

## EVALUATION OF NATIONAL HEALTH INSURANCE POLICY IN DISTRICTS NORTH BOLAANG MONGONDOW

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**Abstract--** *This article aims to analyze and find theoretical gaps and empirical gaps regarding the evaluation criteria for the National Health Insurance policy in North Bolaang Mongondow Regency. The research results show that: 1) The effectiveness of the national health insurance program policy has not been optimal enough. This is due to the lack of employee commitment to the work agreement mechanism between the Regional Government of North Bolaang Mongondow Regency and BPJS Health Boroko Branch which is not implemented effectively by the relevant agencies; 2) The efficiency of the national health insurance program policy shows that it is quite optimal. This is due to the implementation of services related to JKN, the regional government has established Standard Operating Procedures for every membership administration process up to the payment mechanism. However, there are still people who have not met the administrative requirements but are eligible to enter as JKN participants; 3) The responsiveness of the national health insurance program policy shows that it is not effective enough. This is caused by problems validating the criteria for PBI recipients (Contribution Assistance Recipients) sourced from the APBD of North Bolaang Mongondow Regency. Apart from that, submitting a Poverty Statement at the Village level does not involve direct data entry when the applicant makes the application; 4) The accuracy of the national health insurance program policy shows that it is not optimal enough. This is due to the limited APBD to finance all communities covered in the PBI-APBD of North Bolaang Mongondow Regency.*

**Keywords;** *Policy, National health insurance, Local government*

### INTRODUCTION

It has become a classic problem that in many areas cases of patients dying due to abandonment, being detained because they are unable to pay, and even not being treated due to lack of funds to pay for the hospital arise in many areas. Calundu, R. (2018) emphasized that conditions like this should make the government aware that many citizens do not have life protection because there is no guarantee of health protection. Apart from that, it cannot be denied that the government's ability to subsidize health services is very limited. So without a reliable system to guarantee health financing, there will be more opportunities for people to enjoy health services. Moreover, the need for health service costs which tends to increase can affect people's purchasing power.

The concept of National Health Insurance (JKN) was first coined in England in 1911 (which was based on the social health insurance mechanism first implemented in Germany in 1883). After that, many other countries implemented JKN, such as Canada (1961), Taiwan (1995), the Philippines (1997), and South Korea (2000) based on World Bank data, (2007). Meanwhile in Indonesia, at least the State Revenue and Expenditure Budget (APBN) in 2023 allocated to the health sector reached 88.5 trillion Rupiah out of a total of 178.7 trillion total health budget. This includes a budget for payment of National Health Insurance Contributions for 96.8 million PBI participants amounting to 44.5 trillion. In order to provide health protection to citizens, the Government of the Republic of Indonesia through Law Number 24 of 2011 concerning Social Security Administering Bodies integrates social assistance mechanisms aimed at underprivileged populations so that the entire population can be directed to become JKN participants. In principle, the National Health Insurance or hereinafter abbreviated as (JKN) uses the principle of compulsory insurance so that it is mandatory for all Indonesian residents. The voluntary insurance mechanism is paid by participants or employers according to the level of risk and desires. Through this social health insurance, participants only pay a fixed premium, to cover health service costs that arise when they are sick.



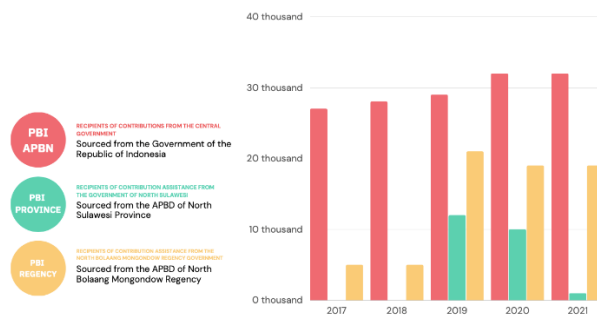
Ideally, JKN implementation has a wide demographic coverage so that it can be used throughout Indonesia. However, the injection of APBN funds for the realization of the National Health Insurance program in the regions still faces a number of obstacles in areas where the participant classification is BPJS PBI (Contribution Assistance Recipients) from the Government, one of which is in North Bolaang Mongondow Regency. There are 2 financing channels sourced from PBI APBN and PBI APBD. Contribution Assistance Recipients (PBI-APBN) are PBI contributions paid by the central government using funds sourced from the APBN. Meanwhile, Contribution Assistance Recipients (PBI-APBD) are PBIs paid by regional governments using the APBD budget. Of these 2 types of financing channels, the researcher focuses on the PBI-APBD of North Bolaang Mongondow Regency, the implementation of which still faces a number of obstacles.

North Bolaang Mongondow Regency's PBI-APBD is a program from the Regional Government in order to help underprivileged communities who are not covered in the PBI-APBN so that their contributions are paid by Regional Orders in class 3 BPJS as part of the National Health Insurance (JKN) policy whose implementation is based on cooperation agreement between the Government of North Bolaang Mongondow Regency and the Tondano Branch Health Social Security Organizing Agency which was followed up with a Regent's Decree regarding the determination of participants who would receive contribution assistance, as well as Standard Operating Procedures for service activities in health service units, both Community Health Centers and Hospitals. However, based on researchers' observations regarding the JKN program in North Bolaang Mongondow Regency, a number of problems are still encountered, including: 1) The transfer of participants from independent in arrears to recipients of contribution assistance (PBI) only applies to independent class 3 participants while independent class 2 and class 1 participants are not permitted, including for emergency cases such as mothers giving birth as stated in one of the points of the cooperation agreement between BPJS and the regional government; 2) There is an invalid population card number so it cannot be registered as a participant receiving contribution assistance (PBI), such as data from the health service in 2021 there are 188 invalid PBI proposals; 3) Proposals for participation as recipients of contribution assistance do not go through verification from the Social Service only based on letters poor certificate from the village head, where in 2021 based on data from the health service there were 3,143 proposals/transfers of participants based on poor certificates from villages/districts; there are participants who have died long ago but are still active as national health insurance participants. Apart from that, there were multiple participants and participants who were not found, namely 2,531 participants based on verification carried out by the Social Service in 2020; 4) There are government arrears to BPJS Tondano Branch due to a budget deficit so that BPJS has difficulty paying for health worker services.

