RELATIONSHIP BETWEEN MIDWIFE COMPETENCY, NON-CAPITATION CLAIM OF LABOR AND FACILITY OF FIRST-LEVEL HEALTH CARE FACILITIES WITH LABOR REFERRAL OF HEALTH SOCIAL SECURITY COUNCIL IN BALANGAN GENERAL DISTRICT HOSPITAL

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Abstract— The process of claiming normal childbirth according to the Decree of the Ministry of Health of the Republic of Indonesia Number HK.02.02 / Menkes / 514/2015 concerning clinical practice guidelines for doctors in First-Level Health Care Facilities (FHCF), normal delivery including 155 non-specialist diagnoses must be completed in FHCF. Based on data from Balangan General District Hospital in 2016 the claims of labor in the national health insurance of 191 and 113 in normal labor. The study aimed to determine the relationship between midwives' competencies, childbirth non-capitation claims and facilities in FHCF to the referral of The Health Social Security Council (BPJS) in Balangan Hospital. The study was observational analytic using cross-sectional design, a sample of 90 midwives who live in village health care / village labor place. The results showed the competency of the midwife was 0 so that the chi-square could not be analyzed. There was no correlation between the competency of the midwife and referral of childbirth in Balangan Hospital. Non-capitation claims ($p = 0.027$) supported by a further analysis of Prevalent Ratio (PR) indicating that the claim non-capitation is difficult to increase labor referrals by 1.46 times compared to easy non-capitation claims, so there is a relationship between non-capitation claims for labor referrals in Balangan District Hospital and health facilities ($p = 1$). There is no relationship between facilities in FHCF and labor referral in Balangan Hospital.

Keywords— midwife competency, non-capitation claim of labor, facility of first-level health care facilities, labor referral, national health insurance

I. INTRODUCTION

Labor is a process of stretching and widening of the cervix that occurs when the uterine muscles contract to push the baby out.[1] Normal childbirth is the process of removing a baby through the vagina without using special tools / help and without injuring the mother or baby.[2] The process of claiming normal childbirth according to the Decree of the Ministry of Health of the Republic of Indonesia Number HK.02.02 / Menkes / 514/2015 concerning clinical practice guidelines for doctors in First-Level Health Care Facilities (FHCF), normal delivery including 155 non-specialist diagnoses must be completed in FHCF. Non-specialist diagnoses that can be handled by individual family doctors and health centres are first-level outpatients whose payments are included in the capitation, and first-level inpatient payments can be claimed to BPJS. Beyond capitation, including normal birth claims.[3]

Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2013 concerning health services for National Health Insurance has regulated the first level of outpatient care including observation, diagnostics, treatment, and / or other health services. While the first-level inpatient care includes observation, treatment, treatment, and / or other medical services. Where

participants and / or family members are hospitalized for at least 1 day so that for normal childbirth cases it is not appropriate to refer to Advanced Health Facilities (Hospitals).[4]

Balangan District has a Government Hospital in collaboration with BPJS, then Balangan Hospital submits claims every month to BPJS. Data analysis in 2016 was obtained that data for claims submitted to the BPJS 2016 for childbirth cases there were 191 cases, but 113 of them were normal labor cases. This is very influential on the referral rates conducted by FHCF which causes the number of normal deliveries in Balangan Hospital increases. Childbirth referral to the hospital can be based on the midwife's competence in assisting childbirth, childbirth non-capitation claims at FHCF that are billed to BPJS are considered sufficient to replace the cost of delivery in village health care / village labor place and the health facilities in FHCF are inadequate to do delivery help.

Based on data from Balangan Health Office from February to August 2017 there were 77 midwives who reported an extension of registration letter of a midwife and only 4 midwives who had a midwife practice permit. From the data from the midwife of the Balangan Health Office November 2017 from 157 village health facilities, there was 1 minor damage, 7 damaged and 1 seriously damaged. Based on the data obtained from BPJS of Barabai period January 2016 - February 2017 for non-capitation labor claims were never in invoiced. Research has never been conducted for non-capitation labor claims and health facilities in FHCF with high rates of referral of deliveries to hospitals. Based on the relationship between the competence of midwives, non-capitation claim of labor and facilities in FHCF with reference deliveries of BPJS in Balangan Hospital need to do.

