



Characteristic Factors of Health Micro Insurance Against Considerations in Selection of Health Service Facilities

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Abstract

Indonesia is still faced with a series of health problems. One of the causes of health problems is the expensive cost of treatment. An alternative that people can choose for health financing is to have health micro-insurance aimed at lower-middle-class households. The purpose of this study was to identify factors characteristic of micro-insurance, against the consideration of choosing health service facilities. The data used were primary data obtained through a questionnaire of 220 health micro-insurance participants. This research was analyzed with a quantitative descriptive approach. The results of the analysis show that the characteristics of hospitals that are registered as good quality micro-insurance services and responsive to providing referrals to hospitals, when there are patient complaints are the main factors in considering the choice of health service facilities.

Keywords: Medical expenses, health microinsurance, BPJS participants, consideration factors, health service facilities.

1. Introduction

Health is a basic human need to be able to live a decent and productive life (Rusmawati et al., 2021). Health problems in developing countries, especially Indonesia, are still seen as a luxury. Poor environmental sanitation and low public awareness of health maintenance in health facilities are factors that need attention from the government, especially if the government wants to improve public health. According to Short (2009), some of the things that are considered to be the cause include the high cost of treatment and adequate health facilities for the general public. There are two main components in the structure of health care costs borne by patients, namely goods and services. The goods component includes medicines and pharmaceuticals, while the service component includes supporting facilities for medical assistance and doctor's fees. Drug distribution is the main problem that dominates the cause of the high cost of goods, resulting in high medical costs. As for the service component, the absence of clear arrangements regarding prices for medical services has caused some doctors to abuse their authority to determine prices, thus burdening patients.

One alternative that people can choose for health financing is to have health insurance. However, people still find it difficult to pay mandatory premiums every month of hundreds of thousands of rupiah for a period of 1 year to 10 years because it is very difficult for those with mediocre incomes that run out for their basic needs (Levy & Meltzer, 2008; Hsieh et al., 2019). Thus, there is microinsurance aimed at lower-middle-class households who cannot use ordinary insurance services. The existence of micro-insurance in Indonesia is aimed at low-income people such as small traders, factory workers, and others. This is because most of these people have difficulty accessing insurance products (Thabrany, 2003).

Based on the explanation above, this study intends to analyze how the factors that affect the characteristics of health micro-insurance in the selection of health service facilities. The preference for choosing health service facilities is expected to be taken into consideration in making decisions related to overcoming health problems.

2. Literature Review

Micro Insurance

Based on Thabrany, (2003), Asuransi Mikro Indonesia is an insurance product for the lower middle class with simple features and administration, products that are easy to buy, relatively economical prices, and a claim submission process that does not take long. The characteristics of Indonesian microinsurance products are SMES (Simple, Easy, Economical, and Immediate). Microinsurance comes in various forms, such as life insurance, loss insurance, and health insurance.

Health Micro Insurance

Health micro-insurance has various benefits including payment of medical expenses in hospitals and cash compensation as an alternative to income generated if participants are sick or caring for sick family members (Thabrany, 2003; Puspita & Kartikawati, 2022; Firmansyah, 2019).

3. Materials and Methods

3.1. Materials

The object used in this study was the results of a survey of health micro-insurance users to analyze the influence factors of health micro-insurance characteristics on the selection of health service facilities. In this case, the researcher described the impact felt after using BPJS Kesehatan by health micro-insurance users in Duren Jaya Housing, East Bekasi District, Bekasi City. This study involved 220 respondents.

The characteristics used in this study include the year of starting health micro-insurance, the amount of prepaid every month, the number of medical expenses incurred while being a participant in health micro-insurance, hospitals that are registered as good quality micro health insurance services and responsive to providing referrals to hospitals, when there are patient complaints.

3.2. Methods

The stages carried out in this study included distributing questionnaires to 220 respondents. After the data is collected, data recapitulation is carried out, separating between qualitative and quantitative data. Qualitative data is carried out by the coding process and categorized based on their respective variables. Data that has been categorized can then be analyzed to answer research questions. The analysis technique used is quantitative descriptive analysis.

4. Results and Discussion

In this research, quantitative descriptive analysis was applied to the case of factors affecting the characteristics of health micro-insurance in the selection of health service facilities. From the questionnaire distributed to respondents, an overview of the following characteristics was obtained.