From a number of problem findings above, researchers assume that the criteria for JKN participants sourced from the PBI-APBD of North Bolaang Mongondow Regency tend to be ineffective, because they are influenced by several problems including: 1) The effectiveness of JKN program targets, policy governance, and achievement of JKN program objectives is not optimal. ; 2) Efficiency levels of clarity and measurability, certainty in service, and cost benefit ratios are not controlled properly; 3) Responsiveness to complaints from the public caused by the attitude of officers regarding public complaints tends to be ignored; 4) There is no effort to increase participant coverage which has an impact on the feasibility of the JKN policy in North Bolaang Mongondow Regency.

The description of the problem above shows that there is inconsistency in the quality control management system and health service guarantees in North Bolaang Mongondow Regency. This can be seen from the data regarding the classification of participant data covered in the Central PBI, Provincial PBI and North Bolaang Mongondow Regency PBI as shown in table 1 as follows:

Table 1. Details of Contribution Assistance Recipients (PBI) in North Bolaang Mongondow Regency in 2017-2021

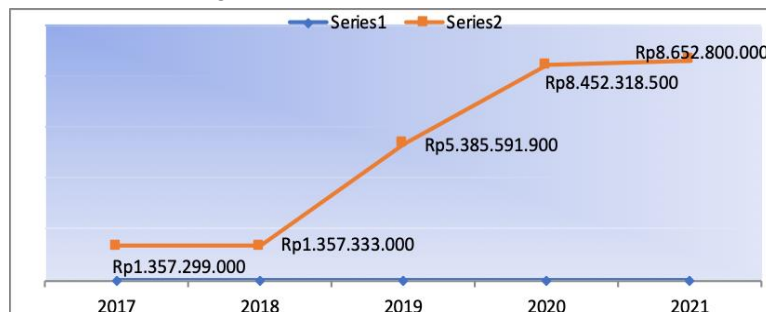


Data Source: Bolmut Health Service, 2021

The data above shows that national health insurance participation from the contribution assistance recipient (PBI) segment is the largest segment in the implementation of the national health insurance policy in North Bolaang Mongondow district, which is distributed among the central, provincial and district governments where the lowest coverage was in 2018 and the highest coverage in in 2019 and when compared with the integrated social welfare data released by the Ministry of Social Affairs in 2021, the number of participants receiving assistance from national health insurance contributions is still greater than the integrated social welfare data, which is only 40,057 people (Department of Social Affairs, 2021).

The implementation of national health insurance in the contribution assistance recipient segment in North Bolaang Mongondow district requires financing from the regional government which is one of the conditions for implementing this policy. If seen from the budget allocation for the national health insurance segment of contribution assistance recipients in North Bolaang Mongondow district it can be presented in following table:

Tabel 2. Dana Jaminan Pelayanan Kesehatan Penerima Bantuan Iuran(PBI) di Kabupaten Bolaang Mongondow Utara Tahun 2017-2021.



Source: Bolmut Health Service 2021

Based on table 2, it can be seen that health insurance funds for recipients of contribution assistance (PBI) in North Bolaang Mongondow Regency have increased from year to year, in 2017 amounting to IDR 1,357,299,000, and in 2021 increasing to IDR 8,652,800,000. The increase in government budget financing is in line with the policy of the Regional Government of North Bolaang Mongondow Regency to increase participants who receive Contribution Assistance (PBI) sourced from APBD funds as attached in Table 1 which continues to increase from 2017 to 2021. This policy is according to various groups are just populists in the eyes of society, while from the perspective of policy implementers they are very burdened. Because the Regional Government's debt to BPJS Service Providers has become swollen and resulted in delays in payments for the services of health workers, for example doctors, nurses, midwives and other medical personnel. It is feared that conditions like this will continue to burden regional finances.

Razak, A., & Situmorang, C. H. (2019) in a journal of research results on First Level Health Facilities (FKTP) in 20 districts/cities located in Riau Islands Province, South Sumatra Province, Lampung



Province, West Kalimantan Province, Special Region Yogyakarta, Central Java Province, East Kalimantan Province, and Bali Province found that the majority of FKTP still considered that capitation funds were insufficient to finance health facilities for JKN participants and health worker services. This shows that the problems in North Bolaang Mongondow Regency when compared to other regions have the same cycle of problems which can result in the Regional Government's financial condition becoming a budget deficit. Meanwhile, the results of research by Fitriana, Y., Andriyani, A., & Sutanto, A. V. (2021) also emphasize that in relation to the complexity of regional financial mechanisms, clearer guidelines are needed that regulate the use of capitation funds, especially those related to operational cost support. which should take into account regional budget capabilities.

To fill the research gap that previously existed and see how important it is to ensure National Health Insurance services in North Bolaang Mongondow Regency, researchers consider this research to explore the obstacles to implementing the JKN policy. Apart from that, the JKN policy which has been implemented since 2013 has never been evaluated, especially for the contributory assistance recipient segment. The evaluation aims to find out whether the participants included in the contributory assistance recipients are people who deserve to receive it or not, so that the budget used for the policy is appropriate. targets and has a positive impact on society, especially the poor and underprivileged. On this basis, the researcher considers this research important to study and develop the research focus with the title "Evaluation of the National Health Insurance Policy in North Bolaang Mongondow Regency".

