
Factors Relating to Regular Paying of Contributions to Participants of Investa Dana Dollar Independen Social Security Providering Agency (Sspa) Post-Information of Contributions Policy

Nirmawan Idrus^a, Suhadi^{b*}, I Made Christian Binekada^c

^{a,b,c}Public Health Study Program, Postgraduate at Halu Oleo University Kendari, Indonesia

^aEmail: idrussnirmawan@gmail.com, ^bEmail: suhaditsel77@yahoo.com, ^cEmail: mdchris77@gmail.com

Abstract

Independent participants or participants of informal workers have a greater potential or possibility than participants in categories other than independent participants to be irregular in paying SSPA contributions. This happens because the formal workers in making payment of SSPA contributions are managed by their place of work which is deducted directly from their wages or salaries. Meanwhile, in the informal sector, they must manage the payment of their own health insurance contributions. The purpose of this study was to determine the factors associated with regularity in paying contributions to SSPA Independen participants after the policy of increasing contributions in Bombana Regency, Southeast Sulawesi Province. This type of research is a survey with a cross sectional study design. The number of samples is 273 respondents. Data Collection Using Questionnaires and Observations. Data analysis using Chi Square. The results showed that there was a relationship between the place of payment with the $P_{\text{value}} = 0.031$, and the perception of health services with the $P_{\text{value}} = 0.007$ with the regularity of paying contributions for independent SSPA participants after the contribution increase policy. Conclusion: there is a relationship between the place of payment, and the perception of health services with the regularity of paying contributions for independent SSPA participants after the policy of increasing the contribution.

* Corresponding author.

Recommendation: SSPA Health provides socialization to independent SSPA participants about the SSPA health program, such as the flow of using SSPA in health care facilities, payment methods, tiered referral processes, administration prepared when going to health service facilities, information on late fees and sanctions given by SSPA if they are in arrears dues so that participants are more motivated to comply in paying and making the program a success.

Keywords: place of payment; perception of health services; regularity of paying dues.

1. Introduction

The Republic of Indonesia on January 1, 2014 has officially operated a Health Social Security Administering Body which is in line with the World Health Organization's goal of developing health insurance for all residents. SSPA health is a legal entity formed to administer health programs SSPA Health regulation number 1 of 2014). Based on SSPA health, the number of users as of December 30, 2020 is 223,066,814 million people [1]. The implementation of National Social Security System is carried out by a legal entity managing social security, hereinafter referred to as the Social Security Administering Body. In its implementation, SSPA is divided into two, namely SSPA Employment and SSPA Health. SSPA Employment has 4 (four) insurance programs, namely work accident insurance, death insurance, old age insurance and pension insurance, while SSPA health only has 1 (one) guarantee program, namely the National Health Insurance [2]. Community protection through the National Health Insurance (NHI) aims to reduce health financing by out-of-pocket payments. The implementation of the National Social Security System is carried out by a legal entity managing social security, hereinafter referred to as the Social Security Administering Body [3]. In its implementation, SSPA is divided into two, namely SSPA Employment and SSPA Health. The national social security system is one of the government's programs aimed at providing protection and social welfare for all Indonesian people. Various policies have been pursued to realize the improvement of public health status which are implemented based on non-discriminatory, participatory, and sustainable principles. Policies that regulate the right to social security to be able to meet the basic needs of a decent and comprehensive life [4]. Based on a report from SSPA, in 2014 there was a deficit of Rp. 1.9 trillion, in 2015 the financial deficit increased dramatically to Rp. 9.4 trillion, in 2016 the deficit narrowed slightly to Rp. 6.4 trillion. In 2017 the deficit jumped to IDR 13.8 trillion, while in 2018 it shot to IDR 19.4 trillion, SSPA health again recorded a deficit of 13 trillion. From the results of these conditions, the government increased SSPA Health contributions for Non-Wage Recipient Participants [5]. Based on presidential regulation Number 82 of 2018 SSPA experienced a deficit which had an impact on hospitals in Indonesia experiencing delays in payment of SSPA claims, then presidential regulation Number 75 of 2019 regarding an increase in SSPA contribution rates could potentially be a surplus of IDR 37.1 trillion, but the increase in rates was canceled by the Supreme Court. Then Presidential Regulation Number 64 of 2020 was issued regarding the increase in SSPA contributions for Non-Wage Recipient Participants or independent participants [6]. The increase in SSPA participants is one measure that the national health insurance program is increasingly needed by the community. According to the SSPA Health report as of November 30, 2020, nationally the number of Indonesians who have become participants in the NHI program is 223,066,814 people. There are 2 types of participants in the NHI program, including non-wage aid recipients and wage aid recipients. Given that the national health insurance program is very important, all parties must be active so that the program

