

FACTORS INFLUENCE THE LOW CLAIMS OF NORMAL DELIVERY SERVICE BY MIDWIVES IN NATIONAL HEALTH INSURANCE IN INPATIENT PUBLIC HEALTH CENTERS IN BANJAR DISTRICT, INDONESIA

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Abstract— The national health insurance of Indonesia is a guarantee of financing health services including delivery costs which include prenatal care, childbirth assistance, postpartum services including family planning services after delivery and newborn services performed by health workers in health facilities. This research was to analyze the influence of midwife's knowledge on claims, the amount of funds received from claims, the length of time the process of disbursement of claims funds, administrative procedures of claims, and maternity place of pregnant women against the low absorption of claims for normal delivery actions in the national health insurance in Inpatient Public Health Centers in Banjar Regency. The research method used was observational analytic with cross sectional study design that would be carried out at the Pengaron, Aluh-aluh, Sungai Tabuk 1 and Karang Intan 2 public health centers which are 4 Inpatient Public Health Centers in Banjar Regency . The population in this study were public health center midwives and village midwives in 4 Inpatient public health center in Banjar District, totaling 75 midwives. The results of the study showed no significant influence between knowledge midwife, the amount of funds received, the length of the disbursement process, administration procedure to the low uptake of the claims action $p\text{-value} > 0,05$ and there is significant influence between the place of birth of pregnant women to low uptake claim for act normal delivery on national health insurance in public health centers in the inpatient public health center of Banjar regency.

Keywords—midwife, health insurance, normal delivery service, claim

I. INTRODUCTION

The national health insurance program guarantees and protects the process of pregnancy, childbirth, postpartum, handling post-miscarriage bleeding and postpartum family planning services as well as complications related to pregnancy, childbirth, postpartum and postpartum family planning [1]. The rate of delivery rates at the first level health facility is the rate of maternal/infant accommodation packages and baby care, patients may not be charged fees. Submission of childbirth claims at first-level health facilities can be done by first-level health staff who provide services of Essential Basic Neonatal Obstetrics Services/Clinics/individual practice doctors with networks.

According to the minister regulation number 69 of 2013 regarding health service rate standards at first-level health facilities and advanced health facilities in the national health insurance program, has regulated the reimbursement of the costs of independent midwife services carried out through midwifery and neonatal non-capitation rates. However, what was found was that the replacement cost was lower than the cost charged by the independent practice midwife. For normal childbirth, the independent midwife practices range from 700,000 IDR to 2,000,000 IDR and the health insurance replacement is only 600,000 IDR [1].

Banjar Regency Health Office data in 2015 reported 10,555 (93.8%) women giving birth attended by health personnel in health facilities of the total target of 11,258 maternity, the remaining

703 (6.2%) was not helped by health workers and not in health facilities. Whereas in 2016 reported 10,874 (91.6%) women giving birth attended by health personnel in health facilities of the total target of 11,870 mothers gave birth, the remaining 996 (8.4%) were not helped by health workers and not in health facilities [2].

Data at the Banjar District Health Office, budget for claims for national health insurance non-capitation actions which include claims for normal delivery services on national health insurance in 2015 amounting to 300,000,000 IDR, but budget realization or absorption of the national health insurance non-capitation action claim is only 89,832,000 IDR or around 29.94%, whereas in 2016 the budget for claims of national health insurance non-capitation action was 250,000,000 IDR and the realization was only 115,576,000 IDR or around 46.23% [3].

II. METHOD

This study uses a quantitative approach with observational analytic using a cross sectional study design. The research will be conducted at Pengaron Public Health Center, Aluh-Aluh Public Health Center, Sungai Tabuk 1 Public Health Center and Karang Intan 2 Public Health Center which are 4 Inpatient Public Health Centers in Banjar Regency. The research subjects who were respondents in this study were the midwives of the puskesmas and village midwives in 4 Inpatient Public Health Center in Banjar Regency, totaling 75 people

III. RESULT AND DISCUSSION

Univariate Analysis

Knowledge of midwife

There are 63 midwives, midwives with a good knowledge of the normal labor action on national health insurance claim as many as 36 people (57.1%), while a midwife with less knowledge of the normal labor action on the national health insurance claim as many as 27 people (42.9%).