#### RESEARCH METHODS

This article uses descriptive research with a qualitative approach. This method refers to the identification or distinguishing characteristics of groups of people, objects and events that cannot be generalized. Please. U (2018). This research involves a conceptualization process and results in the formation of a classification scheme. The author's role is someone who observes policy phenomena that are linked to empirical conditions in society by looking at primary data related to the evaluation of the National Health Insurance program for recipients of contribution assistance (PBI) in North Bolaang Mongondow Regency. Dunn, William N (2018) said that policy evaluation consists of 6 (six) criteria including: 1) effectiveness, in order to assess policy results in each service unit; 2) efficiency, in order to see the efforts that need to be made to achieve the desired results, especially those related to the cost benefit ratio; 3) Responsiveness, in order to measure the needs and preferences of the policy group; and 4) Accuracy, in order to see the beneficial value of the activities carried out in the policy program.

Furthermore, the author's presence here acts as a key instrument as a non-participant observer where the author goes directly into the field but does not enter directly into the life of the research object. The data sources contained in the research article are 1) Primary data sources, which consist of information explored by the author through interviews with informants related to the research topic; 2) Secondary data sources come from publications, namely books, journals, newspapers/magazines, websites and policy documents related to the problem. Sugiyono (2017). Data analysis used in qualitative research is interactive model analysis which consists of three analysis components, namely: 1) Data reduction; 2) Data condensation; 3) Data Presentation; 4) Verify Data and Draw Conclusions. Miles, M. B, Huberman, A. M, Dan Saldana (2018).

#### RESULTS AND DISCUSSION

The National Health Insurance Program is part of the National Social Security System (SJSN) which is implemented using a mandatory national health insurance mechanism. National Health Insurance began to be implemented by BPJS Health on January 1 2014. The basic aim of this program is to meet the basic health needs of the community. JKN is given to everyone who has paid contributions or whose contributions are paid by the government.

This research is focused on looking at the impact of implementing the National Health Insurance program policy in North Bolaang Mongondow Regency, whose contributions are paid by the government through the Contribution Sharing Scheme (SSI). Ideally, SSI allows regional governments to help finance independent participant contributions for poor residents with allocations adjusted to regional financial capabilities. Because SSI is one of BPJS Health's strategic programs which aims to



increase JKN-KIS participation for the lower middle-class population in the North Bolaang Mongondow Regency area.

Health insurance funds for recipients of contribution assistance (PBI) in North Bolaang Mongondow Regency have increased from year to year, in 2017 amounting to IDR 1,357,299,000, and in 2021 increasing to IDR 8,652,800,000. The increase in government budget funding is in line with the policy of the Regional Government of North Bolaang Mongondow Regency to increase participants who receive Contribution Assistance (PBI) sourced from APBD Funds which continues to increase from 2017 to 2021. According to various groups, this policy is only populist in the eyes of the public while from the perspective of policy implementers it is very burdened. Because the Regional Government's debt to BPJS Service Providers has become swollen and resulted in delays in payments for the services of health workers, for example doctors, nurses, midwives and other medical personnel. It is feared that conditions like this will continue to burden regional finances.

In connection with the complexity of regional financial mechanisms, clearer guidelines are needed that regulate the use of capitation funds, especially those relating to operational cost support which should take into account regional budget capacity. The researcher considers that the National Health Insurance program for contributory assistance (PBI) recipients in Bolaang Mongondow Regency North needs to be evaluated. The indicators that need to be evaluated can be described in more depth as follows:

#### **Effectiveness of the National Health Insurance Policy in North Bolaang Mongondow Regency**


North Bolaang Mongondow Regency's PBI-APBD is a program from the Regional Government in order to help underprivileged communities who are not covered in the PBI-APBN so that their contributions are paid by Regional Orders in class 3 BPJS as part of the National Health Insurance (JKN) policy whose implementation is based on cooperation agreement between the Government of North Bolaang Mongondow Regency and the Tondano Branch Health Social Security Organizing Agency which was followed up with a Regent's Decree regarding the determination of participants who would receive contribution assistance, as well as Standard Operating Procedures for service activities in health service units, both Community Health Centers and Hospitals.

Based on the findings of field research, the majority of informants were of the opinion that the effectiveness of the JKN program policy in North Bolaang Mongondow Regency was in accordance with applicable laws and regulations. For each change or addition of participants, they must attach a certificate of incapacity from social services. However, based on data collected by researchers, 95% of the people of North Bolaang Mongondow Regency have registered as National Health Insurance participants, but only 69% have active health insurance as a result of reductions from central and provincial PBI and independent participants who are in arrears.

Sabillah, E. F. (2022) in his research journal revealed that one of the factors inhibiting the effectiveness of the JKN program in the regions is that delays in BPJS health insurance payments will result in temporary deactivation of membership. Participants will be fined if the participant receives hospital treatment within 45 days of returning to participant status. Meanwhile, Putri, N. E. (2014) emphasized in her research journal that the Capitation Payment mechanism by BPJS Health is based on the number of participants registered with FKTP in accordance with BPJS Health data. Capitation payments to FKTP are made by BPJS Health every month no later than the 15th of the current month. The effectiveness of the national health insurance policy in North Bolaang Mongondow Regency is divided into 3 descriptors, namely 1), Input: quality of related policy objectives 2), Governance (involvement, communication, suitability of position in the constellation of power and interests and 3) Achievement of objectives as stated in set.

