UTILIZATION OF NATIONAL HEALTH GUARANTEE (JKN) INDEPENDENT PARTICIPANTS OF BPJS HEALTH IN HEALTH SERVICES IN NENE MALLOMO HOSPITAL SIDENRENG RAPPANG REGENCY

Nella Tri Surya[1], Indar[1], Arifin Seweng[2]
[1]Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Indonesia
[2]Department of Reproductive and Family Health, Faculty of Public Health, Hasanuddin University, Indonesia

ABSTRACT

In 2018, the number of people registered at Social Insurance Administration Organization (BPJS) Sidenreng Rappang District was 228,687 people out of a total population of 316,951 people and the number of independent BPJS participants coming to the Nene Mallomo Hospital also continued to increase, this is closely related to factors affecting behavior someone or the community in utilizing his Health BPJS for use in health services at the Nene Mallomo Regional General Hospital. This study aims to determine the effect of perception, distance, and attitude of independent BPJS Health participants on JKN utilization in health services. This type of research used in this research is quantitative with cross sectional design. The population is 48,033 people. Samples were taken by purposive sampling as many as 100 people. Data analysis used univariate, bivariate and multivariate analysis methods. Relationship analysis will be performed using cross tabulation with chi square test. Chi square test results show that there is an influence between the perception variable (p = 0,000) and distance (0.011) and attitude (0,000) on the utilization of the National Health Insurance (JKN) in Health Services at Nene Mallomo Regional Hospital, Sidenreng Rappang Regency. More intensive socialization is needed to the public about the Independent BPJS Health so that the community understands the flow and ways to use JKN

Keywords: Perception, distance, attitude, utilization of JKN, BPJS Health.

INTRODUCTION

The Sustainable Development Goals (SDGs) there are 17 indicators with 169 achievements that have targets related to health. SDGs provide an opportunity to build a better health system by strengthening the health system. In the framework of SDGs, health contributes and benefits all other goals. However, the third SDGs indicator focuses specifically on ensuring a healthy life and improving well-being for all people at all ages (WHO, 2017).

Law Number 40 of 2004 concerning the National Social Security System (SJSN Law) is a policy to fulfill the rights of every citizen to live properly and with dignity towards achieving the expected level of welfare. This is in accordance with the understanding of social security, which is defined as protection designed by the government, to protect citizens against the risk of death, health, retirement unemployment, poverty, and inadequate employment conditions. (Ningtyas, 2015).

Health Insurance is a guarantee in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs provided to everyone who has

paid Health Insurance Contribution or Health Insurance Contribution paid by the Central Government or Regional Government (Thabrany, 2008).

The social security organizer or known as Social Insurance Administration Organization (BPJS), is a legal entity formed to organize a social security program. BPJS aims to realize the delivery of guarantees to meet the basic needs of a decent life for each participant and or family member. BPJS as referred to in article 5 paragraph 1 of Law no. 24 of 2011 is BPJS Health and BPJS Employment. Utilization of health services at the health center level has several factors that influence it, namely consumer factors in the form of: education, livelihoods, knowledge and perceptions of patients; organizational factors such as: availability of resources, affordability of service locations, and social access; and service provider factors including: behavior of health workers. (Rumengan et al., 2015) Coverage of participants as of 1 January 2019 has reached around 215 million (BPJS, 2019). Meanwhile, BPJS Health in 2019 is targeting 257.5 million residents or around 96% to become JKN participants. (Munhidharno, 2018)

In 2018, there were 3 provinces (Aceh, DKI Jakarta and Gorontalo) that had reached UHC. In total, 3 provinces, 67 districts and 24 cities have reached 95% of the population. (Retnaningsih, 2018). The breadth of access to health facilities also shows a significant development. As of 1 January 2019, BPJS Health has cooperated with 27,189 health facilities consisting of 23,027 First Level Referral Health Facilities (FKTP) and 2,474 Advanced Referral Health Facilities (FKRTL) and 1,688 supporting health facilities such as Pharmacies and Optics throughout Indonesia (BPJS, 2019)

