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EFFECT OF INTERNAL FACTORS ON INSURANCE SERVICES FRAUD AT STELLA MARIS HOSPITAL, MAKASSAR

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ABSTRACT:-
This study aims to determine the effect of internal control, compensation, and morals on insurance services fraud. This type of research, if viewed from the purpose of the study is explanatory research with data collection techniques using a questionnaire with a sample of 104 respondents. The data analysis technique used is Multiple Linear Regression Analysis using SPSS version 22 software. The results of the study show that internal and moral controls have a significant negative effect on insurance services fraud, while compensation has a negative effect not significantly on insurance services fraud.

Keywords: internal control, compensation, moral, insurance services fraud.

INTRODUCTION:-

One of the non-bank financial institutions that helped provide health services for the people in Indonesia is insurance. Health services provided through insurance that collaborate with hospitals help form relationships between doctors, nurses, staff, and patients.

Relationships formed in the provision of health services can present many expectations, one of which is the alleged fraud. These alleged frauds, including changing the main diagnosis or making an additional diagnosis so that they get a large tariff, and other forms of fraud. According to Charles (2015), various fraud issues in health services have ten schemes, namely (1) claiming services that have never been given, (2) claiming services that cannot be covered by insurance as services covered by insurance, (3) falsifying service time, (4) falsifying service locations, (5) falsifying service providers, (6) claiming bills that should be paid by patients, (7) reporting wrong diagnoses and procedures, (8) excessive service, (9) corruption (bribery), and (10) unnecessary drug prescribing (Sadikin and Adisasmito, 2016).

The National Health Insurance Program which was implemented by the government on January 1, 2014 was able to increase the number of participants and health service providers to the community, but on the other hand caused a lot of criticism from various parties, one of which came from national health insurance providers (puskesmas, hospitals) regarding suspected fraud (Yaslis, 2015). Fraud actions have also taken place in Indonesia, where the health service system and financing system are still not well managed, including in Makassar. It is very important to detect health insurance fraud but the challenge is very difficult (Shi et al., 2016)

The parties that commit fraud (fraud) are participants (patients), health care providers (providers), and insurance companies (payers) (Ginting, 2007; Sadikin and Adisasmito, 2016). The act of cheating (fraud) is an element of intentions and actions that harm other parties of the perpetrators so that criminal law can be enforced. Basically the implementation of health insurance provides comprehensive benefits (Thabrany, 2014).

Many factors can be used to minimize fraud, one of which is through the implementation of internal controls. If the internal control of a company is weak, the possibility of fraud can occur. Conversely, if

internal control is strong, then the possibility of fraud can be minimized. However, if fraud still occurs, it can be known quickly and immediately actions can be taken to improve conditions as early as possible as a result of fraud. According to Arens (2008), internal control includes five elements, namely the control environment, risk assessment, information and communication control activities, and monitoring. These elements help the company to achieve its goals (Cindy, 2017). Effective internal control can protect theft, embezzlement, misuse of assets in inappropriate locations (Karyono, 2013: 96). In addition, internal control also provides a reasonable guarantee of accurate business information for the success of the company. Accurate maintenance of assets and assets often goes hand in hand, because employees who want to darken assets or intend to commit fraud also need to cover up the fraud by adjusting accounting records. Internal control is designed to be able to secure the property of the organization, if internal control cannot function effectively as a means of control, the possibility of fraud (Marliani and Jogi, 2015). Research conducted by Najahningrum (2013) also reinforces the findings of Wilopo (2006) regarding the effectiveness of internal control in an organization / agency can minimize the occurrence of fraud (Najahningrum, 2013).

