

Implementation of the Policy for the Implementation of the Bekasi City Regional Health Insurance Program

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ABSTRACT

The main problem in this research is that the policy/program of Regional Health Insurance Based on Family Cards and Population Identification Numbers has not been effectively implemented in Bekasi City. The research method used by the researcher is descriptive analysis with a qualitative research approach. This method and approach was chosen with the consideration that it is hoped that real data can be obtained and are able to examine the research problem in depth so that the expected results can be obtained. The results of the study can be explained that there are factors in implementing the Bekasi City Regional Health Insurance policy, namely standard factors, policy measures and objectives, policy measures and objectives, resources, characteristics of implementing organizations, attitudes of implementers, communication between related organizations and activities. - implementation activities, and the social, economic and political environment. However, in its implementation, these factors have not been fully implemented effectively, namely the policy resource factor and the characteristic factor of the implementing agency so that there are still problems encountered related to the implementation of the Regional Health Insurance policy. This of course also has not been able to provide the best way in providing quality public services, especially with regard to the Regional Health Insurance Program for the Community Based on Family Cards and Population Identification Numbers.

Keywords: Policy Implementation Strategy

INTRODUCTION

The implementation of universal health insurance was first launched by the Indonesian government in 2004 as part of the government's obligation as mandated by the constitution to provide protection to all citizens from various health problems. Law No. 40/2004 on the National Social Security System paved the way for reform efforts, particularly with regard to the health system. In the early stages of its implementation, universal health insurance was implemented through a health insurance program under the name of Health Insurance for the Poor (Askeskin) and managed by a BUMN, namely PT. Askes. In its development, this program changed its name to the public health insurance program or Jamkesmas, by targeting the poor and near-poor as program beneficiaries. At that time, Jamkesmas covered about 76.4 million Indonesians. Although Jamkesmas covers 76.4 million poor people in Indonesia, in reality, there are quite a number of people who are eligible but not yet covered as Jamkesmas beneficiaries. Based on the decree of the minister of health regarding the operational guidelines of Jamkesmas, the population that is not covered is the responsibility of the local government. Law number 23 of 2014 concerning Regional Autonomy has also opened up opportunities for local governments to formulate separate social security schemes, including organizing health insurance programs for the people in their regions.

Health insurance is one part that plays a major role in improving the health status of the community. The success of the implementation of health insurance applied in a country depends on the achievement of various factors in the health insurance, which includes several things such as health services, human and budgetary resources, health equipment resources, and regulations. So

that it creates a synergy between all the factors that support the implementation of health insurance so that it runs well. Various countries in the world have different mechanisms of health care systems and distribution of health insurance. The implementation of health insurance has been increasingly prioritized by the Indonesian government since 2004 as part of the government's obligation to provide protection to all Indonesian citizens in the face of various health risks and problems. Initially, the implementation of the health insurance program was one of the efforts carried out by the government to overcome the inability of the community, especially the poor, to access and pay for health services. However, it is currently in a transition period towards universal health service coverage. Law No. 40 of 2004 concerning the National Social Security System (UU SJSN) has answered the basic principles of the health insurance program by requiring every Indonesian citizen to have access to comprehensive health services.

The Bekasi City Government as one of the local governments in Indonesia feels it has a responsibility in providing health insurance in their area. This has prompted the City of Bekasi to implement a policy for the regional health insurance service program in the City of Bekasi with the issuance of Regulation of the Mayor of Bekasi Number 27. A of 2017 concerning the Implementation of the Regional Health Insurance Program for the Community Based on Family Cards and Population Identification Numbers in Bekasi City. In order to realize the Vision and Mission of the City of Bekasi, namely Smart, Creative, Advanced, Prosperous and Ihsan, the Regional Health Insurance in the form of the Bekasi City Health Card based on NIK is a regional public health insurance program policy for the community which is financed by regions outside the BPJS quota. The Bekasi City Health Card based on NIK was developed as an effort to provide health insurance for residents with the aim of providing health services that facilitate and shorten the flow of services, as well as a more specific goal of ensuring the health services needed by the people of the Bekasi City area. With the existence of this NIK-Based Health Card, the Bekasi City Government and its citizens are accommodated in the process of excellent health services, and it is hoped that they can increase the value of the Bekasi City process that is Advanced, Prosperous, and Ihsan.