Based on research findings obtained from key informants and supporting informants who were interviewed, then supported by several empirical data at the research locus, the researcher found several finding propositions, including: 1) Based on the results of the researcher's interviews with informants, research findings indicated that some informants were of the opinion that the aim The JKN policy is to provide insurance to poor people who do not have health insurance as well as to independent participants who are no longer able to pay monthly contributions/are in arrears, however membership is only valid for those served in class III; 2) Based on the results of interviews





between researchers and informants, research findings indicate that Based on Presidential Decree Number 12 of 2013 the aim of implementing national health insurance is to provide certainty of comprehensive health insurance to all Indonesian people so they can live healthy, productive and prosperous lives, apart from that the aim is to achieve Universal Health Coverage in North Bolaang Mongondow Regency; 3) Based on the results of the researcher's interviews with informants, the research findings indicate that there is a cooperation agreement between the Regional Government and BPJS Tondano Branch regarding the implementation of regional Health Insurance, all JKN participants and regional contributory assistance (PBI) recipients are verified first before being submitted to BPJS through the Regent's decision regarding determining participants and whether participants can be replaced or added every month by submitting a request to the local BPJS; 4) Based on the results of the researcher's interviews with informants, the research findings indicate that the management of the implementation of the National Health Insurance policy in North Bolaang Mongondow Regency is in accordance with the applicable laws and regulations, for every change or addition of participants they must attach a certificate of indigency from the social service. ; 5) Based on the results of the researcher's interviews with informants, the research findings were that 95% of the people of North Bolaang Mongondow Regency had registered as National Health Insurance participants, but only 69% of those with active health insurance had active health insurance as a result of reductions from central and provincial PBI as well as independent participants who were in arrears .

Based on research findings, support from expert opinions, and previous research journals above, the researchers concluded that the effectiveness of the national health insurance policy in North Bolaang Mongondow Regency has not been optimal enough. This is due to the lack of employee commitment to the work agreement mechanism between the Regional Government of North Bolaang Mongondow Regency and BPJS Health Boroko Branch which has not been implemented effectively by the relevant OPD. Ideally, proposed membership recipients of contribution assistance do not go through verification from the Social Service, only based on a certificate of poverty from the village head. However, based on data from the Health Service, there were 3,143 proposed/transferred participants based on poverty certificates from villages/districts but they were still recorded as active JKN participants with the PBI-APBD payment scheme. Apart from that, there was double participation and participants not found, namely 2,531 participants based on verification carried out by the Social Service in 2020. The lack of employee commitment to controlling the administrative data of JKN PBI-APBD participants has resulted in an increase in government debt to BPJS Health.

#### **Efficiency of National Health Insurance Policy in North Bolaang Mongondow Regency**

Measuring the efficiency of an organization is essentially trying to analyze the relationship between the output produced and the input used. In implementing the National Health Insurance (JKN) policy, efficiency is not an effort that must be made by service providers, but this does not mean it must be ignored because minimizing the use of resources to achieve goals indirectly improves the quality of policy implementation. The efficiency of the national health insurance policy in North Bolaang Mongondow Regency is divided into 3 descriptors, namely 1) the level of clarity and measurability which aims to see the efficiency of the JKN service stages; 2) service certainty which aims to ensure service time and costs; and 3) Cost benefit ratio which aims to see the budget availability and the health benefits that will be obtained by the JKN participating community.

Based on research findings obtained from key informants and supporting informants who were interviewed, then supported by several empirical data at the research locus, the researcher found several finding propositions, including: 1) Based on the results of the researcher's interviews with informants, research findings indicated that some informants were of the opinion that in implementing JKN in North Bolaang Mongondow Regency, SOPs are a must in order to achieve quality services to the community; 2) Based on the results of the researcher's interviews with informants, the research findings indicate that every regional government implementing services related to JKN has established SOPs not only in hospitals but also from the population administration process, membership verification to the bill payment mechanism by BPJS; 3) Based on the results of the researcher's interviews with informants, the research findings indicate that in providing services to



JKN participants there is no charge whatsoever if they exercise their rights in accordance with applicable provisions, except for independent participants whose BPJS cards are inactive or have been in arrears for some time then service providers, both first level and advanced level, will provide 3 x 24 hours or 3 working days for the patient's family to activate the JKN card, otherwise they will be considered as general patients; 4) Based on the results of interviews between researchers and informants, research findings indicate that in general the impact resulting from the implementation of JKN in North Bolaang Mongondow Regency is very helpful for all communities in the area, the obstacle that often occurs is that the rights of health workers do not receive enough attention. from BPJS such as claims that payment for services is always late, causing harm to all health facilities in the North Bolaang Mongondow Regency area.

Health services are part of public services that are oriented towards improving the health status of the community as a whole by prioritizing the quality and quality of services as a basis for providing quality services to the community. The better the quality of the services provided, the better the response and enthusiasm of the community to continue using the facilities. health services in the North Bolaang Mongondow district, however, vice versa, if the services provided are not of good quality then people will naturally look for other health facilities even though they have to pay a large amount of money for the satisfaction, comfort and convenience they get.

Based on the findings of research results in the field, the dominant informants were of the opinion that "the implementation of national health insurance is definitely based on SOPs, even though they are in simple form and not yet standardized. Apart from that, health services also provide SOPs at health services, community health centers and hospitals, because this is related to accreditation. "This means that everyone has an SOP because that is the standard for implementation, especially regarding service. Currently, people are increasingly critical and demanding fast and good service and we as organizers are required to provide services according to standards."

As a basic need for every human being, services in the health sector are not only the responsibility of the Central Government, but also Regional Governments, so bearing in mind that health needs are very vital, unique and complex, clarity and measurability are important and guaranteed by service providers. Likewise, with the availability of Standard Operating Procedures (SOP) in the implementation of national policies in hospitals, the majority of informants were of the opinion that "Standard Operating Procedures (SOP) are mandatory in every health service and must be understood and obeyed by all doctors and paramedics so that "All patients and health service users in hospitals receive the same health services, both JKN participants and general patients, because there are SOPs which are the basis for all staff in providing services."

