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**Analysis Impact Of Increase In Participants BPJS Class III  
On Quality Of Health Services**

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**Abstract**

*The type of this research is a quantitative research design case study. Analysis was done on the participants BPJS've been me at the health centre and hospital in the city of Balikpapan. Subjects were Participants of BPJS Health Class III have been using BPJS card class III at the service of health centres and hospitals in the City of Balikpapan. Data collection techniques using a questionnaire with a sample data of 114 people. The results were analyzed using the app statistic SPSS version 22.0. The study results showed that 58% of the Quality of health services in hospitals and community health centres in the City of Balikpapan effect on increasing the number of participants BPJS Health Class III. And variables are the most influential is the Responsiveness or responsiveness officer of 47.2%; this is a positive response so that in the future, the Quality of health services can be improved to be better so that the benefits can be felt directly by the participants of BPJS Health, especially in class III.*

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**Introduction**

The Social Security Administering Body or BPJS Kesehatan is a public legal entity that is directly responsible to the President and has the task of administering National Health Insurance for all Indonesian people, especially for PNS, PNS and TNI / POLRI Pension Recipients, Veterans, Pioneers of Independence and their families and business entities. Others or ordinary people.

BPJS Kesehatan noted that the number of participants currently reaches 224.1 million, or 83% of Indonesia's total population of 269 million people. Data as of December 27, 2019. Of this number, 96.5 million of them are participants receiving contribution assistance (PBI). And State Expenditures (APBN). Another 38.8 million are participants in the Regional Budget (APBD) PBI. Then, 14.7 million participants are civil servants (PNS) wage earners. A total of 1.57 million PPU TNI, 1.28 million PPU Polri, and 1.57 million PPU State-Owned Enterprises (BUMN). A total of 210 thousand participants in PPU Regional Owned Enterprises (BUMD), 34.1 million private PPU, and 30.2 million PPU Self Employed.

"Meanwhile, 5.01 million participants came from non-workers,"

As of January 1, 2020, the Government decided to increase the BPJS Health premium. This increase is in line with the enactment of Presidential Regulation (Perpres) Number 75 of 2019.

**Table 1. Percentage of premium increase**

Data Kelas	Premi Lama	Premi Baru	Persentase
I	25.000	42.000	68%
II	51.000	110.000	116%
III	80.000	160.000	100%

Source: Presidential Decree No. 75 of 2019

The impact of this increase was that the number of BPJS Kesehatan participants made a reduction in in-service classes.

**Table 2. The national decline in service class at the end of December 2019**

Data Kelas	Jumlah	Persentase
I ke II	153.466	42%
II Ke III	209.458	58%
Jumlah	362.924	100%

Source: Katadata.co.id

The increase in BPJS Health premiums nationally, also felt by the people of the city of Balikpapan which had an impact on the increasing number of requests for the downgrading of BPJS Health class participants from class I and II to class III due to an increase in monthly premium premiums up to 2 times which reached 1,635 households at the end of December 2019 and in January 2020 it reached 913 households

This study aims to determine the impact of increasing BPJS participants on the Quality of services provided by health facilities in Balikpapan.

According to Assuari (2004: 5), "selling is a human activity that directs to meet and satisfy needs and desires through the exchange process". According to Private (2001: 1), "selling is the science and art of personal influence carried out by the seller to invite others to be willing to buy the goods and services offered". According to Francis Tantri and Thamrin (2016: 3), "sales are part of promotion and promotion is one part of the whole marketing system". According to Kotler (2000: 68), "sales volume is goods sold in the form of money for a certain period in which it has a good service strategy". According to (Swastha & Handoko, 2000), "the factors that influence sales are product, price, distribution and promotion.

Health service is one form of Service that is very important among the community. According to Lively and Loomba (1973) in Azwar (1999), every effort is carried out alone or collectively in an organization to maintain and improve health, prevent disease and cure. According to Parasuraman et al. (2004), there are five dimensions of Service. Physical evidence (tangibles), reliability, responsiveness, assurance, empathy.

