**Implementation of Bekasi City Regional Health Insurance Program Implementation Policy**

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| **KEYWORDS** | **ABSTRACT** |
| Implementation; policy; health. | The main problem raised in this study is the ineffectiveness of policies and programs in Bekasi City based on Family Cards and Identity Numbers. Qualitative research strategies combined with descriptive analysis are research methods used by researchers. The expectation that original data could be collected and research subjects could be thoroughly studied to provide the desired findings led to the selection of this methodology and approach. As a result of various factors, including standard factors, policy size and objectives, resources, implementing organisation characteristics, implementing attitudes, communication between related organisations and implementation activities, as well as the social, economic, and political environment, the findings of this study can be used to explain why the Bekasi City Health Insurance policy has not been implemented effectively. However, these variables, the characteristic factors of implementing agents and policy resource factors, have not been implemented properly, so there are still obstacles to the implementation of the Regional Health Insurance policy. Of course, this is not the best approach to providing quality public services, especially in terms of the Regional Health Insurance Program for People Based on Family Cards and Identity Numbers. |
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**Introduction**

Health insurance was initially implemented in 2004 by the Indonesian government as an effort to fulfil the constitutionally mandated duty to protect the entire population from various health problems (Hartati, 2015). Law No. 40/2004, which regulates the National Social Security System, opened the door to reform initiatives, particularly with regard to the health system. Poor People's Health Insurance (Askeskin) is a program run by SOEs, namely PT. Askes, which initially offered universal health insurance in the early stages of its implementation. This program was later renamed the JAMKESMAS Community Health Insurance Program development, with the aim of providing health insurance to low-income and near-poor people (Putra, 2017).

One component that contributes significantly to improving public health is health insurance. Meeting a number of criteria related to health insurance, such as access to health services, financial resources, human resources, medical devices, and legislation, is essential in the implementation of health insurance in a country (Iffan, 2023). This results in a synergistic effect between all elements that support the success of health insurance. Different healthcare systems and health insurance distribution policies exist in different parts of the world (Eviany & Sutiyo, 2023). Since 2004, the Indonesian government has made the provision of health insurance a top priority to fulfil its duty to protect the entire population from various health risks and problems (Faradila, 2021). One of the first things the government did to overcome the difficulties of the people, especially people with low incomes, in obtaining and paying for health services was to develop a health insurance program. On the other hand, the shift to universal healthcare coverage is now underway. The basic principles of the health insurance program have been regulated in Law No. 40 of 2004 concerning the National Social Security System (SJSN Law), which mandates that all Indonesian citizens have access to comprehensive health services (Alamsyah et al., 2021).

Because of its status as a local government in Indonesia, the Bekasi City Government considers it an obligation of its citizens to ensure that its citizens have access to health insurance (Karim et al., 2018). Therefore, Bekasi City issued Bekasi Mayor Regulation Number 27. A of 2017 concerning the Implementation of Regional Health Insurance Programs for the Community Based on Family Cards and Identity Numbers in Bekasi City, an official establishment of a regional health insurance service program in Bekasi City. City. The Bekasi City Health Card, based on the National Guarantee Card (NIK), is a public health insurance program for people who receive funding from sources other than the BPJS quota. The goal is to help the city achieve its vision and mission, which is to become "Smart, Creative, Advanced, Prosperous, and Ihsan." The Bekasi City Health Card, supported by NIK, was created to answer the need for health insurance for people in the Bekasi City area. The main goal is to simplify the process of obtaining medical care for the people living there (Dachi, 2017). This NIK-based Health Card is believed to enable the Bekasi City Government and its people to get excellent health services, thus contributing to the city's efforts towards an advanced, prosperous, and healthy city (Astari, 2020).

JAMKESDA (Health Card) Because Bekasi City is ready to face this challenge, the author believes that an implementation study needs to be carried out in order to produce data that can be used to improve public health. Regarding the Regional Health Insurance program (Kartu et al.) implemented by the Bekasi City Regional Government, the author assesses that in its implementation, there are a number of challenges that arise so that they cannot function effectively and meet the aspirations of the community residents of Bekasi City. Bekasi Sehat Card is an initiative of the Bekasi City Government that provides health services to all its citizens. A significant innovation is the NIK-based Bekasi Sehat Card scheme. Bekasi City residents can use this card to access hospital health services without requiring referrals or paying premiums or fees. The importance of public health is a shared task. Not only the city government but also all elements of society in Bekasi City. Starting from medical personnel, excellent health services, adequate health facilities, and other health support facilities, the government provides health infrastructure and facilities. Each program received active participation and support from other segments of society Bekasi Sehat Card for a bright, imaginative, cutting-edge, prosperous, and respectable Bekasi City.