Claim fund receive

There are 63 midwives, 50 midwives (79.4%) stated that the amount of funds received from the normal labor action claims on the national health insurance small amount, while as many as 13 midwives (20.6%) stated that the amount of funds received from claims of normal childbirth actions on the national health insurance is of a large magnitude.

Duration of claim disbursement

The research results from the number of 63 midwives, as many as 44 midwives (69.8%) stated that the length of time the claim process was disbursed took a long time, while as many as 19 midwives (30.2%) stated that the length of time for the fund disbursement process claims take a long time.

Administrative procedure of claim

The research findings from the number of 63 midwives, as many as 44 midwives (69.8%) stated that the administrative procedure of the claim was relatively easy, while 19 midwives (30.2%) stated that the administrative procedure of the claim was difficult.

Place of delivery service

The research results from the number of 63 midwives, 44 midwives (69.8%) stated that they performed childbirth in a health facility, while 19 midwives (30.2%) stated that they performed childbirth in non-health facilities.

Bivariate Analysis

Influence of midwife knowledge toward the low claim of normal delivery service on the national health insurance

Midwives with good knowledge of normal delivery action claim on the national health insurance as many as 36 people (57.1%) while midwives with less knowledge of normal delivery action on the national health insurance claim were 27 people (42.9%). From the results of statistical tests with Chi-Square obtained p-value $0.769 > 0.05$, the decision H_0 is accepted which means that there is no influence of the midwife's knowledge on the low absorption of claims of normal delivery action on the national health insurance.

Based on the results of the study on respondents there was no influence between midwives' knowledge of the low claims of normal delivery on the national health insurance in inpatient health centers in Banjar District. Based on the Chi Square test value obtained p-value $0.769 > 0.05$. The decision of H_0 is accepted which means that there is no influence of midwife's knowledge on the low absorption of claims for normal delivery actions. The midwife's knowledge has no influence on the low claims of normal delivery action on the national health insurance. This is because some midwives have already received socialization conducted by the Banjar District Health Office on the national health insurance program, especially in pregnancy and neonatal services, as well as the active role of midwives in attending seminars related to pregnancy services. and neonatal and meetings held by Indonesian midwives ties (IBI). A sizeable number of respondents who have less knowledge (42.9%) showed that although respondents have felt getting disseminate the national health insurance program, but this should not be a guarantee that the respondent has understood and fully understand the benefits of holding the national health insurance program. There were statements from some respondents who did not know enough about the flow process of claiming non-capitation funds of the national health insurance, some respondents also did not know about the claim fund deductions, some respondents also felt that the national health insurance program had not benefited midwives.

In inpatient public health center in Banjar District both public health center midwives and village midwives mostly have good knowledge of the claims of normal delivery service from a total sample of 63 midwives, midwives with good knowledge of claims of normal delivery actions on the national health insurance as many as 36 people (57.1%) while midwives with insufficient knowledge of normal delivery action on the national health insurance claim were 27 people (42.9%). In conclusion the level of knowledge of midwives in the inpatient public health center in Banjar district is Good (57.1%). Therefore there is no influence between midwife's knowledge and the low uptake of claims for normal delivery services. This research is in accordance with the results of Riyanti *et al.* (2017) which concluded that there was no significant effect between midwife knowledge in Palangkaraya City on the participation of independent practice midwives in the national health insurance program in which there was coverage of midwifery and neonatal services [4].

The results of this study are contrary to the results of the Mayona *et al.* (2012) which concluded that the lack of knowledge of midwives in Binjai city regarding the guarantee of delivery in this case the delivery guarantee from the national health insurance and the benefits package provided caused the midwives to be reluctant to participate in the program. Therefore the midwife cannot file a claim for normal delivery service on the national health insurance [5]. The research by Zakiah (2015) also mentions that some midwives still do not understand the national health insurance program that is associated with obstetric and neonatal care. This is due to the lack of socialization, especially to independent practice midwives [6].

The results of the study by Witcahyo (2011) are that the level of knowledge of village midwives on the procedure for claiming delivery assurance is low (57.14%). Insufficient knowledge about the delivery assurance claim procedure because respondents feel they have not received socialization of the delivery assurance program. Therefore, there are still many respondents who do not know the claim procedure at all in the delivery assurance program [7].

