

Implementation of Health Insurance Policy for Poor Community Services in Enrekang Regency, South Sulawesi

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Abstract

The purpose of this study was to analyze the implementation of the Health Insurance Policy Towards Poor Health Services in Enrekang District, especially at the Massenrempulu Hospital, Enrekang Regency. The total population in this study was 2,366 participants in the National Health Insurance for inpatients and a sample of 96 participants for the National Health Insurance. The sampling technique used probability sampling using the random sampling method. Data collection techniques using observation, interviews, questionnaires (questionnaire) and documentation. The data obtained were analyzed with quantitative descriptive techniques with the help of SPSS 21.0 program. The results showed that: 1) The implementation of the health insurance policy especially Law Number 24 of 2011 reached an average percentage of 72.5% with a right category, according to researchers' observations that the implementation of Law number 24 of 2011 implemented well, this means that if the implementation of the Act s carried out well, it means that the health service is running as expected; 2) Health Social Security Administering Agency Services reach an average percentage of 71.8% with good indicators. The implementation of health services by the Health Social Security Organizing Agency runs well, and this means it can meet the minimum standards of public service 3) The implementation of Law number 24 of 2011 statistically and jointly influences the service of the Health Social Security Administering Body. This same as the data is obtained in the field that the implementation of the Law has been implemented well.

Keywords: *implementation, policy, health, community service*

1. Introduction

Service is one of the duties and responsibilities of the State apparatus as public servants and as state servants. Serving the public interest engenders several functions that are recognized as innate governance responsible for the stability and security of the state to help smooth social operations and responsible enforcement of values, authorizing social conflicts, producing social goods and services, solving problems that cannot be solved by people others, and act as protectors of several social and democratic values [1]. Serving the interests of the community is the duty of the government and becomes an essential point of all government activities to fulfil the rights of the community, but in practice, there are still problems [2]. For this reason, the public bureaucracy must be able to provide facilities for the public to get professional and better services, including in this case health services. Health insurance services provided by the Social Security Administering Agency (BPJS), are insurance companies known previously as PT Askes, which have changed according to the mandate of Law number 40 of 2004 concerning the National Social Security System. The duties and functions of BPJS; Conduct / Receive registration of participants in the National Health Insurance:

1. Collect and collect JKN contributions from participants and employers;

2. Receiving contribution assistance from the government;
3. Manage JKN funds;
4. Funding health services and paying for medical services;
5. Collecting and managing JKN participant data;

BPJS should carry out its duties and functions properly, especially the provision of services to JKN participants. As well as providing benefits to all participants following the Law on the National Social Security System; BPJS should always meet the medical needs of participants, in the form of cash replacements or the provision of individual health facilities, so that the public can feel the presence of the health BPJS. Services received by the community as participants of the national health insurance have not maximized, both those services at the community health centre and those at the hospital [3]. In contrast, the indicator of the success of the BPJS health is the level of community satisfaction as the object of service [4].

Massenrempulu Enrekang Hospital is a hospital that serves JKN participants. The community as JKN participants need information as the implementation of Law number 24 of 2011 where article 10 point g, "provides information on the implementation of social security programs to participants and the public". Another thing related to the regulation is that the community as JKN participants expect optimal services from the bureaucracy in the Massenrempulu Enrekang hospital, including the Behavior and services of the bureaucracy that serves JKN participants. Based on data at the Enrekang Massenrempulu hospital that, since the publication of the health BPJS on January 1. 2014, peseta services still often experience obstacles including the use of the Healthy Indonesia Card (KIS) As a treatment guarantee card, cannot be used if arrears payments for Mandiri participants. In addition to this, the late payment of participant contributions each month is subject to arrears and follows the diagnosis of the disease. Another complaint, if some patients served without having a National Health Insurance (JKN) card, are categorized as general patients who must pay for all types of service actions received. Meanwhile, if we want to become a member of JKN, we have to wait 14 days for the card to activate after paying the instalment premium. Based on the information that many people are reluctant to become independent JKN participants because the BPJS requires that the rules of BPJS No. 1 of 2015 must become JKN members for all members registered on the Family Card. Another problem is the service action by the BPJS, which must be appropriate to the type of action and type of disease. Aside from this, some people do not yet understand the rules regarding health BPJS and its benefits.

