

PUBLIC POLICY IMPLEMENTATION
(The Implementation of Health Ministry Regulation Number 28 Year 2014
about The Guidelines for The Implementation of The National Health Insurance
at The Genteng Hospital and The Bhakti Husada Hospital Banyuwangi)

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Abstrak: Implementasi Kebijakan Publik (Implementasi Peraturan Menteri Kesehatan Nomor 28 tahun 2014 tentang Pedoman Pelaksanaan Program Jaminan Kesehatan Nasional di RSUD Genteng dan RSUD Bhakti Husada Banyuwangi). Jaminan Kesehatan Nasional (JKN) merupakan program baru pemerintah yang bertujuan untuk meningkatkan kesehatan penduduk Indonesia. Program ini diwajibkan bagi seluruh masyarakat Indonesia. JKN dilaksanakan berdasarkan mekanisme asuransi sosial dimana masyarakat dapat berpartisipasi dalam program tersebut. Peraturan Menteri Kesehatan nomor 28 tahun 2014 menjadi pedoman bagi stakeholder untuk melaksanakan program jaminan ini. Hasil penelitian menunjukkan bahwa RSUD Genteng dan RSUD Bhakti Husada telah melaksanakan kebijakan tersebut cukup baik. Permasalahan yang muncul justru berasal dari lingkungan eksternal seperti kurangnya fasilitas dari pemerintah dalam pengadaan obat, proses pembiayaan yang sangat lama, dan peraturan tentang administratif peserta yang sering berubah.

Kata Kunci: implementasi kebijakan publik, pelayanan kesehatan, program jaminan kesehatan nasional

Abstract: Public Policy Implementation (The Implementation of Health Ministry Regulation Number 28 Year 2014 about The Guidelines for The Implementation of The National Health Insurance at The Genteng Hospital and The Bhakti Husada Hospital Banyuwangi). The National Health Insurance (JKN) is the new program of the government to increase the health of Indonesian population. It becomes mandatory program for Indonesian people. JKN carried out through social insurance mechanism which society can participate in the program. The regulation number 28 year 2014 as the guideline for stakeholder to conduct the program. The result presents that the implementation of Regulation Number 28 year 2014 at the Genteng Hospital and the Bhakti Husada Hospital conducted well enough. The problems arises from the external factor such as lack of facility from the government in the medicine procurement, the funding process that take a long time, and the regulation of member administrative that often change.

Keyword: public policy implementation, health service, national health insurance program

Introduction

Health is the condition about soul and healthy body allowing people to carry out activities easily. Based on Law Number 36 year 2009 about Health, it defined as the healthy condition, either physically, mentally, spiritually, or socially that make everyone to be more productive in the aspect of life, both social and economic. Health is one of human need that must be fulfilled and become the rights of Indonesia population who protected by the law.

Indonesia is one of the developing countries that strive to develop the health aspect continually. The Government aware that the level of public health related to the prosperity welfare of society, therefore, the public health

becomes the main concern of government. Health development still conducted because the welfare of public health in Indonesia is still low. The UNDP Annual Report (2014) reported that Indonesia's Human Development Index on the position number 108 from total 187 countries in the world.

Facing the Indonesia public health, the government strives to improve the quality of public health. Moreover, it aimed to increase the quality of human resource as the capital for the health development. In this case, health is not only about the physical aspect, but also related to the social and spiritual condition that supports individual more productive in the social and economic environment. Pertained to the

government effort, the government has a role in the formulation, implementation, and evaluation of policy process in order to encourage the distribution of health service. It includes the health service over environment and health facilities, both physical and social aspect.

Creating the health service with the high quality must be supported by the existence of health insurance. The government must carry out the health insurance program in order to ensure the society can obtain the health service easily. It also as the implementation of the social protections that concerns about human needs as whole. The Law number 40 year 2004 about the National Social Insurance System also strengthens that the health insurance as an effort to improve the public health which more accessible. Moreover, it has explained that everyone has rights to obtain the social insurance in order to meet their basic need. The social security system conducted in accordance with the principles of insurance such as non-profit activity and *kegotong-royongan*. The agency managed the collecting funds and used to build the health through the National Social Insurance System.

According to the Law number 40 year 2004 and the resolution of the WHA (Wealth Health Assembly) for 58th, 2005 at Geneva which emphasizes every country to develop the UHC (Universal Health Coverage), the government creates the health insurance program, called National Health Insurance (*Jaminan Kesehatan Nasional/JKN*). This insurance aimed to cover the health of Indonesian population. Moreover, it becomes a mandatory program that Indonesian population must take a part in the plan. WHA also explained that the health insurance carried out through the social health insurance mechanism in order to secure the sustainable of health financing.