runs in a sustainable manner. One of the efforts made by SSPA participants in maintaining the continuity of the NHI program is that regular SSPA contributions are paid [6]. Utilization of health services by many SSPA participants must be balanced with an increase in contribution receipts. However, during the course of this program, there was a mismatch between the contributions received and the health insurance financing burden that must be paid or what is often referred to as the health social security fund deficit. To be precise, there are around 132,700,201 people or 59.49% who are financed by the government. While the independent participants were 72,819,113 people or 32.64% who used their own funds to finance their health [7]. This problem is a big challenge that must be solved so that the stability of this program can be maintained. The government together with SSPA health made efforts to overcome the deficit, including policy reform, prevention of fraud and adjustment of SSPA contributions [8]. Contribution adjustment is an important policy that is key in dealing with the NHI-KIS program deficit so that payment of contributions that are not in accordance with the calculation will have an impact on the SSPA health deficit, but disrupt cash flow in health services. The adjustment of SSPA contributions is expected to reduce the SSPA health deficit but also maintain the cash flow of hospitals, health centers and other health care places so that they can provide quality and optimal services to the community, especially SSPA health participants [9]. Non-Wage Recipient Workers (NWRW) and Non-Workers (NW) or independent participants also experienced adjustments. This is also experienced by Wage Recipient Workers (WRW), the difference is that only the maximum wage limit or salary limit is the benchmark for determining the amount of contributions, from the previous Rp 8 million per month to Rp 12 million per month. Meanwhile, the amount of the WRW participant's contribution is 5% of the Rp 12 million. This contribution of 4% is paid by the government as the employer, and 1% by government workers also stipulates that this new contribution adjustment will take effect January 1, 2020 for WRW [10]. The government provides assistance for Non-Wage Recipient Workers whose contributions are set lower than they should be. According to the Indonesian Actuary Association, the SSPA premium for independent participants in class 1 should be IDR 274,204 per person per month, for class 2 for IDR 190,639, and for class 3 for IDR 131,195. The calculation of contributions from the Association of Indonesian Actuaries explains that the fees for NWRW are so high that they are accumulated beyond the reach of the people's purchasing power. Therefore, the government set a lower rate to consider the economic capacity of the community. If you look at it per day, the payment of the fees is affordable. The amount of contributions per day for participants will get wider benefits from commercial insurance. Although not utilized by the participants concerned, the contributions collected can be used to help families or other people in need [11] Independent participants or participants of informal workers have a greater potential or possibility than participants in categories other than independent participants to be irregular in paying SSPA contributions. Another thing that might happen is that SSPA Independent participants only pay contributions when they need access to health services and no longer continue to pay when they no longer need health services [12]. Another thing that might happen is that SSPA Independent participants only pay contributions when they need access to health services and no longer continue to pay when they no longer need health services. This phenomenon is certainly something that needs to be addressed, especially in the early phase where SSPA coverage is still low and the amount of funds collected is not optimal. Likewise, the element of the number of family members is indeed an aspect that plays a role and cannot be left alone. The more the number of family members, the more needs to meet their health. It will automatically increase the allocation of funds from family income per month that must be provided. Most independent SSPA participants are reluctant