This contrary to Law number 24 of 2011 article 13, point 10 concerning the task of BPJS, namely providing information on the implementation of social security programs to participants and the public. Likewise, the supply of medicines is limited, so JKN participants must buy the drugs they need. The BPJS should base on Article 11 of Law number 24 of 2011 concerning the authority of BPJS, namely, placing social security funds for short-term and long-term investments by considering aspects of liquidity, solvency, prudence, security of funds, and results adequate. Therefore, government institutions need to prepare qualified and responsible employees in serving their community [5]. Because human resources as the mobilizers and implementers of policies play a significant role [6].

Public policy implementation is said to be successful if it can meet service standards. In [7] states that the services received by people in need must carry out following the guidelines in the provision of the service itself. Furthermore, in [7] explains that the principle of service should be: (a) Simplicity, (b) Clarity, (c). The certainty of time, (d). Accuracy, (e). Security, (f). Responsibilities, (g) Eligibility, (h) Ease of Access, (i) Discipline and Comfort.

The purpose of this research is to find out and analyze health services at the Massarenpulu Hospital, Enrekang Regency, South Sulawesi.

2.Literature Review

2.1. Definition of Implementation

Implementation is an activity that has been determined based on a plan arranged systematically to achieve the goals that have been agreed upon before. Implementation is also often considered as a form of operationalizing or organizing activities that have been determined based on agreed rules together with various stakeholders [8]. Besides, implementation is also a vehicle for activities carried out to achieve a particular goal or target whose impact is directly accepted by the community.

Implementation of policies is essentially the implementation of a system that has been approved and can implement adequately. Implement public policy; two phases must pass, namely the formulated plan or the executed program. Health policy is always related to the nature of public policy itself [2]. The implementation influenced by two significant variables, namely the content of the policy and the implementation environment (context of implementation) [9]. The variable contents of this policy include: the interests associated with the policy include the target group or target groups; The type of benefits gained by the target group, the degree of change desired, the role of policymakers, program implementers, whom the implementer should explain in detail, the resources mobilized, meaning whether a program has adequate resources.

While the policy environment variables include: the power, interests and strategies of the actors involved, the characteristics of institutions and authorities, compliance and responsiveness. This model places more emphasis on the policy context, particularly concerning the implementer, the objectives, and the arena of conflict that might occur between the implementation actors and the conditions of implementation resources needed. Formulated the implementation as a model of the Top-Down implementation model. The van meter van Horn model considers implementation as the performance of policy carried out deliberately to achieve public policy performance and takes place with various other interrelated variables [9]. Policy implementation, according to this model, is in line with existing political decisions, implementers and the performance of the policy itself. Policy implementation links the policy objectives and their realization with the results of government activities. It is the same as that policy implementation serves to build relationships from various lines related to the policy itself carried out by government agencies and the parties associated with it [1]. The statement is following that expressed by [14], four variables determine the successful implementation of a policy namely:

- a. communication,
- b. resource,
- c. disposition and;
- d. bureaucratic structure [10].

2.2. Service Concept

The main factor in the transformation of today's globalized public administration is employee professionalism, it must create a modern public administration system that is developed, reliable and efficient. Therefore, the important role of government in public services [11]. Public services understood as activities carried out by the government bureaucracy in serving its people. All goods and services carried out by the government are then referred to as public services.

In line with Law number 25 of 2009 concerning public services, public services are activities or a series of activities in the framework of meeting the service needs of every citizen and resident of goods, services, and administrative services provided by public service providers. Public services based on the Decree of the Minister of Administrative Reform Number: 63 / KEP / M.PAN / 7/2003 as follows: Public services are all service activities carried out by public service providers to meet the needs of service recipients and the implementation of statutory provisions. The minister for the utilization of the state apparatus in decision number 63 of 2003 concerning general guidelines for the administration of public services stated that "the nature of public services is the provision of excellent services to the public which is an embodiment of the obligations of the government apparatus as public servants". This statement explains that the government, through other public institutions, is responsible for providing services to the community. It means that public service is how the government as the constitutional implementer is responsible for fulfilling the rights of its citizens. this means that, the service is the provision of services to the needs of people or people who have interests in individual institutions or agencies following the basic rules and guidelines applied to the community [12]. According to [7] stated that service indicators consisting of:

- a. Simplicity (service procedures are not complicated, easy to understand, and easy to do);
- b. Clarity (terms of service are well measured);
- c. Certainty of time (can be implemented within a specified time period);
- d. Accuracy (public service products are properly received, and valid);
- e. Security (public service users provide security and legal certainty);
- f. Responsibility (the leader of the administration of public services is responsible for the delivery of services and the resolution of complaints and problems in the implementation of public services);
- g. Feasibility of facilities and infrastructure (availability of work facilities and infrastructure, work equipment, and other supporting facilities that are adequate);
- h. Ease of access (places and locations as well as adequate service facilities and easily accessible by the community);
- i. Discipline, courtesy, and friendliness (service providers must be disciplined, maintain courtesy, courtesy, and provide sincere service);
- j. Convenience (service environment must be neatly arranged, provided a cool, clean, neat waiting room, and a beautiful, healthy environment, and equipped with service support facilities such as parking, toilets, places of worship, etc.).

Quality service becomes essential that must prepare by service providers, including health services. The quality of service is to ensure that the results of service received by clients meet the specifications or designs specified. It means that from a service point of view, customer satisfaction is largely determined by the quality of service obtained by the service provider [5].

Thus, public services (public service) by the public bureaucracy must be able to provide facilities to the public to get better and professional services.

3. Results and Discussion

Enforcement is an action or application of a plan that has was prepared in a comprehensive, careful, and systematic manner. To find out the average score and the average percentage of each indicator of the Implementation variable, the following data are processed:

3.1. Transmission or Process of Delivering Information

The main aim is to find out the responses of respondents regarding the transmission or process of delivering information about the implementation of Law Number 24 of 2011 at the Enrekang Massenrempulu hospital. The following is the processed questionnaire data.

Table 1. Respondents regarding the transmission or process of delivering information about the implementation of Law number 24 of 2011 at the Masenrempulu Enrekang hospital

Respondents' Responses	Weight	Frequency	Score	Percentage (%)
Very Good	4	20	80	30.76 %
Well	3	38	114	43.84%
Not Good	2	28	56	21.54%
Bad	1	10	10	3.84%
Amount		96	260	100%
Average score = $\frac{260}{96} = 2.70/4 \times 100\% = 67.5 \%$				

Table 1 Explain the respondent's response about the transmission or process of delivering information about the implementation of law number 24 of 2011 at the Maasenrempulu Enrekang hospital. Of 96 respondents, excellent answers there were 20 people (30.76%) who answered well, 38 people (43.84%) gave unsatisfactory answers, 28 people (21.54%) and those who gave terrible answers 10 people (3.84%). This data shows that the highest weight of the respondent, which gives a right answer, means the transmission process or the process of distributing information to implementers, target groups and stakeholders, regarding the implementation of Law number 24 of 2011 is going well. From the data above, it can say that related to the transmission of information on the implementation of Law Number 24 of 2011, including both categories. This evidenced by the average percentage of 67.5%.

3.2. Clarity of Information

To find out the responses of respondents about the clarity of information about the implementation of Law number 24 of 2011 at the Enrekang Massenrempulu hospital, the following is the processed questionnaire data:

Table 2. Respondents' responses on the clarity of information regarding Law Number 24 of 2011 at the Massenrempulu Enrekang hospital

Respondents' Responses	Weight	Frequency	Score	Percentage (%)
very clear	4	18	72	25.71%
clear	3	60	180	64.28%
Unclear	2	8	18	6.42%
Not clear	1	10	10	3.57%

Table 3. Respondents about the facilities and infrastructure for implementing Law number 24 of 2011 at the Massenrempulu Enrekang hospital

Respondents' Responses	Weight	Frequency	Score	Percentage (%)
very	4	30	120	49.7%

sufficient				
sufficient	3	29	87	36.1%
inadequate	2	17	34	14.1%
insufficient	1	0	0	0.0 %
Amount		96	241	100%
Average score = $\frac{241}{96} = 2.51/4 \times 100\% = 62.7 \%$				

