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# The Influence of a Cost Sharing Policy on the Satisfaction of Participants in Health Care Through Perception

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### Abstract

*The National Health Insurance Program (JKN) with a tiered referral system, namely the referral health service system, is implemented in stages according to medical needs. Communities can seek treatment at primary health facilities such as health centers, clinics, or family doctors listed on BPJS Health participant cards. . The problem since it was formed BPJS Health is facing a cash flow deficit and every year the government must intervene to inject BPJS health funds. In 2018 the Permenkes No. 51 of 2018 was issued regarding the order of fees and the difference in payment in JKN. This study aims to determine the disparity between policies and the expectations of participant satisfaction with health services, where the expectations of participants obtain services that are easy, fast, and affordable while the policies do not match the participants' expectations. This study was an observational analytic study with a cross sectional study design. The research was conducted in September to November 2019. Sampling in this study was carried out by simple random sampling technique with the criteria of being willing to be the subject of research and being a BPJS patient at Dr. Suherman Jember Clinic. Based on these criteria a sample of 100 patients was obtained. Data collection techniques in this study were questionnaires and documentation. Data analysis uses SmartPLS version 2. The results show that there is a significant influence of the cost sharing policy on satisfaction through perception. The coefficient of influence of the policy of cost sharing on satisfaction through perception is 0.131. This means that the cost policy has a positive and significant effect on satisfaction through perception. This means that the better the perception caused by the better costing policy will tend to increase the satisfaction of BPJS Health participants. Thus, the perception variable is able to mediate the influence of cost sharing policies on satisfaction.*
*Keywords: Policy, Satisfaction, Perception*

## 1.0 BACKGROUND

The Government of Indonesia has implemented a National Health Insurance Program (JKN) with a tiered referral system, which is a referral system for healthcare services that is implemented in stages according to medical needs. Communities can seek treatment at primary health facilities such as health centers, clinics, or family doctors listed on BPJS Health participant cards. Patients continue their follow-up services by a specialist, so they can be referred to a second-level health facility or secondary health facility if needed. Patients can be referred to tertiary health facilities that will receive treatment from sub-specialist doctors who use sub-specialty health knowledge and technology if they cannot be handled at secondary health facilities (Minister of Health, 2013a)

BPJS data until May 2018, health insurance program participants have reached nearly 200 million people or about 75% of Indonesia's population. The problem since it was formed BPJS Health is facing a cash flow deficit. In 2014, the health BPJS deficit reached Rp 3.8 trillion. In 2015, the deficit ballooned to Rp5.9 trillion. In 2016, the deficit swelled again to Rp 9 trillion. In 2017 the deficit widens to Rp 9.75 trillion and in 2018, the health BPJS deficit is predicted to reach Rp 16.5 trillion. As a result every year the government must intervene to inject BPJS health funds. In practice, there are only class I dues whose contributions are in the amount of Rp. 80 thousand per month. For class III participants only pay Rp. 25,500 per month, meaning that they have to be subsidized Rp. 24,500 per month. Class

II participants pay Rp. 51 thousand per month and get subsidies of Rp. 12,000 per month (BPJS Health, 2019). In 2018 the Minister of Health Regulation No. 51 of 2018 was issued regarding the order of fees and the difference in payment in JKN. The difference in costs is the additional costs paid by participants when they receive health service benefits that are higher than their rights. For example, participants ask to be served in an executive polyclinic. In this case, participants are charged the difference between the costs guaranteed by the Health BPJS and the costs that must be paid due to service improvement. Since the regulation was issued, a polemic occurred in the community, most of them did not agree with the regulation. The Confederation of Indonesian Trade Unions (KSPI) and the Federation of Indonesian Metal Trade Unions (FSPMI) held a demonstration rejecting the order of costs because it was not in accordance with the basic health insurance principles that laborers and the Indonesian Parliament were fighting for when they urged the ratification of the BPJS Law. The First Integrated Health Facilities Clinic with the most participation was in the Dr. M. Suherman Jember Clinic, which was 17,815 participants until July 2019, which had decreased compared to the previous month, June 2019, which was 17,912 participants. Some participants at the Dr. Suherman Jember clinic felt disadvantaged by the policy because participants did not know about health services that had to use a fee-based scheme and were fully borne by BPJS Health.