to pay the amount of dues that must be paid because of the greater expenditure on health costs when all family members are required to become participants [13]. Most independent SSPA participants are reluctant to pay the amount of dues that must be paid because of the greater expenditure on health costs when all family members are required to become participants. The element of the number of family members is indeed an aspect that plays a role and cannot be left alone. The more the number of family members, the more needs to meet their health. It will also automatically increase the allocation of funds from family income per month that must be provided [14]. Family members will affect the perception of the magnitude of the aversion to risk or loss. The more the number of family members, the greater the risk, and the greater the financial loss that will be experienced. On the other hand, the greater the number of family members, the lower a person's willingness to pay, because the amount of contributions to be paid is greater [15]. Based on a preliminary study conducted by the author, currently there is a phenomenon in the community, especially independent NHI participants in Bombana Regency, registering themselves and their families as NHI participants only when they want treatment and need health services. This can be seen from the number of independent participants in Bombana Regency in 2019 as many as 1,716 people and NHI participants in 2020 amounting to 1,342 people, this is a decrease of around 374 people who do not activate SSPA Independen or do not make regular payments. The purpose of this study was to determine the factors related to the regularity of paying contributions to SSPA Independen participants after the policy of increasing contributions in Bombana Regency, Southeast Sulawesi Province.

2. Material and Method

This type of research is a survey with a cross sectional study design. The research sample was the head of the family of non-wage worker participants in the 5 largest sub-districts in the District of Lomba Kasih, East Poleang District, North Poleang District, Rumbia District, and Central Rumbia District with 273 respondents. The selection of respondents was carried out using probability sampling technique by means of multi-stage sampling. Collecting data using questionnaires, observation and documentation. Data analysis using Chi Square.

3. Results

Bivariate analysis

The relationship between the place of payment and the regularity of paying the SSPA Independen Contribution after the contribution increase policy

Table 1: Distribution of Respondents Based on the Relationship between Payment Places and Regularity in Paying Contributions for SSPA Independen Participants after the Contribution Increase Policy

| The place of payment | Regularity of paying dues | | | | Amount | | P _{Value} | α |
|----------------------|---------------------------|------|-----------|------|--------|------|--------------------|---------------|
| | Regular | | Irregular | | n | % | | |
| | n | % | n | % | | | | |
| Direct | 97 | 35,5 | 132 | 48,4 | 229 | 83,9 | 0,031 | $\alpha=0,05$ |
| Indirect | 11 | 4,0 | 33 | 12,1 | 44 | 16,1 | | |
| Total | 108 | 39,6 | 165 | 60,4 | 273 | 100 | | |

Source: Primary data, 2021

Based on table 1, it is found that of the 273 respondents studied there are 229 people or 83.9% making payments directly, there are 97 people or 35.5% stating regularity in payment of SSPA contributions and 132 people or 48.4% stating irregularities in paying SSPA contributions while 44 people or 16.1% made payments indirectly, there were 11 people or 4.0% stating regularity in the payment of SSPA contributions and 33 people or 12.1% stating irregularities in paying SSPA contributions. The results of the analysis using Chi Square obtained PValue = 0.031 or P value<0.05. Thus, Ha is accepted and H0 is rejected, meaning that there is a relationship between the place of payment and the regularity of paying contributions for independent SSPA participants after the contribution increase policy in Bombana Regency, Southeast Sulawesi Province.