Influence of fund receive toward the low claim of normal delivery service on the national health insurance

There are 50 midwives (79.4%) stated that the amount of funds received from the normal labor action claims on the national health insurance in small amount, while as many as 13 midwives (20.6%) stated that the amount of funds received from the claim amount normal labor action was big. From the results of statistical tests with Chi Square obtained p-value $0.787 > 0.05$), the decision H_0 is accepted which means that there is no influence of the amount of funds received from claims against the low absorption of claims for normal delivery action on the national health insurance.

Based on the results of the research on respondents there was no influence between the amount of funds received from claims on the low claims of normal delivery actions in inpatient health centers in Banjar Regency. Based on the Chi-Square test value obtained p-value $0.787 > 0.05$ The decision of H_0 is accepted which means that there is no influence of the amount of funds received from claims on the low claims of normal delivery actions on the national health insurance.

There is no influence between the amount of funds received from claims against the low uptake of claims for normal delivery service actions, this is because most respondents stated that the amount of funds received from the claim was small, the small amount was due to deductions for regional cash, tax deductions, there is also no tariff standard for childbirth services by the Indonesian Midwives Association (IBI). Thus the amount of funds received from the claim is a small amount not in accordance with the risk borne at the time of delivery of the delivery service. Regulation of the Minister of Health number 59 of 2014 concerning the national health insurance rate standards for normal delivery costs of 600,000 IDR, over time the regulation regulates the Health Minister's Regulation number 52 in 2016 and the cost for normal delivery of national health insurance increases to 700,000 IDR.

In inpatient public health center in Banjar District both public health center midwives and village midwives mostly state the amount of funds received from claim claims for normal delivery actions on the national health insurance of small size. Out of a total sample of 63 midwives, 50 midwives (79.4%) stated that the amount of funds received from the claim of normal childbirth action was small, while 13 midwives (20.6%) stated that the amount of funds received from the claim of normal delivery action is large.

The results of this study contradict the research by Mayona *et al.* (2012) in Binjai City about the influence of midwives' perceptions of tariffs from childbirth guarantees that perceptions about tariffs have an influence on the willingness to be a provider of the delivery assurance program ($p < 0.001$; $p < 0.05$), most respondents stated that in general provided in government programs smaller than generally applicable rate. Even if the funds provided are the same as they normally do, they have additional tasks such as preparing the conditions that must be met, while if they do not go through the delivery assurance program they do not have these additional tasks. In addition, the majority of respondents also have a perception that frequent illegal levies or deductions from government programs are carried out outside the procedure [5].

The results of this study differ from previous studies because the amount of funds received does not affect the absorption of claims for childbirth. This means that even though some respondents stated that the amount of funds received was small due to the good deductions from the tax deductions and deductions for the regional treasury, some midwives still submitted claims for normal delivery services.

This study supports that proposed by Gibson *et al.* (1987) which states that perceptions about the level of rewards affect individual performance, in this case the perception of midwives about the rates given to midwives for each service provided [8].

Influence of fund disbursement duration toward the low claim of normal delivery service on the national health insurance

There are 44 midwives (69.8%) stated that the length of time the claim process was disbursed took a long time, while as many as 19 midwives (30.2%) stated that the length of the claim process

took a long time. From the results of statistical tests with Chi Square obtained $p\text{-value } 0.937 > 0.05$, the decision H_0 is accepted, which means that there is no influence of the duration of the process of disbursement of claim funds received against the low absorption of claims of normal delivery action on national health insurance.

Based on the results of the research on respondents there was no influence between the length of time the process of claim fund disbursement against the low claim of normal delivery action at the inpatient health center in Banjar Regency. Based on the Chi Square test value obtained $p\text{-value } 0.937 > 0.05$. The decision of H_0 was accepted which meant that there was no influence of the time period for the disbursement of claims funds against the low claims of normal delivery service on the national health insurance.

There is no effect between the length of time the process of claim fund disbursement against the low claims of normal delivery action, this is because there are still many respondents who stated that the old claim disbursement process was due to the absence of a time limit determined by the Banjar District Health Office regarding how long the file verification time claim national health insurance program. The health insurance management verifier gives 15 working days after submitting a claim so that the claim funds can be transferred to the health office as the non-capitation national health insurance claim management team. Funds that were not directly received by the midwife caused midwife dissatisfaction with the national health insurance program. The length of time for the claim fund disbursement process is also related to administrative procedures that must be completed before filing a claim, the midwife submits the claim filing file to the manager or national health insurance treasurer, then the manager or treasurer of national health insurance delivers files to the health insurance management for verification, this verification also takes time the old one is because the management accepts claims from other health centers, so it is likely that within 1 day the verification of the claim file can be verified.