## 2.0 METHODOLOGY
### 2.1 The type and design of the researc
This type of research using analytic observational is field research or can be called as empirical research. This research design uses Cross Sectional. The research approach uses quantitative research that is the research method used to examine a particular population or sample with random sampling techniques. This research was conducted at the dr. Suherman Jember clinic. When the study was conducted in September to November 2019.

### 2.2 Populations and Samples
The population of this research is all BPJS participating patients at the Dr. Suherman Jember Clinic totaling 17,815 participants.

### 2.3 Sample research
The population to be studied has been determined by a total of 17815 participants, then from the data obtained a sample size with an error rate of 10% is 100 respondents. Sampling techniques: using simple random sampling technique because the sampling was done randomly without regard to strata in the population. How this is done when the population considered to be homogeneous (Sugiyono, 2015).

### 2.4 Variables of research.
Variable is a variable that has an impact on other variables. In this study, Variable is a variable that has an impact on other variables. In this study, The independent variable in this study is the cost policy (X1). Intervening variables are interrupting variables / between independent variables and the dependent variable, so the independent variable does not directly affect the change or emergence of the dependent variable. The intervening variables in this study are perception (X2). The dependent variable in this study is patient satisfaction (Y3).

### 2.5 Location research
This research was conducted at the dr. Suherman Jember clinic. The reason researchers chose research at the dr. suherman jember clinic because it is the most BPJS First Level Health Facilities membership in Jember.

### 2.6 Data collection
Primary data is data obtained from the first source at the research location or research object. This data was obtained through distributing questionnaires given to all respondents directly. the questionnaire consisted of 4 variables namely the policy of cost, perception and satisfaction of the participants of the Health BPJS. In each variable there are 10 questions so there are 50 overall questions. Secondary data is data obtained from the second source or secondary sources of data that we need. ). Secondary data were obtained through Journal library studies and other supporting manuals.

### *2.7 Methods of data analysis*

Data processing: 1) Editing: The editing process is carried out after the respondent answers the submitted questionnaire, starting with giving identity to the research instrument that has been answered. Then check one by one data collection sheet and check the points and answers available. 2) Coding: At this stage the edited data is given an identity again so that it has a certain meaning when analyzed. The grant of a code on the data is to translate data into codes that are usually in the form of numbers. The goal is to be moved into a storage facility, such as the computer and the next analysis (Sugiyono, 2015). 3) Scoring: The numbers that have been arranged at the coding stage are then added together according to the category determined by the researcher. The answer score starts from the highest answer to the lowest answer on a predetermined value scale. The results of the calculation of the score of each answer will then be categorized for each research variable (Nazir, 2009: 346). 4) Tabulating: Making tabulations is nothing but entering data into tables, and arranging numbers so that the number of cases in a category can be counted. The purpose of the tabulation is to ensure the readiness of the data right before the data entry into the SPSS program (Nazir, 2009: 346).

Data Analysis: analysis used in this study is the analysis of using Univariate analysis conducted in this study was used to describe the characteristics of each study variable in the form of patient satisfaction. Perceptions and satisfaction of respondents regarding cost-sharing policies were analyzed using descriptive tests. Perception variable consists of 10 statements measured using a Likert scale with five assessments. The answer "strongly disagree" was given a value of one, "disagree" was given a value of two, "quite agree" was given a value of three, "agreed" was given a value of 4, and "strongly agreed" was given a value of five. Respondents' perceptions and motivations are divided into three categories "bad", "moderate", and "good". Scores that have been obtained from each variable are then categorized into three categories (bad, medium, good). After determining the characteristics of each variable, the analysis of the relationship between variables is continued, then the analysis is continued at the bivariate level. Before the independent and dependent variables are analyzed, the Kolmogorov Smirnov test is done to test the normality of the data. Multivariate analysis is very good to be used to find out which independent variable has the biggest influence on the dependent variable, find out whether the independent variable is related to the dependent variable influenced by other variables or not, to know the form of the relationship between several independent variables with the dependent variable, whether directly related or indirect influence. The statistical test used in this multivariate analysis is Partial Least Square (PLS).