Based on previous research by (Sasangka, 2018), "The effect of service quality on sales volume", Service becomes something significant because, without consumers, there will be no transactions. The equation used is simple linear regression. This study shows that there is an effect of service quality by 67% on the increase in the remaining sales volume. 33% were unexplored parameters

(Ariska & Wijaksana, 2017) 'Quality of Service and promotion of Repurchase Interest, with SPSS with multiple regression equation models. The results of this study indicate that there is an effect of service quality of 75.76% on the interest in buying and selling of the remaining 16 statements 24, 24% is a parameter that is not researched, and the effect of promotion is 66.84 on the interest in buying and selling sales from 7 comments, the remaining 33.16% is a parameter that is not researched.

(Lestari et al., 2018) 'Effect of Service Quality, Sales Promotion and Customer Satisfaction on Sales Volume", The equation used is linear regression and path analyst. This study shows that there is an effect of service quality on increasing sales volume, either directly or indirectly.

Sales volume, according to the opinion expressed by John Downes and Jordan Elliot Goodman quoted by Susanto Budidharmo (2000: 646), namely: "Sales volume is the total sales obtained from commodities that are traded in a certain period". According to Winardi (2001: 359), the definition of sales volume is as follows: "Sales volume is the result of sales expressed in qualitative, fiscal or volume terms". (Swastha & Handoko, 2000) states that: "Sales volume is the net sales of the company's profit statement. Net sales are obtained through sales of all products (line products) for a certain period, and sales results obtained from market share (market share), which are potential sales,

According to Philip Kotler, quoted by (Swastha & Handoko, 2000), concludes that there are several indicators of sales volume, namely sales volume, according to Kotler (2008: 179), which states that it shows the number of goods sold within a certain period. According to the opinion expressed by J Wild, KR Subramanyan (2003: 407), that: "Profit is the difference between income and profit after deducting expenses and losses Suwarjono (2000: 242), that:" Profit is the difference between income and expenses, where the amount income is higher than costs. While the definition of operating Profit, according to the opinion expressed by Soemarso SR (2002: 227), states that: "Operating profit is the profit obtained solely from the company's main activities." Kallapur and Trombley (2001:58).

## **Research Method**

The method used in this research is quantitative research by taking data from BPJS participants who have provided health services at Puskesmas and Hospitals. The data collection technique used in this research is by using the questionnaire method.

### **Questionnaire Method (Questionnaire)**

The questionnaire method or questionnaire is a list that contains a series of questions about a problem or area to be researched. To obtain data, questionnaires are distributed to respondents (people who answer questions posed for research purposes), especially in survey research. In this case, the writer made written questions which were then answered by the respondent/sampling. The number of sides in this study were 114 people in the form of a closed questionnaire, namely a questionnaire in which the questions used multiple-choice

techniques or already had an answer choice so that the respondent only had to choose the desired answer. The questionnaire technique was used to determine the level of Health Service Quality at the Puskesmas. In conducting the research, BPJS Kesehatan participants were directed to fill out the questionnaire based on their actual condition. The data obtained from the questionnaire is the quality score of Health Services.

After the writer's data have been collected, the next step is to analyze the data. The data analysis that the writer uses in this study uses quantitative analysis. Data analysis techniques in quantitative research use statistics. Inferential statistics (often also called inductive statistics or probability statistics) are statistical techniques used to analyze sample data, and the results are applied to a population.

Before the questionnaire was distributed to the correspondents, 30 samples were taken where the data obtained would be tested for validity and reliability before use.

#### 1. Validity test

This test aims to measure whether a questionnaire is valid or not. In each instrument, both test and non-test, there are items of questions or statements. A questionnaire is said to be valid if the questions on the questionnaire are able to reveal something that will be measured by the questionnaire with the Sig.  $\leq 0.05 \rightarrow$  each question indicator is declared VALID

#### 2. Reliability Test

Reliability Test It can be measured by repeating a similar question in subsequent numbers or by looking at its consistency (measured by correlation) with other questions.

Reliability measurement can be done in two ways, namely:

Repeated Measure or re-measurement

One-shot or just one measurement: measurement results are compared with other questions or measure the correlation between answers to questions.

