

# Disposition of Policy Implementers: Study on The Hospitals Payment System Change in The Indonesian National Health Insurance Era

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## Abstract

**Background:** Disposition of implementers to changes in hospitals payment system policies has become an important issue in the implementation of the Indonesia National Health Insurance (NHI) program. The change from fee for services to a prospective payment system in the form of the Indonesia Case Based Group (INA-CBG) have caused low acceptance from clinicians. On the other side there was potential for fraud in the hospitals claim collection scheme published by the corruption eradication commission. The objective of this study was to analyze the effect of disposition of implementers on financial pressure and fraud intention.

**Methods:** The study used an observational analytic approach with a survey method, where researchers conducted observations, interviews and questionnaires. The research variables consist of disposition of implementers, financial pressure, and fraud intention. The research respondents were 110 physicians in charge of patients in 12 hospitals in East Java Indonesia. Data were analyzed by path analysis.

**Result:** The direct causal effect of the disposition of implementers regarding the INA-CBG payment system in hospitals to financial pressure had a value of  $p = 0.001$  and  $B = -0.332$ .

**Conclusion:** Disposition of implementers to changes in hospitals payment systems had a significant effect on financial pressure and fraud intention. A negative beta indicated that the disposition of implementers will have an effect on increasing financial pressure.

**Keywords:** *disposition of implementers, Indonesia Case Based Group, financial pressure*

## Introduction

Disposition of implementers is the willingness or tendency of policy actors to implement and realize the policy seriously. Disposition of implementers is the main determinant in the success of program performance.<sup>(1),(2)</sup> According to Russell, in the neo synthesis approach to policy implementation it still puts disposition of

implementers into a direct determinant of performance outcomes and feedback in addition to the local planning council and community disposition.<sup>(3)</sup> This research has had a evidence based in the implementation of National Health Insurance (NHI) in Indonesia that examines aspects of acceptance of hospitals payment systems. This is very important for success towards Universal Health Coverage (UHC) where the hospital acts as a referral health facility.<sup>(4),(5),(6)</sup>

In the context of the implementation of the national health insurance program in Indonesia, a payment system for services in hospitals has been established in the form of a prospective payment system, namely a case based payment called the Indonesia Case Based Group (INA-

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CBG). INA-CBG has been developed using a codified system of final diagnosis and actions or procedures that have become service outputs. This system has referred to the 2010 Revised ICD-10 for diagnosis and the 2010 Revised ICD-9-CM for actions or procedures. The grouping has used an information technology system in the form of the INA-CBG application to produce 1,075 case groups consisting of 786 inpatient cases and 289 outpatient cases.<sup>(7)</sup>

Every financing system has advantages and disadvantages. The advantages of INA-CBG include the speed in filing a claim, there is a risk sharing between insurance providers and health care providers.<sup>(8)</sup> Changes in the payment system for hospitals during the national health insurance program from fee for services to claims based on INA-CBG has caused mixed reactions from clinicians.

Based on interviews with the doctor in charge of the patient, information was obtained about the clinicians dissatisfaction with the payment system change. According to respondents, many INA-CBG claims were found to be lower than the prevailing hospital rates. On the other hand, the unclear time of claim payment was characterized by frequent late payment of claims from the Agency for Providing Health Insurance to hospitals. This has resulted in disruption to hospital operations and delayed service compensation for employees.

Low disposition of implementers of NHI program policies relating to service payment systems in hospitals, both in whole or in part from the policy content has an impact on program sustainability. Rejection of this policy will cause pressures for the implementers, especially for financial pressure.<sup>(9)</sup> The definition of financial pressure in this study is the impetus for fraud felt by respondents due to the INA-CBG policy as a payment system in hospitals.

At the same time the Corruption Eradication Commission (KPK) published the Public Anti-Corruption Clearing House Research.<sup>(10)</sup> According to the KPK that the amount of potential fraud claims in hospitals could reach 2 trillion rupiah. The potential for this new fraud comes from a group of health service providers, not yet from other actors such as BPJS Health staff, patients, and suppliers of medical devices and drugs.<sup>(11),(12)</sup> The biggest form of potential fraud is

carried out with a billing schemes.<sup>12</sup> The most common scheme is by upcoding up to 50%, then the other 25% is done by unbundling, and the third is by reading with the number of findings reaching 6%. Corruption in the public health sector needs to be addressed.<sup>(13),(14)</sup>

Based on the description above, this article aims to explore the effect of the disposition of implementers on the INA-CBG payment system on financial pressure. This study is useful for improving national health insurance programs in the aspect of program implementer satisfaction.

## Methods

### Design Research

This research was observational analytic survey method. Researchers conducted observations, interviews and filled out questionnaires without giving treatment to respondents. Based on the time of its implementation, this study was cross sectional.

### Population and Sample

The population in this study was doctor in charge of patient who was responsible for filling out medical resumes that will be the basis for filing claims at 12 hospitals in East Java, Indonesia. The sample size was 110 people taken by simple random sampling method.