In health services, one component that can be used to measure the quality of health services, including hospitals, is efficiency. Basuki, E. W., & Herawati, N. R. (2016) in their research journal emphasized that the principles, objectives and principles of implementation are based on humanitarian principles, benefit principles and social justice principles for all Indonesian people with the aim of providing guarantees for the fulfillment of the basic needs of a decent life for everyone. participants and/or their family members which is held based on the following principles: 1) Mutual cooperation. This principle is realized in a mutual cooperation mechanism from capable participants to less able participants in the form of mandatory participation for all people, low risk participants helping those at high risk and healthy participants helping the sick. Through this principle of mutual cooperation, social security can foster social justice for all Indonesian people; 2) Nonprofit. The management of trust funds is not intended to seek profit (non-profit) for the Social Security Administering Body, but the main objective of administering social security is to fulfill the interests of participants as much as possible. Trust funds, the results of their development and budget surpluses will be utilized as much as possible for the benefit of participants; 3) Principles of openness, prudence, accountability, efficiency and effectiveness. These management principles are applied and underlie all fund management activities originating from participant contributions and the results of their development; 4) Portability. Social security is intended to provide ongoing security even if participants change jobs or residence within the territory of the Unitary State of the Republic of Indonesia; 5) The principle of mandatory participation. Mandatory participation is intended so that



all people become participants so that they can be protected. Even though participation is mandatory for all people, its implementation is still adjusted to the economic capabilities of the people and government as well as the feasibility of implementing the program. The first stage starts from workers in the formal sector, at the same time the informal sector can become independent participants, so that in the end the National Social Security System can cover all people; 6) Principles of trust funds. Funds collected from participant contributions are entrusted to the organizing bodies to be managed as well as possible in order to optimize these funds for the welfare of participants; and 7) The principle of managing social security funds is to be used entirely for program development and for the greatest interests of participants. Types of social security programs include: health insurance, work accident insurance, old age insurance, pension insurance and death insurance. Health insurance is implemented nationally based on social insurance principles and equity principles. Health insurance is provided with the aim of ensuring that participants receive health care benefits and protection in meeting basic health needs.

Based on research findings, support from expert opinions, and journal results from previous research above, the researchers concluded that the adequacy of the national health insurance policy in North Bolaang Mongondow Regency shows that it is not effective enough. This is because the increase in the distribution of new JKN participants who are subsidized from APBD financing is not in line with the APBD budget capacity. As a result, the rights of health workers receive less attention from BPJS Boroko Branch, such as service claims that are always late, which has the potential to harm all health facilities in North Bolaang Mongondow Regency.

#### **Responsiveness of the National Health Insurance Policy in North Bolaang Mongondow Regency**

In simple terms, responsiveness is an alignment between policies and service activities with the needs or aspirations of the community, to determine the level of responsiveness of officers in implementing the national health insurance (JKN) policy. Quality health services can increase patient satisfaction with the services provided. Apart from that, patient satisfaction can be used as a benchmark for the success of the quality of service in a health facility. Patient satisfaction will be created when what is obtained is greater than expected.

To determine the level of responsiveness of officers in implementing the national health insurance (JKN) policy. The sub-focus of responsiveness of the national health insurance policy in North Bolaang Mongondow Regency is divided into 3 descriptors, namely: 1) complaints from JKN users 2) Officer attitudes in serving JKN patients and 3) Use of complaints as a reference for improving the implementation of the national health insurance policy. Quality health services can increase patient satisfaction with the services provided. Apart from that, patient satisfaction can be used as a benchmark for the success of the quality of service in a health facility. Patient satisfaction will be created when what is obtained is greater than expected.

Based on research findings obtained from key informants and supporting informants who were interviewed, then supported by several empirical data at the research locus, the researcher found several finding propositions, including: 1) Based on the results of the researcher's interviews with informants, the research findings indicated that the health services provided by several health facilities in the North Bolaang Mongondow Regency area still need to be improved, apart from the speed of service for the poor, there is also the unfriendliness of officers in providing services and the lengthy service system for PBI-JKN participating communities; 2) Based on the results of the researcher's interviews with informants, the research findings indicate that every complaint raised by the community will be followed up by health workers through various activities such as monthly meetings and mini workshops at the community health center involving sangadi, police and health services.

Access to health services is often seen only from the perspective of service providers, while access from the perspective of the community as users is given less attention. Improving the quality of health services in terms of access requires a complete perspective from two different sides. Public complaints about the public services provided are caused by, among other things, complicated bureaucracy, inadequate facilities and infrastructure, expensive costs, inappropriate services, levies. illegal, unclear procedures, unresponsive to complaints and the quality/competence of human





resources. To find out the quality of service regarding the implementation of the national health insurance policy, the researcher conducted interviews with the informant, the Acting Head of the Health Service regarding whether there were complaints from national health insurance participants, saying that "every public service, especially services in the health sector, there is a gap between expectations and the service received. which results in public complaints, complaints currently most often occur in hospitals, this is because the hospital is unable to carry out management functions properly.


From the statement above, in reality not all residents have registered to become BPJS participants because the information about BPJS in North Bolaang Mongodow Regency is still confusing. This was emphasized by one community figure who said that "BPJS socialization is still lacking in providing information to the public, so the local government only conveys information. So far, BPJS has not moved far in making breakthroughs with mass media such as newspapers, ultimately the public does not really know about BPJS in North Mongodow Regency. So the public lacks information on regional PBI which should be borne by the regional government as a BPJS participant in North Mongodow Regency.