### *2.8 Research Ethics*

Before conducting research, researchers will submit ethical clearance from the Medical and Health Research Ethics Commission (KEPK) of the Faculty of Dentistry, University of Jember and submit a research permit application letter to the Dean of the Faculty of Dentistry, University of Jember. After getting approval, research can begin. The ethics commission approved ethical clearance on 7 October 2019 with No.565 /UN25.8/KEPK/DL/2019 with the title "The influence of the Cost Sort Plicy on The Satisfaction of Health BPJS Participants" at Dr. Inpatient clinic. Suherman Jember.

### 3.0 RESULTS

Based on research done to the quality of the influence of the cost policy on satisfaction through perception obtained the following results.

### 3.1 Characteristics of Respondents

Respondents in this study were people who were BPJS Health participants at Dr. Suherman Jember clinic who has certain characteristics both in terms of demographic characteristics in the form of age, gender, education level, type of work, and income level, has a BPJS Health Card at Dr. Suherman Jember clinic and willing to be respondents in this study with a total sample of 100 people.

Table 1. Characteristics of Respondents the influence of the cost policy on satisfaction through perception

| Characteristics of Respondents | Quantity | Percentage (%) |
|---|---|---|
| Age | | |
| < 20 years old | 12 | 12 |
| 21 – 25 years old | 26 | 26 |

| | | |
|---|---|---|
| 26 – 30 years old | 30 | 30 |
| 31 – 35 years old | 16 | 16 |
| 36 – 40 years old | 7 | 7 |
| > 40 years old | 9 | 9 |
| Total | 100 | 100 |
| **Gender** | | |
| Male | 44 | 44 |
| Female | 56 | 56 |
| Total | 100 | 100 |
| **Level Of Education** | | |
| Not Completed in Primary School | 2 | 2 |
| Elementary School / Equivalent | 6 | 6 |
| Middle School / Equivalen | 27 | 27 |
| High School / Equivalent | 36 | 36 |
| College | 29 | 29 |
| Total | 100 | 100 |
| **Profession** | | |
| Student | 12 | 12 |
| Government Employees | 31 | 31 |
| Entrepreneur | 16 | 16 |
| Employee / Labor | 31 | 31 |
| **Characteristics Of Respondents** | **Quantity** | **Percentage (%)** |
| Other | 10 | 10 |
| Total | 100 | 100 |
| **Income Level** | | |
| Less Than Rp. 1.000.000 | 25 | 25 |
| Rp.1.000.000–Rp.3.000.000 | 40 | 40 |
| More Than Rp. 3.000.000 | 35 | 35 |
| Total | 100 | 100 |
| **Membership Of The BPJS** | | |
| Less Than 1 Year | 39 | 39 |
| 1 tahun – 3 Year | 41 | 41 |
| More Than 3 Year | 20 | 20 |
| Total | 100 | 100 |
| **Visit In One Year** | | |
| Less Than 5 times | 73 | 73 |
| 5-10 times | 20 | 20 |
| More Than 10 times | 7 | 7 |
| Total | 100 | 100 |

Responded in this study were the people who participated in the Health BPJS at Dr. Suherman Jember clinic were 100 people who had characteristics such as the most age categories for ages 26 to 30 years with more Gender women, in the highest education level categories such as high school / equivalent, in the category of jobs, namely civil servants and employees / laborers, in the income level category that ranges from 1 million to 3 million, in the BPJS membership category that ranges from 1 year to 3 years and in the category of service visits using BPJS in one year which is difficult to find out of 5 time.

### 3.2 Respondent Results

Researchers succeeded in getting respondent data on the variable cost policy regarding knowledge the majority of respondents were 33 respondents (33%) had a fairly good sort of cost policy in the category, then 21 respondents (21%) had knowledge about the utilization of health BPJS in the moderate category, and 46 respondents (46%) had knowledge about the policy of sorting the costs in the category that is not good. The perception variable of the majority of respondents ie 35 respondents (35%) had a perception of the policy of cost management in the medium category, and 65 respondents (65%) had a perception of the policy of cost management in an unfavorable category. The

satisfaction variable there are 15 respondents (15%) have satisfaction with the policy of sorting the costs in the category that is quite good, 25 respondents (25%) have satisfaction with the policy of sorting costs in the medium category, and 60 respondents (60%) have behavior against the sorting fee policy with a bad category.