II. METHOD

The approach used in this study was an observational analytic and quantitative approach with cross-sectional study design, to determine the analysis of the relationship between the competence of midwives, non-capitation claim of labor and facilities in FHCF with reference deliveries in Balangan Hospital. The sample in this study amounted to 90 people out of a total of 145 midwives who occupied village health facilities in the work area of Balangan Regency.

Independent variables and dependent variables used in quantitative research Independent variables (independent variables) are factors that influence the referral of labor from the competence of midwives, non-capitation of labor claims and facilities at FHCF. The dependent variable is a variable that is influenced or becomes a result of an independent variable. The dependent variable in this study is the referral of BPJS delivery in Balangan Hospital. This research was conducted after it was passed the ethics test at the Lambung Mangkurat University Faculty of Medicine.

III. RESULT AND DISCUSSION

Table 1. Results of descriptive analysis of midwife competency variables

Variable	Category	N	%
Midwife competence	Score ≤ 15-30 (poor)	0	0
	Score 31-45 (good)	90	100

The table above shows that out of 90 samples that filled out the questionnaire the results showed that the midwife's competence was 100% good, so it was feasible to help deliveries at village health facilities. The answer interval from the questionnaire is the highest with a score of 45.2 people, and the lowest score 31 is 1 person.

Table 2. Results of descriptive analysis of non-capitation claim variables

Variable	Category	N	%
Non-capitation claim	Score 6-12 (hard)	25	27.8

Score 13-18 (easy)		65	72.2

The answer interval from the questionnaire is the highest with 18 scores of 2 people, and the lowest score of 6 is 2 people. The easiest score is 16.18 people, then 13 and 14.15 people each.

Table 3. Results of descriptive analysis of facility variables in FHCF

Variable	Category	N	%
Facility in FHCF	Score 67-100 (less)	1	1.1
	Score 101-134 (good)	89	98.9

The answer interval from the questionnaire is the highest with a score of 134 for 5 people, and the lowest of 96 is 1 person.

Table 4. The results of descriptive analysis of normal delivery referral variables

Variable	Category	N	%
Referral	Yes	23	25.6
	No	67	74.4

Of the 23 normal delivery referrals, there were 20 cases of mild vaginal delivery and 3 cases with moderate vaginal delivery.

Following the cross-tabulation of midwives' competencies, non-capitation claims with delivery referrals in Balangan Hospital can be seen from the table below:

Table 5. Cross-tabulation of midwives' competencies against childbirth referrals in Balangan Hospital

Variable	Category	Labor referral in Balangan				P Value	PR
		Yes		No			
		N	%	N	%		
Midwife competence	Less	0	0	0	0	-	0
	Good	23	25.6	67	74.4		

The table above shows that if the midwife's competency is good then it is possible to refer a patient with a normal condition of 25.6% and if the midwife's competence is good it is still possible not to be referred to that is 74.4%, but because there is a value of 0 then the results are further used *chi-square* can not be analyzed.

Table 6. Cross-tabulation of non-capitation claims against labor referral in Balangan Hospital

Variable	Category	Labor referral in Balangan				P Value	PR
		Yes		No			
		N	%	N	%		
Non-capitation claim	Hard	11	44	14	56	0.027	1.46
	Easy	12	18.5	53	81.5		

The analysis results from the table above show that difficult non-capitation claims will have an impact on midwives to refer patients to hospitals by 44% and easy non-capitation claims will still be the choice of midwives to keep referring patients to hospitals that are 18, 5%. From the data above, it can be seen that difficult non-capitation claims will be the choice of midwives to refer to normal deliveries in hospitals compared to easy non-capitation claims.

Next from the chi-square results get p-value 0.027 which means that Ho is rejected, so there is a relationship between non-capitation claims and delivery referrals. Thus the hypothesis proved that there was a relationship between non-capitation claims and referrals in Balangan District. Supported by a further analysis of Prevalent Ratio (PR) which shows that non-capitation claims are difficult to increase labor referrals by 1 , 46 times compared to non-capitation claims easily.

Table 7. Cross-tabulation of facilities in FHCF against referral of childbirth in Balangan Hospital

Variable	Category	Labor referral in Balangan				P Value	PR
		Yes		No			
		N	%	N	%		
Facility in FHCF	Less	0	0	1	100	1	0
	Good	23	25.8	66	74.2		

From the chart above shows that the facilities in FHCF already well still be an option by the midwife to keep referring patients to the hospital normal deliveries by 25,8%.