The difference between Contribution Assistance Recipients (PBI) and Non-PBI is that the room class has been determined by BPJS. PBI is intended only for class III rooms, while Non PBI is for all classes from class I, II and III. Class III treatment room for PBI health insurance participants in the Asoka Jamkesmas room for underprivileged people. Participants are non-workers with class III hospital fees. Class II treatment room for civil servants, TNI-POLRI, non-civil servant government employees' class I and II and their family members. Married wage earners with 1 (one) child and their family members, non-salaried workers and non-worker participants with class II care contributions. Class I treatment room for State officials, civil servants, TNI-POLRI, non-civil servant government employees' class III and IV and their family members, veterans and independence pioneers and their family members. Workers who receive wages are married with 1 (one) child and their members, are not wage earners and are not workers with class I maintenance contributions.

Responsiveness emphasizes human resource services in implementing national health insurance service policies, especially those on the front line, namely health workers such as doctors, nurses and other medical personnel so that they have the desire to serve the community with a work culture and mindset of putting patients first or improving services by 3 S (smile, greet and greet) and must work more sincerely, because the patient's life is more important than personal interests. This is as emphasized by Azis, A. N. (2016) in his journal publication who emphasized the importance of providing a quick response to patients who want treatment so that patients feel safe and comfortable. Apart from that, responsiveness is also related to carrying out tasks well according to working hours so that when patients want treatment, they are not hampered in needing services. Meanwhile, the nurse's responsiveness is to pay more attention to individual approaches with patients so that there is a good emotional relationship with the patient. Responsiveness to doctors to be able to carry out visits on schedule and increase friendliness and explain complaints and medical actions taken.

The research findings also indicate that the regional government of North Bolaang Mongodow Regency and the Health Service tend to be inconsistent regarding the responsiveness of the SPM application procedures from the community and that socialization regarding the provisions for applying for the SPM program is very necessary because the different levels of community education mean that the community's understanding of the implementation of SPM is also different. Apart from that, the idea of implementing online SPM publishing is also faster and more effective than manual SPM publishing, for this reason human resources at the village/district level and each agency that handles SPM must be maximized so that SPM publishing can run quickly according to needs. As part of supervision, there is a need for gradual monitoring of SPM users and beneficiaries, especially for people who live far from village centers and have difficulty having access to health services.

Based on Minister of Health Regulation Number 28 of 2014 concerning guidelines for implementing the national health insurance program, it is emphasized that the criteria for recipients of the JKN program consist of 2 groups, namely participants who receive health insurance contributions (PBI) and participants who do not receive health insurance contributions (PBI). Participants who receive



health insurance contribution assistance (PBI) are those who are poor and underprivileged. Thus, it is clear that the criteria for community recipients who receive contribution assistance (PBI) sourced from the APBD of North Bolaang Mongondow Regency must comply with the provisions of Minister of Health Regulation Number 28 of 2014 concerning guidelines for implementing the national health insurance program.

North Bolaang Mongondow Regent's Regulation Number 32 of 2021 concerning Amendments to Regent's Regulation Number 26 of 2020 concerning Regional Government Work Plans emphasizes that the guidelines for implementing the Regional Health Insurance program and Health Services are through Poverty Statements. In this regulation, it is stated that the North Bolaang Mongondow Regency Government is responsive in providing a Regional Health Insurance program for participants who are not included in Contribution Assistance Recipients (PBI) and the National Health Insurance Program (JKN). With the support of regional government programs, it is hoped that access to health for the community, especially the poor, will become easier, because the facilities provided are not only outpatient facilities but also inpatient care. Apart from that, this Regent's Regulation states that for the health of poor people who are not included in the Contribution Assistance Recipients (PBI) National Health Insurance Program (JKN), health services will be provided by the North Bolaang Mongondow Government. Validation criteria for recipients of this program are SPM (Poor Statement Letter) which is a letter or identity given to people outside JKN membership who meet the poor criteria. The process of issuing this letter is first a recommendation from the local RT/RW which is confirmed by the Village/Lurah Head and known to the Subdistrict Head.

The second process is the issuance of SPM by authorized officials, in this case the Social Service, which has been legalized by the Health Service. The SPM is issued and signed by the Head of the North Bolaang Mongondow Regency Social Service, while the financing of health services for SPM holders falls under the authority of the North Bolaang Mongondow Regency Health Service. Financing for this health program includes funding for outpatient and inpatient care at health service centers and hospitals in collaboration with the North Bolaang Mongondow Regency Government including Community Health Centers, and the North Bolaang Mongondow Regional General Hospital. Funding for SPM program holders is fully borne by the North Bolaang Mongondow Regency Revenue and Expenditure Budget with the condition that there is no duplication with other sources.

However, based on the facts that researchers found in the field, the recipient criteria as emphasized in the paragraph above have not worked optimally. The dominant community informants that the researchers met emphasized that "the problems that occurred included that several people who applied for SPM had been treated at the North Bolaang Mongondow District Hospital so that the Village Office was late in issuing the SPM so that patients were not accommodated to finance health services. Another problem that occurs is the limited human resources at the Village Office level in filling out service forms so that this is quite hampering SPM services.

Based on research findings, support from expert opinions, and journal results from previous research above, the researchers concluded that the responsiveness of the national health insurance policy in North Bolaang Mongondow Regency has not been effective enough. This is caused by problems validating the criteria for PBI recipients sourced from the APBD of North Bolaang Mongondow Regency. Apart from that, SPM submissions at the village level do not carry out direct data entry when the applicant submits the application. Meanwhile, limited human resources in the village meant that data entry took quite a long time and was not optimal in handling community requests. Another finding obtained from the field visit was that not all of the informants who received SPM were from poor families, some of them were from well-off families and there was also a tendency for Village administrators to give SPM to their families/closest neighbors. This is why the SPM program must be monitored and evaluated regularly. However, researchers consider that the regional health insurance program in North Bolaang Mongondow Regency has been running well enough that it needs to be maintained and can be an example for implementing similar programs in other cities/regencies.