Table 3 explains the respondents' responses regarding facilities and infrastructure in the implementation of law number 24 bt 2011, at the Massenrempulu Enrekang hospital. Of 96 respondents, those who gave answers were sufficient 30 people (49.7%) who gave sufficient answers, 29 people (36.1%) gave insufficient answers, 17 people (14.1%) and no respondents who were giving a short answer. It shows that the highest value of the respondents, who gave an adequate answer, means that the facilities or facilities and infrastructure of the health service provider BPJS are sufficient in terms of service facilities. From the above data, it can conclude that related to facilities and infrastructure as BPJS facilities in the implementation of Law number 24 of 2011, including the category of sufficiency. It evidenced by the average percentage of 62.7%.

3.3. Standard Operating Procedures

To find out the responses of respondents about the standard operating procedures regarding health BPJS services at Enrekang Massenrempulu hospital, the following data are processed from the questionnaire:

Table 4. Respondents' responses to Standard Operating Procedures at the Massenrempulu Enrekang hospital

Respondents' Responses	Weight	Frequency	Score	Percentage (%)
very sufficient	4	30	120	49.7%
Sufficient	3	29	87	36.1%
inadequate	2	17	34	14.1%
insufficient	1	0	0	0.0 %
Amount		96	241	100%
Average score = $\frac{344}{96} = 3.58/4 \times 100\% = 89.5 \%$				

Table 4 explains the responses of respondents regarding standard operating procedures in implementing law number 24 of 2011 at the Massenrempulu Enrekang hospital. Out of 96 respondents, those who gave answers done well 56 people (65.1%) gave answers that done, 40 people (34.8%) and none of the respondents gave answers that were less implemented and not implemented. Proves that the value the highest number of respondents, who gave the answers well implemented, means that the Standard Operating Procedure (SOP) in the implementation of Law number 24 of 2011 implement well. From the above data, it can conclude that related to the implementation of SOP by the BPJS in the implementation of law number 24 of 2011, including the well-implemented category. It evidenced by the average percentage of 89.5%.

3.4. Fragmentation or Coordination

To find out the responses of respondents about Fragmentation or coordination in the implementation of law number 24 of 2011 at the Enrekang Massenrempulu hospital, the following is the processed questionnaire data:

Table 5. Reiciptulation of Respondents' Responses regarding the Implementation of Law umber 24 of 2011 on Massenrempulu Hospital, Enrekang

No.	Implementation of Law Number 24 of 2011	Percentage (%)
1.	Transmission or delivery of information	67.5
2.	Clarity of information	72.7
3.	Staff Knowledge	68.2
4.	Authority of the executor	83.6
5.	Facilities or infrastructure	62.7
6.	Standard operational procedures	89.5
7.	Fragmentation	63.5
Amount		507.7

From Table 5, it can be seen that there are indicators of transmission or delivery of information, clarity of information, staff knowledge, implementing authority, facilities or facilities, infrastructure standard procedures and fragmentation carried out by researchers to find out and analyze how the implementation of Law number 24 of 2011 at the Enrekang Massenrempulu hospital.

The first indicator is the transmission or distribution of information with an average percentage of 67.5% including the first category, where the transmission or delivery of information about the implementation of Law number 24 of 2011 is carried out well by the health BPJS. The second indicator is the clarity of information with an average percentage of 72.7% including the clear category, where the clarity of information in the implementation of Law number 24 of 2011 affects the service process of the health BPJS. The third indicator is the knowledge of staff with an average percentage of 68.2%, including the first category, where staff knowledge and fulfilment of staff affect the implementation of Law number 24 of 2011. The fourth indicator is the authority of the executor with an average percentage of 83.6% categorized as good, where the authority of the implementers in implementing disposition affects the implementation of Law number 24 of 2011. The fifth indicator is the facilities or facilities and infrastructure, with an average percentage of 62.7%, including the sufficient category. Where facilities or advice and infrastructure affect the implementation process of Law number 24 of 2011. The sixth indicator is the standard operating procedures with an average percentage of 89.5% with a well-implemented category, wherewith the existence of standard operating procedures, so the process of implementing the Act Law number 24 of 2011 is more structured and directed. The seventh indicator is fragmentation or coordination, with an average percentage of 63.5% included in either category. Wherewith the coordination in the implementation of Law number 24 of 2011 running well, then the entire sector can function correctly.

