stated that access to the Barru General Hospital could be reached, even though it had a short distance, but the ease of transportation made it easy to access. For the quality of health services, from the results of Focus Group Discussion (FGD), information about service quality in Barru General Hospital is generally good. The queue is

not too long, the service officers, doctors and nurses are also good. Service officers play an important role in maintaining service quality so that health service users are satisfied. Officers consist of doctors and nurses, paramedics and non-medical support. This is in line with the research conducted by Laili (2008) which shows that there is an influence of service personnel on the utilization of health services [23]. Research conducted by Hasbi (2012) states that there is a relationship between the quality of physician services to patients' decisions to utilize health services [24]. According to research conducted by Laili (2008) also shows that there is an influence of the speed of service on the utilization of health services. Basically, humans want convenience, as well as looking for health services. Everyone likes fast service starting from registration until the time they go home [23]. The results of research conducted by Purwantara & Sandy (2018) show that timeliness is one of the most dominant indicators performed on patients with BPJS health insurance. Timeliness is the consistency of waiting time with the completion time of the service. Some results have found that timeliness can still be tolerated [25].

3.3 Financing Aspect

From the results of in-depth interviews, information was obtained about the proportion of Out of Pocket from participants or the costs at Barru Hospital that the Barru General Hospital charged fees only for the increase in treatment classes. For the purchase of drugs according to the national formulary that are not available at the hospital, Barru General Hospital will reimburse the cost of purchasing drugs outside the hospital. The fee charged is confirmed beforehand to the patient. Fees are charged for increasing VIP care classes, the amount depends on the patient's INA CBG package. To pay fees at Barru Hospital, the maximum is 60% of the INA CBG's package with details: 1-3 days 30% from INA CBG's, 4-6 days 40%, 7-10 days 50% and more than 10 days 60% of INA CBG's package. Payment of the cost difference is made with the provision of an increase in inpatient service class from class 3 to class 2 and from class 2 to class 1, having to pay the difference in cost between the INA CBG's rate in the higher inpatient class chosen at INA CBG's rate in the inpatient class in accordance with the rights of participants. To increase the service class above class 1, you must pay a difference in cost of at most 75% of the class 1 INA CBG's rate [26]. Of the three dimensions of achievement of Universal Health Coverage (UHC), namely the dimensions of participation, the dimensions of health services and the dimensions of financing. In this study the third dimension, namely the dimensions of financing still not achieved in the condition of 100% UHC participation. This is because even though all residents have health insurance, there are still some JKN Mandiri participants who do not comply with paying contributions subject to fines when using health services. A growing body of evidence shows that most health systems fail to meet financial risk protection due to the still out of pocket payments [27]. The proportion of Out of Pocket for participants was also adjusted based on Minister of Health Regulation No. 51 of 2018 concerning the reduction in costs and the difference in costs in the JKN program. To purchase drugs at pharmacies outside the hospital, the RSUD will compensate for the purchase of drugs that are not available at the hospital. In accordance with Presidential Regulation No. 82 of 2018, health facilities must ensure that participants get medicines, medical devices and medical supplies that are needed according to medical indication. Health facilities that do not have supporting facilities are required to build networks with supporting health facilities to ensure the availability of medicines, medical devices, consumable medical materials and supporting examinations needed. The information above is supported by the results of the Focus Group Discussion, where informants are fined for

late payment of monthly fees. Fines are imposed depending on the size of the INA CBG's inpatient package and depending on how many months the arrears are paid. From the results of the study, it was found that the fines to be paid by informants were quite burdensome. But they also realized that the fine was due to their own negligence for not paying contributions.

The payment of the fine also made them diligent in paying BPJS Health contributions. In addition, there is a purchase of drugs in an outside pharmacy that should be available at the hospital, but purchasing drugs outside the hospital is considered not burdensome by informants. Based on the results of research conducted by Laili (2008), that there is an effect of costs on the utilization of health services. Whereas in other studies stated participants whose contributions were paid by the Government tended to feel satisfied with the existing system because without paying any contributions they could obtain health services.