Jamkesda (Health Card) Bekasi City is here to answer this challenge, therefore the author feels the need to conduct an implementation study so that it can be used as input in order to improve the quality of public health. In connection with the Regional Health Insurance program (Healthy Cards in Bekasi City) which is implemented by the Bekasi City Government, the authors consider that there are several obstacles faced in its implementation so that it has not run effectively, in realizing the expectations of the people of Bekasi City. Bekasi provides health services for all its people. The NIK-based Healthy Bekasi Card Program is a major breakthrough. This card can be used by Bekasi City residents without having to pay premiums or fees and without using a referral if they want to use health facilities at the hospital. The importance of public health status is a shared responsibility. Not only the local government but also all elements of the Bekasi City community. The government provides health facilities and infrastructure, ranging from medical personnel, excellent health services, adequate medical facilities, and other health support facilities. Other community elements support and play an active role in each program. Healthy Bekasi Card towards a Bekasi City that is smart, creative, advanced, prosperous, and sincere

The Regional Health Insurance has not been implemented effectively in Bekasi City regarding the implementation of local government policies in the implementation of the Bekasi City Health Card which has not run optimally. This is related to an understanding of the objectives, content, and targets of the policy standards regarding the implementation of the Regional Health Insurance Program for the Community Based on Family Cards and Population Identification Numbers in Bekasi City which is not yet good. Besides that, these problems are also related to human resources, sources of funds, and infrastructure that are less supportive of the Implementation of the Regional Health Insurance Program for the Community Based on Family Cards and Population Identification Numbers in Bekasi City.

