

# The strategy of health insurance-bpjs in efforts to increase jkn-kis participation in business entity on the segment of workers receiving wage

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## The strategy of health insurance-bpjs in efforts to increase jkn-kis participation in business entity on the segment of workers receiving wage



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### ABSTRACT

The system implemented by the Health Social Security Administering Agency (BPJS) Samarinda is to carry out the Socialization program of the National Health Insurance for Healthy Indonesia Card (JKN-KIS) program to the Business Entity Wage Recipient Workers segment, the program to increase membership by conducting Telemarketing, Mapping, Canvasing, O.S.X. & O.S.S., and synergizing with the relevant District Attorney providing administrative sanctions based on Presidential Regulation number 86 the year 2013. This study aims to identify obstacles and strategies implemented by Health Insurance-BPJS Samarinda to increase membership in the Business Entity Wage Recipient Workers segment. The method used in this study is a qualitative approach by analyzing the data descriptively. Data collection techniques were by conducting observations, interviews, and questionnaires to business entities in the city of Samarinda; as many as 60 respondents were to find out that the business entity had registered its workers in the J.K.N.'s program. This study found obstacles such as a lack of awareness of health insurance, workers registered in the non-wage and unemployees, high turnover of workers, and administrative sanctions that have not been implemented according to the applicable law.

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### Introduction

Health is a basic need for every individual. The 1945 Constitution article 28 H states that everyone has the right to live in physical and spiritual prosperity, to live, and have a good and healthy living environment, and the right to health services. The government is present in providing health services mandated in the Act organized by the Health Insurance Administering Body, a legal entity formed to administer social security programs for all Indonesian people.

Health Insurance-BPJS. The National Health Insurance Program (J.K.N.) is a program organized by Health Insurance-BPJS and implemented to meet public health needs given to everyone who has paid dues or whose contributions have been paid by the government. The government reaching out to its participants invites all Indonesians to become part of the J.K.N. program, including foreign workers who work for a minimum of six months in Indonesia and who have paid dues, can and must become Health Insurance-BPJS participants even though the individual already has other health insurance. Two groups of participants can receive the J.K.N. program by Health Insurance-BPJS, namely Recipients of Health Insurance Contribution Assistance and Recipients of Health Insurance Contribution Assistance. Participants of Recipients of Contribution Assistance consist of the poor whose contributions are paid by the government. Meanwhile, the participants who are not Recipients of Contribution Assistance are Wage Recipient Workers, Non-Wage Recipients, Non-Employees, and their family members. Wage Recipient Workers consist of Civil Servants, Members of

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the Indonesian National Army and Police, State Officials, non-civil servant government employees, private employees, and other workers who meet the criteria for wage earners.

One of Health Insurance-BPJS's main branch offices is in Samarinda City, East Kalimantan. Based on data from Health Insurance-BPJS Samarinda participants, there are only more than 700,000 people with a percentage of 92.19% who have registered themselves as J.K.N. participants in Samarinda, with the target of Business Entity Wage Recipient Participants consisting of around 225,000 private workers. Based on data from Health Insurance-BPJS Samarinda participants in 2021, the Business Entity Wage Recipient Worker segment has not reached the target set by the national because there are still many business entities and employers who have not registered their workers as J.K.N. participants. One of the reasons is that they feel they are in good health and do not have a particular disease, so they do not need health insurance. They also assume that the deductions from the contributions paid each month are substantial and burden the workers.

Based on the background of the problem above, the authors are interested in identifying several components related to participation by conducting a study entitled "Health Insurance-BPJS Samarinda Strategy in Efforts to Increase JKN-KIS Membership in the Business Entity Wage Recipient Worker Segment in Samarinda City."

## Literature review

### *National Health Insurance*

It is stated in Law number 40 of 2004, which describes the National Social Security System (SJSN), which aims to provide social protection and welfare guarantees for all Indonesian people. Borolla et al. (2020) said that budgeting in the health sector implemented in the National Social Security System is one of the main issues in efforts to prosper and improve public health in Indonesia.