A construct/variable is said to be reliable if it gives a Cronbach Alpha value  $> 0.70$

#### 3. Multiple Regression

Multiple type linear regression is a linear regression model that can be used when the independent variables used are more than one or called predictors.

According to Sugiyono (2016: 192), multiple linear regression analysis is a regression that has one dependent variable and two or more independent variables.

The multiple regression equation can be formulated as follows:

$$Y = a + b_1X_1 + b_2X_2 + \dots + e$$

Information :

Y = Dependent Variable

a = Constant Price

b<sub>1</sub> = First Regression Coefficient

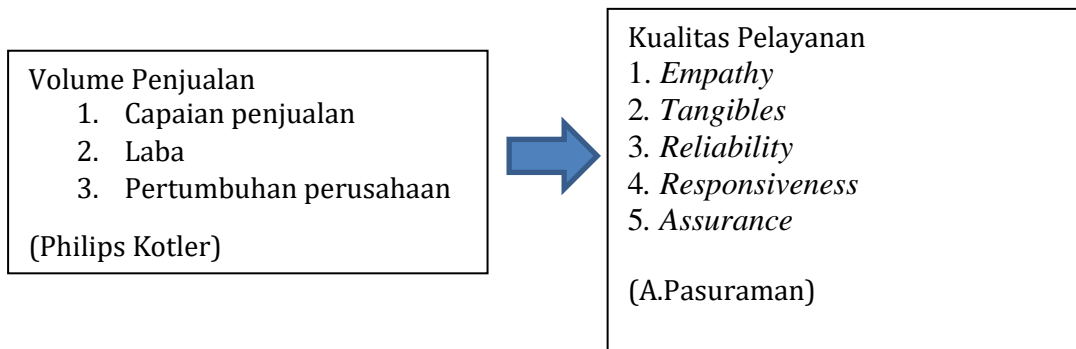
b<sub>2</sub> = Second Regression Coefficient

X<sub>1</sub> = The first independent variable

X<sub>2</sub> = second independent variable

e = Error

**Picture 1. Research conceptual framework**



**Hypothesis**

H0 : Is there an effect of increasing class III BPJS Health participants on health services?

Ha : No. Is there an effect of increasing class III BPJS Health participants on health services?

**Result and Discussion**

**Table 1. Gender, Age and Occupation**

Jenis Kelamin		
pria	28	26%
wanita	82	74%
<b>Total</b>	<b>100</b>	<b>100%</b>

Usia		
20-35	69	68%
35-50	21	21%
>50	10	12%
<b>Total</b>	<b>100</b>	<b>100%</b>

Pekerjaan		
Pegawai Negeri	1	1%
Pegawai Swasta	23	23%
Lainnya	76	77%
<b>Total</b>	<b>100</b>	<b>100%</b>

From the data above, it is known that this study was dominated by 74% of women aged 20-35 years by 68% and other occupations by 77%.

**Table 2. Validity and Reliability**

**Correlations**

		x1	x2	x3	x4	x5	Xtot
x1	Pearson Correlation	1	.865**	.841**	.854**	.861**	.946**
	Sig. (2-tailed)		.000	.000	.000	.000	.000
	N	30	30	30	30	30	30
x2	Pearson Correlation	.865**	1	.761**	.832**	.792**	.923**
	Sig. (2-tailed)	.000		.000	.000	.000	.000
	N	30	30	30	30	30	30
x3	Pearson Correlation	.841**	.761**	1	.817**	.881**	.916**
	Sig. (2-tailed)	.000	.000		.000	.000	.000
	N	30	30	30	30	30	30
x4	Pearson Correlation	.854**	.832**	.817**	1	.854**	.937**
	Sig. (2-tailed)	.000	.000	.000		.000	.000
	N	30	30	30	30	30	30
x5	Pearson Correlation	.861**	.792**	.881**	.854**	1	.934**
	Sig. (2-tailed)	.000	.000	.000	.000		.000
	N	30	30	30	30	30	30
Xtot	Pearson Correlation	.946**	.923**	.916**	.937**	.934**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	
	N	30	30	30	30	30	30