In the end, it was found that from the seven indicators of implementation of Law number 24 of 2011 the most dominant was the indicator of Standard Operating Procedures (SOP) based on facts with an average percentage of 89.5%. While the lowest indicator is the indicator of facilities or infrastructure with an average percentage of 62.7%.

The results of simple data processing that have been done and explained show that the implementation variable of Law number 24 of 2011 with the result:

transmission indicator with a result of 67.5%, which should reach 95%. It means that the distribution of information has not been carried out maximally, both to the implementer and the target group. Due to an error in the distribution of communication by the bureaucracy. Techniques for delivering telephoto information so that ordinary people do not understand the language they use. Clarity of Information with 72.7% results, which should be 95%, this indicator has problems in terms of the transmission process that uses language that is poorly understood by national health insurance participants so that they do not understand the information clearly. Staff with a percentage of 68.2%, have not reached the target of 95%, this means that staff understanding of the implementation of this policy has not maximized, the number of staff who have competence and fulfilment of the number of staff is still lacking. The authority of the percentage value of 83.6% has not reached the target of 95%, this means that there are still bureaucracies as implementers of activities who do not understand the disposition of superiors following the rules, so there are still regulations related to Law number 24 of 2011, not running as should be. Facilitation or facilities and the infrastructure percentage value of 62.7%, not yet reached 95%, the facilities and infrastructure needed for implementation have not been sufficient as needed. Facilities are directly related to the procurement of medical devices and supporting facilities in hospitals. This is also related to the procurement budget, which is experiencing constraints Operational Standards The procedure value of the percentage of 89.5% means that the implementation of the service has been excellent and implemented according to the standards provided. While the latter is Fragmentation with a percentage value of 63.5%, not reaching the target of 95%. This due to cooperation and coordination across departments within the scope of hospitals that have not implemented well. Each section has its interests so that there is a gap in service. The recapitulation of the seven assessment indicators was 72.5%. Means that there is still a need for increased implementation by improving the mechanism of government policy implementation in Enrekang influenced by the compliance of the service bureaucracy. The implementation of Law number 24 of 2011. This is in line with Weimer and Vining in parson [13] that there are three factors that influence the successful implementation of the policy "a). The logic used by a policy, b). the nature of the cooperation needed, c)—the availability of human resources who have the ability and commitment.

Based on the above theory that to realize the implementation of government policies, it requires the cooperation of parties involved in implementing the policy. BPJS health should be more optimally disseminating through a communication approach. In line with the theory put forward by George C. Edward III, that the successful implementation is influenced by four factors, namely; communication, resources, disposition and bureaucratic structure [14].

Communication is a method of approach that is carried out by empowering all staff in the delivery of information. Empowerment of existing staff is also one of the successful implementations of public policies. Meanwhile, according to Agustianto's research with the title "Implementation of government policies for health BPJS services in Yogyakarta", that there is a significant relationship between the policy of Law number 24 of 2011 on health BPJS services in Yogyakarta, where F counts are greater than F tables namely $22.351 > 3.24$. While T arithmetic is more significant than t table or $4.331 > 2.161$;

Based on the description above, it can be stated that this study is different from the research conducted by Hendra Agustianto in terms of theory, research location, number of samples and indicators applied. Where the indicators used by Hendra

Agustianto come from the policy theory and implementation environment put forward by Merilee S. Grindle.

4. Conclusion

Based on the results of a study of seven indicators for evaluating the implementation of Law number 24 of 2011 namely: transmission, clarity of information, staff, authority, facilitation, SOP and fragmentation, none has reached the target. Cumulative value 72.5%. It caused by an error in the distribution of information using language that is not understood by ordinary people. Besides this, the competence of the staff has not yet fulfilled the creation, so that some of the bureaucracy do not understand the disposition and infrastructure of the hospital that is still inadequate according to the needs of patients. While the flow of services is nearing perfect, but there is still coordination and cooperation of the service parts that have not implemented correctly, there is an imbalance in the service process.

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