The implementation of the National Health Insurance under the health BPJS which is considered to be the initial milestone in the beginning of the change in health services, in fact patients' views of BPJS services are still not good, which still complains of hospital services (Pitoyo, at al., 2010). These complaints are related to administrative services, nurses, doctors, facilities and infrastructure, advances, medicines, fees, and other hospital services (Lahdji et al., 2017)

In South Sulawesi Province, in 2019, there were 11 Regencies / Cities that had received awards from the Governor of South Sulawesi as regencies / cities that had achieved the Universal Health Coverage (UHC) membership dimension. Sidenreng Rappang Regency also received an award for UHC achievement in 2018 but experienced a decrease in UHC achievements in 2019 due to BPJS Health membership has declined, the number of data from the South Sulawesi Provincial Health Office, JKN Participants in Sidenreng Rappang district amounted to 228,687 people. It consists of 180,654 PBI participant souls and 48,033 Non PBI participant souls. The South Sulawesi Provincial Health Office recorded that in June 2019, the participants of Non Wage Recipients (PBPU) in Sidenreng Rappang Regency were 42,203 people. In addition to membership there are two other dimensions that are indicators of Universal Health Coverage.

According to data obtained from the Health BPJS in 2018, the number of people registered in the BPJS Health Sidenreng Rappang Regency was 228,687 people from a total population of 316,951 people and the number of independent BPJS participants who came for treatment at Nene Mallomo Hospital also continued to increase. Based on data obtained by the average number of monthly visits of BPJS Health patients in May 2019 as many as 1,800 and experiencing an increase in June 2019 as many as 1,950. This is closely related to factors that

influence the behavior of a person or community in utilizing their Health BPJS for use in health services at the Nene Mallomo Regional General Hospital.

METHODOLOGY
This type of research is quantitative with cross sectional design. A population of 48,033 people were drawn by purposive sampling, consisting of 100 people. Data analysis used univariate, bivariate and multivariate analysis methods. Relationship analysis will be performed using cross tabulation with chi square test.

RESULTS AND DISCUSSION
Characteristics of Respondents

Table 1. Characteristics of Respondents

Characteristics of Respondents	Category	Frequency	
		n	**%**
Age	19-29	32	32,0
	30-40	37	37,0
	41-50	17	17,0
	51-60	10	10,0
	61-70	4	5,0
Gender	Male	23	23,0
	Female	77	77,0
Last education	Not completed in primary school	5	5,0
	SD / equivalent	11	12,0
	Junior High School/ / equivalent	6	20,0
	Senior High School/ equivalent	43	44,0
	University	25	22,0
Occupation	Unemployee	6	6,0%
	entrepreneur	18	18,0%
	Honorary	10	10,%
	House-Wife	55	55,0%
	Farmer	26	26,0%
	College student	5	5,0%
	Total	100	100

Source: Primary data, 2019

Table 1 shows the characteristics of respondents based on age, gender, last education, occupation. Based on the age characteristics, the highest number of respondents are in the 30-40 years age group that is 37 respondents (37.0%), while the number of respondents is the least in the 61-70 year age group that is as many as 4 respondents (4.0%). Based on gender, the highest number of respondents is female, namely 77 respondents (77.0%), while male gender is 23 respondents (23.0%). Based on the most recent education the most respondents are with high school / equivalent education level of 43 respondents (43.0%), while the least respondents are not graduated from elementary school as many as 5 respondents (5.0%). Based on the work, the most number of respondents are Housewives (IRT), which are 55 respondents (55.0%), while the fewest respondents are Students, which are 5 respondents (5.0%).