The efficient implementation of local government policies in the context of the poor performance of the Bekasi City Health Card cannot be separated from the success of the implementation of regional health insurance in Bekasi City. An understanding of the objectives, scope, and standard policy standards related to the inadequate implementation of the Regional Health Insurance Program for People Based on Family Cards and Identity Numbers in Bekasi City is relevant to this. The Regional Health Insurance Program for People Based on Family Cards and Identity Numbers in Bekasi City is not supported by infrastructure, funding sources, and human resources, which are other problems related to this problem.

**Theoretical Approach**

One of the relationships included in the implementation of public policy is the relationship that allows the government or executive to achieve its aims and objectives. The impact of the implementation of a public policy will show its strengths and weaknesses, while the results of the implementation of the policy will show its success or failure. With careful planning and execution, policies can be implemented to address pressing issues. The more complex the policy problem and the more in-depth the analysis, the greater the need for theory and capital that can explain it. This is the most challenging aspect of the activity, as it involves implementing policies or procedures. In implementing a policy, there are a number of prerequisites that must be met so that the objectives that have been outlined at the time the policy is formulated can be achieved. Six aspects of realising public policy are as follows, as stated by Van Meter & Van Horn (1975: 463):

1. The policy decision's overarching aims are expounded upon in the policy standards and objectives, which furnish more precise and tangible benchmarks for evaluating performance;
2. The available resources and incentives;
3. The quality of inter-organizational relationships (they cover much federalism in their study of this, as they do in a lot of the American implementation literature);
4. The attributes of the agencies responsible for implementing policies include matters such as organisational control and, inevitably, inter-organizational matters, the agency's official and informal connections with the body responsible for "policy-making" or "policy-enforcing";
5. The political, social, and economic climate: The implementers' "disposition" or response comprises three components: their grasp and understanding of the policy, the way they respond to it (acceptance, neutrality, or rejection), and the strength of their response.

Researchers can clarify the above view by stating that (1) Policy standards and objectives can be seen as goals and standards for achieving the objectives of public policy enactment. (2) Resources and incentives can be understood as tools for implementing public policy. (4) The characteristics of implementing agencies can be seen as attributes of the institutions responsible for implementing policies or, more specifically, the roles, roles, and powers of each institution. Third, the quality of relations between organisations is a measure of the quality of relations between institutions that affect the implementation of public policies related to the implementation of government policies.

Number (5) is another dimension, namely the socio-economic living conditions of the community In relation to the implementation of public policy can be understood as the economic, social, and political environment. (6) The disposition or response of policy implementers, which consists of three components, namely awareness of the policy, direction of response, and intensity of response, understandably known as the Policy Implementation Model. High policy implementation performance is basically the goal of the implementation process, which includes the interrelation of several variables and is an abstraction or performance of a policy realisation. This model explains how political decisions, public policy implementation, and performance (Widodo, 2007) are known as the Policy Implementation Model. High policy implementation performance is basically the goal of the implementation process, which includes the interrelation of several variables and is an abstraction or performance of a policy realisation. This model explains how political decisions, public policy implementation, and performance all follow a linear path toward policy implementation. In addition, Van Meter and Van Horn (Widodo, 2007) explain how a number of interconnected elements affect how healthy policies are implemented. These aspects include:

1. Size and purpose of the policy

There is no way to measure the effectiveness of the implementation of a policy unless the scope and objectives of the policy are appropriate to the sociocultural context in which the policy is implemented. It is not easy to achieve a decent level of success in public policy when the goals and measures of the policy are too idealistic, or even utopian, to be practised by ordinary citizens.

1. Resources

Utilisation for the policy implementation process to be successful and effectively available resources is critical. Human resources are the most essential resources in determining the effectiveness or failure of an implementation process. Apolitically, policies made require the presence of superior human resources at certain stages of the implementation process in order to complete the requested work. Expecting public policy performance becomes particularly challenging when those resources are incompetent and incapable. However, financial and time resources are additional resources that must be considered in addition to human resources.

1. Characteristics of the executing agent

Both implementing agencies' emphasis is on official and informal organisations that will be involved in implementing public policy. The critical factor for the success or failure of (public) policies is the quality and competence of implementing agents, so this is very important to implement. In addition, when selecting an implementing agency, consideration should be given to the scope or domain of policy implementation. The number of participating agents increases with the breadth of policy implementation.