Furthermore, h acyl *chi-square* p-value indicates 1, 00 which means that Ho is accepted, so there is no relationship between health facilities and referral of childbirth. Thus the hypothesis is not proven that there is a relationship between facilities in FHCF to referral in Balangan Hospital.

Discussion

Midwife Competency

Midwives are recognized as responsible professionals and accountable who work as female partners to provide care and advice support during pregnancy, childbirth, lead childbirth on their own responsibility and provide care to newborns.[5] However, different happens that occur in the field despite a good score 100%, but there are still visible from the midwife who rarely taught gymnastics in pregnant women 53.3%. Then the midwife did not perform episiotomy and sewage perineum at normal delivery of 3.3%, did not perform amniotomy at the first stage of 74.4%, did not do vaginal checkup at I deliveries at 1.1% and the latter rarely did help in atonia uteri amounting to 48.9% Furthermore midwives also rarely teach breast care to normal postpartum mothers by 12.2%, do not train postpartum exercise in postpartum mothers by 51% and lastly the midwife mother rarely overcomes mastitis in postpartum mothers by 38.9%.

Non-capitation claim

Non-capitation claims are claims that can be paid by the existing BPJS beyond the existing capitation through a cooperation agreement between BPJS and Health Office. However, the results of this study are the 5 highest scores in the 16 score, 18 people, then 13 and 14 scores, 15 people each, then the results of the questionnaire indicate that the midwife's knowledge of non-capitation claims is still low, as seen from the midwife's answers to the table. 6 which states that they do not know how to claim, do not know the claim procedure and do not know what files must be prepared to claim. According to the mother, the midwife claims birth Rp. 700.00 is insufficient to replace midwife services and consumables, and the postnatal care rate is Rp. 25,000 / maximum visit 4 times during pregnancy is less in accordance with the services that have been done.

Facilities at FHCF

Healthcare facilities are a place that is used to carry out health service efforts, both promotive, preventive, curative and rehabilitative conducted by the government, regional government and / or community.[6] Facilities in FHCF are divided into 3 parts, namely infrastructure, equipment and medicine. In this study, it can be seen that the results of the checklist distributed to midwives shows that there are still 3% of clean water suggestions. Then from the equipment that should be fully available in FHCF there were still those who experienced vacancies, namely 18.9% tongue blade, 42.2% gauze clamp, 47.8% gauze clamp, 56.7 halogen check lamp %, oxygen mask + adult nasal cannula 43.3%, instrument table 45.6%, obstetric pelvimeter 68.9%, surgical tweezers 58.9% ,speculum (sims) 65.6% , duck cocor speculum 52.2% and fetal / fetoscope stethoscope 52.2% . Then it's still there infant radiant warmer 82.2%. The last part of the facility checklist in FHCF is magnesium sulfate and 40% (iv) 54.4% . Then the consumables from the respondent's answers were 2 devices whose vacancies were still above 50% such as 51.1% sterile cotton swab and 65.6% urine bag.

Normal childbirth referral

Referrals are an abundance of mutual responsibility for cases or obstetric problems that arise vertically (Hospital) and horizontally (between parts in one unit), it is seen that there are 25.6 % of normal birth referrals and 74.4% of themselves coming to the hospital. Of the 23 normal childbirth referrals there were 20 cases with mild vaginal delivery with the code of INA-CBGs O-6-13-I, namely the process of removing normal babies and 3 cases with moderate vaginal delivery with the code of INA-CBGs O-6-13-II namely the condition in which the process of baby spending is accompanied by a perineal rupture (tear of the birth canal).

Midwife's competency on childbirth referral

Midwife competence is an independent variable in this study if the midwife's competency is good then it is possible to refer patients with normal conditions by 25.6%, and if the midwife's competence is good it is still possible not to be referred to that is 74.4%, but because there is a value of 0 then the results further use chi-square cannot be analyzed. This shows that the midwife's competence is not related to the high number of normal deliveries at Balangan Hospital. The Balangan Health Office in 2018, 70% of midwives have conducted midwife competency training, only 30% of midwives have not conducted midwife competency training. In addition, midwives are also required to follow normal maternity care out of a total of 145 midwives; there are still 4 midwives who have not followed the normal maternity care training.