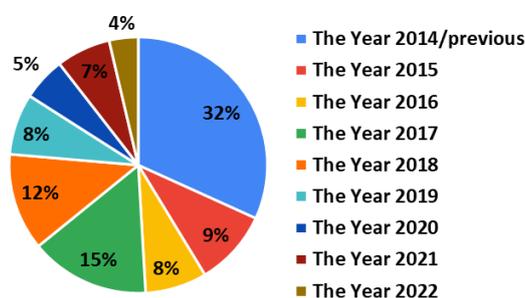


Figure 1: Diagram of The Year Respondents Started Health Micro Insurance

Based on Figure 1, it can be seen that out of 220 respondents, 32% (70 respondents) started using health micro-insurance in 2014/previous years, 9% (21 respondents) started using health micro-insurance in 2015, 8% (17 respondents) started using health micro-insurance in 2016, 15% (33 respondents) started using health micro-insurance in 2017, 12% (27 respondents) started using health micro-insurance in 2018, 8% (17 respondents) started using health micro-insurance in 2019, 5% (12 respondents) started using health micro-insurance in 2020, 7% (15 respondents) started using health micro-insurance in 2021, and 4% (8 respondents) started using health micro-insurance in 2022.

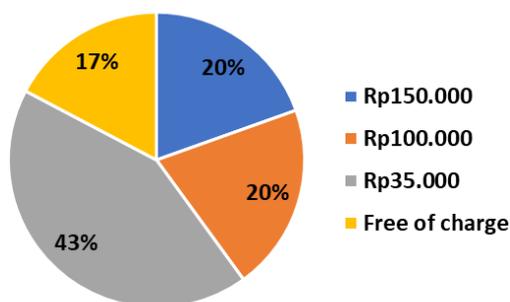


Figure 2: Diagram of Prepaid That Respondents Must Pay Every Month

Based on Figure 2, it can be seen that of the 220 respondents, 20% (43 respondents) pay a prepaid of Rp150,000.00 every month, 20% (45 respondents) pay a prepaid of Rp100,000.00 every month, 43% (94 respondents) pay a prepaid of Rp35,000.00 every month, and 17% (38 respondents) pay a prepaid of Rp0.00 every month because it is borne by the government.

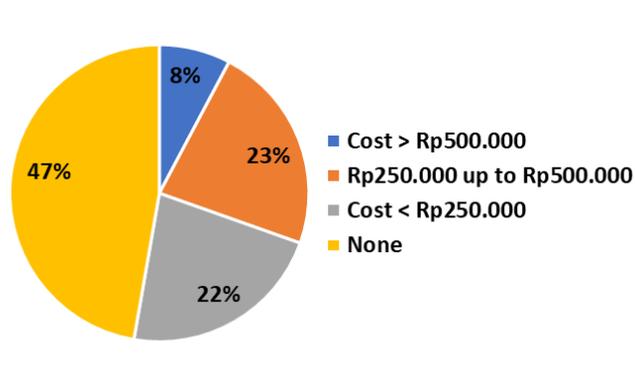


Figure 3: Diagram of the Number of Medical Expenses Incurred by Respondents During Their Time as Participant’s Health Micro Insurance

Based on Figure 3, it can be seen that of the 220 respondents, 8% (17 respondents) incurred medical expenses of more than Rp. 500,000.00 during their time as participants in health micro-insurance, 23% (50 respondents) incurred medical expenses ranging from Rp. 250,000.00 to Rp. 500,000.00 while being participants in health micro-insurance, 22% (49 respondents) incurred medical expenses of less than Rp. 250,000.00 during their time as participants in health micro-insurance, and 47% (104 respondents) did not incur medical expenses while participating in health micro-insurance.

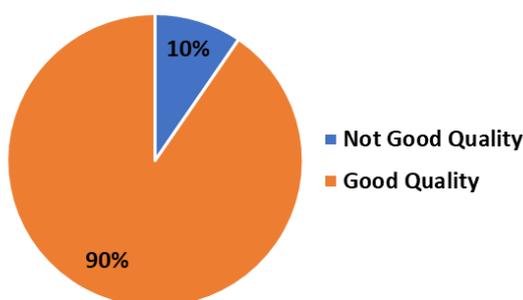


Figure 4: Diagram of the Quality of Hospitals Listed as Health Micro Insurance Servants

Based on Figure 4, it can be seen that out of 220 respondents, 10% (21 respondents) felt that hospitals registered as health micro-insurance services were not of good quality, and 90% (199 respondents) felt that hospitals registered as health micro-insurance services were of good quality.