### 3.3 PLS Analysis

To analyze the data, Smart Partial Least Square (SmartPLS) is used, suitable for estimating the path of a model that uses latent constructs with multiple indicators, can help get the value of latent variables for predictive purposes. Evaluations in Smart PLS consist of an outer model evaluation (measurement model) and inner model evaluation (structural model). The discussion starts from data analysis which is divided into evaluation of measurement models (Outer Model) and evaluation of structural models (Inner Model), hypothesis testing, and descriptive statistical analysis.

Evaluate the Validity of the Reflective Model

Evaluation of the validity of the reflective model is done by calculating convergent validity and discriminant validity. Cronbach's alpha value on the variable policy of cost, perception and satisfaction of BJPS Health participants is greater than 0.6. Therefore, based on Cronbach's alpha calculation, all indicators that measure the variable cost, perception and satisfaction of the BJPS Health participants are declared reliable.

Table 2. Variable Measuring Policy Variable Cost Policy

| KEB1 | = | 0.691 | Policy | KEB6 | = | 0.649 | Policy |
|------|---|-------|--------|------|---|-------|--------|
| KEB2 | = | 0.729 | Policy | KEB7 | = | 0.812 | Policy |
| KEB3 | = | 0.681 | Policy | KEB8 | = | 0.712 | Policy |
| KEB4 | = | 0.842 | Policy | KEB9 | = | 0.630 | Policy |
| KEB5 | = | 0.784 | Policy | KEB10 | = | 0.712 | Policy |

Table 3. Perception Variable Measurement Model

| PE1 | = | 0.789 | perception | PE11 | = | 0.920 | perception |
|-----|---|-------|------------|------|---|-------|------------|
| PE2 | = | 0.810 | perception | PE12 | = | 0.661 | perception |
| PE3 | = | 0.837 | perception | PE13 | = | 0.838 | perception |
| PE4 | = | 0.770 | perception | PE14 | = | 0.738 | perception |
| PE5 | = | 0.920 | perception | PE15 | = | 0.854 | perception |
| PE6 | = | 0.672 | perception | PE16 | = | 0.609 | perception |
| PE7 | = | 0.920 | perception | PE17 | = | 0.664 | perception |
| PE8 | = | 0.852 | perception | PE18 | = | 0.706 | perception |
| PE9 | = | 0.779 | perception | PE19 | = | 0.696 | perception |
| PE10 | = | 0.793 | perception | PE20 | = | 0.753 | perception |

Tabel 4. Satisfaction Variable Measurement Model

| KEP1 | = | 0.732 | Satisfaction | KEP6 | = | 0.827 | Satisfaction |
|------|---|-------|--------------|------|---|-------|--------------|
| KEP2 | = | 0.718 | Satisfaction | KEP7 | = | 0.665 | Satisfaction |
| KEP3 | = | 0.626 | Satisfaction | KEP8 | = | 0.788 | Satisfaction |
| KEP4 | = | 0.704 | Satisfaction | KEP9 | = | 0.728 | Satisfaction |
| KEP5 | = | 0.731 | Satisfaction | KEP10 | = | 0.734 | Satisfaction |

Direct Hypothesis Testing

Significance testing is directly used to test the presence or absence of the influence of exogenous variables on endogenous variables. The test criteria state that if the value of T-statistics $\geq$ T-table (1.96) then the significant

influence of exogenous variables on endogenous variables is stated. The results of the significance testing can be known through the following table

Tabel 5. Table of Direct Hypothesis Testing Results

| Eksogen | Endogen | Path Coefficient | Standard Deviation | T Statistics |
|---------|---------|-----------------|--------------------|--------------|
| Policy | Perception | 0.554 | 0.069 | 8.075 |
| Policy | Satisfaction | 0.291 | 0.086 | 3.377 |
| Perception | Satisfaction | 0.236 | 0.075 | 3.145 |

Based on the table above it can be seen that the results of testing the direct influence hypothesis can be explained as follows:

1. Testing the hypothesis of the influence of the policy of cost management on perception produces T Statistics of 8,075. This shows that the value of T Statistics> T-table = 1.96. Therefore, it can be interpreted that there is a significant influence of cost-sharing policies on perception. The influence of the cost policy on perceptions results in a path coefficient of 0.554, which means that the policy on cost costing has a positive and significant effect on perception.