Table 2. Univariate Analysis of Respondents Distribution Based on Perception Variables in Nene Mallomo Regional Hospital, Sidenreng Rappang Regency

Variable	n	%
Perception		
Good	50	50,0
Not Good	50	50,0
Total	100	100,0

Source: Primary data, 2019

In table 2 of the 100 respondents who used the Independent Health BPJS at Nene Mallomo Regional Hospital, Sidenreng Rappang Regency when viewed from the Perception variable there are 71 respondents (71.0%) who state that the perception is good and 29 respondents (29.0%) stated that the perception was not good.

Table 3. Univariate Analysis of Respondents Distribution Based on Distance Variables at Nene Mallomo Regional Hospital, Sidenreng Rappang Regency

Variable	n	%
Perception		
Good	50	50,0
Not Good	50	50,0
Total	100	100,0

Source: Primary data, 2019

In table 3 of the 100 respondents who used the Independent Health BPJS at Nene Mallomo Regional Hospital, Sidenreng Rappang Regency. If seen from a distance that there were 50 respondents (50.0%) who stated that the distance to the Nene Mallomo Regional Hospital is far and 50 respondents (50.0%) stated that the distance to Nene Mallomo Regional Hospital is not far.

Table 4. Univariate Analysis of Respondents Distribution Based on Attitude Variables at Nene Mallomo Regional Hospital, Sidenreng Rappang Regency

Variable	n	%
Perception		
Good	50	50,0
Not Good	50	50,0
Total	100	100,0

Source: Primary data, 2019

In table 4 of the 100 respondents who used the Independent Health BPJS in Nene Mallomo Regional Hospital Sidenreng Rappang seen from the attitude variable that there are 61 respondents (61.0%) who state that a positive attitude and 39 respondents (39.0%) state that a negative attitude.

Bivariate Analysis
Table 5. Bivariate Analysis of the Effect of Community Perception on the Utilization of National Health Insurance (JKN) on Health Services at Nene Mallomo Regional Hospital, Sidenreng Rappang Regency in 2019

Perception	Utilization of JKN				Total		(p-value)
	Utilizing		Not Utilizing				
	n	%	n	%	n	%	
Good	49	98	1	2	50	100,0	
Not Good	25	50	25	25	50	100,0	(0,000)
Total	74	74	26	26	100	100,0	

Source: Primary data, 2019

Table 5 shows that of the 100 respondents who had good perception variables and used JKN, there were 49 respondents (98%) and those who had poor perceptions and did not use JKN, namely 1 respondent (2%). Whereas respondents with poor perception and utilizing JKN were 25 respondents (50%) and those classified as poor perception and not utilizing JKN were 25 respondents (25%). Based on the results of hypothesis testing using Chi-Square obtained p-value (0,000) <a (0.05), which means that statistically H0 is rejected, meaning that there is an influence of Community Perception on Utilization of National Health Insurance (JKN) in Health Services at Nene Mallomo District Hospital Sidenreng Rappang 2019.

This is in line with Qudziah's research that there is a relationship between perceptions about the JKN-KIS program and the use of JKN-KIS cards and a PR (Prevalence Ratio) score of 2.188, meaning that patients with good perceptions about the JKN Program have a 2,188-time opportunity to utilize the JKN-KIS card at the Regional Hospital Ungaran.

So that the greater one's interest in BPJS participation, the greater the level of JKN-KIS card utilization. So, there is a relationship between perceptions about the JKN Program and the use of JKN-KIS cards in BPJS Mandiri Health patients at Nene Mallomo Regional Hospital, Sidenreng Rappang Regency.

The results of the study (Rumengan et al., 2015) with the results of the analysis using the chi-square test obtained a probability / significance value of 0.001 (p <0.05) with an error rate (α) 0.05 which means there is a significant relationship between respondents' perceptions about JKN by utilizing health services at the Health Center. Judging from the value of the Odds Ratio (OR) shows that respondents with good perception have a 3.1 times greater likelihood of utilizing health services in Community Health Center.