The relationship between perceptions of health services and the regularity of paying independent SSPA Contributions after the contribution increase policy

Table 2: Distribution of Respondents Based on the Relationship between Perceptions of Health Services and Regularity in Paying Contributions for SSPA Independen Participants after the Contribution Increase Policy

| Health service perception | Regularity of paying dues | | | | Amount | | P _{Value} | α |
|---------------------------|---------------------------|------|-----------|------|--------|------|--------------------|---------------|
| | Regular | | Irregular | | n | % | | |
| | n | % | n | % | | | | |
| Positive | 93 | 34,1 | 119 | 43,6 | 212 | 77,7 | 0,007 | $\alpha=0,05$ |
| Negative | 15 | 5,5 | 46 | 16,8 | 61 | 22,3 | | |
| Total | 108 | 39,6 | 165 | 60,4 | 273 | 100 | | |

Source: Primary data, 2021

Based on table 2, it is found that of the 273 respondents studied there are 212 people or 77.7% have a positive perception of health services, there are 93 people or 34.1% stating regularity in the payment of SSPA contributions and 119 people or 43.6% stating irregularities in paying SSPA contributions while 61 people or 22.3% have a negative perception of health services, there are 15 people or 5.5% stating regularity in paying SSPA contributions and 46 people or 16.8% stating irregularities in paying contributions. The results of the analysis using Chi Square obtained P_{value} = 0.007 or P_{value}<0.05. with thus, H_a is accepted and H₀ is rejected, meaning that there is a relationship between the perception of health services and the regularity of paying dues for independent SSPA participants after the contribution increase policy in Bombana Regency, Southeast Sulawesi Province.

4. Discussion

The relationship between the place of payment and the regularity of paying dues for SSPA Independen participants after the contribution increase policy

According to Ayu Wulandari (2017) explaining that there are several factors that significantly influence the

compliance of independent participants in payment of contributions for the national health insurance program, namely knowledge, income, payment methods, officer behavior and risk perception [13]. Another study from Pratiwi (2016) identified factors that influence the compliance of SSPA health independent participants in payment of contributions, namely the place of payment of contributions, income, expenses, and motivation of NHI independent participants [16]. The availability of a place for payment of contributions is one form of public service carried out by the government as a fulfillment of community needs. One of the needs of the community is to get health services with health insurance, which means that NHI independent participants must pay contributions at payment points that have collaborated with SSPA Health in order to obtain services at health facilities and are guaranteed by SSPA Health [17]. From the results of the study, it shows that there is a relationship between the place of payment and the regularity of paying dues for SSPA Independent participants after the policy of increasing contributions in Bombana Regency, Southeast Sulawesi Province in 2021. Based on the data obtained after being included in the univariate data processing, the results showed that those who made direct payments were 83.9% and those who made indirect payments were 16.1% but after processing the data bivariately to see the relationship between the place of payment and The regularity of payment of SSPA contributions is obtained as a result of respondents who make direct payments but do not regularly make SSPA payments of 132 or 48.4%, this is because respondents feel happy when making payments directly at the SSPA office or at the Bank, because direct payments respondents feel more safe and if there are complaints related to health services, they can be directly submitted to SSPA [5]. While 132 people (48.4%) made direct but irregular payments, this was because some of these respondents immediately received calls from the SSPA office and sometimes submitted complaints regarding the payment of SSPA contributions [18]. Likewise, 44 people (16.1%) of respondents made regular indirect payments as many as 11 people (4.0) through mobile banking because these respondents already understood the payment of SSPA contributions through mobile banking because the education level of the respondents was quite good. While respondents made indirect payments irregularly as many as 33 people (12.1%) because the level of education regarding payment of SSPA contributions through mobile banking was well understood by these respondents. Based on the results of the analysis using the chi square test, the p value = 0.031 ($p < 0.05$) so that H_0 is rejected, which means that there is an effect of place of payment on the regularity of paying contributions for independent SSPA participants after the contribution increase policy in Bombana Regency. While the percentage of making direct payments of 83.9% is quite good compared to respondents making indirect payments of 16.1%, this is because some respondents are happy to make payments at the Bombana Regency SSPA branch office or payments through the nearest bank. Various efforts to increase the collectibility of contributions, especially the independent participant segment, have been carried out by SSPA Health district Bombana, among others, payments can be made at Bank Independen/BNI/BRI/BTN offices, ATMs, internet banking, SMS gateways, billing letters to participants, availability of electronic machines. Data Capture at SSPA health Branch Offices. However, this effort has not been able to significantly increase the collectibility of contributions in Kabupaten Bombana [19] The results of this study are in line with research conducted by [20] which says the place of payment will affect the regularity of payment of SSPA contributions. The place of payment of contributions has a relationship with the continuity of healthy fund participation. Healthy fund participants who can access the place for payment of contributions will increase their continuity in becoming a participant of the healthy fund, but on the contrary, healthy fund participants who have difficulty accessing the place of payment of contributions will reduce their continuity to