The National Health Insurance (*JKN*) is the new program of the government in the health sector. The implementation of the National Health Insurance based on the principles of social insurance and equity which society involved in contributing through the financial aspect. Participation of society has noticed because the majority of society still thinks short sighted. The saving activity as the reserve fund and the society awareness of health insurance is still low therefore the government must consider the involvement of society in the program. The principle of social insurance applied in the JKN based on the *kegotong-royongan* virtue which the amount of insurance in accordance with the percentage of people

income. Therefore, the amount of insurance was different each other. In addition, the National Health Insurance also applied the non-profit principle which is the management of funds only used to fulfill the member interest and the surplus used as the reserve fund. The National Health Insurance used the packages payment system which the similar diagnosis grouping into the same category and the cost of medical procedure has determined by government.

Implementation of the National Health Insurance in Banyuwangi included the public hospital and private hospital as well the primary health care. Related to the research, the researcher choose the Genteng Hospital as a public hospital and the Bhakti Husada as a private hospital. However some problems arise such as the regulation of member administrative that often changes, the discrepancy data between in the E-Catalogue and in the field in the term of medicine procurement, and disbursement of fund process that take a long time. Therefore, hospital used their own budget while waiting for the disbursement from *BPJS*. Therefore, the researcher formulate the problem research how the implementation of Health Minister Regulation Number 28 year 2014 at the Genteng Hospital and the Bhakti Husada Hospital Banyuwangi, what the impact in the implementation of Health Minister Regulation Number 28 year 2014 at the Genteng Hospital and the Bhakti Husada Hospital Banyuwangi, as well what the proponent and inhibiting factor in the implementation of Health Minister Regulation Number 28 year 2014 at the Genteng Hospital and the Bhakti Husada Hospital Banyuwangi.

The purpose of thesis is to describe and to analyse the implementation, the impact, as well the proponent and inhibiting factor in the implementation of Health Ministry Regulation Number 28 year 2014 at the Genteng Hospital and the Bhakti Husada Hospital. This thesis expected can give a theoretical contribution for academic to improve the knowledge related to public policy implementation. Moreover, it can contribute to the healthcare facility in providing the health service in the term of the National Health Insurance.

Theoretical Review

A. Public Policy

1. Definition of Public Policy

Public policy defined as the policy to overcome the issues and problems in the society. Graycar in Keban (2008, p.59) explained that public policy viewed by the philosophical, product, process, and

framework perspective. The Philosophical perspective defines public policy as a set of principle or condition wanted. As a product, policy defined as the conclusion or recommendation. While process perspective policy refers to how an organization understands what they expect and what the mechanism used to reach the goals. The framework perspective explains that policy is a negotiation process to formulate the issues and method used in the implementation.

Anderson in Islamy (2003, p.25) which public policy is the policy produced by public agencies and public official, therefore, it gives several implications later, such as:

1. Public policy always has particular purposes or all the activity purposed oriented.
2. The policy consists of public official action or their pattern of activity.
3. Policy is what actually done by government.
4. Public policy is positive in the sense of some government action concern to particular problems.
5. Policy established by the Government, at least in the sense of positive, always based on legislative rules and tends to push.

2. Public Policy Process

According to Nugroho (2008, p.347), the public policy process is as a set of system moves from single components to another through the synergy process, mutually to determine, and to form. As a system, public policy consists of elements which establish a policy in the organization. Dye in Dunn (2000, p.110) also explains that there are three elements forming policy system, among others are public policy, policy stakeholder, and policy environment.

B. Policy Implementation

1. Definition of Policy Implementation

Implementation is a real action of the chosen policy. Van Meter and Van Horn in Agustino (2014, p.139) defined policy implementation as the action of individual, public official, government office, or private who directed to the accomplishment of purposes in the policy. In the implementation, the actor and environment has a potential influence. The environment factor also considered

responsible for the policy. Understanding the environment, including the power of politic, social and economic, is important because it might influence how individual behave in the policy implementation process. Nugroho (2008, p.460) also argued that the problem in the implementation process is how the policy implemented suitable to the providing resources.