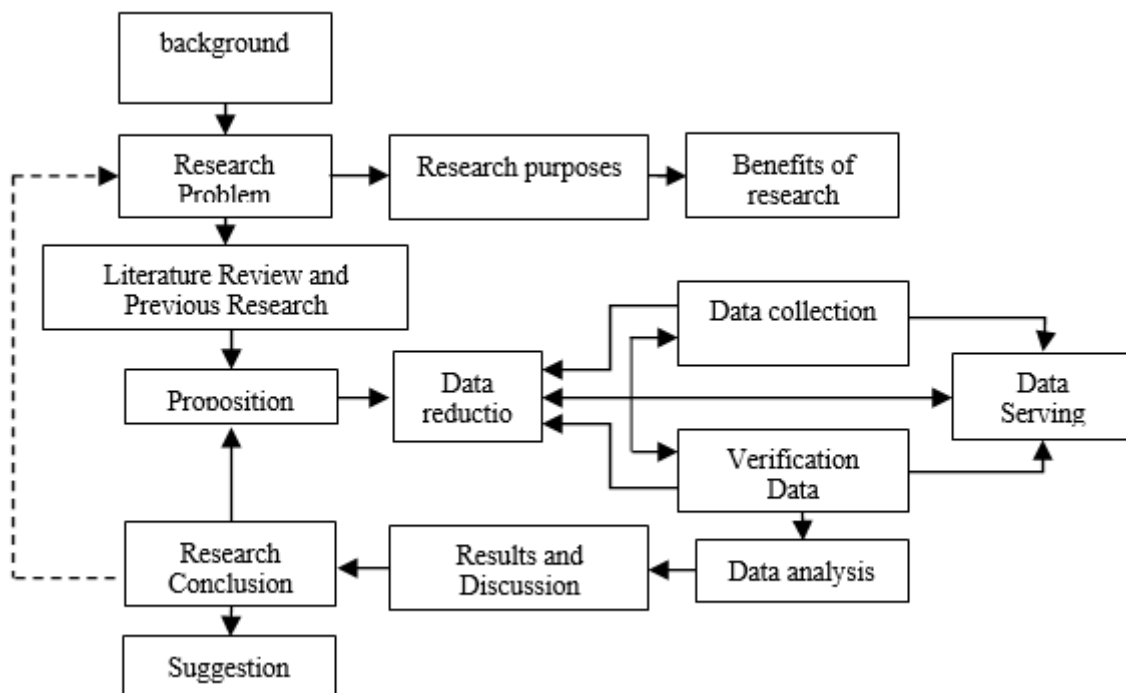
METHODS

The research method used by the researcher is descriptive analysis with the type of research being qualitative. According to Moleong (2009:3) that "qualitative research is a research procedure that produces descriptive data in the form of written or spoken words from people and observable behavior". The qualitative method was chosen with the consideration that this method is expected to obtain real data and be able to examine research problems in depth so that the expected results can be obtained. The use of this qualitative research method is felt to be very appropriate in the study of public administration, especially research that tries to examine and understand society.

The type of qualitative approach used is an institutional model case study strategy. Researchers carefully investigate a program, event, activity, process, or group of individuals. Cases are limited by time and activity, researchers collect complete information, using various data collection procedures based on a predetermined time.

Data analysis is the process of compiling and combining data into patterns, themes, and categories, while interpretation is giving meaning to the analysis, explaining patterns or categories, and looking for relationships between several concepts. The interpretation describes the researcher's perspective, not the truth. Analysis and interpretation of data in qualitative research are basically not something that goes together, both are done from the beginning of the research. Data analysis is carried out so that the data that has been obtained will be more meaningful. Data analysis is a process of simplifying data into a form that is easier to read and interpret.

The analysis of this research data, when expressed in the form of images is as follows:



Picture 1. Interactive Model Analysis (Miles and Huberman, 2002: 20)

RESULTS

In the discussion in the context of the factors of implementing the Regional Health Insurance Policy in Bekasi City, researchers will discuss based on the results of theoretical studies, analysis, observations, and interviews as well as documentation studies as described below. Based on the research results, the Bekasi City Regional Health Insurance (Jamkesda) policy, which is managed by the local government to provide complete health services in improving the health status of the community, has been adapted to the needs and capabilities of the Bekasi City government. Jamkesda has also made a positive contribution to building public health and awareness. One of the health problems so far is the handling of the Jamkesda program and it is proven by the achievement of the Bekasi City government is the title of "Smart Governance" as support from the government side,

namely how to serve the public in an integrated and complete manner, and the most important thing is a transparent and transparent bureaucracy. do not make it difficult for the community. In addition, it also has a strategy and political view that is clear and beneficial to the public. The factors in the implementation of the intended policy are as follows.

Factor Size and Policy Objectives

The NIK-based Health Card program is a program that is equivalent to third-class health services and is a flagship program for Bekasi City residents because residents in need are greatly helped by the cost-based public health services prepared by the Bekasi City Government APBD. With Presidential Regulation Number 82 of 2018 concerning Public Health Insurance, the implementation of Regional Health Insurance must be integrated with the National Health Insurance which is managed by BPJS Health.

The purpose of policies in local government is to provide the best for the people. In this case, the NIK-based Health Card program is more efficient. From the results of the researcher's analysis and field observations, there is a much greater efficient difference between the NIK-based Health Card and BPJS Health. If it is integrated into BPJS Health, sick or not sick, the Bekasi City Government must pay a fee for one year of approximately Rp. 996 billion, and if managed alone by the Bekasi City Health Office in collaboration with private hospitals, it is calculated for one year of approximately Rp. 380 billion. This means that there is a budget efficiency of Rp. 500 billion. This budget can of course be used to build health facilities or health centers, hospitals, and other service infrastructure facilities.