become participants of the healthy fund [20] Similarly, what was stated by [15] argued that to improve health services and make them more efficient, effective and accessible to all levels of society, the availability of places for payment of these contributions must be supported. So that the availability of a place to pay NHI contributions is very much needed by the community in order to make it easier to pay contributions [21]. Places to pay contributions are places where SSPA participants usually pay their dues with various reasons why people pay contributions. The place as seen in table 1 shows direct payments is the place most visited by the people of Bombana Regency to pay contributions 83.9% with the reason of paying dues in SSPA office is more trusted and advice from some of the participating families. To improve health services and make them more efficient, effective and accessible to all levels of society, it must be supported by the availability of places for payment of these contributions. So that the availability of a place to pay NHI contributions is very much needed by the community to make it easier to pay dues. The availability of a place for payment of contributions is one form of public service carried out by the government as a fulfillment of community needs. One of the needs of the community is to get health services with the existence of health insurance, which means that the NHI independent participants must pay contributions at payment points that have collaborated with SSPA Health in order to obtain services at health facilities and are guaranteed by SSPA health [22]. Similarly, research conducted by [23] regarding the relationship between independent NHI participation and income, knowledge, perception, access, and trust of the Sakai tribal community in the Farmer Village, Mandau District, Bengkalis Regency explained that almost half of the respondents had negative perceptions of NHI. Based on the research conducted, it is known that the respondent's perception problem is more negative towards NHI because respondents feel that there is still a lack of health facilities and the difficult procedures that must be carried out as NHI participants. One way to form a positive perception of NHI participants is to provide socialization about what benefits will be obtained by NHI participants in obtaining health services. This must be done so as not to develop negative public perceptions due to not understanding in depth about NHI. Based on the results of the study, it was found that respondents who were not NHI Independent participants were higher in respondents who had negative perceptions of NHI. Changing the public's negative perception about NHI is very difficult and not easy, it is recommended for SSPA Health to provide information, understanding, and education about NHI to be improved and is a priority program because it will have an impact on total coverage. These include registration procedures or procedures, health service procedures, and tiered referral procedures to the community in language that is easily understood by the community, so that it can change public perception to be positive so that all family members will register as NHI Independent participants.

The relationship between perceptions of health services and the regularity of paying dues for independent SSPA participants after the contribution increase policy

Perception is the brain's ability to translate stimuli or processes to translate incoming stimuli into the human senses. In human perception there are different points of view in sensing. There are those who perceive that something is good or positive or negative perceptions that will affect visible or real human actions. The formation of perceptions is strongly influenced by the information or stimuli that were first obtained [24]. Based on the data obtained from the study that was included in the univariate data processing process, the results showed that respondents who had a positive perception of health services were 212 or 77.7% and respondents who had negative perceptions of health services were 61 or 22.3%. but after processing the data in a bivariate