2. Definition of Program Implementation

Manila (1996, p.43) explained that program sustain the implementation because consist of:

- a. The purpose to be achieved.
- b. The provision to be taken to reach the purposes.
- c. The regulation and procedure
- d. The existence of estimate budget
- e. Strategy

Jones (1991, p.28) also explains that there are three pillars activities in the program implementation among others organization, interpretation, and implementation.

3. Model of Policy Implementation

One of important thing in the policy implementation is determining the proper model of policy implementation. It also can assist the policy maker and the executor to visualize the reality in the implementation process later. Edward III in Agustino (2014, p.149) as well explains the model in policy implementation. He indicated that the primary problem in public administration is less attention in the policy implementation. He explained there are four variables to succeed the policy implementation among others communication, resources, disposition, and bureaucracy.

4. Policy Implementation Approach

According to Wahab (2012, p.234) there are four approaches used to support the implementation of policy, as follows:

- a. Structural Approaches
- b. Procedural and Managerial Approaches
- c. Behavioral Approaches
- d. Political Approaches

Based on the policy implementation approaches, the research related to the procedure and managerial approach. There are procedures that must be obeyed in order to succeed the implementation of policy. Related to the topic of this research, the healthcare facility also creates a standard

operational procedure (SOP) as the guidance for the actors of policy implementation.

C. Public Service

Based on the *Kamus Besar Bahasa Indonesia* (2001, p.646) service defines the matter or the way to serve; an effort to serve the person needs; the convenience given related to the service and goods. While serving meant is helping to prepare what somebody need. Kotler in Sinambela (2011, p.4) explained service is any activity that profitable for the group or unity and offer satisfaction although the result did not bounded in product physically. Thus, service defined as the activity about how to service and make satisfaction to other masses. Public service as the government effort to fulfill what the societal need and wants. Moenir in Sinambela (2011, p.42) explained that service as the process of fulfill the society need through other people activity directly.

D. Health Service

The health service is one form of public service given by government to society as a whole. According to Azwar (1996, p.40) health service is an individual or group effort to sustain and improve the health, prevent and treat the disease, and recover individual and community health in an organization. The form of health service given variously and it determinable through the unit of health, whether the service held individually or collectively with the scope of activity, whether it involves health maintenance, preventing and treatment of disease or not; and about the targets of service, whether it held for individual or society as a whole. According to Azwar (1996, p.40), there are several main requirements must be completed to run the health service optimally. It explained below:

1. The service should be in accordance with the consumer of health service. The best health service is suitable to the needs of society as a whole.
2. The health service is accessible by society. It can be reached by the community, both location and budgeting aspect.
3. Health service must be suitable with the principles of medical science and technology and has quality service.

E. Public Health

Public health is the combination of science and art. Based on Notoatmodjo (2007, p.14) public health defines as the application and an integrated activity of sanitation and medical

treat in order to prevent the illness that widespread in society. He likewise explained that public health aimed to prevent the illness, extend the lifetime, and improve health through various attempts to organize society such as improve sanitation system, health education, and medical service management. Based on the definition above, public health is an effort to improve public health such as prevent from the illness, extend the lifetime, as well as the way about how to improve the public health.

Society can participate through insurance payment in order to obtain the health service. The role of public participation can support the implementation the program effectively because the main purpose of public health is for society itself, such as, they aware about how to prevent the illness in society and improve their health degree. Winslow in Entjang(2000, p.15) explained that in the providing of public health, society must aware about the management of public health. They have to recognize about the referral scheme. Generally, illness divided of three kinds among other; mild, moderate, and severe, consequently, it needs a different kind of medical procedure from primary health care until tertiary health service.

F. National Health Insure Program

The National Health Insurance Program is a health protection guarantee for society as member of health who has paid the premium or paid by government to fulfill the basic need of health. According to the Health Ministry Regulation Number 28 year 2014, National Health Insurance Program is a health program that used social insurance system and mandatory for all citizens. It also as implementation of Law number 40 year 2004 about National Social Insurance System.

The basic rules of health service in the National Health Insurance Program are “managed care” concept that incorporates the quality health service and controlled payment. Health service in this program includes overall service through package payment system. Moreover, it aimed to optimize the primary and secondary of health service as well as improve quality of health service on all levels.

The Guidelines of National Health Program expected to be able as guidance for the executor of policy, including government in local and central, the healthcare facility, the member, and all parties related to this program. The targets of the National Health Insurance Program is the government component, both central and local governments, BPJS, health facility, member, and stakeholders

as the guidance in the implementation of National Health Insurance.