Someone works with the aim of getting a reward for the effort given and the energy spent for the company where he works in order to meet his needs, Generally when someone has a job he tends to act consumptively. This action also affects the fulfillment of daily needs. Compensation affects the actors in committing fraud. The life needs of each family are different, so the compensation and expenditure of each household also varies. Financial management that is not in accordance with the compensation provided triggers someone to commit fraud. Tjahjono et al. (2013) revealed about Cressey's theory which states that people who are initially given trust misuse the trust given by committing betrayal when they experience serious financial problems that they think cannot be conveyed to others. They realize that the financial problems they experience they solve by committing violations (Marliani and Jogi. 2015). The attitude of someone who is not satisfied with the compensation provided by the company. tends to cause fraud in a company. Consumptive actions also contribute to inappropriate use of compensation. This is triggered by environmental factors. A good environment in its development helps a person in giving a positive influence on a person's character and attitude.

Fraud that occurs due to reasons for something that is not or is not necessary / important, so that through the pressure someone tends to commit fraud. But if someone is at a low moral level the tendency to commit fraud is high. When a person has a high level of moral reasoning, then someone through many considerations must choose not to commit fraud, so that high moral reasoning that someone has also influences someone in acting. So someone is more careful in acting. The decision to commit fraud is within a person. and can be present at any time. The character and attitude of a person also supports a person's moral level. Graham (1995) and Patterson (2001) say that a person with a good level of moral reasoning when acting will be more oriented towards moral principles universally. Moral as a measuring tool that serves to overcome the tendency of fraud when someone is in a depressed situation.

The phenomena of fraud that generally occur are based on the Fraud Triangle or Triangle of Fraud introduced by Cressey, namely pressure, opportunity and rationalization (Marliani and Jogi, 2015). The act of fraud committed causes harm to the company and the perpetrator. The company loses trust in the perpetrator and experiences material losses. While on the part of the perpetrators, including: losing the trust of the company and losing the opportunity to work better. A person can be expelled from the company if he finds involvement in acts of fraud that occur within the company. Or sanctioned based on applicable regulations in the company.

LITERATURE REVIEW:-
Fraud Triangle Theory
Fraud Triangle Theory introduce three factors that influence fraudulent tendencies, namely pressure, opportunity and rationalization. The Fraud triangle theory was introduced by Cressey (1953). This theory is used to detect fraudulent tendencies in a company. In this theory Cressey said that fraud is triggered by the following three factors: pressure, opportunity and rationalization. First, the pressure factor that can be caused by failure to meet the required expectations, bad personal habits, business failure, physically isolated, out of habit lifestyle, and bad employee-boss relations. Second, opportunities / opportunities can be caused by people who have deep knowledge of the company's weaknesses and the presence of people who have the ability or expertise to commit fraud. Third, rationalization caused by the majority of the perpetrators felt that they did not commit criminal acts, but did something they naturally did (Marliani and Jogi, 2015). These three factors have an influence on the tendency of fraud by a person or group of people working in a company.

Internal control

In a company, internal control conditions can affect a person in committing fraud. When internal control is implemented correctly, it can be the right tool to reduce fraud. Tugiman (2000) says that internal control in organizations is a very significant influence on achieving organizational goals and performance (Mutiana et al., 2017). An organization can run well if it has good internal control. Pristiyanti's research (2012) found that the internal control system had an influence on fraud in the government sector. If internal control is weak, then it will result in the company's wealth not being guaranteed security, the existing accounting information is not accurate and cannot be trusted truthfully, inefficient and effective operational activities of the company and compliance with established policies (Natasya, et al, 2012).

Compensation

Compensation is given by the company in return for employee contributions to the company in the form of money and goods, so compensation according to Hasibuan (2003) is all income in the form of money, direct or indirect goods received by employees in return for services provided by the company (Dewi, 2017). Appropriate compensation for employees also influences satisfaction and motivation in work. This encourages employees to provide the best for the company. However, compensation given by the company must be in accordance with the contributions that employees give to the company. Compensation is a factor that determines well-being. Through compensation compliance, it is expected to minimize the occurrence of fraud in the company (Dewi, 2017).