1. Attitudes/Tendencies (Dispositions) of the Executors

The attitude of the implementing agency (policy maker) towards the implementation of the policy largely determines the success or failure of the policy. The rules are not made by the surrounding community, which is well aware of the challenges it faces, so this is very likely to happen. On the other hand, the policies to be implemented are those that come directly from the top down, and, likely, those responsible will never understand, let alone be able to overcome, the wants, needs, and problems that exist—owned by the general public.

1. Interorganizational Communication and Implementing Activities

Coordination is a powerful tool for implementing public policy. It is assumed that failures in an implementation process will be sporadic if communication and coordination between the parties involved are getting better and vice versa.

1. Economic, Social, and Political Environment

The final factor to consider when assessing the success of public implementation from Van Metter and Van Horn's point of view is the extent to which the external environment affects the effectiveness of established public policies. Poor social, economic, and political conditions may be the cause of ineffective policy implementation. Therefore, in implementing the policy, efforts must also consider the external environment that supports it.

Several factors interact with each other and influence the success of public policy implementation in various ways. By applying the Van Meter and Van Horn models, we can understand policy better by examining the relationships between its constituent dimensions. This helps us determine whether the implementation of a policy is optimal.

**Research Methods**

Descriptive analysis is one of the qualitative research methodologies researchers use. Qualitative techniques are selected with the knowledge that this technique is expected to collect reliable and original data to provide the expected results by thoroughly analysing the topic of study. Research that aims to understand and investigate public health, in particular, is considered to use qualitative research methodology, which is very relevant in the study of health policy administration.

The case study technique based on the institutional model is the type of qualitative approach used. A program, event, activity, procedure, or group of people becomes the subject of in-depth research. The study collected comprehensive data within time and activity constraints, using a variety of time-based data collection methods.

**Results and Discussions**

The results of the study inform the adaptation of the Bekasi City Regional Health Insurance (JAMKESDA) policy to the needs and capacity of local governments. The policy aims to improve public health by providing comprehensive health services. In terms of raising health and wellness awareness, JAMKESDA also makes a positive contribution. The achievements of the Bekasi City Government that benefit the community prove that one of the health problems has been managed by the JAMKESDA program. To implement the planned strategy, the following should be considered:

1. Policy Size and Purpose Factors

Residents in need benefit significantly from the services of the NIK-Based Health Card program, a fee-based public health initiative run by the Bekasi City Government APBD, which is a flagship program for city residents and is equivalent to third-class health services. In accordance with Presidential Regulation Number 82 of 2018 concerning Public Health Insurance, the implementation of Regional Health Insurance must be linked to the National Health Insurance supervised by BPJS Kesehatan.

The realisation of the best interests of the people is the main policy objective in local government. The NIK-based Health Card scheme is more effective in this regard. Study findings and field observations show that BPJS Kesehatan and NIK-based Health Cards differ significantly in terms of efficiency. Through the provision of health service subsidies for people experiencing poverty, epidemic victims, and disaster victims, Bekasi Sehat aims to equalise and expand access to health services for underprivileged communities.

Although its function is the same as BPJS, KS-NIK is much more helpful than BPJS because it does not charge any fees to the community and allows small people like us to go to the hospital. This is according to the people of Bekasi City who use KS-NIK. The investigation into the KS-NIK program run by the Bekasi City Government was revealed based on a Constitutional Court decision. Local governments can now create health insurance programs as a form of social security in their regions, thanks to decree Number 007/PUU-III/2005 concerning Social Security. Bekasi City residents can still take advantage of the NIK-based Health Card in 2020.

1. Policy Resource Factors

## Policy *resources* are no less important than dialogue. To speed up policy implementation, specific policy resources must also be available. These resources are money or other rewards that can help implement policies. KS-NIK supporting facilities are no less critical in the success of the program. The KS-NIK program, which is very important to improving public health, requires facilities, incentives, funding sources, human resources, and other resources. Some people argue that despite limited resources, the implementation of the KS-NIK program is still not running smoothly. Ensure that the policy or program is implemented in accordance with the expectations of the local community and local government; concrete steps need to be taken to ensure that incentives, financial resources, and human resources can be appropriately implemented and fulfilled in both quantity and quality.

## With the help of the KS-NIK program, Bekasi City's local government initiatives have significantly improved welfare through public health. Each person and every group participating in a local government program will see and evaluate a particular policy differently. Although the local government and its entire staff are committed to believing that the KS-NIK program serves the interests of the community, this is not the case. Disappointment and pressure arising from the opinion and evaluation of a policy will lead to actions that will affect how well the government performs. KS-NIK will function effectively, and its responsibilities can be accounted for.