According to the National Social Security Council in the Indonesian Health Profile 2020, the National Health Insurance is a nationally administered social security program based on the principles of social insurance and the direction of equity to ensure that participants receive health care benefits and protection in meeting their basic needs health. The community from the J.K.N. program has felt many benefits. The J.K.N. program is considered very important because J.K.N. is a guarantee of health protection so that participants can gain a sense of security from the risks of uncertainty that befall them in the future. The implementation of J.K.N. in Indonesia is organized by the Health Insurance-BPJS, a legal entity formed to administer social security programs for all Indonesians.

### *Insurance*

It is stated in Law Number 40 of 2014, Article 1 paragraph (1) concerning insurance. Insurance is an agreement between two parties, namely the insurance company and the policyholder, which is the basis for receiving premiums from the insurance company in return for:

- i. Provide compensation to the insured or policyholder due to loss, damage, costs incurred, loss of profit, or legal liability to third parties that may be suffered by the insured or policyholder due to the occurrence of an uncertain event; or
- ii. Provide payments based on the insured's death or charges based on the insured's life with benefits whose amount has been determined and based on the results of fund management.

Research conducted by Kokot et al. (2017) argues that it is essential for an individual to choose the insurance provided, including health insurance, which helps reduce risk and guarantee substantial costs for possible illnesses.

### *Insurance Participant*

It is stated in Law number 40 of 2014 that the insured is the party facing the risk as stipulated in the insurance agreement or reinsurance agreement. In this case, the insured can be called an insurance participant (Wasita, 2020). Insurance participants can enter into contracts or agreements with insurance service providers as agreed upon by paying a premium or an amount of money, which will be paid back by the insurance company when the insurance participant experiences an adverse event (Ichsan, 2014).

### *Health Insurance*

According to Maria's research, 2014, Health insurance is insurance designed to protect its participants not to incur high costs when undergoing treatment, hospitalization, surgical and medical procedures, drug costs, and others, so the insurance company is obliged to pay the entire fee and provide optimal health services. Heryana (2021) explains that based on the global agreement on Sustainable Development Goals (S.D.G.s), every country has the same goal that must be achieved, namely, the government must protect the health of all people, which can be called Universal Health Coverage (UHC). According to the Secretary-General of the Ministry of Health, dr. Oscar Primadi, Universal Health Coverage (UHC) can be declared achieved if all citizens have access to comprehensive and quality health services, both promotive, preventive, early detection, treatment, rehabilitative, and palliative efforts, without being constrained by cost problems (Ministry of Health RI, (2020).

### *Strategy to increase participants in the insurance*

The proliferation of insurance companies in Indonesia causes insurance companies to compete to provide the best service without burdening participants with significant premiums. Each insurance company's insurance program needs to expand to get participants

(Grytsenko et al., 2017). The manager can do insurance companies' activities to improve service strategies by analyzing SWOT to find weaknesses, strengths, threats, and opportunities. According to research by Iliham & Wahyuni (2016), insurance companies can increase the number of participants by conducting outreach to people who do not have insurance about the importance of insurance that will be useful for life. Increasing the number of insurance participants in one way is ineffective, so a strategy is needed to increase participants in one way, namely the establishment of a contribution policy that must be reviewed to retain insurance participants (Krashennikova et al., 2019).

## Research and Methodology

This research method uses a qualitative approach by analyzing the data descriptively. According to Cresswell, 2014, a qualitative approach focuses on collecting data by observing the behavior of the object under study and analyzing it narratively. This study examines the data descriptively, and according to Cooper and Schindler (2016), descriptive explanation aims to collect information and data following the observations of current conditions.

### Data Collecting

#### Interview

The interviewer interviews the respondents with related information and data. In this study, interviews were conducted with several sources who would be asked for related information, namely the Head of Expansion of Supervision and Examination of Health Insurance-BPJS Participants at Samarinda and Business Entities in Samarinda City. Interviews were conducted to obtain perspective information from several other parties in collecting data.

#### Observation

Observation is one of the data collection techniques carried out by observing while the researcher is carrying out an internship practice. Comments can be in the form of an event that occurs, which is then recorded to obtain precise information and data.

#### Documentation

Documentation is secondary data. The results of this documentation technique can be in the form of charts, organizational structures, photos, pictures, tables, notes, reports, official websites, and so on.

