

Level of Understanding and Compliance Regarding the Rights and Obligations of BPJS Participants to Utilize Dental Health Services in the First Health Facilities

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Abstract

The problem of oral health in the last five years increased by five years, by 25,9% to 57.6% of the total population of Indonesia. BPJS is a government health service facility that provides various dental health services. Community participation in the Health BPJS is critical to guarantee the right to obtain a healthy life. This study aims to determine the relationship between understanding and compliance with the obligations and rights of BPJS Health participants to the use of dental health services. The method in this study was observational with a cross-sectional design. The research sample was 117 people. Data were analyzed using a statistical application program consisting of a single univariate analysis, presented in the form of a frequency distribution and then described as well as a bivariate analysis to see the relationship of understanding and compliance regarding the obligations and rights of BPJS Health participants to the utilization of dental health services using the statistical test Spearman Rank. The results showed a significant relationship between the level of understanding and compliance regarding the obligations and rights of BPJS health participants, with p-value = 0,000 for the aspect of the level of understanding and p-value = 0.017 for the aspect of the level of compliance. It is recommended that the community further improve the level of understanding and compliance related to the obligations and rights of the health BPJS participants so that they can efficiently utilize the available health services.

Keywords: *Compliance, Understanding, Utilization, Health Insurance.*

A. INTRODUCTION

Health insurance is a type of insurance product that explicitly guarantees the health or care costs of the insurance members if they fall ill or have an accident (Blanchet et al., 2012). There are various types of health insurance in Indonesia, such as Askes, Jamkesmas and private insurance (Anindya et al., 2020). On January 1, 2014, the Social Security Administering Body (BPJS) for health was formed, which was a change in form from PT Asuransi Kesehatan (ASKES), which was assigned as the organizer of Social Security in the health sector to improve services (Mboi, 2015). The Health Social Security Administering Body (BPJS) is a legal entity established to

implement the Indonesian People's Health Insurance Program (Elangga et al., 2019). Indonesia is a country that wants to realize health insurance for every citizen. The Government of Indonesia realized this desire by implementing public health insurance through the National Health Insurance (JKN) (Dartanto et al., 2020).

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014, all diseases, including medical indications, can be covered by BPJS Kesehatan except for those explicitly not covered (Nugraheni et al., 2020). Dental and oral disease is a disease whose treatment can be borne by BPJS Kesehatan (Nazir, 2017). The percentage of the Indonesian population with dental and oral health problems has increased significantly in the last five years, namely 25.9% to 57.6% of the total population of Indonesia (Maharani et al., 2019). Thus, one can imagine how great the community's need for dental and oral health care is. However, most people often ignore the condition of dental and oral health (Ramadhani et al., 2021). Dental care is considered unimportant; they even consider dental health problems, not diseases that can lead to death (Sanchez et al., 2017). Even though the benefits are vital in supporting general health (Sulardi & Setiawan, 2020). Besides that, dental care is considered expensive, so some people cannot afford treatment at private or government health facilities (Sumini et al., 2020). Dental service actions guaranteed by BPJS Health at First Level Health Service Facilities include service administration, examination, treatment, and medical consultation (Espressivo et al., 2020). The goal is that people want to carry out routine dental checks every six months, especially for BPJS Health participants (Mahendradhata et al., 2017). Compared to other health insurance, BPJS has the benefits of more complete health facilities (Prabhandinaa et al., 2020).

BPJS Health services reach people with weak economies because there is a choice of types of contributions that are relatively cheap, and even this also affects the quality of service for BPJS participants (Sparrow et al., 2020). After the researchers made observations about the general public understanding level, it turned out that BPJS Health participants only understood paying contributions for registered service classes. Still, what other procedures and types of health services were obtained related to dental health, they did not understand. They were only silent when explained by the health service workers, so this also became one of the problems for the community and BPJS due to participants' lack of understanding of the utilization of BPJS health services, in this case, dental health.

The utilization rate of a health service can be calculated using the Utilization Rate (UR) formula. You do this by comparing the number of monthly BPJS patient visits with the total number of BPJS participants multiplied by 100%. The estimated ideal utilization rate is 2-3% for 10,000 participants (Maharani et al., 2019). The number of BPJS participants registered at the Puduk Payung Health Center reached 10,691 participants, while the number of BPJS patients who visited the Puduk Payung Health Center was 1,316. Of the total BPJS patients who visited the Puduk Payung Health Center for one month, only 7.75% visited the Dental Polyclinic or 208 patients. The Utilization Rate (UR) rate for BPJS patients at the Puduk Payung Health Center Dental

Polyclinic is only 1.04%. This means that the level of utilization of BPJS patients for dental health service facilities at the Puduk Payung Health Center Dental Polyclinic is relatively less than ideal.