2. Testing the hypothesis of the influence of the policy of cost sharing on satisfaction results in a T Statistics of 3,377. This shows that the value of T Statistics> T-table = 1.96. Therefore, it can be interpreted that there is a significant influence of cost sharing policies on satisfaction. The influence of the cost policy on satisfaction results in a path coefficient of 0.291, which means that the cost policy has a positive and significant effect on satisfaction.

3. Testing the hypothesis of the effect of perception on satisfaction produces T Statistics of 3.145. This shows that the value of T Statistics> T-table = 1.96. Therefore, it can be interpreted that there is a significant influence of perception on satisfaction. The effect of perception on satisfaction produces a path coefficient of 0.236 meaning that perception has a positive and significant effect on satisfaction.

Hypothesis Testing Indirect Effects

Hypothesis testing of indirect effects is carried out with the aim to test whether there is an indirect effect of exogenous variables on endogenous variables through mediating variables. The test criteria state that if T-statistics ≥ T-table (1.96), then it is stated that there is a significant influence of exogenous variables on endogenous variables through mediating variables, in other words mediating variables are able to significantly mediate the influence of exogenous variables on endogenous variables. The results of testing the indirect hypothesis can be known through the following table:

Table 6. Table of Indirect Hypothesis Testing Results

| Eksogen | Mediasi | Endogen | Path Coefficient | Standard Deviation | T Statistics |
|---------|---------|---------|-----------------|--------------------|--------------|
| Policy | Perception | Satisfaction | 0.131 | 0.045 | 2.930 |

The influence of the cost sorting policy on satisfaction through perception results in T Statistics of 2,930> 1.96. This shows that there is a significant influence of cost sorting policies on satisfaction through perception. The coefficient of influence of the policy of cost sharing on satisfaction through perception is 0.131. This means that the cost policy has a positive and significant effect on satisfaction through perception. It means that the better perception which is caused by the better cost management policy tends to increase the satisfaction of BPJS Health participants. Thus, the perception variable is able to mediate the effect of cost-sharing policies on satisfaction.

Conversion of Path Diagrams into Structural Models

Conversion path diagram in the measurement model is intended to determine the effect directly or indirectly. The direct and indirect effects of the model are presented in the following table:

Tabel 7. Conversion Chart Path Chart To Structural Model

| Eksogen | Mediasi | Endogen | Direct Coefficients | Indirect Coefficient |
|---------|---------|---------|---------------------|----------------------|
| Policy | | Perception | 0.554 | |

| Policy | Perception | Satisfaction | 0.291* | 0.131* |
|--------|-----------|-------------|--------|--------|
| Perception | | Satisfaction | 0.236* | |

Description: * (Significant)

Based on the table above it can be seen that the measurement model formed is

Equation 2: PE = 0.554 KEB

From equation 1 it can be informed that

1. The coefficient of direct effect on the cost reduction policy for perceptions is 0.554 which states that the policy of cost management has a positive and significant effect on perception. This means that the better the policy of sorting the costs tends to increase the perception of BPJS participants.

Equation 3: PEM = 0.291 KEB + 0.459 PER + 0.236 PE

From equation 1 it can be informed that

1. The direct effect coefficient of the cost-order policy on satisfaction is 0.291, which states that the cost-sharing policy has a positive and significant effect on satisfaction. This means that the better sorting out the cost policies tends to increase BPJS participant satisfaction.
2. The direct effect coefficient of perception of satisfaction of 0.236 states that perception has a positive and significant effect on satisfaction. This means that the better the perception, it tends to increase the satisfaction of BPJS participants.
3. The indirect effect coefficient of the cost-refund policy on satisfaction through perception of 0.131 states that the policy of cost-refunding has a positive and significant effect on satisfaction through perception. This means that the better perception caused by the better cost management policy tends to increase the satisfaction of BPJS Health participants.