## Findings and Discussions

### Identify obstacles faced by Health Insurance-BPJS Samarinda Main Branch Office to increase JKN-KIS participation in the Business Entity Wage Recipient Worker (PPU BU) segment in Samarinda City

In this study, questionnaires were distributed randomly to 60 respondents in the form of business entities in the city of Samarinda to find out whether the business entity had registered its workers in the JKN-KIS program organized by Health Insurance-BPJS and to identify obstacles that occurred in the field. Thirty companies still have not recorded their workers in the national health insurance organized by Health Insurance-BPJS, and 30 other companies have provided health insurance for their workers organized by Health Insurance-BPJS.

Table 1: Respondent Profile

No.	Company	Since	Address	Business Sector
1	PT SLJ Global Tbk	1980	JL. Dr. Cipto Mangunkusumo Sengkotek	Forestry, Industry, and mining
2	CV Jaya Pratama	2010	-	Heavy Equipment Rental
3	PT Adimitra Lestari	2007	JL. Untung Suropati Blok C-20 Mahakam Square	Forestry
4	PT Menubar Kaltim	2009	JL. Telkom Sei Lais, Pulau Atas,	Shipbuilding
5	PT Cakrawala Indo Mousike	2015	JL. P. Antasari No.61	Karaoke
6	PT Mustika Tujuh Delapan	2019	JL. M. Yamin No.01	Resto & Cafe
7	PT Pancaran Samudera Shipyard	2010	JL. Bakungan No.45, Loa Gagak	Shipbuilding and repair
8	P.T. L.G. Electronics Indonesia	2012	JL. A. Wahab Syahrani	Service Center & Sales of goods household
9	PT Yugo Putra Sejahtera	2009	JL. IR Sutami, Komp. pergudangan	Food product distribution
10	CV Yugotama Megah Abadi	2018	J.L. K.H. Wahid Hasyim	Supermarket
11	Happy Puppy Mall S.C.P.	2013	Mall Samarinda Central Plaza	Karaoke
12	Running Korean Street Food	2013	J.L. Rapak Indah	Korean Restaurant
13	PT Ilufa Jaya Samarinda	2002	J.L. K.H. Samanhudi	Shopping & Retail
14	PT Cahaya Samtraco Utama	2010	J.L. Ekonomi, Loa Buah	Sawmill production and management