Bekasi Sehat is the distribution and expansion of access to health services for the poor, through the application of subsidies for health services for the poor, plague victims, and disaster victims. In this case, the public needs to pay attention that the main principle of Healthy Bekasi is equal distribution and expansion of access, and improvement of health services in Bekasi City, while the card is only an instrument. The concept of Healthy Bekasi is indeed earlier than the national regulation, both the Law (UU Number 24 of 2011 concerning the Social Security Administering Body (BPJS) and the Presidential Regulation (which was last amended by Presidential Regulation Number 75 of 2019 concerning Health Insurance.

The idea of equal distribution and expansion of access to health services for the poor in Bekasi City, 2008 has been based on Law No. initiated in 2008, followed up by the elected Regional Heads for the 2013-2018 period (Rahmat Effendi and Ahmad Syaikh), only to be realized in the form of a "Card" namely the Bekasi Sehat Card (later named the NIK-Based Health Card) since 26 July 2017. The idea originally originated from public aspirations and was later implemented in the form of policies, such as the Healthy Jakarta Card (KJS) in 2012, the Healthy Indonesia Card (KIS) in 2014, as well as the Healthy Bekasi Card (KBS) in 2017. from opinions and ridicule that accuse it of being an image policy and so on.

According to the people of Bekasi City who use KS-NIK, the existence of a health card is very helpful for small people to go to the hospital, although its function is the same as BPJS, the KS-NIK is very helpful because it does not burden the community, and the card is free of fees. The results of the analysis of the Bekasi City Government's KS-NIK program, that the KS-NIK has been based on the decision of the Constitutional Court. The decree stated in Number 007/PUU-III/2005 concerning Social Security provides a way for local governments to develop health insurance programs as a sub-system of social security in their regions. In 2020 the NIK-based Health Card is still valid or can still be used for Bekasi City residents.

Policy Resource Factor

Policy resources are no less important than communication. These policy resources must also be available in order to facilitate the administration of the implementation of a policy. These resources consist of funds or other incentives that can facilitate the implementation (implementation) of a policy. Lack or limited funds or other incentives in policy implementation is a major contribution to the failure of policy implementation. In line with the use of the Health Card (KS) that has been felt by residents of Bekasi City so far, the KS policy has been viewed by a number

of Regional Heads and other Regency/City legislative institutions conducting comparative studies in Bekasi City, as a policy capable of enforcing the meaning of health insurance that in fact, in the form of a full subsidy for the payment of health services for the residents of Bekasi City. The commitment and performance of the Bekasi City Government (Pemkot) apparatus have been able to implement the KS policy throughout 2018 and 2019, in addition to that the financial support from APBD is real support from the local government for the benefit of the community. KS-NIK supporting facilities are also important for the success of the KS-NIK program.

Based on the results of discussions through Focus Group Discussions (FGD) held by researchers who were attended by several Bekasi City SKPD, Bekasi City DPRD members, relevant agencies, academics, and Bekasi City community leaders, from the facts on the ground that the KS-NIK program or Regional Health Insurance (Jamkesda) which is funded by the Bekasi City APBD, which really helps the poor people of Bekasi City. The program is quite significant and has a positive impact on the health of the urban community of Bekasi City. However, to ensure accountability, it is necessary to pay attention to matters that need to be responded to on social and political issues related to budget accountability, the validity of KS users, and the standardization of services and prices applied by hospitals.

Human resources, sources of funds or costs used, incentives, and facilities used are elements to support the KS-NIK program which plays a major role in improving public health status. It can be said that this resource factor is still not running effectively in implementing the KS-NIK program. Concrete steps that must be taken are so that human resources, funding sources, and implementing incentives can be fulfilled both in quantity and quality so that the implementation of the above policies or programs is carried out according to the expectations of the local government and the people of Bekasi City. The success of the KS-NIK being implemented in a country depends on the achievement of various factors in the health insurance, such as health services, human and budgetary resources, health equipment resources, and regulations. The synergy between all of these factors supports the implementation of health insurance so that it runs well.