Moral

Pressure is one of the factors in fraud triangle theory. The decision to commit fraud is triggered by the pressure factor experienced by someone, but if someone is at a high moral level the tendency to commit fraud is low. High moral reasoning affects a person in acting, so be more careful in acting. Graham (1995) and Patterson (2001) say that a person with a good level of moral reasoning when acting will be more oriented towards moral principles universally. Moral as a measuring tool that serves to overcome the tendency of fraud (fraud) when someone is in a depressed situation. Someone with a low moral level when experiencing pressure has a tendency to commit fraud more than someone who has a high moral level. This is supported by the study of Krisdayanthi (2015) and Dewi (2016) also found the same thing, namely there is a difference between someone who has a high moral level and someone who has a low moral level in committing fraud.

Insurance Services Fraud

In practice, fraud is carried out by company employees, both by employees who have an influential position in the company and employees who do not have any influence in the company. So, fraudsters can come from various lines within the company environment. At present, according to technological developments and information on the mode of fraud has changed a lot, among others, by involving a group of people even deliberately falsifying letters made by the authorities. In the provision of health benefits to employees through insurance companies, the limit on the amount of sum assured given by the insurance company is based on certain positions in the company where the employee works. Claim documents are very important in the procedure for filing claims for health insurance. But the concern in this case is that insurance claims are given based on the events that occur. fraud perpetrators. This document also deserves suspicion because it can be used as an object for the perpetrator to manipulate events related to the claims made (fictitious claims), so that if the reimbursement claim given receives a response from the insurance company, then the funds provided can be used to meet the other needs of the claimant. fictitious. Misuse of health benefits is used for personal gain. This is supported by Sampurna (2008) which confirms that fraud in insurance is an insurance claim with the intention to cheat or take advantage of an insurance company. Companies that provide health benefits for their employees in collaboration with insurance companies. This action helped alleviate the cost of living which is increasingly high. But unfortunately for certain people, this allowance is used as a tool to commit fraud

RESEARCH METHODS:-

This type of research, if viewed from the purpose of the study is explanatory research. This type of consideration is to analyze the causal relationship between factors that influence insurance fraud. The approach used in this study is a quantitative approach, which includes quantitative analysis to test between theory and data by first setting a hypothesis and then testing with statistical analysis techniques.

This study uses a simple random sampling technique, namely research in which sampling from members of the population is done randomly regardless of the strata (levels) in the members of the

population (Sekaran and Bougie, 2013) with the number of samples taken in this study as many as 107 people with the number questionnaires that can be processed are 104 questionnaires.

Data collection in this study used a survey method through distributing questionnaires and collecting data from respondents by submitting a list of structured statements to employees, especially doctors, nurses, and financial staff working at Stella Maris Hospital Makassar. The analysis model used to test the hypothesis is to use Multiple Regression Analysis..

RESULTS:-

1. Testing Validity and reliability

Validity tests are used to measure the validity or validity of a questionnaire. A questionnaire is declared valid if the question or statement on the questionnaire is able to reveal something that will be measured on the questionnaire. Testing the validity of using Pearson Correlation, namely by comparing the value of r count and r table. If the value of r count > value of r table then the data is valid. Conversely, if the value of r count < r table value then the data is invalid (Ghozali, 2013). The results of testing the validity for this research data can be seen in the following table:

Table 1 Test Results for Validity of Research Data

Variable	Indicator	Item	r-count	r-tabel	Information
Internal Control (X1)	X1.1	X1.1.1.	0,858	0.191	Valid
		X1.1.2	0,813	0.191	Valid
	X1.2	X1.2.1	0,726	0.191	Valid
		X1.2.2	0,666	0.191	Valid
	X1.3	X1.3.1	0,863	0.191	Valid
		X1.3.2	0,855	0.191	Valid
		X1.3.3	0,758	0.191	Valid
	X1.4	X1.4.1	0,841	0.191	Valid
		X1.4.2	0,874	0.191	Valid
	X1.5	X1.5.1	0,829	0.191	Valid
		X1.5.2	0,834	0.191	Valid
Compensation (X2)	X2.1	X2.1.1	0,842	0.191	Valid
		X2.1.2	0,879	0.191	Valid
		X2.1.3	0,785	0.191	Valid
	X2.2	X2.2.1	0,599	0.191	Valid
		X2.2.2	0,757	0.191	Valid
		X2.2.3	0,765	0.191	Valid
	X2.3	X2.3.1	0,853	0.191	Valid
	X2.4	X2.4.1	0,858	0.191	Valid
		X2.4.2	0,918	0.191	Valid
	X2.5	X2.5.1	0,519	0.191	Valid
		X2.5.2	0,527	0.191	Valid
Moral (X3)	X3.1	X3.1.1	0,918	0.191	Valid
		X3.1.2	0,879	0.191	Valid
		X3.1.3	0,768	0.191	Valid
		X3.1.4	0,593	0.191	Valid
Insurance Services Fraud (Y)	Y1	Y1.1	0,768	0.191	Valid
		Y1.2	0,660	0.191	Valid
		Y1.3	0,836	0.191	Valid
	Y2	Y2.1	0,810	0.191	Valid
		Y2.2	0,805	0.191	Valid
	Y3	Y3.1	0,876	0.191	Valid
		Y3.2	0,675	0.191	Valid
	Y4	Y4.1	0,669	0.191	Valid
		Y4.2	0,850	0.191	Valid
	Y5	Y5.1	0,853	0.191	Valid
		Y5.2	0,770	0.191	Valid

Source: Data processed (2019)

Table 1 shows that the results of testing the validity for all items obtained r-count values greater than the r-table value. All items that have been tested have r-count values above the r-table value which is 0.191, so it can be concluded that all items statement on the instrument are valid.

In addition to testing validity, this research also carried out research data reliability testing. Reliability test is used to determine the extent to which the measurement results remain consistent if done twice or more against the same symptoms using the same measuring instrument. A variable is said to be reliable if it has a Cronbach Alpha value> 0.60 (Sekaran, 2016). The following are the results of research data reliability testing.

Table 2 Test Data Reliability Test Results

No.	Variable	*Cronbach's Alpha*
1	Internal Control (X1)	0,960
2	Compensation (X2)	0,944
3	Moral (X3)	0,904
4	Insurance Services Fraud (Y)	0,951

Source: Data processed (2019)

Based on Table 2, it can be seen that the cronbach's alpha value of all variables is greater than the standard value of alpha coefficient 0.60. This means that the instruments used in this study are reliable.

2. Testing Classical Assumptions

In this study, testing classical assumptions is done through multicollinearity test, heteroscedasticity test, and normality test of research data.

1. *Multicollinearity Test*

*T*est the assumption of multicollinearity can be done by calculating the value of VIF (Variance Inflating Factor). If the VIF value is <10, it can be concluded that there is no multicollinearity. The test results of multicollinearity assumptions in this study can be seen in the following table.

Table 3 Test Results for Assumption of Multicollinearity

Independent Variable	VIF	Information
Internal Control (X1)	1,044	Non multicollinearity
Compensation (X2)	1,050	Non multicollinearity
Moral (X3)	1,010	Non multicollinearity

Source: Data processed (2019)

Table 3 shows that the VIF value of all independent variables is below 10, so that all independent variables do not contain multicollinearity (non multicollinearity). This means that the four independent variables studied are not interconnected so that they are properly used as independent variables in the model.

2. *Heteroscedasticity Test*

Testing for the occurrence of heteroscedasticity in this study was carried out using Test Park. The test results of multicollinearity assumptions in this study can be seen in the following table

Table 4 Test Results Assumption of Heteroscedasticity

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	,182	,292		,621	,536
	Internal Control	,055	,053	,103	1,025	,308
	Compensation	,067	,068	,100	,990	,325
	Moral	,047	,043	,109	1,097	,275

a. Dependent Variable: Abs_Ut

The provisions of using the Park Test are if the probability value on the dependent variable: Absolute Residual (Resabs)> 0.05 then accepts the null hypothesis which states that there is no heteroscedasticity. Conversely, if the probability value of the dependent variable: Absolute Residual (Resabs) < 0.05 then rejects the null hypothesis which states the occurrence of heteroscedasticity. The results of heteroscedasticity testing as presented in Table 4, obtained a probability value > 0.05

so that heteroscedasticity assumptions are fulfilled, ie there is no heteroscedasticity in the research data.