In addition, several respondents claim that they are active card status but do not use their cards to get health services at Nene Mallomo Regional Hospital because they feel they would experience a convoluted process and take a long time when using BPJS and were not satisfied with health services using JKN- KIS like not getting a suitable room for inpatient care so they choose to pay for themselves and use public health services. The inactivity of the JKN-KIS card can occur if the card owner does not comply with payment procedures according to the time period set by BPJS, which is no later than the 10th of each month (Kemenkes, 2012).

A good public perception will encourage the use of JKN. The existence of JKN-BPJS socialization to the community will not necessarily change the community's perception of a program for the better. Communities who have received information about government programs on JKN through the health BPJS, but if the facilities and availability of medicines

are limited and the quality of services provided by health workers is still lacking, the community's perception of the JKN Program will eventually be lacking. If the perception of a program is not good, it can increase the behavior to not use JKN. If the public perception of a health program such as JKN-BPJS is good it will be able to encourage the community to use it by choosing the place of health services provided such as Hospitals. The role of hospitals is very important in continuing government programs that have a mission to improve universal public health services because Hospitals are the closest units to the community to get health services and are spread throughout all regions in Indonesia.

The improvement of service quality is closely related to the speed of response and reliability of health workers, improvement of health facilities and availability of medicines must be improved so that public perceptions of the JKN program are also higher and finally utilization of Hospital services is getting better in the sense that Hospital is the community's first choice in getting health assistance (Purwatiningsih, 2008).

Table 6. Bivariate Analysis Effect of Distance on the utilization of the National Health Insurance (JKN) on Health Services in Nene Mallomo Regional Hospital, Sidenreng Rappang Regency in 2019

Distance	Utilization JKN				Total		(p-value)
	Utilizing		Not Utilizing				
	N	%	n	%	n	%	
Far	43	86	7	14	50	100,0	
Near	31	62	19	38	50	100,0	(0.011)
Total	74	26	26	74	100	100,0	

Source: Primary data, 2019

Table 6 shows that of the 100 respondents who categorized the distance category and use JKN as many as 43 respondents (86%) and those who are close and do not utilize JKN are 7 respondents (14%). While respondents who are close and use JKN are 31 respondents (62%) and those who are classified as close and do not use JKN are 19 respondents (38%). Based on the results of hypothesis testing using Chi-Square obtained p-value (0.011) <a (0.05), which means that statistically H0 is rejected, which means that there is an effect of Distance on the utilization of the National Health Insurance (JKN) in Health Services at Nene Mallomo Regional Hospital Sidenreng Rappang Regency in 2019.

Accessibility is the affordability of health services that can be measured by the distance of health services, affordability or access means that health services must be accessible to the community, not obstructed by geographical conditions. If the distance of health services is close to the patient's residence then the number of visits will be high and vice versa, if the distance of health services is low. Accessibility includes means of transportation, roads and others. The search for health services is also influenced by the affordability of health service facilities by the community.

Based on table 6 of 86% of respondents who says that the distance traveled is quite affordable because they have a private vehicle and had the opportunity because their jobs are better so that in their treatment they preferred to use their BPJS cards by coming to the Nene Mallomo Regional Hospital. However, 38% considere that the accessibility or distance traveled is very difficult because some respondents live in areas far from Nene Mallomo Regional Public Hospital, some also come from outside regions such as Wajo Regency, and Soppeng.

The development of the city community is now very good, where the availability of transportation facilities that are already quite easy to obtain, both the city transportation and rented motorbike (Bentor), then the condition of the connecting road service to the transportation service is still not good enough. There are still many conditions on several roads leading to the hospital, so that increasing travel time to the hospital, people who live far from the hospital feel there are obstacles when they want to utilize JKNnya in services at Nene Mallomo Hospital. This is in line with Debra's (2015) research. There is a significant relationship between access to services and the utilization of health services at the Community Health Center.