## Characteristic Factors of Executing Agents

## KS-NIK policies or programs in Bekasi City will be implemented by implementing agents, which can be official organisations or informal groups. This is important because having agents with the right quality and qualifications to implement a policy will have a significant impact on how well the policy is implemented. The policy context that will implement this is relevant. Some regulations require strict and controlled policy enforcement.

## In order to implement KS-NIK policies or programs in all fields of community services, it is necessary to have a work process and cooperation between agencies or institutions. The executing agency in question is well-known for its organisational framework and operational procedures. Based on the results of the study, the quality of the implementing agent did not match the expected results. Therefore, the Bekasi City Regional Health Insurance Program policy based on Family Cards and Identity Numbers is still experiencing difficulties in its implementation, and the community and government have not maximised the services provided. In order for the policies or programs implemented to be in line with government needs, it is necessary to take specific concrete steps to ensure that work procedures are implemented correctly and consistently and that coordination between various implementing institutions or organisations runs smoothly in accordance with applicable regulations—neighbourhoods and places in Bekasi City.

## Attitude/disposition factors of the executors

## The effectiveness of a public policy is primarily determined by the attitude of the person implementing the policy toward the policy. Since the current laws and regulations are not made by local communities who are well aware of the obstacles and problems they face, this is very possible. An individual's ability and desire to implement a policy can be influenced by three distinct response elements: first, knowledge (cognition), understanding, and awareness of the policy; second, response orientation, or the ability to accept, be neutral, or reject (acceptance, neutrality, and reject); and third, policy effectiveness.

## According to some PGD stakeholders, the purpose of the KS-NIK policy is to provide equal services to all communities without prejudice. To address the interests of the community in this example, the KS-NIK program's position, authority, and knowledge of the implementer become very decisive. The purpose of the KS-NIK strategy needs to be seen from its impact, not from its rapid measurement. Can the interests of the community be accommodated with the policies implemented by the Bekasi City Government? A healthy Indonesian population is the ultimate goal of KS-NIK. The choices taken are not in accordance with the political goals of the central government, which is what causes the Bekasi City Regional Health Insurance policy not to be effectively implemented.

## There is a correlation between the expected results and differences in views from parties who have power and responsibility in implementing KS-NIK policies. Often, the public is misinformed and confused by the information provided by the implementing party. A policy on paper is not a policy in practice; Awareness and direction of implementers are needed so that policies are objective and on target, relating to human resource skills.

## The findings of the analysis show that, in theory, the awareness, direction, and intensity of responsibility for the implementation of the Regional Health Insurance program policy to improve the health status of Bekasi City can help its implementation gently and sustainably. This will allow the policy to be well developed and, ultimately, generate satisfaction among residents of Bekasi City.

## Interorganizational Communication Factors

## Interaction behaviour, the main focus in understanding organisations as complex systems with interdependent components, is the organisation. The same thing happened to the Bekasi City Government KS-NIK project, which aims to provide health services to all its citizens. KS-NIK is available for Bekasi City residents in hospitals that have collaborated with the local government without having to pay premiums and fees or require references to access health services.

## Organisational relationships must be managed so that implementers can communicate effectively, consistently, and universally when carrying out work communication with other elements in the company. Please make sure there are no events that can interfere with the production process because they are lost. This aims to develop a government work communication system while implementing programs such as KS-NIK Bekasi City. Since the source of the error or weakness can be identified quickly, any problems that arise can also be corrected immediately. Often, the interaction between superiors and subordinates can be used to exercise various kinds of social control. A process of interaction involving all members, from the highest level (leadership) to the lowest level (workers or subordinates), is necessary to meet organisational goals. If there is an effective communication system in place that can help members communicate with each other and prevent grouping, organisational goals will be successfully achieved.

1. Economic, social and political environmental factors to ensure the smooth running of the KS-NIK health insurance program, which is expected to improve the health of 2.6 million Bekasi City residents; the city's economic, social, and political climate must be aligned. This is because Bekasi is a modern metropolitan city with an established population diversity. With an APBD of Rp6.4 trillion in 2019, Bekasi City experienced economic expansion accompanied by an increase in social, cultural, and political elements. This shows that Bekasi City is a metropolitan city that is increasingly dynamic and economically prosperous, in addition to acting as a buffer city for Jakarta, the capital of Indonesia. As a result of living in a multicultural city, Bekasi residents have internalised and continue to uphold the principles of tolerance, diversity, and pluralism.

