

National Health Insurance Program: Study on Policy Implementation Based on Presidential Regulation of The Republic of Indonesia Number 82 of 2018

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ABSTRACT

The development program in the health sector is part of national development where the government as the highest institution responsible for health care must fulfill its obligations in providing health service facilities. Development in the health sector involves all Indonesian people where this can be understood because health development is closely related to the sector another development. The Ministry of Health established a policy to focus more attention on health services for the poor and underprivileged. The JKN BPJS Kesehatan program has been running, but there are still many problems that occur in the field, ranging from problems with services at the hospital, unity and monthly fees or premiums that must be paid which are not in accordance with what BPJS Kesehatan participants receive. During the implementation of the health insurance program, there were still many obstacles and obstacles so that the benefits felt were not optimal. Therefore this study aims to describe and analyze the implementation of the National Health Insurance Program policy based on Presidential Regulation of the Republic of Indonesia Number 82 of 2018 in the working area of the Kaliorang Public Health Center, Kaliorang District with the aim of describing and analyzing the inhibiting and supporting factors in the implementation of the Health Insurance program. Nationally, through a descriptive-qualitative approach, this study has succeeded in concluding that the implementation of the National Health Insurance program by BPJS based on Presidential Regulation of the Republic of Indonesia Number 82 of 2018 in the work area of the Kaliorang Health Center, Kaliorang District, East Kutai Regency has not been optimal. Encouraging and inhibiting factors include the problem of participation (wrong target), not reaching immigrants who do not have a KTP, inaccurate membership data, inadequate socialization, participants who do not use cards during treatment, due to complicated service procedures, presence of participants who have to pay a fee for treatment due to an invalid membership card and a fee when treated.

Keywords: BPJS health; Policy implementation; Presidential regulation

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1. INTRODUCTION

Health is one of the basic rights of society which the provision of services must be carried out by the government which is contained in the 1945 Constitution Article 28 Hayat (1) "Everyone has the right to live in physical and mental prosperity, to live, and to have a good and healthy living environment. and the right to obtain health service facilities" and article 34 paragraph (3) "The state is responsible for the provision of health service facilities and public service facilities that are appropriate ". The government is also responsible for maintaining public health and fulfilling the provision of health service facilities. Health services are held jointly in an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups or communities.

In Indonesia, health is a major problem due to low knowledge of health, this condition is related to unequal education levels in society and can affect people's knowledge to behave in a healthy manner. The maternal and infant mortality rates in Indonesia are also higher than in most other countries. One in twenty children die before reaching the age of five and one mother dies as a result of childbirth for every 325 live births. Changes coupled with the increasingly complex patterns of disease are the biggest challenges for Indonesia's health system.

The government seeks to deal with problems related to fulfillment, service, health protection for the community by implementing health protection guarantees so that each participant gets health care benefits

so that each participant gets the benefits of health care and also protection in meeting basic health needs provided to everyone who has paid fees as a health service procedure. The very low ability of poor people or poor families to reach referral health service facilities will have an impact on increasing morbidity and mortality rates in high-risk groups such as pregnant women and babies.

One of the social security programs implemented by the government is the Health Social Security Administering Body (BPJS) program. The objective of the BPJS program is that BPJS health participants can obtain health benefits and protection. Basic health needs. With the existence of BPJS Kesehatan, it is hoped that it will be able to provide good medical services in examining patient health problems according to the main indications for people who have an economically disadvantaged.

In East Kutai Regency currently, there are 21 *Puskesmas*, 2 Government Hospitals, 4 Private Hospitals, 5 Independent Doctor Practices and 4 Private clinics in collaboration with BPJS. The implementation of BPJS Kesehatan in East Kutai District initially did not get a response from the community, this is because there is still a lack of understanding by the community that when BPJS operates or has been implemented, there is no longer the Regional Health Insurance program (*Jamkesda*) and does not use the Regional Revenue and Expenditure Budget (APBD) for the health budget for the poor. In terms of BPJS Health services in East Kutai Regency, especially the poor recipients of contribution assistance (PBI) whose treatment is covered by the State Budget (APBN) and BPJS Health services are also not satisfactory. There is a problem with the referral system, where when a participant is sick, they go to a level I health facility (*puskesmas* and clinic) first, as well as a misunderstanding of the emergency disease referred to by BPJS Kesehatan. Because it is not certain that according to the community, it is an emergency illness but in the medical world it is not categorized as an emergency illness, it is necessary to have an understanding of what is said to be an emergency condition or a non-emergency condition, because if it turns out that it does not enter into an emergency condition and the community takes treatment without going to a health facility level I and without referral, then BPJS Kesehatan does not cover the cost of treating the patient. Even though the existence of BPJS Kesehatan is expected to be able to provide medical services, be able to more thoroughly identify patient problems and take action according to the indications.