manner to see the relationship between perceptions of health services and the regularity of payment of SSPA contributions, the results of respondents who have a positive perception of SSPA health services but are not regular in paying contributions are 119 or 43.6%, this is due to public perception of Health services that have collaborated with health insurance providers can influence the public's desire to continue to pay NHI contributions regularly [7]. A pleasant first experience with health services received by the community will have a positive effect on the formation of a person's perception of the need to extend their membership period and the regularity of the community in paying NHI contributions, while 119 people (43.6%) have a positive perception of health services but do not regularly perform payment of contributions, this is from the data found in the field during the research that there are 44 heads of families with incomes less than the Regional Minimum Wage (RMW) and there are 75 heads of families with incomes more than the RMW still have a positive perception of SSPA but do not regularly pay SSPA contributions This is because the living needs of family members are different and sometimes they are not fulfilled in a month [7]. As research that has been conducted by [16] regarding the factors that influence the regularity of paying contributions to national health insurance participants in the independent participant category, it is explained that the percentage of compliance is higher in respondents with high income levels compared to respondents with low income levels with the Chi-square test results obtained. p value = 0.038 ($p < 0.05$) which means that there is a significant relationship between income and the compliance of independent participants in paying the NHI program contributions. The level of compliance is higher in respondents with a good perception of health services compared to respondents with a bad perception of health services. The results of the chi square test obtained a value of $p = 0.047$ ($p < 0.05$), which means that there is a significant relationship between perceptions of health services and the compliance of independent participants in paying the NHI program contributions. Meanwhile, the percentage of compliance is higher in respondents with the number of family members borne = 5 compared to respondents with the number of family members borne by > 5 people. The results of the chi square test obtained p value = 0.378 ($p > 0.05$) meaning that there is no significant relationship between the number of family members who are borne and compliance. Similarly, respondents with negative perceptions of health services were 61 people (22.3%) and 15 people (5.5%) paid regular contributions because respondents had negative perceptions about SSPA health services but because of the need for family members to receive services in health facilities so that the head of the family has to pay contributions regularly, while 46 people (16.8%) make payments irregularly because the respondent is disappointed with SSPA health services which do not provide information about tiered referrals, do not provide explanations on requirements from the referral process, the lack of information regarding the increase in the payment of SSPA contributions so that some respondents did not regularly pay SSPA contributions. Sometimes these respondents pay SSPA contributions if they want to go to a health service facility [7]. The results of this study are in line with research conducted by [24] which said the majority of respondents considered SSPA health to be very beneficial for those who needed inpatient care with severe illness. The public's perception of health services that have collaborated with health insurance providers can influence the public's desire to continue to pay NHI contributions regularly [22]. Similarly, what was stated by [7] suggested that perception had a significant relationship with compliance with paying SSPA contributions independently in the working area of the Batalaiworu Health Center. An unpleasant first experience with health services received by the community will affect the formation of a person's perception of the need to extend his membership period and the regularity of the community in paying NHI contributions [34]. On the other hand,

health insurance participants who have a positive perception of health care facilities will increase their regularity in paying health insurance contributions because participants have received good service and experience when receiving health services so that it will increase the sustainability of the health fund participation [7]. In contrast, the research conducted by [25] regarding the determinants of willingness to pay contributions for independent national health insurance participants in the work area of the Semarang City Health Office explained that there was no relationship between the number of family members and the willingness to pay contributions for independent NHI participants. The element of the number of family members is indeed an aspect that plays a role and cannot be left alone. The more the number of family members, the more needs to meet their health. It will automatically increase the allocation of funds from family income per month that must be provided. Family members will affect the perception of the magnitude of the aversion to risk or loss. The greater the number of family members, the greater the risk, and the greater the financial loss that will be experienced. On the other hand, the greater the number of family members, the lower a person's willingness to pay, because the amount of contributions that must be paid is greater. Limitations in this study are the busyness of the respondents in their daily work so that they do not have sufficient time to collect data/information, difficult access to research locations and long distances.

5. Conclusions and Suggestions

Conclusion: there is a relationship between the place of payment, and the perception of health services with the regularity of paying dues for independent SSPA participants after the policy of increasing the contribution. Recommendation: SSPA Health provides socialization to independent SSPA participants about the SSPA health program, such as the flow of using SSPA in health care facilities, payment methods, tiered referral processes, administration prepared when going to health service facilities, information on late fees and sanctions given by SSPA if they are in arrears dues so that participants are more motivated to comply in paying and making the program a success.

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