Table 7. Bivariate Analysis of the Effects of a person's Attitudes on Utilization of National Health Insurance (JKN) on Health Services at Nene Mallomo Regional Hospital, Sidenreng Rappang Regency in 2019

Attitude	Utilization of JKN				Total		(p-value)
	Utilizing		Not Utilizing				
	n	%	n	%	n	%	
Positive	60	98.4	1	1.6	61	100,0	
Negative	14	35.9	25	64.1	39	100,0	(0,00)
Total	74	74	26	26	100	100,0	

Source: Primary data, 2019

Table 7 shows that out of 100 respondents who have a positive attitude and use JKN are 60 respondents (98.4%) and those who have a positive attitude and use JKN are 1 respondent (1.6%). While respondents who had negative attitudes and used JKN are 14 respondents (35.9%) and those who are classified as negative and do not use JKN were 25 respondents (64.1%). Based on the results of hypothesis testing using Chi-Square obtained p-value (0.00) <a (0.05), then H0 is rejected, which means there is an influence of one's attitude towards the utilization of the National Health Insurance (JKN) in health services in Nene Mallomo Regional Hospital, Sidenreng Rappang Regency 2019.

The actions or ways in which officers perform services are things that greatly affect patients in the use of services. The existence of good and attentive treatment becomes a special attraction in providing services to patients. This fosters psychological influence and motivation for patients to utilize the health services provided.

In this study it is found that health workers have been good so that most respondents have a good perception of the services provided by officers. These results are in line with research (Lukiono, 2010) which shows the influence between knowledge and attitudes of poor pregnant women simultaneously on the use of antenatal services with the full use of Community Health Insurance (Jamkesmas) financing. From the total sample of 74 respondents. There is a significant influence (p = 0.003) between the knowledge and attitudes of poor pregnant women towards the use of antenatal services with the full use of Jamkesmas financing.

A positive attitude from the community requires clear knowledge and information, so that the community can make the right decision. A positive attitude towards independent JKN participants can be supported by the majority age group in the 30-40 years age category. Someone in this age group will have mature thoughts and be able to think well so that they can receive services provided to health needs (Kotler and Keller, 2007). This is supported by research results (Werdani et al., 2017) which show that age is associated with voluntary health

insurance ownership (p = 0.001). One's attitude towards JKN can be supported by the amount of family income. Before someone chooses independent JKN, of course, they have to think about the amount of contributions to be paid (Notoatmodjo, 2010)

Family support obtained by someone to make a decision about a health service is one of the supporting factors for individuals. Family support of respondents in the case group that had less support is 1.6% and good is 98.4%.

The existence of both moral and material support shows that the respondent's family is very caring and concerned about the condition of their family members so that it tends to support participation in JKN. Individuals who get social support will feel that they are cared for, loved, and valued so that it becomes a strength for individuals who can help psychologically or physically. Respondents who received less family support indicated that the family was less than optimal in providing social support. This can be seen in the control group respondents who have less support (50%) greater than the case group. The existence of family members will influence in family decision making (Lubis, 2009). In the case group the number of family members <4, this will affect the family support obtained will be better, because with consideration of having a fixed income and the ideal number of family members it will not be hard to pay JKN contributions according to the number of family members covered. However, if the number of family members is> 4, it can become a burden so that the family will not support JKN participation because with a large number of members, the contributions to be paid will also increase and they will have to pay themselves. The results showed that there was a significant relationship between family support and the participation of family heads in national health insurance (p = 0,000).