Complaints and many dissatisfied statements arose from wage recipients and whose contributions were paid independently because several participatory procedures were deemed complicated and lack of socialization regarding the ongoing JKN system [28]. Referring to Presidential Regulation No. 82 of 2018 that if there are JKN Mandiri participants who do not pay contributions until the end of the current month, the guarantee of participants will be suspended from the 1st day of the following month. For this reason, if you want to reactivate your participation, you must pay off the maximum arrears you have to pay to be active again for a maximum of 24 months, for example if there are four years in arrears, you must pay 24 months in arrears [4].

If within 45 days of active participation status again, participants must pay a fine of 2.5% of the cost of INA CBG's if they receive advanced inpatient health services. Example of simulating payment of inpatient fines: if there is a class I JKN Mandiri participant who is late paying a contribution of 5 months, then the guarantee is suspended temporarily. To activate, participants must pay Rp. 80,000 x 6 months = Rp. 480,000. If 1 to 45 days after active participation, the participant underwent advanced hospitalization with the grouper code INA CBG's (1-1-20-1) mild catheterization heart valve procedure at a cost of Rp. 55.871.700. Then the fine to be paid is 2.5% x 5 months x Rp. 55.871.700 = Rp. 6.983.962.

4. Conclusion

- From the aspect of participation, utilization of health services in the RSUD Barru after achieving 100% Universal Health Coverage (UHC) participation, there are still JKN Mandiri participants who do not obey paying their JKN contributions so that the guarantee of membership is suspended.
- From the aspect of health services, the utilization of health services in Barru General Hospital after achieving 100% Universal Health Coverage (UHC) participation, health services in general are good, namely in terms of availability and continuity of services, access to hospitals and quality of services. However, the availability of specialist doctors does not meet the standards of Class C Hospital. In addition, in terms of drug availability, there are still purchases of drugs outside the hospital, although very rare.
- From the aspect of financing, the utilization of health services in the Barru General Hospital after achieving 100% Universal Health Coverage (UHC) participation, there are still out of pocket payments

from JKN mandiri participants, namely fines due to late paying fees and the difference in cost of increasing treatment classes.

References

[1] Situmeang, L. E., & Hidayat, B. J. J. K. K. I. J. "The Effect of Health Insurance Ownership on Household Catastrophic Health Expenditures in Indonesia in 2012", vol. 7, no. 1, pp 1-9, 2018.

[2] Nugraheni, S. W. "Evaluation of the Implementation of National Health Insurance in DR Moewardi General Hospital Surakarta". Jurnal INFOKES Universitas Duta Bangsa Surakarta, vol. 5, no. 2, 2015.

[3] Kusumaningrum, A., & Azinar, M. J. H. "Community Participation in a National Health Insurance Independently", vol. 2, no. 1, pp.149-160, 2018.

[4] Presidential Regulation Number 82 of 2018 concerning Health Insurance. 2018.

[5] Pangestika, V. F., Jati, S. P., & Sriatmi, A. J. J. K. M. "Factors Relating to the Participation of the Informal Sector in the Mandiri Health BPJS in Poncol Sub-District, Pekalongan Timur District, Pekalongan", vol. 5, no.3, pp.39-48, 2017.

[6] Agustina, R., Dartanto, T., Sitompul, R., Susiloretni, K. A., Achadi, E. L., Taher, A., . . . Shankar, A. H. J. T. L. Universal health coverage in Indonesia: concept, progress, and challenges. 2018.

[7] Dartanto, T., Rezki, J. F., Pramono, W., Siregar, C. H., Bintara, U., & Bintara, H. "Participation of informal sector workers in Indonesia's national health insurance system". Journal of Southeast Asian Economies, pp. 317-342, 2016.

[8] AR, C. Compliance with Paying and Quality of BPJS Mandiri Patient Health Services in Haji General Hospital Makassar. Universitas Hasanuddin, Makassar. 2017.