### Variabel and Data Collection Techniques

Exogenous variables in this research was disposition of implementers measured by two dimensions, namely: the response to policy changes and the intensity of the response of policy implementers.<sup>(15)</sup> While endogenous variables was financial pressure and fraud intention. Financial pressure was measured in four dimensions, namely: personal financial needs, external pressure, financial stability, and financial targets.<sup>(16)</sup>

Primary data collection techniques were interview respondents (face to face) using a questionnaire that aimed to explore the information needed according to the research variables through the process of verbal questioning. The questionnaire was developed using a semantic differential-type scales measurement procedure with a scale of 1-7.<sup>(17),(18)</sup> Before being used on research respondents, the questionnaire validity and reliability tests were first performed.

### Data Management and Analysis

The first stage of processing was entering data into a database on a computer using software. The application used was a computer with a Statistical Product and Service Solution (SPSS) version 21 License program. The next step was to ensure completeness of data entry, data cleaning from extreme or inconsistent values, and conducted classical analysis requirements tests.

Analysis of descriptive data used measures of central tendency such as: mean, median, mode, and frequency distribution. Inferential analysis used a linier regression analysis.

### Results

#### Characteristics of Respondents

Characteristics of respondents in this study were used to determine the diversity of respondents based on the age, gender, last education, and length of work.

**Table 1. Description of Research Respondent Characteristics**

Characteristics	Categories	Frequency	Percentage (%)
Age	young ( $\leq 15$ years)	0	0,0
	productive (15-64 years)	107	97,3
	old ( $\geq 65$ years)	3	2,7
Sex	Male	66	60,0
	Female	44	40,0
Last education	Dentist	6	5,5
	Doctor	1	0,9
	Medical Spesialist	103	93,6
Length of working	< 5 years	28	25,5
	$\geq 5$ years	82	74,5

The majority of respondents were of productive age, male, the last education was specialist doctors, and the length of work was  $\geq 5$  years. Male respondents are more open about their experiences.<sup>(19)</sup>

#### Disposition of Implementers

Disposition of implementers of the NHI program policies is the attitude of respondents regarding their

acceptance of changes in hospital payment system policies from fee for services to INA-CBG payment systems. Description of respondents' assessment of the variable disposition of implementers obtained from the sum of all indicators categorized into 3 (three) as follows:

**Table 2. Frequency Distribution Per Dimension and Composite Value of Disposition of Implementers**

No	Disposition of Implementers	Categories						Total	
		rejected		hesitation		receive			
		n	%	n	%	n	%	n	%
1.	Response to payment systems in hospitals	50	45,5	54	49,1	6	5,5	110	100
2.	The response intensity of the policy implementers	67	60,9	41	37,3	2	1,8	110	100
	Composite Value	57	51,8	51	46,4	2	1,8	110	100

Based on table 2, The highest category for dimension of response to changes in payment systems in hospitals was the hesitation category (49.1%). Respondents considered the implementation of the claim system based on INA-CBG's deemed unfair and considered likely to be detrimental. In fact, there were 45.5% of respondents who tended to reject the NHI program's INA-CBG payment system in hospitals.

While the highest category for dimension of the response intensity of policy implementers was rejecting (60.9%). Respondents considered that the claims payment by the organization of social security insurance to hospitals was often late. Besides that, the tariff rates were not yet as expected. This was indicated by the difference of rates between INA-CBG and the prevailing rates at the hospital. This had an impact on respondents' dissatisfaction with the system that has run in the NHI era. The results of the most composite respondents' assessments for the construct of disposition of implementers were rejected (51.8%).

**Financial Pressure:** Financial pressure is an impetus for fraud felt by respondents due to the INA-CBG policy as a payment system in hospitals.

**Table 3. Frequency Distribution of Per Dimension and Composite Value of Financial Pressure**

No	Financial Pressure	Categories						Total	
		low		medium		high			
		n	%	n	%	n	%	n	%
1.	Personal financial needs	6	5,5	38	34,5	66	60,0	110	100
2.	External pressure	15	13,6	70	63,6	25	22,7	110	100
3.	Financial stability	12	10,9	58	52,7	40	36,4	110	100
4.	Financial targets	55	50,0	43	39,1	12	10,9	110	100
	Composite Value	7	6,4	85	77,3	18	16,4	110	100

The highest category for assessing the dimensions of personal financial needs was high (60.0%). This means that the high perceived financial needs pressure was experienced by respondents personally while providing services in the JKN era. Respondents tended to assess that the compensation in the JKN era were not in accordance with the workload, causing dissatisfaction.

The highest category for external pressure dimensions was moderate (63.6%). Respondents considered that the financial pressure felt from outside of the respondent was moderate category. This was showed by respondents' answers that there were often patient service costs that exceed INA-CBG ceiling rates. While the pressure from the hospital was considered low by the respondents. But there were 27.1% of respondents who tended to provide an assessment of high pressure from the hospital. Another indicator was the pressure from the government that was felt low by respondents.