Qudsiah research results note that the attitude variable is known that the p value (0.001) <α (0.05) and the confidence interval 1.128-13.64 (not including number 1), which means that there is a relationship between attitude with the use of JKN-KIS card and obtained PR values (Prevalence Ratio) of 3,923, which means that patients with an attitude of agreement with the JKN Program have a 3,923 times chance to utilize the JKN-KIS card at Ungaran District Hospital. (Qudsiah and Indrawati, 2018)

The results showed that the majority of respondents had an attitude of agreement with 86.7% and 68% of them used the JKN-KIS card. So the greater the supportive attitude towards the JKN Program, the greater the opportunity to utilize the JKN-KIS card to obtain health services in the hospital. The results of this study are in line with the results of the study (Vianey, 2016) that there is a relationship between the attitudes of BPJS participants and the motivation to seek treatment (p = 0.000). Attitudes gained through experience will have the next effect. The direct influence is in the form of motivation which will be realized if conditions and situations allow. So there is a relationship between attitude with the use of JKN-KIS cards in inpatients at Ungaran District Hospital. Utilization of health services is the result of the process of seeking health services by individuals or groups. According to Dever in (Sardiawan and KH, 2015) the factors that influence a person in the use of health services are socio-cultural factors, organizational factors and consumer interaction factors with health workers. Hospital services are included in organizational factors and consumer interaction factors with health workers. The quality of hospital services is one of the marketing strategies to maintain the existence of the hospital. The effectiveness of JKN through Health BPJS is closely related to health services for JKN-KIS card users.

Based on facts and theories, there is a correspondence that shows that there is a relationship between the level of knowledge and the attitude of families using JKN, families who have good knowledge and are quite likely to have a positive attitude this is because respondents who have good knowledge and have enough information and experience a lot, a lot of information obtained, a person's knowledge will get better with more information obtained, one's mindset will be more open and can find solutions to a problem, the more someone's experience the knowledge will be good where a lot of experience will be a comparison and learning for someone to determine a better attitude, so the attitude shown tends to be positive. Compared to those who have less knowledge, they tend to have negative attitudes due to low education so that the source of information gained is small and the experience gained has little effect on attitudes that tend to be negative. The emergence of negative attitudes in this case is due to negative perceptions from diverse communities about JKN including the loss of paying contributions each month if he has never experienced illness, health services that are too complicated in the administration process to health facilities that are considered less than optimal in providing services. These negative perceptions are certainly influenced by the lack of public knowledge about the JKN program, even though the BPJS has often carried out socialization, but the catching power of the people who have less influence has on their attitudes in using JKN.

Multivariate Analysis
This analysis is used to analyze the relationship of several independent variables with one dependent variable. In this multivariate analysis, the statistical test used is a multiple logistic regression statistical test. The method used is the backward stepwise (conditional) method because the dependent variable is a dichotomous variable in order to see the effect of each independent variable with the dependent variable.

Table 8. Multivariate Analysis of Factors Affecting JKN Utilization in Health Services at Nene Mallomo District Hospital, Sidenreng Rappang in 2019

Step	Variable	S.E.	Wald	df	Sig.	Exp (B)	95% CI for Exp (B)	
							Lower	Upper
Step 4	Perception	1.132	6.097	1	0.014	16.346	1.779	150.171
	Attitude	**1.090**	**13.063**	**1**	**0.000**	**51.312**	**6.065**	**434.149**
	Constant	2.914	18.286	1	0.000	0,000		

Source: Primary data, 2019

Table 8 shows that after the multiple logistic regression test, the most influential variable on the use of JKN is the attitude variable with a value of Exp (B) 51.312, which means the attitude of respondents, BPJS Health officials and health workers in hospitals is relatively positive tends to be 51,312 times more influential on the use of JKN in health services at Nene Mallomo Regional Hospital and because the value of B is positive, attitude has a positive influence on JKN utilization.

CONCLUSION

Based on the results of research that has been done shows that there is an influence of the variable Perception, distance and attitude towards the use of JKN independent participants of the BPJS Health in Health Services at Nene Mallomo Regional Hospital, Sidenreng Regency. It is expected that BPJS Health Needs more intensive socialization to the public about independent BPJS Health so that the community understands the flow and ways to utilize JKN. Nene Mallomo Regional Hospital is expected to provide good services for patients who use independent BPJS Health or for free. BPJS Health should develop efforts to provide information about BPJS independent participant contributions every month to avoid overdue contributions.

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