[9] Fatma, I. Relationship between Negative News of Health BPJS in Mass Media and Intensity of Word of Mouth Communication in Communities with the Level of Public Trust in the Quality of BPJS Health Services. Faculty of Social and Political Sciences. 2018.

[10] BPJS Health. Encouraging Quality Improvement of Hospital Services for JKN-KIS Participants. BPJS Health Info. 2017.

[11] Widiastuti, I. J. P. I. "Services of the Health Social Security Organizing Agency (BPJS) in West Java". vol. 2, no. 2, pp.91-101, 2018.

[12] WHO. The world health report: health systems financing: the path to universal coverage: executive summary: Geneva: World Health Organization. 2010.

[13] Evans, D. B., & Etienne, C. Health systems financing and the path to universal coverage: SciELO Public Health. 2010.

[14] Ramadhani, S. Factors Associated with Utilization of Health Services at Independent Participants in Health BPJS at Sumbersari Health Center 2017. 2017.

[15] Siswoyo, B. E., Prabandari, Y. S., & Hendrartini, Y. "Informal Sector Worker Awareness of the National Health Insurance Program in the Special Province of Yogyakarta". Jurnal Kebijakan Kesehatan Indonesia: JKKI, vol. 4, no. 4, pp. 118-125. 2015.

[16] Endartiwi, S. S. Persepsi masyarakat terhadap kemauan untuk mendaftar menjadi peserta mandiri jaminan kesehatan nasional (JKN). Journal of Health Studies, 2(2), 81-92. 2018.

[17] Rismawati, R., Lisnawaty, L., & Jufri, N. N. "Factors Related With Compliance Paying Of BPJS Mandiri Insurance/ Contribution In The Working Area Of Batalaiworu Public Health Center In 2017". Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat, vol. 2, no. 8. 2017.

[18] (TNP2K), T. N. P. P. K. Travel to National Health Insurance. Jakarta. 2015.

[19] Minister of Health Regulation Number 54 of 2014 concerning Hospital Classification and Licensing. 2014.

[20] Yustina, I., & Aulia, D. Differences in Hospital Utilization by BPJS Patients in Medan City Private Hospital (Comparative Study in Indonesian Workers' Imelda Hospital and Martha Friska Hospital) 2017. 2018.

[21] Anggraheni, N. V., Muhlisin, H. A., & Ambarwati, S. P. Factors Affecting Community Decision Making for Choosing Health Services in PKU Muhammadiyah Simo Hospital Boyolali District. Universitas Muhammadiyah Surakarta. 2012.

[22] Gunawan, W. H., & Sugiarto, Y. Analysis of the influence of the quality of medical services and administrative services on patient loyalty (Study of inpatients at Pertamina Cirebon hospital). Fakultas Ekonomika dan Bisnis. 2013.

[23] Laili, E. Effect of Characteristics of the Poor and Health Services on the Utilization of Services for the Pandan Regional General Hospital in Tapanuli Tengah District in 2007. 2008.

[24] Hasbi, F. H. "Analysis of the Relationship between Patient Perception of Service Quality and Reuse of Outpatient Services in Poncol Semarang City Health Center in 2012". Jurnal Kesehatan Masyarakat Universitas Diponegoro, vol. 1, no.2, 2012.

[25] Purwantara, I. K. G. T., & Sandy, P. W. S. J. Service Quality of BPJS and General Patients in Hospitals in Buleleng, Bali. MIDWINERSLION Jurnal Kesehatan, vol.3, no. 2, pp. 236-240, 2018.

[26] Minister of Health Regulation Number 51 of 2018 concerning Costs and Cost Difference in the JKN Program. 2018.

[27] WHO. Making Fair Choices On The Path To Universal Health Coverage: Final Report Of The WHO Consultative Group On Equity And Universal Health Coverage. 2014.

[28] Christasani, P. D., & Satibi, S. "Demographic Factor Study of Patient Satisfaction National Health Insurance at First Level Health Facilities". Journal of Pharmaceutical Sciences and Community, vol. 13, no. 1, pp. 28-34. 2016.

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