The highest category for financial stability was medium (52.7%). Respondent's evaluation of the condition of hospital financial stability in the JKN era was in the medium category. Hospital revenue was considered to be declining and experiencing a deficit. While the most response to the dimensions of financial targets was the low category (50.0%). The low pressure felt by respondents due to whether or not a revenue target set by the hospital. However, there were 10.9% of respondents who stated the high pressure due to hospital revenue target.

The most composite assessment for financial pressure constructs was the medium category (77.3%). There were pressures felt by respondents due to changes in hospital payment system policies in the JKN era that affected financially. It should be noted that there were 16.4% of respondents assessing high financial pressure.

Analysis of the effect of the disposition of implementers on financial pressure showed significant results ( $p = 0.001$ ;  $B = -0.332$ ). Negative beta value indicates that increasing Disposition of Implementers affects the decrease in Perceived Pressure.

## **Discussion**

The selection of the variable disposition of implementers in this study with the consideration that

the context of the study was the implementation of national health insurance policies in Indonesia. The attitude of the agents implementing the NHI program policies is an important part of implementing a complex and interactive NHI program. Policy actors in the implementation of the NHI program involve many parties with various personal and collective agendas that will influence the course of the NHI program. One of the policies in NHI that is interesting to discuss is the policy that regulates changes in the payment system for services in hospitals from fee for services to claims based on INA-CBG's. Specific patterns of interaction and use of the health system can be identified and linked with users' expectations and opinions.<sup>(20)</sup>

Hospitals need to adapt from a retrospective payment system to a prospective payment system. Forms of payment at health providers today are intended to be able to control health costs that continue to increase due to payment of fees for services reimbursement system that is paid after the service is provided (retrospective payment system).<sup>(21)</sup> Payments made after the complete services are believed to not provide incentives for health providers to be efficient.

In line with government regulations regarding INA-CBG implementation guidelines which explain that the advantages of retrospective payment methods for providers are that the financial risk of the hospital is very small and generates unlimited income. the weakness of retrospective methods is that there is no incentive for providers to provide preventive care and will lead to suppliers induced demand. Whereas prospective payment methods have a more just advantage according to the complexity of the service and faster claim process. The disadvantage is the lack of quality coding which will cause a mismatch of the grouping process (grouping cases).<sup>(8)</sup>

Disposition of implementers is very possible considering that the program implementers are not the public policy makers. Public policy is usually top down, decision makers often do not know or are unable to touch the needs, desires or problems that must be resolved by program implementers.<sup>(1),(2)</sup> This explains why the disposition of policy implementers is important for the success and achievement of program objectives.

The respondent's intensity of payment system acceptance was shown by their assessment of the amount of the INA-CBG rate and the difference with the amount of the hospital rate. The results showed the majority of respondents refused, meaning that the majority of respondents rated the tariff rates not as expected by respondents. The difference between hospital rates and INA-CBG rates was still large. This is considered as a potential risk for hospital losses.

Late claims payment from Health Insurance Provider Body to the hospital was also a trigger for low acceptance of the INA-CBG payment system policy. The majority of respondents rate that payments were often late and this was considered disappointing by respondents. The need for quality services for NHI participants needs to be accompanied by timely payment mechanisms.<sup>(6)</sup> In addition to ensuring the satisfaction of program implementers, it is also for the sustainability of health services in hospitals that require sufficient funds to support their operations.

In the neo synthesis approach to policy implementation explains that the disposition of implementers is influenced by several factors, namely: inter-organizational communication and law enforcement activities, the characteristics of implementing agencies, and economic-socio-political conditions.<sup>(3)</sup> Communication between the Health Insurance Provider Body, the government, and health service providers in the implementation of the NHI program has been needed to build synergies in accordance with their respective roles.

The economic aspects that underlie changes in the payment system for health services in the NHI era cannot be ignored, especially the impact on the program implementers attitude.<sup>(22)</sup> large difference in tariffs between INA-CBG rates and hospital rates requires special discussion to open a compromise space from all parties concerned. In addition, the phenomenon of late payment of claims to hospitals must have a solution so that it does not affect health services.

The final conclusion is based on a composite value (according to the results of factor analysis) of the variable disposition of implementers that the majority of respondents are hesitant in accepting the claims payment system policy and almost half of the respondents give a

reject response. Disposition or attitude of the executor will pose a real obstacle to the implementation of the NHI policy if the existing personnel do not implement the expected policies properly.

The implication of the results of the measurement of disposition of implementers that leads to doubt and even tends towards the rejection of the claim payment policy based on INA-CBG is the emergence of pressure due to financial risks that may occur. The test results of the influence of the disposition of implementers in the claim payment system policy based on INA-CBG on perceived pressure shows a significant value. This means that any change in the level of policy acceptance will have an effect on changes in financial pressure. The lower the acceptance of respondents to the NHI policy, it will have an impact on increasing financial pressure for respondents.

## Conclusion

The conclusions are based on the results of the synthesis of the discussion which is the answer to the formulation of the problem and the purpose of the study as well as the results of the proof of the research hypothesis. Disposition of implementers of JKN program policies regarding INA-CBG's payment system had a significant effect on financial pressure. Increased disposition of implementers affected the decrease in perceived pressure.

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