<i>Table Cont'd</i>						
15	Happy Puppy Lembuswana	Mall	2015	Ruko Mall Lembuswana	Karaoke	
16	PT Artanusa Beton		2004	J.L. Teuku Umar 8	Concrete construction	production
17	CV Benjaya Prima Perkasa		-	-	Karaoke	
18	RM Bebek Pak Ndut		2013	JL. A. Wahab Syahrani	Restaurant	
19	CV Puspa Juita		2011	JL. Makassar No. 2, Sei Siring	Mining	
20	Coco Petshop Samarinda		2017	JL. Pattimura	Petshop	
21	Joysurf Lembuswana		2011	Ruko Mall Lembuswana	Shopping & Retail	
22	Happy Puppy Citown		2015	Ruko Citraland Town	Karaoke	
23	Toko Gabin Ria		2000	JL. Diponegoro No.36	Confectionery & Plastic Shop	
24	D'Penyetz & D'cendol		2017	JL. A. Wahab Syahrani	Restaurant	
25	Gajahmada		2008	Ruko Mall Lembuswana	Shopping Retail	
26	Sports Station Lembuswana		2013	Mall Lembuswana	Shopping Retail	
27	Tata Optima Property		2013	JL. Untung Suropati	<i>Real Estate &amp; property</i>	
28	Sokyo		2018	JL. Gatot Subroto	Japan Restaurant	
29	Premium Palate		2021	JL. Ahmad Yani	Cafe	
30	Grill Me		2018	JL. A.M Sangaji	Grill & BBQ	
31	Oembak Resto		2021	JL. P. Hidayatullah	Restaurant	
32	Istana Sepatu		2015	Mall Lembuswana	Shopping Retail	
33	Angel Baby Shop		2005	Mall Lembuswana	Shopping Retail	
34	RM Gudeg Bebek Jogja		2018	JL. A. Wahab Syahrani	Restaurant	
35	Saroong Cafe & Resto		2020	JL. Belibis	Restaurant	
36	Lanakila		2020	JL. Belibis	Resto & bar	
37	Premiere Laundry		2017	Ruko Alaya Junction	Laundry	
38	BI Progressive		2021	JL. Remaja	Cafe	
39	Ropang Plus-Plus		2021	JL. Remaja	Resto & Cafe	
40	Amira Spa		2017	JL. Remaja	Spa Bodycare	
41	Go Grill		2017	JL. KS Tubun	Grill & BBQ	
42	Vinel Motor		2015	JL. D.I Panjaitan	Bike Shop	
43	Darul Motor		2010	JL. Kebon Agung	Bike Shop	
44	VZ Skin Care		2016	JL. D.I Panjaitan	Beauty Clinic	
45	Generasi Knalpot		1980	JL. Sentosa	Bike Shop	
46	PT Anugerah Mulia Perfecta		2021	Ruko Mall Lembuswana	Shopping Retail	
47	Toko Buku Aziz		2014	Ruko Mall Lembuswana	Book Store	
48	Kios Burung Pelita		2010	JL. Pelita	Animal Feed Distributor	
49	Toko Ambo Upe		2011	JL. Bengkuring Raya 2	Mini Market	
50	Kedai Sampan Tradisional		2021	JL. A. Wahab Syahrani	Restaurant	
51	Toko Buku Banjariyah		2010	Ruko Pasar Segiri	Book Store	
52	Toko Anas		2010	JL. Bengkuring Raya 1	Mini Market	
53	Toko Trizky		2010	JL. Bengkuring Raya 3	Mini Market	
54	PT Vloowless Kosmetik		2018	JL. A. Wahab Syahrani	Beauty Product	
55	Esen Coffee		2021	-	Coffee Shop	
56	Kopi Sawah		2021	JL. Betapus	Coffee Shop	
57	Hansha coffee		2021	JL. Danau Maninjau	Coffee Shop	
58	RM Sungai Siring		2014	JL. Poros SMD-Bontang	Restaurant	
59	Toko Sumber Baru		2018	JL. Bengkuring	Mini Market	
60	Kedai Siliwangi		2021	JL. Juanda 8	Coffee Shop	

Employers do not want to register their workers because they feel that their workers have never been sick and have never suffered from a particular disease that is quite serious, so employers think that the health insurance provided by Health Insurance-BPJS is not too important. This lack of awareness of the importance of health insurance and knowledge of the JKN-KIS program organized by Health Insurance-BPJS is the main obstacle to achieving the target of participants in Samarinda city's wage worker segment.

Turnover or employee turnover is still relatively high, which is one of the identified obstacles that hinder the achievement of the Health Insurance-BPJS Samarinda membership target. In a business entity, sometimes there are still contract employees whose working period is only a few months, so employers still have not registered their workers in the JKN-KIS program.

The target for this participant has not been achieved because employers still do not know if workers must be registered and transferred to the wage worker segment. Another obstacle is why business entities do not want to register their workers because they are already participants in the J.K.N. program but are registered in other participant segments such as the contribution assistance recipient, non-

wage workers, or independent segments. So far, employers and workers assume that if they are already participants in the J.K.N. program in the independent segment or non-wage workers, then there is no need to move the part of participants who were originally non-wage workers or independent to become the wage worker participants.

One of the obstacles for Health Insurance-BPJS Kota Samarinda is the imposition of sanctions for public services that have not been implemented as stipulated by the Presidential Regulation. According to Presidential Regulation, number 86 of 2013. There are procedures for imposing administrative sanctions on employers who violate the provisions referred to in the article, namely in written warnings, fines, and not receiving certain public services. Because when a company opens a business license, they don't consider providing health insurance for their workers. Therefore, the imposition of sanctions for not receiving public services is not the domain of BPJS Health but also involves several related regional organizations, one of which is the One Stop Integrated Service Investment Service. In addition, there are several types of public services, and if this sanction is given, there must be synergy between one regional organization and another engaged in certain public benefits.