The policy set by the Bekasi City government has a significant impact on improving welfare through public health with the KS-NIK program. In each local government program, each individual and group will have a different perception and assessment of a form of policy. Disappointment and pressure that may arise as a result of the perception and assessment of a form of policy will lead to forms of behavior that will affect the performance of the government, however, with the commitment of the regional government and all its apparatuses to believe that the KS-NIK program is a program of the public interest, then depart from that belief, KS-NIK will run well and accountability can be accounted for.

Implementing Agent Characteristic Factors

The characteristics of implementing agents include formal organizations and informal organizations that will be involved in implementing the KS-NIK policy or program in Bekasi City. This is important because the performance of policy implementation will be greatly influenced by the right characteristics and matches with the implementing agents. This is related to the policy context that will be implemented in several policies, which require strict and disciplined policy implementers

A positive direction should be able to form attitude wisdom for the residents of Bekasi City in responding further regarding the temporary suspension, adjustment efforts, and the sustainability of the KS-NIK Jamkesda Program. The togetherness and wisdom of the executive and legislative apparatus in Bekasi City is an important capital to implement the policy of equitable distribution and expansion of access to health services for Bekasi City residents, as well as possible, by paying attention to policy synchronization. The thing that needs to be emphasized is that the KS-NIK Jamkesda program is temporarily suspended starting January 1, 2020, in essence, it is an observance of the National Health Insurance Policy (JKN). However, it is certain that the program can be resumed in line with the Decree of the Constitutional Court (MK) No. 007/PUU-III/2005, which still provides space for local governments to be able to administer social security sub-systems in their

regions as long as they are complementary and do not overlap. with the Social Security program that has been organized by the Central Government.

The 2020 NIK-Based Financing Program still includes health services in all Bekasi City Health Centers, outpatient services at hospitals that collaborate on the basis of referrals from Puskesmas, and Class III inpatient services at hospitals. The Bekasi City Health Office has also started to socialize the application of the KS NIK with the latest rules. In the NIK-based health financing program, the Bekasi City Government has collaborated and established MOUs with 47 hospitals. It consists of 37 hospitals in the Bekasi City area and 10 hospitals outside the Bekasi City area.

The characteristics of the implementing agency in question include the bureaucratic structure and work mechanism so that work procedures and coordination between agencies or institutions in implementing policies or the KS-NIK Program in all aspects of public service are indispensable. The results of the study prove that the characteristics of this implementing agency have not shown effective results, so the problems faced are related to the implementation of the Regional Health Insurance Program for the Community Based on Family Cards and Population Identification Numbers in Bekasi City, has not been able to provide quality services according to the expectations of the government and Public. Concrete steps that must be taken are so that work procedures can be carried out correctly and consistently and coordination between implementing agencies or organizations that carry out the above policy programs can run properly according to applicable regulations so that the implementation of the policy or program can be fulfilled according to the needs of the government. area and society of Bekasi City.

Factors Attitude/disposition of implementers

The attitude of acceptance or rejection of policy implementing agents greatly affects the success or failure of public policy implementation. This is very likely to happen because the policies implemented are not the result of the formulation of local residents who are well acquainted with the problems and problems they feel. There are three kinds of response elements that can affect their ability and willingness to implement a policy, among others consisting of first, knowledge (cognition), understanding and understanding of the policy, second, the direction of their response whether to accept, neutral or reject (acceptance). , neutrality, and rejection), and third, the intensity of the policy.