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The results of the indicator Sig. <= 0.05 for each question indicator stated as VALID

**Reliability Statistics**

Cronbach's Alpha	N of Items
.940	6

construct / variable gives a value > 0.70 which is 0.94 so that it is declared REALIBLE

**Table 3. Multiple Regression**

**Model Summary<sup>b</sup>**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.762 <sup>a</sup>	.580	.558	1.632	.580	25.979	5	94	.000	2.239

a. Predictors: (Constant), x5, x2, x1, x3, x4

b. Dependent Variable: y

The data shows that the Quality of servants has an impact on increasing BPJS participants by 58%

Coefficients<sup>a</sup>

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
	1 (Constant)	.690	1.010				.683	.496	-1.316	2.697		
x1	.209	.177	.167	1.183	.240	-.142	.560	.684	.121	.079	.225	4.445
x2	.469	.139	.472	3.385	.001	.194	.745	.719	.330	.226	.229	4.359
x3	.217	.163	.186	1.334	.185	-.106	.540	.657	.136	.089	.230	4.354
x4	-.188	.170	-.166	-1.103	.273	-.525	.150	.642	-.113	-.074	.197	5.079
x5	.200	.162	.166	1.231	.221	-.122	.522	.668	.126	.082	.245	4.075

a. Dependent Variable: y

### From the data, the Regression Equation

$$Y = 0.69 + 0.209X_1 + 0.469X_2 + 0.217X_3 - 1.88X_4 + 0.2X_5$$

The Social Security Administering Body or BPJS Kesehatan states that the Quality of service is influenced by many factors so that increasing contributions and handling deficits does not automatically improve service quality.

The issuance of Presidential Regulation (Perpres) 64/2020 in lieu of Number 75 of 2019 concerning the Second Amendment to Perpres 82/2018 concerning Health Insurance is the Government's effort to make comprehensive improvements to BPJS Kesehatan.

The Perpres contains a number of main points, one of which is the adjustment of the National Health Insurance (JKN) program contributions. The adjustment of contributions is not the single factor that will raise the Quality of health services.

From the data produced, the study states that 58% of service quality has an impact on the increase in the number of BPJS Kesehatan participants. This shows that the community, especially BPJS health participants, have more expectations for the Quality of services that must be improved by the Puskesmas or the hospital in line with the adjustment of health program contributions.

The data also shows that the most dominant variable influencing is Responsiveness or the Responsiveness of medical personnel by 47.2%, so BPJS Kesehatan participants feel there is a sufficient impact on the contributions they pay according to the services provided. So that the Government in terms of timely payment of hospital claims and medical personnel wages and health infrastructure are also the main factors affecting the Quality of health services. Contribution adjustment is a step to improve cash flow so that it can help improve services.

"The Quality of service is not only based on the contribution factor but how much the contribution is sufficient to determine the relation to hospital services.

For this reason, the Government must be committed to ensuring that the cooperation contract between BPJS Kesehatan and hospitals continues to run properly and understands that BPJS Kesehatan is the operator of the JKN program so that improving health services is not the sole task of the operator, but rather the role other stakeholders.

The need for the cooperation of all parties in making systemic improvements to BPJS

Health, according to the objectives of the issuance of Perpres 64/2020.

One significant improvement is the data matching process (data cleansing) from the Ministry of Social Affairs Integrated Data (DTKS). This data is used as a reference for determining the Contribution Assistance Recipient (PBI) participant and, according to Presidential Decree 64/2020, will also become a reference for determining independent participants who are entitled to receive contribution assistance.

BPJS Kesehatan, as the master data file, must be able to provide feedback on the data that must be corrected so that the Quality of services at the puskesmas and the Hospital for Health can run according to the expectations of BPJS participants.

### **Conclusion**

From this research, several conclusions can be drawn, namely as follows:

1. The increase in the number of BPJS health participants had an impact on the Quality of health services at Puskesmas and Hospitals by 58%
2. The variable that significantly influences the Quality of service is Responsiveness or Responsiveness of health workers as far as 47.2%



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