A tolerant attitude, according to Bekasi City residents, is an attitude that prohibits prejudice in all its forms, including but not limited to social, cultural, and religious. Bekasi City has benefited tremendously from JAMKESDA. When people are sick, they feel cared for and their needs met. Bekasi City residents highly anticipate the KS-NIK program because of its accessibility. It should be appreciated that this health service policy is based on KS-NIK. The health service system in Bekasi City also benefits. Unfortunately, there are still individuals and groups who seek to undermine the long-term viability of the KS-NIK-based healthcare model. Those who want to undermine the long-term continuity of health services based on KS-NIK have no compassion for the suffering of the community. It seems doubtful that they have any solidarity with the suffering of the people. Ensuring access to healthcare for all citizens is the goal of this program. Therefore, it must receive unlimited financial, social, and political support.

Community satisfaction is still supported by the community's ability to run the social environment and living conditions as well as community service functions. One indicator of the effectiveness of service governance in the health sector is the Bekasi City government's efforts to improve service quality while maintaining community satisfaction through the Health Office, Bekasi City Regional Hospital, and other referral institutions. The Bekasi Regional Government gives high priority to improving the standard of community satisfaction with community services. On the one hand, there is an increase in public demand for the Bekasi City Regional Government to utilise the KS-NIK Program to improve the quality of services as they have always wanted in this period of regional autonomy. This request is based on the knowledge and experience they have gained. In reality, the people of Bekasi City's access to health services is still constrained by a number of problems.

**Conclusion**

There are several conclusions that researchers can draw from research and discussions related to the implementation of the Bekasi City Regional Health Insurance policy. This includes the following: social, economic, and political environment; Resources; the character of the organisation that will be responsible for implementing the policy; the attitude of the employees who will be responsible for carrying it out; and finally, the standard, purpose, and size factors of the policy. The District Health Insurance Program has been well designed. However, problems remain due to a lack of attention to the elements of policy resources and the personal qualities of those tasked with implementing the program.

Of course, this is not the most efficient way, especially in the framework of the Regional Public Health Insurance Program based on Family Cards and Identity Numbers, to provide quality public services. In addition, researchers found fresh information that might facilitate Regional Health Insurance Policies or Programs for People in Bekasi City based on Family Cards and Identity Numbers related to socialisation, synergy, and integrity.

**References**

Alamsyah, K., Prastiwi, E. N., & Salamah, U. (2021). Implementasi Kebijakan Penyelenggaraan Program Jaminan Kesehatan Daerah Kota Bekasi. *Kebijakan: Jurnal Ilmu Administrasi*, *12*(2), 107–121. https://doi.org/10.23969/kebijakan.v12i2.3755

Astari, R. Y. (2020). *Mutu pelayanan kebidanan dan kebijakan kesehatan*. Deepublish.

Dachi, R. A. (2017). *Proses dan analisis kebijakan kesehatan (suatu pendekatan konseptual)*. Deepublish.

Eviany, E., & Sutiyo, S. (2023). *PERLINDUNGAN MASYARAKAT: Penyelenggaraan Ketentraman, Ketertiban Umum, dan Manajemen Kebencanaan*. Nas Media Pustaka.

Faradila, D. (2021). *Tinjauan Yuridis Hak Pasien Peserta Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Yang Bersistem Rujukan Berjenjang*. UNIVERSITAS HASANUDDIN.

Hartati, W. (2015). Kajian yuridis perubahan PT. Askes (PERSERO) menjadi Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan. *Jurnal IUS*, *3*(9), 481–496.

Iffan, M. (2023). PENGEMBANGAN ASPEK BISNIS PADA KLINIK KESEHATAN. *Jurnal Pengabdian Kepada Masyarakat*, *2*(1), 104–110. https://doi.org/10.59820/pengmas.v2i1.80

Karim, M. I. T., Moenta, A. P., & Riza, M. (2018). Implementasi kebijakan pemerintah daerah di bidang kesehatan masyarakat melalui Jaminan Kesehatan Nasional. *Amanna Gappa*, 53–63. https://doi.org/10.20956/ag.v26i1.6338

Putra, I. T. (2017). *Redesain Konsep Kelembagaan Badan Penyelenggara Jaminan Sosial Dalam Negara Hukum Materil Indonesia*.

Widodo. (2007). *Analisis Kebijakan Publik: Konsep dan Aplikasi*. Bayumedia.