Several stakeholders, from PGD, it was revealed that, essentially, the KS-NIK policy is to provide the same service without discrimination. Therefore, the position, authority, and awareness of implementers in responding to the interests of the community in this case the KS-NIK program is a priority. The purpose of the KS-NIK policy does not have to be measured in a moment, but must be seen from the impact of the policy. Are the policies carried out by the Bekasi city government able to accommodate the interests of the community? The ultimate goal is that KS-NIK is able to create healthy Indonesian people. That is why, the factor that causes the implementation of the Bekasi City Regional Health Insurance policy has not been effective, because the decisions taken are not in line with the political interests of the central government.

The direction and authority of the implementer in implementing the KS-NIK policy is often a different perception so it has an impact on the expected results. Often the information from the implementing party that is conveyed to the public is awkward and poorly understood by the community. Policy implementation is also related to the ability of human resources, where the policies that are on paper are not policies in practice, but awareness and direction from implementers are needed so that policies become goals and remain targets.

Based on the results of the analysis conceptually the implementation of policies related to the Regional Health Insurance program to improve the quality of health in the City of Bekasi can be carried out gradually and sustainably supported by awareness of implementation with implementation directions and the intensity of implementing responsibilities so that the policy can be built properly, namely the achievement of satisfaction. people in the city of Bekasi.

Inter-Organizational Communication Factors

Organizations are often understood as complex systems with the parts in it interacting with each other, which focuses on the behavior of organizational relationships. Likewise, the KS-NIK is an effort by the Bekasi City government to provide health services for all its people. The KS-NIK is used by residents of Bekasi City without having to pay premiums or fees and without using a referral if they want to use health facilities at hospitals that have collaborated with local governments.

Relationships between parts of the organization need to be regulated so that communication between the implementers can run well, consistently, and uniformly in working communication with other parts. Do not let it happen when there is something lacking that will cause the production process to be disrupted. This is the goal of building a work communication system within the government when realizing a program such as KS-NIK in Bekasi City. Because if there is a problem it can be resolved quickly because the source of the error or deficiency can also be immediately identified. In many ways, this form of social control can be done by interacting either directly or indirectly between leaders and subordinates. To achieve organizational goals, it is necessary to have an interactive process that involves all members from the top-level (leaders) to the lower levels (employees) or subordinates. Organizational goals will be achieved well if there is a good communication system that can bridge between members in interacting with each other, so that grouping does not occur.

The program integrates with the center is called the financing of health services for residents of Bekasi City based on NIK. Later on, between the parts that are not covered by BPJS. For example, a sick patient is only borne by BPJS for 2 times of control. But the doctor recommended 4 times control. The drawback is that it is equipped with a KS-NIK. Such a scheme is a form of integration of KS-NIK as regional health insurance with BPJS Health as national health insurance. The Bekasi City government is determined to maintain KS-NIK as a health program with the exact same benefits as BPJS Health. Besides the potential to cause state losses due to the budget and the hospital's double claims against KS-NIK and BPJS health, Bekasi City residents are also not guaranteed to be served when sick beyond the capacity of the Bekasi City Government. Without integration into BPJS and only relying on Jamkesda. This model must be well communicated to all parties in order to be understood together.

In the context of the organization, communication flows formally following formal channels according to the design of the organizational structure in question, one of the formal communication networks in the organization is a vertical communication flow which includes upward communication, downward communication, and sideward communication. (horizontal communication). Good communication with co-workers will be very helpful to coordinate work. Especially in a sales distribution company where some of its members have to work together both inside and outside the company. So the function of honesty in communicating between colleagues, especially related to the completion of work, is very important.

Economic, social, and political environmental factors

In the context of the implementation of the Bekasi City KS-NIK health insurance, the economic, social, and political environment must be in line so that there are no mistakes when implementing the program which is believed to be a health solution for 2.6 million people in Bekasi City. This is because Bekasi City is a satellite city where the plurality of the population has been well developed. Social, cultural, and political factors grew in line with the city's economic growth, where the Bekasi City APBD in 2019 reached Rp. 6.4 trillion. This proves that the City of Bekasi, apart from being a buffer city for the capital city of Jakarta, is also a city with increasing economic growth and dynamics. The pluralistic city of Bekasi has formed the values of diversity, an attitude of tolerance, and an understanding of pluralistic values to become a reference for the people of Bekasi City which are well maintained.