Many people use it for free dental check-ups at the Puskesmas, even though they don't understand what kind of services they get from BPJS services. This is because, apart from being free of charge, the monthly contributions are very cheap compared to private insurance contributions (Elangga et al., 2019). Cross-subject subsidies between healthy and sick patients allow affordable financing in BPJS contributions (Ekawati et al., 2017). Considering the above, community participation in BPJS Health is very important to guarantee their right to a healthy life. Rights will always be closely related to obligations (Yusriadi, 2019). Likewise, in this case, so that people can obtain their rights to obtain good health, they must also pay attention to their obligations as users of health services (Sulastri et al., 2020). Understanding the rights and obligations of health BPJS participants will affect the utilization of health services. Understanding must be followed by compliance to achieve optimal utilization of health services. Compliance can be measured from the understanding of BPJS participants regarding their rights and obligations. Understanding and compliance are components that can influence health service utilization, so in this study, the relationship between understanding and compliance with health services, especially dental and oral health BPJS health participants, will be examined.

B. METHOD

This research is an observational study with a cross-sectional approach. The population of this study was 600 people who were participants in the Health BPJS in the Puduk Payung Health Center Semarang. Respondents in the study amounted to 117 people taken by simple formulas, according to Notoatmodjo (2002). Respondents have agreed to inform consent, and this research has also been approved by the Health Research Ethics Committee of the Semarang Ministry of Health Poltekkes No.196/EA/KEPK/2019.

Understanding of the obligations of BPJS health participants is the level of understanding of BPJS participants with contributions or procedural obligations to follow PBI to the government. The indicators in this variable are the objectives of the BPJS program, Obligations of participants to pay BPJS contributions based on the class of service, Procedures for obtaining a BPJS card, reporting changes to participant data, keeping the card from being used by other people, how to get health center/hospital services. The level of compliance is the compliance of BPJS participants to comply with regulations that apply to BPJS participants in the government. The indicators in this variable are complying with applicable regulations regarding BPJS health, complying with BPJS health referral procedures, BPJS fees based on the service class, procedures for obtaining BPJS cards, reporting changes to participant data, keeping the card from being used by other people and how to get health center/hospital services.

The data collection instrument used was a questionnaire consisting of 8 questions related to understanding, eight questions about the level of adherence and

eight questions about the utilization of health services. Data analysis was performed using the Spearman Rank statistical test.

C. RESULT AND DISCUSSION

1. Description of Respondent Identity

Below is a table containing details of the identity of the respondent. The details include age, gender, last education and main occupation. Provide details of the identity:

Table 1. Description of Respondent Identity

Age	N	%
17-25 (Teenagers)	22	19
26-45 (Adult)	62	53
46-65 (Elderly)	22	19
65-over (Seniors)	11	9
Total	117	100
Gender		
Man	41	35
Woman	76	65
Total	117	100
Last Education		
Do not go to school	6	5
Elementary school	29	25
Junior high school	22	19
Senior High School	47	40
D3	6	5
College	7	6
Total	117	100
Job		
IRT (Housewife)	22	19
Farmer	10	9
Student	5	4
Teacher	7	6
Private	12	10
Self-employed	56	48
Civil servant	5	4
Total	117	100

Based on the table above, it is known that the majority of respondents in the study were from the adult age group, namely 26-45 years, totaling 62 respondents, with the female sex, namely 76 respondents. At the last high school education, there were 47 respondents, most of whom were self-employed, namely 56.

Furthermore, the table below will explain the characteristics of BPJS membership.

Table 2. Characteristics of BPJS Membership

No	Identity	N	%
1	The first level of health facility		
	Individual practice doctor	0	0
	Government clinic	0	0
	Private clinic	0	0
	Public health center	117	100
	Total	117	100
2	Utilization of BPJS owned		
	Yes	86	74
	No	31	26
	Total	117	100

Table 2 shows that all respondents in this study, namely 117 respondents (100%), had the characteristics of BPJS membership with first-level health facilities all registered at the Puskesmas, for the use of BPJS-related respondents, 86 respondents (74%) had used it for health purposes.

2. Description of Utilization of Health Service Facilities, Understanding and Compliance Level of Respondents

Furthermore, it will explain the distribution in the use of facilities, understanding and compliance levels of respondents. The table below will explain the details of this.