The results of this study are in accordance with Wardhina's (2013) research conclusions about the evaluation of the implementation of the Jampersal program in the Banjar district, namely the flow of claiming funds according to the technical guidelines but the disbursement of claim funds for more than 3 months [9].

In inpatient public health center in Banjar District both public health center midwives and village midwives mostly stated that the length of the claim process took a long time. out of a total sample of 63 midwives, 44 midwives (69.8%) stated that the length of time the claim process was disbursed took a long time, while 19 midwives (30.2%) stated that the process of disbursing claims claimed not long time.

Research conducted by Intiasari (2013), midwife dissatisfaction arises due to the long-standing culture of receiving fees for services or out of pocket in the payment system of health service providers in Indonesia. Midwives feel more satisfied when accepting payments directly from the maternity patient rather than having to wait for the old delivery assurance claim and must be accompanied by the arrangement of several conditions [10].

Influence of administrative procedure toward the low claim of normal delivery service on the national health insurance

There are 44 midwives (69.8%) stated that the administration of the claims procedure is relatively easy, while as many as 19 people midwives (30.2%) stated that it found that the administrative procedures of the claims has been difficult. From the results of statistical tests with Chi Square obtained $p\text{-value } 0.634 > 0.05$, the decision H_0 is accepted which means that there is no influence of difficult administrative procedures on the low absorption of claims for normal delivery actions on the national health insurance.

Based on the results of the study on respondents there was no influence between administrative procedures on the low claims of normal delivery action in inpatient health centers in Banjar District. Based on Chi-Square test value obtained $p\text{-value } 0.634 > 0.05$. The decision of H_0

was accepted which meant that there was no effect of difficult administrative procedures on the low claims of normal delivery.

It does not affect the administrative procedure for claims on the low absorption of claims for normal delivery services for the national health insurance. This is because the claim procedure is considered easy. This is because most midwives have already received socialization from the Health Office regarding the national health insurance program. Most midwives are also knowledgeable about claims administration procedures and conditions for filing claims. Some midwives consider the procedure for submission of claims is difficult due to the requirements of the claims are much like patograf, birth certificate, sheet reproductive health inspection books and others in accordance with the requirements needed. Requirements that are difficult to make midwives reluctant or lazy when it comes to filing claims for normal delivery services on the national health insurance.

This research contrasts with the research conducted by Riyanti et al. (2017) namely the administration process has a significant effect on the participation of the Mandiri Practicing Midwife (BPM) in the national health insurance program. Opportunities for BPM that consider the administration process easy, 56.25 times higher for joining the national health insurance program than for BPM who consider it not easy. The ease of administrative processes related to the midwifery services provided is able to increase the participation of BPM in the national health insurance program [4].

In inpatient public health center in Banjar District both public health center midwives and village midwives mostly stated that administrative procedures were relatively easy. Of the total 63 midwives, 44 midwives (69.8%) stated that the administrative procedure of the claim was relatively easy, while 19 midwives (30.2%) stated that the administrative procedure of the claim was difficult.

Influence of place of delivery toward the low claim of normal delivery service on the national health insurance

A total of 44 midwives (69.8 %) stated that they performed childbirth in a health facility, while 19 midwives (30.2%) stated that they performed childbirth in non-health facilities. From the results of statistical tests with Chi-Square obtained $p\text{-value } 0.001 < 0.05$, the decision H_0 is rejected which means that there is an effect of maternity on the low absorption of claims of normal delivery action on the national health insurance.

Based on the results of research on respondents there was an influence between the place of birth on the low claims of normal delivery in inpatient health centers in Banjar Regency. Based on the Chi-Square test value obtained $p\text{-value } 0.001 < 0.05$. The decision H_0 is rejected which means that there is an effect of maternity on the low claims of normal delivery action on the national health insurance.

There is an effect of maternity place on pregnant women on the low uptake of claims for normal delivery services for national health insurance, this is because there are still midwives who perform childbirth actions in non-health facilities, due to the geographical condition of the work area where the midwife is assigned, the distance to the health facility is far away so the mother maternity does not want to deliver at a health facility, facilities and infrastructure are also considered inadequate. In addition, there are still village dukun who are perceived to be able to help deliver maternity labor. This research is supported by the conclusions of the study by Amdadi et al (2012) namely help childbirth is still mostly done not by health facilities or in patients' homes because trust in the shaman is still high and there is a "siri" culture that is believed by the local community. Childbirth is done not in health facilities, it is still claimed to use delivery assurance funds [11].