Research Methods

The kind of research used is descriptive research with qualitative approach because researcher want to know the phenomenon that happen in the environment related to the chosen topic. Bogdan and Taylor in Moelong (2004, p.4) defined a qualitative method as procedure of research that produce descriptive data such as, words written or what people said and behavior that observed. Moreover, Moelong (2004, p.6) said that qualitative research is a kind of research in order to understand the holistic phenomenon about what happened on the subject of research, such as behavior, perception, motivation, action, etc., and to describe in the form of word and language in certain contexts. According to Moelong (2012, p.75), descriptive qualitative is a research to describe what is happening while the research is going on. Moreover, it also describes, records, analyzes, and interprets the situation.

The focuses of research are: (1) Implementation the Health Ministry Regulation Number 28 year 2014 about Guidelines for the implementation of National Health Insurance Program at the Genteng Hospital and the Bhakti Husada Hospital Banyuwangi; (2) The Impact of the Implementation of Health Ministry Regulation Number 28 year 2014 about The Guidelines for the implementation of National Health Insurance Program at the Genteng Hospital and the Bhakti Husada Hospital Banyuwangi; (3) The proponents and inhibiting factor in the implementation of Health Ministry Regulation Number 28 year 2014 about the Guidelines for the implementation of National Health Insurance Program at the Genteng Hospital and the Bhakti Husada Hospital Banyuwangi.

The location of research is Banyuwangi Regency and the site of research is the Genteng Hospital and the Bhakti Husada. The sources of data derived from primary and secondary data. The technical data collection used in this research is observation, interview, and documentation. The instruments used by researcher in this research among others researcher, field notes, and interview guide. The researcher use qualitative data analysis according to Dey (1993:31) which data analysis is the process of breaking data into bits, to find out the structure and characteristic as well as look how those bits interconnect. This model consist of five elements among others data,

description, classification, connection, and account.

Discussion

1. Implementation the Health Ministry Regulation Number 28 year 2014 about the Guidelines for the Implementation of the National Health Insurance Program at the Genteng Hospital and the Bhakti Husada Hospital Banyuwangi

The implementation of the regulation number 28 year 2014 has conducted well enough which both hospitals can manage and execute the health service in the term of the National Health Service. It could be seen from the administrative and health service, as well as about the mechanism of funding. The Genteng Hospital and the Bhakti Husada Hospital conducted the procedure of health service in accordance with the regulation. In order to obtain the health service, patients must bring the reference document and the *BPJS* member card. The reference document as a proof from primary health care because nowadays *BPJS* has applied the referral system. The healthcare facility will issue the *SEP* (the document of eligibilities member) as a proof submitted to *BPJS*. So far, there is no problem faced by the Genteng Hospital and the Bhakti Husada Hospital toward the procedure of health service including the procedure of medicine service.

In the medicine procurement, both the Genteng hospital and the Bhakti Husada hospital conducted conventionally because of lack of the facility to support the E-Purchasing. Therefore, the pharmacist contact the distributor to order the medicines. The obstacle faced by the hospitals is about the discrepancy data of supply of medicine between in the E-catalog and in the field. Therefore both hospitals order the medicine from another distributor that listed in E-Catalogue. Moreover, the amount of medicine claimed by *BPJS* is still limited.

The Genteng Hospital and the Bhakti Husada hospital conduct the health service comprehensively to the patient. Both hospital did not distinguish in providing the health service of National Health Insurance. The Genteng hospital and the Bhakti Husada hospital serve the patient who paid the insurance every month or has been paid by the government. All the service given paid by *BPJS*. The Mechanism of funding for the National Health Service in the Genteng Hospital and the Bhakti Husada Hospital used the INA-CBG's (Indonesia- Case Based Group) system. Based on the Regulation Number 28 year 2014, the INA-CBGs system is system that grouping the

same diagnosis of illness into same category followed by cost of service and medical procedures. The basic of grouping in the INA-CBGs system is the codification system of final diagnosis and the medical procedure as the output of service. The reference used in this system is ICD-10 for the diagnosis of illness and ICD-9-CM for the medical procedure. The implementation of INA-CBGs system in the Genteng Hospital and the Bhakti Husada Hospital has disadvantages matter because several cost of medical procedure exceeds the platform of cost. Consequently, the Hospital covers the remaining cost of service. In the claim of funding, the Genteng Hospital and the Bhakti Husada Hospital must submit several supporting documents to the *BPJS*. The document reflects the service and facility obtained by patient in the Genteng Hospital and the Bhakti Husada Hospital. The funding report submitted to *BPJS* no later than 10 every month.