Table 3. Distribution of Facility Utilization, Understanding and Compliance Level

No	Item	N	%	Mean±Sd
1	Utilization of Health Service Facilities			
	Good	84	72	40.45
	Not good	33	28	
2	Understanding			
	Good	79	68	39.01
	Not good	38	32	
3	Obedience			
	Good	93	79	34.43
	Not good	24	21	

Based on Table 3, it is known that 84 respondents (72%) have used health service facilities properly, while 33 respondents (28%) still use health services in a poor category. 79 respondents (68%) already have a good understanding of the obligations and rights of BPJS health participants, and 38 respondents (32%) still have a poor understanding. Viewed from the aspect of compliance, 93 respondents (79%) already had a good level of compliance with the obligations and rights of BPJS health participants, and 24 respondents (21%) still had a poor level of compliance.

3. Description of Utilization of Health Service Facilities, Understanding and Compliance Level of Respondents Based on Gender and Age

Next, it will describe how the respondents used health service facilities, understanding and also the level of adherence based on their gender and age categories.

Table 4. Distribution of Respondents' Understanding by Age and Gender

No	Item	Understanding					
		Good		Not Enough		Total	
		N	%	N	%	N	%
1	AGE						
	Teenager	14	12.0	8	6.8	22	18.8
	Adult	41	35.0	21	17.9	62	53.0
	Elderly	19	16.2	3	2.6	22	18.8
	Seniors	5	4.3	6	5.1	11	9.4
	Total	79	67.5	38	32.5	117	100
2	GENDER						
	Male	31	26.5	10	8.5	41	35.9
	Female	48	41.0	28	23.9	76	65.0
	Total	79	67.5	38	32.5	117	100

Table 4 shows that when viewed from the age of the respondents, most of the respondents in the adult category have a good understanding. Respondents with the female gender have a better understanding than male respondents.

Table 5. Distribution of Respondents' Obedience by Age and Gender

No	Item	Obedience					
		Good		Not Enough		Total	
		N	%	N	%	N	%
1	AGE						
	Teenager	15	12.8	7	6.0	22	18.8
	Adult	46	39.3	16	13.7	62	53.0
	Elderly	22	18.8	0	0	22	18.8
	Seniors	10	8.5	1	0.9	11	9.4
	Total	93	79.5	24	20.5	117	100
2	GENDER						
	Male	39	33.3	2	1.7	41	35.0
	Female	54	46.2	22	18.8	76	65.0
	Total	93	79.5	24	20.5	117	100

Table 5 shows that when viewed from the age of the respondents, most of the respondents in the adult category have good compliance. Respondents with the female gender have better compliance than male respondents.

Table 6. Distribution of Respondents' Utilization by Age and Gender

No	Item	Utilization					
		Good		Not Enough		Total	
		N	%	N	%	N	%
1	AGE						
	Teenager	14	12.0	8	6.8	22	18.8
	Adult	46	39.3	16	13.7	62	53.0
	Elderly	16	13.7	6	5.1	22	18.8
	Seniors	8	6.8	3	2.6	11	9.4
	Total	84	71.8	33	28.2	117	100
2	GENDER						
	Male	29	24.8	12	10.3	41	35.0
	Female	55	47.0	21	17.9	76	65.0
	Total	84	71.8	33	28.2	117	100

Table 6 shows that when viewed from the age of the respondents, most of the respondents in the adult category used health services well. Respondents with female gender make better use of it compared to male respondents.

4. Relationship of Understanding and Compliance with Obligations and Rights of BPJS Health Participants in Utilization of Dental Health Services

After looking at the description of the respondents based on their age and gender categories, the next step will be to look at the relationship between understanding and compliance with the obligations and rights of BPJS Health users regarding the utilization of their dental health services.

Table 7. Relationship between Understanding and Compliance regarding the Obligations and Rights of BPJS Health Participants towards the Utilization of Dental Health Services

No	Item	Utilization							
		Good		Not enough		Total		Mean±sd	p-value
		N	%	N	%	N	%		
1	Understanding								
	Good	67	57	12	10	79	68	39,01	0.000
	Not enough	17	15	21	18	38	32		
2	Obedience								
	Good	72	62	21	18	93	79	34,43	0.017
	Not enough	12	10	12	10	24	21		

Based on Table 7, the statistical test results obtained a p-value <0.05, which could mean a significant relationship between understanding and compliance with the obligations and rights of health BPJS participants and the utilization of dental health services. It is known that most respondents have a good level of understanding and compliance with the obligations and rights of BPJS health participants, followed by utilization of health services in a good category.