This study is also in accordance with research by Handayani et al. (2013) that some deliveries were still done at home because of the difficulty of going to the health facility and still not realizing the need for safe delivery at the health facility. This is supported by the basic health research result 2010 deliveries performed in health facilities still covers 55.4%, the rest at home and elsewhere [10].

In the inpatient public health center in Banjar District of a total of 63 midwives as many as 44 midwives (69.8%) stated that they performed childbirth at a health facility, while 19 midwives (30.2%) stated that they performed childbirth in non health facilities . The survey results revealed that absorb the number of midwives claim uptake by 36 people (57.1%), while 27 (42.9%) others had a low uptake of the claims. This shows that in some places there are still midwives who have low claim absorption and are still carrying out childbirth in non-health facilities.

Based on the conclusion of the study by Yusnita et al . (2015) that is the reason behind the low utilization of delivery services for health workers because they do not know the midwife in the village, because they do not understand the benefits of delivery by health workers, the costs in the dukun are more affordable and because midwives are not always there when needed. In addition, the community believes that the delivery or not is not determined by the birth attendant but by the mother's actions during pregnancy. Also the belief in the prayers of the dukun or husband causes the community to always include shamans in pregnancy and childbirth to facilitate the delivery process [12].

Influence of midwife knowledge, amount of fund receive, duration of disbursement process, administrative procedure, and place of delivery toward the low claim of normal delivery service on the national health insurance

Comprehensively all the variables in this study are interrelated, the factors that cause the low claims of normal delivery by midwives in Inpatient Public Health Centers in Banjar District are known to have only 1 (one) influential variable, namely place of birth. In the variable place of birth value Sig./ p-value 0.001 which means that there is an influence of maternity place on maternity mothers on the low claims of normal delivery. The survey results revealed that absorb the number of midwives claim uptake by 36 people (57.1%), while 27 (42.9%) others had a low uptake of the claims. This shows that in some places there are still midwives who have low claim absorption. The low uptake of normal labor action claims in a national health insurance program because they most midwives who have never filed a claim at all normal labor action. Some midwives have bad perceptions of the claims of normal childbirth actions for the national health insurance program due to the process of disbursing old claims.

Based on the results Wardhina (2013) that is less absorbed delivery assurance claim funds, health centers with high uptake is only 43.48%. Health facilities are not good, health facilities in 2 (two) public health centers are still incomplete in terms of facilities and infrastructure [9]. Based on the research of Prakarsa (2012), that is for the province of NTT, only 38% of Jampersal funds are absorbed. The problem may be a combination of various factors such as lack of capacity for delivery from service providers, inadequate and not updated data, unclear implementation mechanisms, lack of program socialization to target groups, and so on [5].

The allocation of childbirth guarantee funds in the Regency/City is calculated based on an estimated projection of the number of pregnant women participating in national health insurance and the target of pregnant women who have a delivery guarantee benefit that do not have a delivery guarantee in the area. The low rate of absorption of childbirth funds in the national health insurance program shows that the implementation of the national health insurance program is not optimal, especially in claims of childbirth.

Rahmawati (2011) in her research stated that the success of achieving K4 coverage in Rowosari Health Center was influenced by the availability of funds . The results of this study explain that the allocation of funds in a program depends on how much the funds are absorbed so that activities can be carried out in accordance with what is expected.

IV. CONCLUSION

There is no influence of the midwife's knowledge on the low claims of normal delivery service on the national health insurance in the inpatient health center in Banjar District (*p*-

value 0.769). There is no effect of the amount of funds received on the low claims of normal delivery service on the national health insurance in inpatient health centers in Banjar District (*p-value* 0.787). There is no influence of the time period for the process of disbursement of claim funds against the low claims of normal delivery service on the national health insurance in the inpatient health center in Banjar Regency (*p-value* 0.937). There is no effect of administrative procedures on the low claims of normal delivery service on the national health insurance in inpatient health centers in Banjar District (*p-value* 0.634). There was an effect of maternity place on the low claims of normal delivery service on the national health insurance at the health center inpatient in Banjar District (*p-value* 0.001).

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