In addition, in the implementation of the BPJS for health in East Kutai District, it only limits the services of medicines that are in the budget. What is meant here is that not all drugs can be obtained from BPJS health services. If the community desperately needs drugs that are outside the BPJS health service procedures, the community must buy them themselves without having to submit a drug referral to BPJS Kesehatan and besides that room services for inpatient participants only fall into class 1 category only. Even though the doctor's service remains the same for all patients, the comfort of each class remains different. In addition, the implementation of the Health BPJS carried out by the health provider I, namely the health centers and clinics, and the health provider II, namely the hospital in the field, still encountered several problems such as constraints on existing medical personnel.

Based on the problems, the afore mentioned researcher wishes to conduct a research entitled "National Health Insurance Program". The types of services that will be examined are mainly in terms of membership, access, service mechanisms, funding and service quality, as well as gaps in the number of family cards for *Jamkesmas* participants from the poor.)

This research was made for: (1) To describe, evaluate and review the implementation of the National Health Insurance Program Policy by BPJS at the UPT *Puskesmas* Kaliorang, Kaliorang District, East Kutai Regency based on the Minister of Health Regulation Number 99 of 2015 concerning Health Services in the National Health Insurance by BPJS; (2) To describe and analyze the supporting and inhibiting factors faced by the community related to the Health Insurance Program services at the Kaliorang Health Center, Kaliorang District, East Kutai Regency.

Meanwhile, the benefit of this research is: (1) To develop knowledge in the health sector related to the regulation of the Minister of Health No. 99 of 2015 concerning Health Services in the National Health Insurance by BPJS at first level health care facilities owned by local governments; (2) To add to the literature on the law, especially health law in the implementation of the use of the national health insurance capitation funds; (3) To provide information or starting material for further researchers to conduct research in the health sector.

2. LITERATURE REVIEW

Theories of public

Policy Government policy means the government's skills to carry out its duties and responsibilities. John Lock in Soenarko (2000: 38) explains that *Public Policy* is a process and not just a system and if

necessary, it can be enforced, because there is an element of power in the government, as the actor and mover and implementer of policies so that goals and objectives can be realized and other decisions in the policy in accordance with the interests of the community.

Public policy is a decision that is meant to solve problems that arise in certain activities carried out by government agencies in the context of government administration (Mustopadidjaja, 2002: 101).

Public policy is a decision that is meant to solve problems that arise in certain activities carried out by government agencies in the context of government administration (Mustopadidjaja, 2002: 101). The second form of public policy is the statement of public officials. According to Rian Nugroho (2008: 94) public official statements have a very broad impact on society. Therefore, statements of public officials in accordance with their capacities must be considered as public policy.

Public policy implementation theory

Basically, policy implementation contains a process of administrative and political action. The administrative process can be addressed through how actors involved in policy create a system, structure, procedures and rules to implement policies to achieve goals. Meanwhile, the political process can be examined from which alternatives must be taken and which can be used to achieve the desired goals.

Thus, it can be said that the function of implementation is to transform policy objectives into appropriate operational activities. While the objective of implementation is to produce changes as desired by the policy. The critical factor in the implementation process is how to choose the right operational actions and how to operate those actions appropriately.

Factors influencing government policy implementation

Sharing approaches in policy implementation, both related to implementers, resources, environment, methods, problems and the level of pluralism faced in society. Human resources as implementers have an important role in controlling the implementation of public policies. The implementation of a policy is influenced by several factors.

According to Edwards III's view, policy implementation is influenced by four variables, namely: (1) communication; (2) resources; (3) disposition; (4) bureaucratic structure. The four variables are also related to one another.

Public service theory

Government is essentially a service to the community. The main product of government administration is public service, it needs to be understood that government is held not to serve itself but to serve the community to develop capabilities and creativity in order to achieve common goals (Rasid, 1998: 139). Therefore, the public bureaucracy is obliged and responsible to provide services good and professional public.

There are several reasons why public services are a strategic point to initiate the development of good governance, including: (1) Public services have been a domain where the state represented by the government interacts with non-governmental institutions, poor practices governance in the delivery of public services are felt by citizens and the wider community, this means that if there is a significant change in the realm of public services it can automatically be felt. benefits directly by residents and the wider community; (2) Various aspects of good governance can be articulated relatively younger in the realm of public services, institutional aspects that have often been used as references in assessing practices *governance* can easily be assessed in the practice of public service delivery, an element that needs attention in public services is the orderliness of all stakeholders. (Civil society and private sector) then reposition the three elements and a proportional and complementary role retribution between government, civil society and market mechanisms so that they can be developed; (3) Public services involve all elements of *governance* Public services are an important stake for the three elements of *governance* because the fate of a government, both central and regional, will be greatly influenced by the success of these three pillars in realizing public services that satisfy the public.

BPJS as the implementation of government policies

Health insurance is a guarantee in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs that is given to every person who has paid contributions or whose expenses are paid by the government. The Social Security Administering Body (BPJS) for Health is a legal entity in the form of administering a health insurance program that organizes a security program that aims to provide assurance of social protection and welfare for all Indonesian people.

3. METHODS

Design

Through a qualitative descriptive type of research method, this method seeks to describe in detail and provide facts about the implementation of the National Health Insurance Policy Implementation by BPJS Kesehatan, East Kutai District.