3. *Normality Test*

In this study, normality testing was statistically carried out using the Kolmogorov Smirnov test. The results of the normality test as presented in the following table.

Table 5 Test Results for Normality of Research Data

One-Sample Kolmogorov-Smirnov Test

		Unstandardized Residual
N		104
Normal Parameters[a,b]	Mean	,0000000
	Std. Deviation	,82934148
Most Extreme Differences	Absolute	,062
	Positive	,062
	Negative	-,042
Test Statistic		,062
Asymp. Sig. (2-tailed)		,200[c,d]

a. Test distribution is Normal.
b. Calculated from data.
c. Lilliefors Significance Correction.
d. This is a lower bound of the true significance.

Based on Table 5, the Sig Kolmogorov Smirnov value is 0.200. This value has fulfilled the normality test requirement, that is if the test results are obtained Sig > 0.05, then the assumption of normality is fulfilled

3. **Hypothesis Testing**

The results of multiple regression testing without moderating variables on the three independent variables are seen in the following table.

Table 6 Multiple Regression Test Results

Independent Variable	Koefisien	t	Sig.[*)]	Information
Constant	5,900			
Internal Control (X1)	-0,169	-1,927	0,029	Significant
Compensation (X2)	-0,080	-0,717	0,238	Not significant
Moral (X3)	-0,793	-11,233	0,000	Signifikan
α = 5% =0,566 R square = 0,000				

Source: Data processed (2019)
Table description : *) *One tailed*

The R-square determination coefficient value in the test results above shows a value of 0.566 or 56.6%. These results indicate that insurance services fraud (Y) variables are influenced by 56.6% by internal control variable (X1), compensation variable (X2), and moral variable (X3). The remaining 43.4% is influenced by other variables outside the independent variables examined in this study.

Testing the hypothesis in this study is done partially by using the t test as follows:

1. *Effects of Internal Control (X1) on Insurance Fraud (Y)*

In the internal control variable (X1) a probability value of 0.029 is obtained. Because the probability value is smaller than 5% (0.029 <0.050), then partially the internal control variable (X1) has a significant effect on insurance services fraud variable (Y). Based on the coefficient value (-0.169) marked negatively, identifying negative effects. This means that the higher the internal control (X1), the lower the insurance services fraud (Y).

2. *Effect of Compensation (X2) on Insurance Fraud (Y)*

In the compensation variable (X2) a probability value of 0.029 is obtained. Because the probability value is greater than 5% (0.238 > 0.050), then the compensation variable partially (X2) does not have a significant effect on the insurance services fraud variable (Y). Based on the coefficient value (-0,080) marked negative, it indicates a negative effect. This means that the higher compensation

(X2), the lower the insurance services fraud (Y). But in this study there was no effect given the variable compensation for insurance services fraud.

3. *Moral Influence (X3) on Insurance Fraud (Y)*

In the moral variable (X3) a probability value of 0,000 is obtained. Because the probability value is less than 5% (0.000 < 0.050), then partially the moral variable (X3) has a significant effect on the insurance services fraud variable (Y). Based on the coefficient value (-0.7793) marked negative, it indicates a negative effect. This means that the higher the moral (X3), the lower the insurance services fraud (Y).

DISCUSSION:-

1. *Effects of Internal Control (X1) on Insurance Services Fraud (Y)*

The findings of this study indicate that internal control has a significant negative effect on insurance services fraud. These results prove that the better internal control within the company, the weaker insurance services within the company can be.