### **The strategy of the Health Insurance-BPJS Samarinda Main Branch Office is to increase JKN-KIS participation in the Wage Recipient Workers (PPU BU) segment in Samarinda City.**

Health Insurance-BPJS Samarinda has a strategy to increase participation in the PPU BU segment by socializing the J.K.N. program to business entities or employers. Employers must provide health insurance for every business entity with more than three workers by participating in the JKN-KIS program. The socialization that has been carried out so far is by explaining the regulations and provisions and ensuring that employers understand the JKN-KIS program, the rights and obligations of participants, and the benefits participants get.

In addition to socializing with business entities, Health Insurance-BPJS Samarinda also synergizes with regional officials by associating the JKN-KIS program with direct assistance from provincial officials. If the area's location is quite far, then the people in the area can register through the drop box provided. Drop boxes help submit files regarding Health Insurance-BPJS registration information, which village officials such as sub-districts, sub-districts, and health centers can then submit to the nearest Health Insurance-BPJS to register.

JKN-KIS program. Increasing participation in the workers receiving wage business entity segment can be done with several special programs such as Telemarketing, Canvassing, Mapping, Online Single Submission, and Online Single Execution. Tele-marketing is a program that aims to process the recruitment of business entities by contacting the contacts of registered business entities through the application for registration of business entities in the City of Samarinda, namely the Investment Agency and One Stop Integrated Service, to convey the obligations of business entities and workers to become participants.

Another strategy carried out by Health Insurance-BPJS is to do mapping, namely by mapping the potential of the company based on the area and mapping again which potential is the biggest so that the site is chosen. Mapping activities are carried out every month for a certain period.

Another strategy is Canvassing, or canvas is the process of arranging or painting any area by region or number. Another program is the Online Single Submission, a public service application belonging to the DPMPTSP or the Investment and One Stop Service Office in Samarinda City. This application helps provide licensing services in the city of Samarinda for all business entities who want to get permission from the government to open a business. The application can be directly connected to the Health Insurance-BPJS and see business entities registered and obtained business permits. In the O.S.S. application, there is information about the workforce owned by the company that has the potential to become JKN-KIS participants. After seeing the data, Health Insurance-BPJS conducts telemarketing to ensure whether the company has started operating and the workforce written in the application is correct and valid.

Health Insurance-BPJS Samarinda Main Branch Office has its program so that business entities want to register their workers as J.K.N. participants. The O.S.X. or Online Single Execution method is a program to directly call and invite several companies who have not registered or have registered by providing socialization about the JKN-KIS program. Companies are asked to immediately bring the requested data to update the data on labor conditions on the spot instantly. It indirectly makes it easier for companies to submit their data so that they can be directly facilitated for assistance if there are problems regarding registration.

For all of the programs mentioned above, such as Canvassing, Mapping, Online Single Submission, and Online Single Execution, Health Insurance-BPJS first conducts telemarketing to ensure that the company is operational and has a potential workforce. If with just telemarketing, the company immediately complies, then there is no need to carry out other programs to save time. The programs mentioned above have been implemented effectively and optimally to increase participation in the segment. All business entities that have been given socialization of the understanding of the J.K.N. program are given up to 3 days to register, but if they have not complied with the registration within the specified time, Health Insurance-BPJS can issue the first warning letter.

Health Insurance-BPJS Samarinda also cooperates with the Samarinda District Attorney's Office as a legal assistance party for business entities still not compliant with registering their workers in the JKN-KIS program to be given administrative sanctions following applicable laws. The provision of administrative sanctions is a form of implementation of Presidential Regulation number 86 of 2013, which contains written warnings, fines, and not receiving certain public services. The imposition of sanctions is

considered adequate to provide a deterrent effect for a company that has not complied. Based on Presidential Regulation number 86 of 2013, BPJS Health has carried out all these regulations from the first and second warnings, giving 0.1% administrative fines for companies that do not comply, and Health Insurance-BPJS has the right to make suggestions regarding the termination of public services, which will then be synergized with the relevant regional organization.