Based on Table 3, it is known that 93 respondents (79%) already have a good level of compliance with the obligations and rights of BPJS health participants, and 24 respondents (21%) still have a poor level of compliance. Table 4 shows that most respondents were found with a good level of compliance with the obligations and rights of BPJS health participants, followed by utilization of health services in a good category. The statistical test results obtained a p-value = 0.017 (<0.05). It can be concluded that there is a significant relationship between the level of compliance with the obligations and rights of BPJS health participants towards the utilization of health services.

The results showed a significant relationship between respondents' level of understanding and compliance with the obligations and rights of BPJS participants regarding the utilization of health services. This is evidenced by the results of statistical tests, which show a p-Value = 0.000 for the level of understanding aspect and a p-Value = 0.017 for the aspect of compliance level. The distribution of patient identities shows that the respondents in this study were mainly from the 26-45 years age group or in the adult category. Most of the female gender. Having the latest educational status is most often found with a high school education and having the main job status mainly in entrepreneurship. As for the characteristics of BPJS membership, the respondents were all registered with the first-level health facilities at the public health center, most with Jamkesmas contribution assistance recipient (PBI) status and had been put to good use by the respondents.

The distribution of understanding levels shows that 79 respondents (68%) already have a good understanding of the obligations and rights of BPJS participants, this is following the concept of rights and obligations of BPJS for health, which urges the public to understand the BPJS program so that it makes it easier for the community to utilize/use the health rights obtained. While 38 respondents (32%) still have an understanding in the category that is not good, this is because the respondents only understand the program and objectives of BPJS for health without understanding other procedures such as services provided by BPJS, procedures for getting cards, as well as ways to get health center/hospital services using BPJS, and of course this will affect the utilization of health services.

The distribution of respondent's compliance with the obligations and rights of BPJS participants showed the same results, that is, most respondents had a good level of compliance with 93 respondents (79%), and only 24 respondents (21%) had a poor level of compliance. One of the respondents with good compliance is also based on a good understanding. Analysis of the questionnaire results shows that respondents who already understand the objectives of the BPJS program are accompanied by compliance with applicable regulations regarding BPJS for health. Respondents who understand the obligation to pay dues and are paid based on class are accompanied by complying with the obligations of participants in paying dues. It can be seen that a good understanding will affect the compliance of respondents in carrying out their obligations and rights as BPJS health participants. As for respondents with poor compliance, this was also influenced by poor understanding, and many respondents

ignored the procedures or their obligations as BPJS health participants. Analysis of the questionnaire results most often found respondents who ignore the procedures in the reference regulations.

The distribution of health service utilization showed that 84 respondents (72%) had used health service facilities well, while 33 respondents (28%) still used health services in a poor category. It can be concluded that respondents with good utilization can be based on good understanding and compliance. This follows the results of the distribution between understanding and compliance with utilization which shows that respondents with a good level of understanding of the obligations and rights of BPJS health participants are followed by utilization of health services in a good category of 67 respondents (57%). Respondents with a good level of compliance with the obligations and rights of BPJS health participants, followed by utilization of health services in a good category, were 77 respondents (62%).

From the discussion above, it can be seen that the level of understanding will be related to the compliance of respondents, which will also affect the utilization of respondents related to health services. Following several studies' opinion, a good understanding tends to lead to good utilization of health services (Djalante et al., 2020). Good utilization must be balanced with understanding (Bakeera et al., 2013). This is in line with the study results, which found that most respondents had good levels of understanding and compliance, followed by the utilization of respondents related to health services in a good category. Research by Gabrani et al. (2020) stated that one of the factors that influenced the utilization of health services was the knowledge and understanding of the respondents. The impact of the knowledge that is still minimal causes long service hours, delays in the procedures and flow that are applied and low utilization of health services (Ahmad et al., 2017). Yusriadi (2019), in his research, suggests that BPJS health participants are expected to be able to understand the procedures or administration that must be fulfilled to get appropriate services.

The higher the community's understanding of its relation to health services, the more successful the program will be and the optimal utilization of health services (Wiseman et al., 2018). As users or those who obtain services, the community must understand the services that will be obtained and also understand the process of obtaining optimal services by following the BPJS for health currently being proclaimed by the government (Kumar & Preetha, 2012).

D. CONCLUSION

Level of understanding regarding the obligations and rights of BPJS participants 79 respondents (68%) already have a good level of understanding, and 38 respondents (32%) still have a level of understanding in the category that is not good. The level of compliance related to the obligations and rights of BPJS participants 93 respondents (79%) already have a good level of compliance, and 24 respondents (21%) still have a level of compliance with a poor category. There is a significant relationship between the level of understanding and compliance with the obligations and rights of

BPJS health participants, with a p-value = 0.000 for the level of understanding and a p-value = 0.017 for the level of compliance.

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