The results of this study are in accordance with the fraud triangle theory. According to fraud triangle theory there are three factors that cause fraud to occur, namely opportunity, rationalization, and encouragement / pressure, so that through good internal control also reduce the occurrence of insurance services fraud in the company. Insurance services fraud occurs when a person experiences pressure which then rationalizes the mind about the actions he will take. In the end realize this when knowing the existence of an opportunity, so that raises insurance services fraud. But through effective internal control in the company able to minimize the possibility of insurance services fraud. Effective internal control through appropriate division of tasks reduces the occurrence of insurance services fraud. Sadikin and Adisasmito (2016) stated that pressure causes someone to cheat. Pressure can be various, including lifestyle, economic demands, etc. Pressure most often comes from the pressure of financial needs. This need is often considered a need that cannot be shared with other people to jointly solve it so it must be resolved in secret and ultimately lead to fraud..

The results of this study are also supported by Wilopo (2006) which states that the more effective an internal control in a company, the lower the level of fraud. This is also in line with the research conducted by Thoyibatun (2009) which states that the more appropriate internal control is with its objectives, the more simple fraud detection needs to be done. This study also proves that the research conducted by Ryan and Ridwan (2017) which states that the effectiveness of internal control indicates that the implementation of the company is more effective will further reduce the tendency of fraud committed by employees and management in it.

2. *Effect of Compensation (X2) on Insurance Fraud (Y)*

The findings of this study indicate that compensation has a negative effect not significantly on insurance services fraud. These results prove that compensation does not affect insurance services fraud within the company. This indicates that compensation in the form of financial compensation and other compensation (promotions and others) does not have an effect on company management to avoid the tendency to commit accounting fraud.

The results of this study are not consistent with the fraud triangle theory which explains that insurance services fraud occurs because of the nature of individuals who want to maximize profits, and also because of the high personal needs, and feel the rewards earned in working are not in accordance with the contributions given. When providing compensation that suits one's needs can be fulfilled, it can avoid fraud. The existence of compensation that is not in line with expectations is something that causes insurance services fraud, so that when it happens it causes someone to do insurance services fraud.

The findings of this study are consistent with the findings of the Wilopo (2006) study which found that compensation does not affect fraud.

3. *Moral Influence (X3) on Insurance Fraud (Y)*

The findings of this study indicate that moral has a significant negative effect on insurance services fraud. These results prove that the higher the morale of employees in the company, it can weaken insurance services fraud in the company.

The results of this study are in accordance with the fraud triangle theory where the pressure experienced by a person influences decisions taken whether to commit fraud or not commit fraud. Someone with a low moral level has a tendency to commit fraud (fraud) is higher than someone who has a high moral

level. This is supported by research by Noviriantini et al. (2015) confirms that the influence of one's morality on fraud is also shown through one's morality which influences the tendency of fraud (fraud). In fraud triangle theory, it is known that fraud occurs because of the opportunity (opportunity / opportunity). The level of moral reasoning a person has influences the tendency for fraud to be found through opportunities.

The findings of the results of this study support the research findings of Prawira et al. (2014) and Eliza (2015) who found that morality had a negative and significant effect on the tendency of fraud. This means that the lower a person's morality, then it also affects the tendency of someone to do insurance services fraud. The findings of this study are reinforced by the results of Puspasari's research (2016) which states that the moral possessed by someone influences the tendency of fraud. The existence of moral differences that are owned by each person is the thing that causes insurance services fraud.

CONCLUSION:-

Based on the results of the research findings it can be concluded that: (1) internal control has a significant negative effect on insurance services fraud. These results prove that the better the internal control in the company, the weaker the insurance services in the company can be weakened, (2) the negative negative compensation does not affect insurance services fraud. These results prove that compensation does not affect insurance services fraud within the company. This indicates that compensation in the form of financial compensation and other compensation (promotions and others) does not affect the management of the company to avoid the tendency to commit accounting fraud, and (3) morals negatively affect insurance services fraud. These results prove that the higher the morale of employees in the company, it can weaken insurance services fraud in the company.

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