Similar studies have also been conducted at IMC Bintaro Hospital conducted by Khoduri; he stated that paramedics, both nurses and midwives, were the most contacted patients. His research showed that the results of the chi-square test showed that there was no relationship between paramedic services (nurses / midwives) and the decision to give birth at IMC Bintaro Hospital.[7]

Non-capitation claims against childbirth referral

Non-capitation claims difficult midwife option would be to refer to the hospital as a normal delivery compared with non-capitation claims easily. Furthermore, from the results of chi-square, get p-value 0.027, which means that Ho is rejected, there is a relationship between non-capitation claims and referral of childbirth. Thus the hypothesis proved that there was a relationship between non-capitation claims and referrals in Balangan District. Supported by a further analysis of Prevalent Ratio (PR) which shows that non-capitation claims are difficult to increase labor referrals by 1 , 46 times compared to non-capitation claims easily.

Other studies have also been carried out regarding emergency referrals resulting in almost all patients being planned in a planned manner because of a childbirth insurance program.[8] This case also occurred in Balangan District considering that until 2017 the regional health insurance was still

valid so that all birth claims were attempted to use regional health insurance so that the BPJS claim for normal delivery in FHCF became nil.

So the BPJS as guarantor of non-capitation claims including childbirth will coordinate with the Health Office to control the complaints that arise, namely:

1. The BPJS will conduct comprehensive socialization at all public health centre so that there are no more village health facilities midwives who do not know how to claim labor.
2. Practice directly how to claim childbirth claims in the P-Care application and the completeness of the files that must be prepared, namely:
    a. Copy of BPJS card
    b. Copy of MCH Handbook
    c. Photocopy of Partograf
    d. Service proof sheet
    e. ANC readiness sheet
    f. Proof sheet for ANC and PNC services
    g. Checked receipt
    h. Recapitulation of labor
    i. Recapitulation of ANC and PNC
    j. Claim Submission Form
3. The midwife must pay more attention to the condition of the pregnant woman not only medically but also the completeness of the file should be communicated from the beginning of the pregnancy so that when the maternity file is complete.

Since January 1st, 2018 the entire community Balangan in the register to be BPJS (Universal Health Coverage) that automatically regional health insurance in the cap. So starting January, all midwives have to optimize their delivery at their respective FHCF, and all non-capitation labor claims must be submitted to the BPJS. BPJS in Balangan District has coordinated with the local Health Office to conduct an outreach effort to invite all midwives to submit these birth claims so that all midwives know what files must be completed and how much it will cost. The expectation is that in 2018 all normal deliveries can be handled at FHCF and guarantee payments are made by BPJS so that there is no more fee in delivery assistance.

Facilities in FHCF for delivery referrals

The result of chi-square, p-value indicates 1, 00 which means that Ho is accepted that there is no relationship between the referral health facility against delivery. Thus the hypothesis is not proven that there is a relationship between facilities in FHCF to referral in Balangan Hospital. Based on the data obtained from the Balangan Health Office, it is known that health facilities at FHCF must be accredited by the Minister of Health Regulation No. 75 of 2014 concerning Public Health Centers so that out of 12 Public Health Center there are 8 health centres that have been accredited, for 2018 there are planned to be 3 health centres prepared for accreditation namely Lokbatu Public Health Center, Uren Public Health Center and Pirsus II Public Health Center then in 2019 one public health centre namely Tanah Habang Public Health Center.

Other studies have been conducted on the effect of service quality, price and facilities on patient satisfaction in the dentist clinic as a result of the regression coefficient of the facility is -0.185 which means that the facility does not affect patient satisfaction in the dentist clinic.[9]

IV. CONCLUSION

There was no correlation between the competency of the midwife and referral of childbirth in Balangan Hospital. Non-capitation claims (p = 0.027) supported by a further analysis of Prevalent Ratio (PR) indicating that the claim non-capitation is difficult to increase labor referrals by 1.46 times compared to easy non-capitation claims, so there is a relationship between non-capitation

claims for labor referrals in Balangan District Hospital and health facilities (p = 1). There is no relationship between facilities in FHCF and labor referral in Balangan Hospital.

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