#### **The Accuracy of the National Health Insurance Policy in North Bolaang Mongondow Regency**

Appropriateness refers to the value or worth of the program objectives and to the strength of the assumptions underlying those objectives. The national health insurance policy can be said to be



appropriate if the assessment of the implementation of the policy is a solution to problems that occur in society or in the sense that the policy can solve the problem or actually cause other problems. Sub focus on the accuracy of the national health insurance policy in the District North Bolaang Mongondow is divided into 3 descriptors, namely: 1) Increased visits to health facilities; 2) impact of policy implementation; and 3) the feasibility of continuing to implement the national health insurance policy.

Based on research findings obtained from key informants and supporting informants who were interviewed, then supported by several empirical data at the research locus, the researcher found several propositions, including: 1) Based on the results of the researcher's interviews with informants, the research findings indicated that the JKN implementation policy was appropriate target, because people who previously did not use health facilities regularly have flocked to use health facilities so that we can see an increase in the number of visits to all existing health facilities, in the North Bolaang Mongondow Regency Area; 2) Based on the results of the researcher's interviews with informants, the research findings indicate that the impact of the JKN implementation policy is felt by the entire community, especially the less fortunate, because they receive tiered health insurance at all health facilities including childbirth, although there are still many obstacles in implementation; 3) Based on the results of the researcher's interviews with informants, the research findings indicate that the JKN implementation policy is the best program carried out by the regional government, because if the regional government wants to carry out insurance independently it must be supported by maximum resources in the North Bolaang Mongondow Regency area.

To find out the impact of implementing the national health insurance policy, researchers conducted interviews with the informant, the Acting Head of the Health Service, who emphasized that "the implementation of this policy has a direct impact on the target group, namely poor people who are less able to obtain health insurance from the regional government, while of course there is an indirect impact improve health status, reduce poverty rates and increase productivity, while for the health sector, the implementation of JKN provides guaranteed costs for health services provided to all participants, so that the implementation of the JKN program is a symbiotic mutualism, equally beneficial for both the JKN participant community and the providers. health services". Meanwhile, the Head of the North Bolaang Mongondow Regency social service also provided a response regarding the impact of the implementation of the health insurance policy, emphasizing that "this policy has a positive impact on society, especially now that the economic condition of the community has not yet recovered due to the Covid-19 pandemic. , this health insurance is very helpful for sick people who can seek treatment at health centers and hospitals for free.

Regulation of the Minister of Health of the Republic of Indonesia Number 36 of 2015 concerning Prevention of Fraud in the Implementation of the Health Insurance Program in the National Social Security System confirms that fraud in the Implementation of the Health Insurance Program in the National Social Security System, hereinafter referred to as JKN Fraud, is an action carried out intentionally by participants, BPJS Health officers, health service providers, and providers of medicines and medical devices to obtain financial benefits from the health insurance program in the National Social Security System through fraudulent acts that are not in accordance with the provisions. However, based on the results of interviews, the dominant researcher, the informant, emphasized that the obstacles that occur in the implementation of Jamkesda include: 1) There are no regional regulations or Regent Regulations of North Bolaang Mondondow Regency that specifically regulate the implementation of regional health insurance, so health insurance financing policies still refer to central regulations. and regional regulations on regional health systems which regulate health insurance financing policies in general only; 2) Due to the absence of complete regulations regarding the regulation of Health Insurance in the Regions, outreach to the community is less than optimal regarding the importance of being registered in the JKN program and outreach on how to obtain contribution assistance for people in need. Likewise with socialization related to development activity programs in the health sector. Human resources and supporting infrastructure must continue to be improved in order to keep up with developments occurring in society; 3) There are still some residents who have not been equipped with a Population Identification Number (NIK) and KK which



are used as requirements by BPJS and Government regulations in providing JKN KIS contribution assistance. This means that not all residents of North Bolaang Mondondow Regency, especially the poor, have a Population Identification Number (NIK) and Family Card (KK), so that the process of verifying and validating BDT data by the North Bolaang Mondondow Regency Social and Labor Service is disrupted in order to attract good PBI participants. will be allocated in the APBN and APBD; 4) Limited data collection capabilities (updating independent data in sub-districts) make it difficult to update data regularly. This could be due to a conflict of interest that occurs at the lower level, between bureaucratic officials and the community who are entitled to social security. The verification and validation process for poor communities needs to be carried out correctly so that its validity can be accounted for. Bureaucratic officials at sub-district level must receive intensive guidance regarding the importance of capturing all poor people in their area so that there are no more poor people who do not receive social security from the Government; 5) Limited budget capacity means that the North Bolaang Mondondow Regency regional government's obligations to BPJS are often hampered, even for years.

Rukmini, R., Ristrini, R., & Tumaji, T. (2017) said that regions have an important role towards national health insurance, an evaluation is needed to encourage the role of regional governments because so far in their journey BPJS has not been able to realize the goals of JKN, Of course, this requires support from various parties, one of which is the local government. Indonesia is listed as one of the countries along with 7 other countries in realizing UN resolutions, namely increasing access, improving quality, equal equity, efficiency and sustainability in the JKN program and is encouraged by the President's vision and mission as stated in the 9 Nawa Cita Program Agenda, one of which is Healthy Indonesia. However, the burden of catastrophic diseases requires quite a large amount of funds, while promotive and preventive efforts are not yet clear in the programs, which is the cause of non-effective coverage. This is where the role of local government is in encouraging providers, for example hospitals and primary level services as well as health departments, to realize promotive and preventive efforts towards effective coverage.