Research location

The location of this research was carried out at the UPT *Puskesmas* Kaliorang, Kaliorang District, East Kutai Regency.

Informants

Gather Research informants are people designated by the researcher as providing information in the field. In this study the informants were the Head of the Social Security Administration for East Kutai Regency, the Head of the East Kutai Regency Health Office, the Manager of the JKN-BPJS Program at the East Kutai Regency Health Service, the Head of the Kaliorang *Puskesmas*, the Manager of the Kaliorang JKN-BPJS Program, and 5 participants/visitors to the Kaliorang Health Center BPJS.

Research focus

The focus of this research which is the focus is as follows: (1) Communication, is the process of delivering information, clarity of information and consistency of information conveyed; (2) Resources, concerning human resources and financial resources that support policy implementation; (3) Disposition, is the executor's commitment to the program; (4) Bureaucratic structure, based on standard implementation procedures. Supporting Factors and Inhibiting Factors of Policy Implementation come from internal and external.

Research instruments

In qualitative research the research instrument is the researcher himself. Qualitative research as a human instrument, serves to determine the focus of research, select informants as data sources, carry out data collection, assess the quality of data analysts, interpret data and draw conclusions on all of them.

Data collection techniques

Observation

The research was carried out by direct observation in the field to strengthen and convince the results of interviews and documentary studies, then record the phenomena that occurred during conducting the research.

Interview

This interview method asks questions directly to all informants with expectations to get explanations of opinions, attitudes and beliefs about matters relevant to the research.

Documentation

Look for data in the form of notes, documents and films to complement primary data that are not found in the field and report materials such as clamp files, references and treatment.

Data analysis

Techniques The analysis technique used in this research is descriptive qualitative analysis. In this study, data and information were in the form of interviews and documentation about the title of the thesis, what data processing was carried out, then presented descriptively and analyzed by means of; (1) data condensation, (2) data presentation, (3) data verification, and (4) data validity, according to qualitative data analysis according to Miles, Huberman and Saldana (2014).

4. RESULTS AND DISCUSSION

According to Law number 36 of 2009, health is healthy, physically, mentally, spiritually and socially which enables everyone to live productively socially and economically. Health is the most important thing in human life. The state, in this case as the administration of the government, is obliged to pay attention to the welfare of its people, because people's welfare is also seen from the health services provided by the government. has paid dues or the dues have been paid by the government. Referring to this definition, this health insurance is the responsibility of the government as a provider of public services or social services to the community. All people who have paid the dues are entitled to health services that have been designed by the government.

This research raises the implementation of the National Health Insurance Program Policy by BPJS as a whole and the uniqueness of this research is that this program is required for all Indonesian people to participate in it which is known as *Universal Health Coverage* or universal health coverage which is the target of the Indonesian Government to cover all Indonesian citizens in Indonesia. This National Health Insurance Program and we consider that this research has not been carried out by other studies like the one above, with the aim of the research being to know the implementation, support and obstacles in the implementation of the National Health Insurance Program Policy by BPJS at the UPT *Puskesmas* Kaliorang, Kaliorang District, East Kutai Regency is based on the Minister of Health Regulation Number 99 of 2015 concerning Health Services in the National Health Insurance (Sumarno, 2020).

Supporting factors

Internal factors

The government's commitment to issue policies and try to solve health problems will affect people who do not have health insurance membership. The existence of appropriate regulations as a basis for implementing policies can indeed read the problems that occur regarding health insurance.

External factors

Reviewed by looking at the condition of the community. The existence of poor people in Kaliorang and without health insurance is a factor that supports the running of this policy in reading the economic situation of its citizens.

Inhibiting

Factors Internal inhibiting factors that affect the implementation of BPJS policies, budget constraints will increase in number, as a result of an increase in premium contributions, if there are also many unscrupulous citizens who are down class and deliberately not paying dues does not rule out the possibility that many residents will register in droves order that is free. Meanwhile, external factors influence the implementation of BPJS program policies. The lack of public awareness that they are actually capable of taking part in the program because they do not need to pay fees, even though there are many people who should be able to be assisted by the government in far more difficult conditions than those who are able. Kaliorang residents are still accustomed to the culture when they are attacked by a new disease so they can register for free medical treatment.

5. CONCLUSION

The Study on Policy Implementation based on the Minister of Health Regulation Number 99 of 2015 concerning Health Services in the National Health Insurance by the Social Security Administering Body (BPJS) has not run optimally. Factors supporting the existence of regulations that are in accordance with the needs as a basis for policy and there are still people who are unable and do not have health insurance so that it is a factor in the running of this policy. The inhibiting factor of the budget is due to the increase in premium contributions, so it does not rule out the possibility of people dropping in class and deliberately not paying fees, and there are still many residents who are accustomed to culture if they have a new disease to register to get free treatment. Suggestions The party in charge, namely the education sector, should supervise and foster non-smoking areas where the teaching and learning process is conducted.

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