Tolerance for the people of Bekasi City is an attitude that prohibits discrimination in social, cultural, and religious contexts against different groups in society. Tolerance in the religious sphere is an attitude that allows, patient in dealing with differences regarding religious matters, tends not to impose what he has believed on others. From there, every flagship program from the Bekasi City

Government always gets the support of the people which is interpreted through the Bekasi City DPRD. One example of a superior program that has been closely monitored by the people of Bekasi City is the use of KS-NIK for the people of Bekasi City.

Jamkesda Bekasi City has provided enormous benefits to the community. People feel served and their needs met when sick. Ease of access makes the KS-NIK program highly expected by the people of Bekasi City. This KS-NIK-based health service policy deserves appreciation. Moreover, it has been proven to have a positive impact on health services in Bekasi City. However, it is very unfortunate that there are still parties who try to hinder the sustainability of the KS-NIK-based health service program. Those who try to hinder the sustainability of KS-NIK-based health services do not have empathy for the suffering of the people. Their alignment with the people's plight is questionable. This program should be supported without being hindered economically, socially, and politically because the aim of this program is to guarantee health services to the people.

Carrying out the service function, the social environment of the community, and the living conditions of the community, remain the carrying capacity of the community's satisfaction. The improvement of service quality with community satisfaction carried out by the Bekasi City Government through the Bekasi City Health Service and Regional Hospital and other referral hospitals are one of the benchmarks for the success of service governance in the health sector. Improving the quality of community satisfaction in community services is very crucial for the Bekasi local government. On the one hand, there are more intense demands from the community so that in this era of regional autonomy, the Bekasi City Government through the KS-NIK Program can improve the quality of its services as they had hoped. This demand is based on the experiences they have developed and experienced. In reality, there are still many problems related to the provision of health services to the community in Bekasi City.

DISCUSSION

Researchers found a novelty so that the implementation of the Regional Health Insurance Policy/Program for the Community Based on Family Cards and Population Identification Numbers in Bekasi City runs effectively, as follows:

1. Can integrate health policies/programs from the Central Government with health programs from the Bekasi City Government so that there is no double budget cost that is applied simultaneously. This is of course also supported by continuous coordination between the Central Government and the Bekasi City Government.
2. There is socialization among the public about the benefits and procedures of the Regional Health Insurance Program for the Community Based on Family Cards and Population Identification Numbers so that the level of public knowledge of the goodness/health program increases.
3. Public policy as an instrument that synergizes the roles of the government and the public must be able to run optimally. For this reason, policy innovations are needed that can substantively provide reinforcement in solving problems in the community. By conceptualizing the synergy between stakeholders in policy implementation, it is expected to be able to explain and find out whether the implementation of policies in realizing the objectives of the policies that have been outlined can be said to have failed or succeeded in achieving their goals.

CONCLUSION

Based on the results of the research and discussion, the researcher can conclude several things, namely that there are factors in implementing the Bekasi City Regional Health Insurance policy, namely standard factors, policy measures and objectives, policy measures and objectives, resources, characteristics of implementing organizations, attitudes implementers, communication between related organizations and implementation activities, and the social, economic and political environment. However, in its implementation, these factors have not been fully implemented effectively, namely the policy resource factor and the characteristic factor of the implementing

agency so there are still problems encountered related to the implementation of the Regional Health Insurance policy.

This of course also has not been able to provide the best way in providing quality public services, especially with regard to the Regional Health Insurance Program for the Community Based on Family Cards and Good Population Identification Numbers. Besides that, the researchers also found a novelty so that the implementation of the Regional Health Insurance Policy/Program for the Community Based on Family Cards and Population Identification Numbers in Bekasi City runs effectively with aspects of integrity, socialization, and synergy.

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