Salim, D. L. F. (2020) one of the challenges in implementing the JKN Program, especially in the post-Covid-19 pandemic period, is ensuring that the Health Social Security Fund (DJS) is sufficient to be able to pay for health services for JKN participants. The role of the Regional Government is very important in realizing this, especially in terms of budgeting in the APBD. Moreover, the Ministry of Home Affairs has also issued Minister of Home Affairs Regulation Number 84 of 2022 concerning Guidelines for Preparing Regional Revenue and Expenditure Budgets for Fiscal Year 2023. David hopes that the publication of this Minister of Home Affairs Regulation will further optimize APBD budgeting to optimize the JKN Program.

The limited budget to subsidize the PBI-APBD of North Bolaang Mongondow Regency was commented on by BPJS Health Boroko Branch who said that "We also hope that the Regional Government can immediately complete the mandatory Regional Government contributions (for contributions for Regional Government ASN) for 2020 and 2021 which are being carried over until today. This. If left unchecked, it is feared that this condition could disrupt participants' access to health services and further affect the sustainability of the program. "Moreover, now there has been an increase in visits or access to health services for JKN participants to health facilities, post the Covid-19 pandemic."

Based on research findings, support from expert opinions, and journal results from previous research above, the researchers concluded that the accuracy of the national health insurance policy in North Bolaang Mongondow Regency has not been optimal enough. This is due to the limited APBD to finance all communities covered in the PBI-APBD of North Bolaang Mongondow Regency. Therefore, it is hoped that regional governments will also have the same understanding regarding budgeting for JKN contributions and can pay more attention by considering regional revenue projections that can be maximized in the APBD.



Table 3. Proposition of Research Findings

No	Assessment Aspects	Research Findings			
		Plus Findings	Impact	Findings	Minus Impact
1	Effectiveness Criteria	The JKN policy provides guarantees for the poor who do not yet have health insurance and for independent participants who are no longer able to pay monthly fees/arrears, but membership is only valid to be served in class 3	There is certainty of state protection for the community to be able to live a healthy, productive and prosperous life	95% of the people of North Bolaang Mongondow Regency have registered as National Health Insurance participants, but only 69% of the active health insurance is as a result of reductions from central and provincial PBI	JKN has not been able to reach all people who need health protection from the state
2	Efficiency Criteria	JKN participant services are free of charge if they exercise their rights in accordance with applicable regulations	Menjamin kepastian biaya layanan JKN bagi warga miskin di Kabupaten Bolaang Mongondow Utara	Ensure certainty of JKN service costs for the poor in North Bolaang Mongondow Regency	There are still people who have not met the administrative requirements but are eligible to enter as JKN participants. The regional government of Bolmut should be more optimal in distributing JKN socialization
3	Responsiveness criteria	the impact of the JKN implementation policy is felt by all people, especially for the poor, because they get tired health insurance at all health facilities including childbirth, even though there are still many obstacles in implementation	The JKN program policy is still needed by the community	Recipients of contribution assistance (PBI-JKN) still cause polemic in the community because there are no recipient criteria set by the local government, we often find people whose economic status is able to get quotas or enter membership	there are often those who say that the determination of PBI-JKN membership is not based on facts on the ground
4	Accuracy criteria	Even though the impact of the JKN policy program is felt to be beneficial by the community, the government needs to	The JKN budget allocation needs to be increased	Accuracy in payment of services for health workers such as doctors and other health workers is often	The Regional Government of North Bolaang Mongondow Regency needs to re-identify a





add facilities and human resources in order to maximize services

hampered due to a lack of budget.

more effective budget planning system

### CONCLUSION

The National Health Insurance Program makes an important contribution in ensuring the life expectancy of the Indonesian people, reducing the maternal mortality rate, reducing the infant and under-five mortality rate as well as reducing the death rate caused by the implementation of health protection for every community. Evaluation of the National Health Insurance program policy in North Bolaang Mongondow Regency is important in order to ensure that the impact and benefits of the program can reach levels of society that do not yet have health insurance. For this reason, based on the results of research, discussions and research findings regarding the evaluation criteria for National Health Insurance program policies, the following conclusions have been drawn: (1) The effectiveness of the national health insurance program policy shows that it is not optimal enough. This is due to the lack of employee commitment to the work agreement mechanism between the Regional Government of North Bolaang Mongondow Regency and BPJS Health Boroko Branch which is not implemented effectively by the relevant agencies; (2) The efficiency of the national health insurance program policy shows that it is quite optimal. This is due to the implementation of services related to JKN, the regional government has established SOPs for every membership administration process up to the payment mechanism. However, there are still people who have not met the administrative requirements but are eligible to enter as JKN participants; (3) The responsiveness of the national health insurance program policy shows that it is not effective enough. This is caused by problems validating the criteria for PBI recipients (Contribution Assistance Recipients) sourced from the APBD of North Bolaang Mongondow Regency. Apart from that, submitting a Poverty Statement at the Village level does not involve direct data entry when the applicant makes the application; (4) The accuracy of the national health insurance program policy shows that it is not optimal enough. This is due to the limited APBD to finance all communities covered in the PBI-APBD of North Bolaang Mongondow Regency;

That based on the research objective of analyzing and finding theoretical gaps and empirical gaps regarding: evaluating National Health Insurance program policies in North Bolaang Mongondow Regency, there are several implications from this research including: 1) Policy effectiveness which has implications for employee commitment in providing impact and benefits towards a national health insurance program that is oriented towards: a) affective commitment; b) normative commitment; and c) ongoing commitment; 2) Policy efficiency which has implications for collaboration in providing impact and benefits to the national health insurance program which is oriented towards: a) building trust; b) commitment to the process; and c) shared understanding; 3) Policy responsiveness which has implications for policy consensus in providing impact and benefits to the national health insurance program which is oriented towards: a) synergy with the central government; b) synergy with local government; and c) community participation; 4) Policy accuracy which has implications for budget availability in providing impact and benefits to the national health insurance program which is oriented towards: a) resource accessibility; b) equity (justice); and c) service facilities

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