2. The Impact of the Implementation of Health Ministry Regulation Number 28 year 2014 about The Guidelines for the Implementation of The National Health Insurance Program in the Genteng Hospital and the Bhakti Husada Hospital Banyuwangi

The implementation of the Regulation Number 28 year 2014 has an impact for the Genteng Hospital and the Bhakti Husada Hospital. The health service conducted more effective. They have to conduct the medical procedure carefully because it related to the claim of funding later. The INA-CBGs system regulates about the medical procedure, the diagnosis of illness, and the cost of service. Consequently, the hospital has no rights to determine the cost of service. Therefore, it can influence the financial condition of hospital because sometime several cost of service exceeds the platform and the remaining cost becomes the responsible of the hospital. This system encourages the health service more efficient because the medical officer only input the data. Thus, they know about the diagnosis, the medical procedure and the cost of medical service. It also educates the medical officer more discipline and meticulous in giving the medical treatment.

However for the patient. This regulation regulated that society have to obtain the health service in the primary level firstly. If they need the further medical procedure, they referred to the Hospital. Based on the procedure of health service, the reference document is as the requirement to obtain the health service in the

hospital. On the other side, it gives an impact for the pregnant mother because they could not obtain the medical treatment in hospital unless they need surgery procedure or in emergency condition. Because of the referral system require that the procedure of childbirth conducted in primary health care or midwife. If they need further medical procedure, they referred to hospital. Therefore, the pregnant mother as patient of JKN could not obtain medical procedure in hospital directly.

3. The proponents and inhibiting factor in the implementation of Health Ministry Regulation Number 28 year 2014 about the Guidelines for the Implementation of The National Health Insurance Program at the Genteng Hospital and the Bhakti Husada Hospital

The proponent factors in the implementation of regulation number 28 year 2014 is an adequate facility and human resources. As the internal factors, it can support the health service of National Health Insurance in the Genteng hospital and the Bhakti Husada hospital. The external proponent that support the implementation of regulation in the Genteng hospital and the Bhakti Husada hospital is communication and socialization from Health Agency, *BPJS*, and hospitals. Nevertheless, the Genteng Hospital has not participated in socialization activity because still conducted by Health Agency. Otherwise, the Bhakti Husada Hospital as a private hospital has participated in socialization with another party. Socialization aimed to force the society awareness about the health and support them to join program of JKN from *BPJS*.

While the inhibiting factors is the regulation of patient administrative to obtain the health service that often changes, the mechanism of medicine procurement and disbursement process that need for a long time. In the medicine procurement, the supply of medicine also becomes the inhibiting factor because the discrepancy data of supply between in field and in the E-Catalogue. While for the disbursement process becomes the obstacle because the process of verification process until disbursement need for a long time. Consequently, it influence toward the financial condition of hospital because the hospital manage the health service by own budget.

Conlusion

The implementation of the Regulation Number 28 year 2014 in the Genteng Hospital and the Bhakti Husada Hospital become the

reference in providing health service of *JKN* Program, therefore, the health service conducted properly. The Genteng Hospital and the Bhakti Husada Hospital already implement the regulation well enough which both hospitals capable in providing the health service to the patient and respond the basic need of public health. Even though has problem faced in the certain aspect. It also make the Medical officer more meticulous and discipline in providing health service because it has an impact for the claim of financing from *BPJS*. Moreover, the implementation of financing system through the INA-CBGs system creates the officer more efficient because it uses the computer system. Otherwise, it influences the financial condition for hospital because the cost of several medical procedures exceeds the cost listed in INA-CBGs system. Therefore, the hospital covers the remaining cost.

The problem arise related to the procurement of medicine, the member administrative to obtain the service that often any change, and the disbursement of financing claim from *BPJS* that quite take a long time. The disbursement of claim of financing from *BPJS* takes up to one month. Consequently, the hospital used their own budget to manage the health service.

Therefore, the researcher suggests to the healthcare facility, *BPJS*, and health ministry to improve the quality of medical officer, to increase the amount of medicine claimed by *BPJS* and to increase the infrastructure that support the implementation of health service. Moreover, the Health Ministry and *BPJS* may to coordinate about the INA-CBGs system with the healthcare facility and the Health Agency. It because several cost of medical procedure exceeds the platform cost in the INA-CBGs system.

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