Dominant Influence

Exogenous variables that have a dominant influence on endogenous variables can be known through the greatest total coefficient. The results of the total effect analysis can be seen in the following table:

Table 8. Dominant Influence Table

| Eksogen | Mediasi | Endogen | Direct Coefficients | Indirect Coefficient | Total Coefficient |
|---------|---------|---------|---------------------|----------------------|-------------------|
| Policy | Perception | Satisfaction | 0.291 | 0.131 | 0.705 |
| Perception | | Satisfaction | 0.236 | | 0.236 |

Table 5 informs that the variable that has the greatest total effect on BPJS Health participant satisfaction is a cost-sharing policy with a total effect of 0.705. Therefore, the cost sorting policy is the most influential variable or has the most dominant influence on the satisfaction of BPJS Health participants.

### 3.3 Discussion of the Policy of the Cost of Satisfaction

The occurrence of dissatisfaction among BPJS Health participants regarding the policy of cost sharing is caused by several causes, namely:

1. Participants' perceptions are not the same

Participants' perceptions of well-known health facilities assume that these health facilities are the best in providing their health services. The participants' view was inherent that there were several health facilities which according to the perception were the best in providing services. There is also a perception that private health facilities provide the best service than state-owned health facilities. Whereas private facilities are profit oriented, there are additional costs apart from insurance.

2. Zoning

The buildup in a facility that is felt by the participants to be the best facility makes the queue very long which causes the services provided to be less than optimal for participants. Even though the service standards obtained by BPJS Health participants are all the same as the service standards set by the government. Referral system from the first level health facility (clinic / puskesmas) to the second level (Hospital) where participants are allowed to choose freely so that there is a buildup.

3. Ineffective communication

Each participant has different perceptions evidenced by the characteristics of the participants starting from age, level of education, level of income, employment, etc. Because unequal strata cause misunderstanding between officers and participants. BPJS Health should conduct socialization with participants using simple language in accordance with the strata in the community. Ineffective communication also occurs in participants because what is expected and given by the government is not in accordance with the participants' perceptions.

4. Perception of BPJS Health

A mindset needs to be developed for BPJS Health that insurance is helping the cost of medical treatment for participants rather than covering the cost of treatment for participants. Participants will be provided with services in accordance with the costs paid as they are stated in the service quality standards.

## 4.0 CONCLUSION

Based on the results of the analysis that has been done, this study produces the following conclusions:

Respondents in this study are people who are BPJS Health participants at Dr. Suherman Jember Clinic as many as 100 people who have characteristics that are in the most age categories ranging in age from 26 to 30 years with a percentage of 30%, in the Gender category more women with a percentage of 56 %, in the category of the highest level of education, namely high school / equivalent with a percentage of 36%, in the category of occupations namely civil servants and employees / laborers with a percentage of 31%, in the income level category that ranges from 1 million to 3 million with a percentage of 40%, in the category BPJS membership, which ranges from 1 year to 3 years with a percentage of 41%, and in the category of service visits using BPJS in one year there are less than 5 times with a percentage of 73%.

There is an influence of the cost sorting policy on BPJS Health participants' perceptions indicating there is a positive influence. This means that the better the policy of sorting the costs tends to increase the perception of BPJS participants. There is an influence of the cost sorting policy on the satisfaction of BPJS Health participants indicating there is a positive influence. This means that the better sorting out the cost policies tends to increase BPJS participant satisfaction. There is a perception effect on BPJS Health participant satisfaction shows there is a positive influence. This means that the better the perception, it tends to increase the satisfaction of BPJS participants. There is an influence of the sorting cost policy on satisfaction through the perception of BPJS Health participants indicating there is a positive influence. This means that the better perception caused by the better costing policies will tend to increase the satisfaction of BPJS Health participants. Perception variable is able to mediate the influence of cost-sharing policies on satisfaction. The variable that has the biggest effect on BPJS Health participant satisfaction is the cost-sharing policy. Thus the policy of cost sequencing is the most influential variable or has the most dominant influence on the satisfaction of BPJS Health participants.

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