*The results of the interview with the Head of Expansion of Supervision and Examination of Health Insurance-BPJS Participants Samarinda*

**Table 2:** Resource person: Head of Expansion of Supervision and Examination of Health Insurance-BPJS Participants Samarinda

No	Author	Resource Person
1	What are the goals and benefits of the JKN KIS program, and who has the right to protect their health?	The JKN KIS program is helpful as a protection if the citizens need health insurance. Because firstly, illness is an unpredictable thing, something that cannot be predicted, when he is sick and to whom it is impossible to predict. Therefore, all Indonesian citizens are required to become J.K.N. participants. There are two segments of J.K.N. participants: the recipients of contribution assistance and non-contribution assistance recipients. The contribution assistance recipients are underprivileged communities whose contributions are paid by the government. The other segment is non-recipient of contribution assistance consisting of wage earners, non-employees, and non-wage workers
2	Why has the company not yet wanted to register its workers as J.K.N. participants?	First, some workers have been registered in other segments, such as the local government-dependent segment, so that's wrong. It is because the provincial government's dependent component is for residents or people who do not have health insurance. Then the second one that has not been registered still has arrears in dues as an independent participant. Even though it can be transferred, to avoid complaints from the company's participants, many recommend paying off the arrears first and then registering the company; that's the second. The third is that awareness of the company is fundamental. So this is where we are here, synergizing with the prosecutor's office with an understanding to the company that it is an obligation that must be carried out.
3	Does Health Insurance-BPJS Samarinda face any obstacles to increasing participation in the business entity for the wage worker segment in Samarinda?	The obstacle is the imposition of sanctions on public services that the DPMPSTP or the local government has not implemented. It is an obstacle because the regulations in presidential regulations and presidential instructions have been regulated. However, the facts show that the local government does not do this. Now that it has been handled in the newly issued presidential instruction No.1 of 2022, we are synergizing with the prosecutor's office and the police. Then the efforts we make here also synergize with the prosecutor's office. Therefore, one of the reasons that many companies, when they want to invest, only invest without giving their workers' rights in the form of health insurance.
4	What strategy does Health Insurance-BPJS Samarinda do to increase participation in the PPU BU segment in Samarinda?	The strategy is socializing with the company, telemarketing, mapping, canvassing, and then synergizing with the prosecutor's office. Socialization is carried out every day because we do telemarketing, canvassing, and mapping, which is one form of socialization. Then we also carry out Online Single Submission and Online Single Execution. But if the socialization is formal, we can act as speakers and invite several companies. The socialization that has been carried out so far has been adequate because there are companies that were previously unaware, but now they have understood more.
5	Has the strategy implemented by Health Insurance-BPJS Samarinda been running optimally and effectively?	The provision socialization is provided in the form of knowledge of applicable regulations and provisions, rights and obligations of employer, rights, duties, and benefits obtained by participants, as well as the requirements of the contributions to be paid. Participation-increasing strategies such as telemarketing, canvassing, mapping, O.S.X., and O.S.S. have been carried out optimally and effectively, as seen from the enthusiasm of companies that are gradually enrolling their workers in national health insurance.

## Conclusions

The obstacle identified in this study is the lack of socialization of the importance of health insurance by Health Insurance-BPJS Samarinda to Business Entities in Samarinda City because there are still many Business Entities who do not know about the JKN-KIS program for the BU PPU segment. The workers are still registered in the non-wage workers and not workers segments, which is wrong because if they are already workers, then the participants' status can be transferred to wage worker participants. Besides, there are still temporary workers in a business entity, so employee turnover is still high and causes employers not to want to provide health insurance for their workers. Provision of administrative sanctions that have not been carried out following applicable laws because there is no synergy between BPJS Health and other regional organization.

Several excellent programs to increase participation can be done utilizing telemarketing, mapping, canvassing, Online Single Submission, and Online Single Execution up to 100%. Health Insurance-BPJS Samarinda implements several strategies to increase participation in the wage worker segment by synergizing and entering into cooperation agreements with the District Attorney's Office as a legal assistant and providing administrative sanctions to business entities with not comply with registration. BPJS Health also conducts socialization, supervision, and inspection of business entities that have not complied with registration.

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**Conflicts of Interest:** The authors declare no conflict of interest.

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