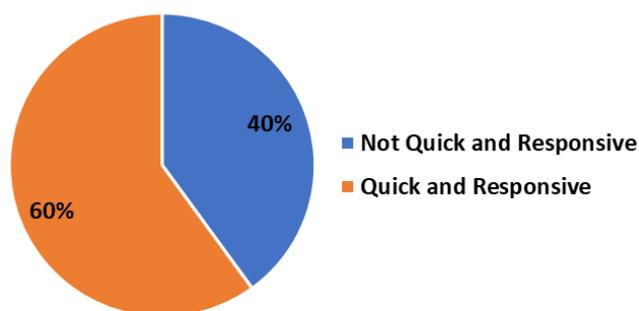


Figure 5: Diagram of Processing Referrals to Hospitals, When There Are Patient Complaints

Based on Figure 5, it can be seen that out of 220 respondents, 40% (88 respondents) chose not to be quick and responsive to the hospital, when there were patient complaints, and 60% (132 respondents) chose to be quick and responsive to the hospital when there were patient complaints.

5. Conclusion

Based on the results of quantitative analysis, it was found that the quality of hospitals registered as good quality BPJS Kesehatan services has a significant effect on the selection of health service facilities. This can be known through the percentage obtained. This means that hospitals that are listed as having good quality health micro-insurance services will improve health with more opportunities, than hospitals that are listed as not having good quality health micro-insurance services. Thus, patients will consider the quality of the hospital for treatment. The good quality of the hospital will certainly build a good image of the hospital. The better the image of the hospital, the higher the public's trust in the hospital in providing treatment.

In addition, being quick and responsive to give a referral to the hospital, when there is a patient complaint becomes one of the determining factors for a person's health. Through quantitative analysis, it was found that quickly and quickly giving a referral to a hospital, when there are patient complaints, has a significant effect on a person's health. This can be known through the percentage obtained. That is, the faster and more responsive to making referrals to the hospital when there are patient complaints, the more opportunities to improve health, compared to not being quick and responsive to giving referrals to the hospital when there are patient complaints. In this case, what is underlined is the factor of access to health facilities. The sooner a person reaches the hospital when there is a complaint, the better the person will be at health.

References

- Firmansyah, I. (2019). The Implementation of Good Corporate Governance to Develop Islamic Micro Insurance in Indonesia. *Iqtishadia*, 12(2), 189-210.
- Hsieh, C. Y., Su, C. C., Shao, S. C., Sung, S. F., Lin, S. J., Kao Yang, Y. H., & Lai, E. C. C. (2019). Taiwan's National Health insurance research database: past and future. *Clinical epidemiology*, 349-358.
- Levy, H., & Meltzer, D. (2008). The Impact of Health Insurance on Health. *Annu. Rev. Public Health*, 29, 399-409.
- Puspita, A. T., & Kartikawati, D. R. (2022). A Review on Islamic Micro-Insurance Studies. *Tamkin Journal*, 1(1).
- Rusmawati, A., Ellina, A. D., & Widiyanto, E. (2021). Quality of Health Services with Bpjs Patients Satisfaction In Inpatient Rooms General Hospital University of Muhammadiyah Malang. *Journal for Research in Public Health*, 2(2), 111-119.
- Short, M. E., Goetzl, R. Z., Pei, X., Tabrizi, M. J., Ozminkowski, R. J., Gibson, T. B., ... & Wilson, M. G. (2009). How Accurate are Self-Reports? An Analysis of Self-Reported Healthcare Utilization and Absence When Compared to Administrative Data. *Journal of Occupational and Environmental Medicine/American College of Occupational and Environmental Medicine*, 51(7), 786.
- Thabrany, H., Gani, A., Pujiyanto, M. L., & Mahlil, B. B. (2003). Social Health Insurance in Indonesia: Current Status and the Plan for National Health Insurance. *International Social Health Insurance Workshop, WHO SEARO*, New Delhi, 13-15 March.