

## ANALYSIS OF THE IMPLEMENTATION OF THE SINDAR RAYA HEALTH INSURANCE SYSTEM PROGRAM SIMALUNGUN REGENCY

Dilla Sastia Mara<sup>1</sup>, Hendri Kurniawan<sup>2</sup>, Shofian Syarifuddin<sup>3</sup>  
Lecturer at Universitas Efarina

---

### **Abstract**

*Most of the Sindar Raya community is a lower middle class society, although there are still a small number of upper middle class people. The type of research used in this study uses a qualitative approach with in-depth interviews with sources of information so that it is clear and more in-depth about the implementation of the JKN program at the Sindar Raya Health Center in May-July 2017. The human resources of the Sindar Raya Health Center are still lacking in quantity and quality. However, in health services, there is no fundamental difference between the services before JKN and the current JKN era. Resource administration capabilities are still not ready to apply the JKN reporting format. Facilities and infrastructure are still lacking, but the puskesmas can still maximize health services to the community. Medical facilities that are still incomplete are dental health services and laboratories. Administrative support facilities such as computers and the internet are still incomplete and must be fulfilled immediately. Financial resources to support the Sindar Raya Health Center are available. In terms of fragmentation, the bureaucratic structure has been running in accordance with the duties and roles of each. Meanwhile, the operational standards for implementing JKN are also clear. Health services in JKN in the field can be carried out because there are no fundamental differences in providing health services. Sindar Raya Health Center in an effort to improve health services to be more active in order to be able to implement the JKN program optimally. Administrative support facilities such as computers and the internet are still incomplete and must be fulfilled immediately. Financial resources to support the Sindar Raya Health Center are available. In terms of fragmentation, the bureaucratic structure has been running in accordance with the duties and roles of each. Meanwhile, the operational standards for implementing JKN are also clear. Health services in JKN in the field can be carried out because there are no fundamental differences in providing health services. Sindar Raya Health Center in an effort to improve health services to be more active in order to be able to implement the JKN program optimally. Administrative support facilities such as computers and the internet are still incomplete and must be fulfilled immediately. Financial resources to support the Sindar Raya Health Center are available. In terms of fragmentation, the bureaucratic structure has been running in accordance with the duties and roles of each. Meanwhile, the operational standards for implementing JKN are also clear. Health services in JKN in the field can be carried out because there are no fundamental differences in providing health services. Sindar Raya Health Center in an effort to improve health services to be more active in order to be able to implement the JKN program optimally. Meanwhile, the operational standards for implementing JKN are also clear. Health services in JKN in the field can be carried out because there are no fundamental differences in providing health services. Sindar Raya Health Center in an effort to improve health services to be more active in order to be able to implement the JKN program optimally. Meanwhile, the operational standards for implementing JKN are also clear. Health services in JKN in the field can be carried out because there are no fundamental differences in providing health services. Sindar Raya Health Center in an effort to improve health services to be more active in order to be able to implement the JKN program optimally. Meanwhile, the operational standards for implementing JKN are also clear. Health services in JKN in the field can be carried out because there are no fundamental differences in providing health services. Sindar Raya Health Center in an effort to improve health services to be more active in order to be able to implement the JKN program optimally.*

**Keywords:** JKN program, Puskesmas

## INTRODUCTION

Health is a human right that must be protected and paid attention to by the government. Health is also one of the important indicators in determining the welfare of a nation in addition to economic and social. This is confirmed in the 1945 Constitution (UUD) article 28 H paragraph 1, which states that everyone has the right to obtain health services. In addition, Law (UU) Number 36 of 2009 concerning health also clearly explains the rights and obligations of the government and society with regard to the fulfillment of health.

The implementation of health development is directed at increasing the awareness, willingness and ability of everyone to live in order to realize the highest degree of public health. To realize this health development, health efforts are carried out in the form of disease prevention, health improvement, disease treatment and health recovery by the government and the community which are carried out in an integrated, integrated and sustainable manner (Ministry of Health RI, 2011).

JKN is a government program for the community/people with the aim of providing comprehensive health insurance coverage for every Indonesian citizen so that all Indonesian people can live a healthy, productive and prosperous life (SJSN Academic Text). JKN has been implemented by the Indonesian government since January 1, 2014. So that the implementation of the program still needs to be considered by all parties.

The implementation of JKN requires health service providers, including puskesmas, to have measurable standards as health service providers. The puskesmas must go through a credentialing process with standards that have been set, so that the capacity of the puskesmas as a provider of health services is in accordance with the standards (Ministry of Health RI, 2013).

The people of Pematang Raya are mostly middle and lower class people, although there are still a small number of middle to upper class people. The people of Pematang Raya generally understand the importance of health for themselves. So from the telling, the people of Pematang Raya want maximum health services for their health. From several interviews conducted during the preliminary survey, the community was still not satisfied with the health services at the Pematang Raya Health Center. Therefore, they sometimes prefer health services at medical practices in Pematang Siantar on the grounds that it is quicker to get medical assistance, even though they have to pay.

JKN is implemented with the hope that health insurance will cover all Indonesian people who previously did not have access to health services and will eventually get maximum health services. However, in practice there are still problems that occur in the field. For this reason, researchers consider it necessary to conduct research on the analysis of the implementation of the National Health Insurance system (JKN) at the Sindar Raya Health Center in Simalungun Regency.

### Formulation of the problem

Based on the background described above, the research problem can be formulated, namely how to implement the National Health Insurance system (JKN) program at the

Sindar Raya Health Center, what are the supporting and inhibiting factors of implementing the JKN program at the Sindar Raya Health Center.

## METHODS

### Types of research

The type of research used in this study uses a qualitative approach with in-depth interviews with sources of information so that it is clear and more in-depth about the implementation of the JKN program at the Sindar Raya Health Center. A qualitative approach is used to obtain in-depth data, the data is definite data which is the value behind the visible data (Sugiyono, 2012).

### Location and Time of Research

This research was conducted in the work area of the Sindar Raya Health Center, Simalungun Regency. The reason for choosing this research location was because no research had ever been conducted on the implementation of the JKN program. The time of the research was carried out in May-July 2017 (starting from the research survey to presenting the research results).

### Data analysis

Data analysis was carried out in stages which included univariate, bivariate,

#### 1. Univariate analysis

Univariate analysis was performed to get an overview of each dependent variable and independent variable. The data will be presented in the form of a frequency distribution.

#### 2. Bivaria analysis

Bivariate analysis is to determine whether there is a relationship between the independent variables (categorical) and the independent variables (categorical) by using the Kai Square Test or Chi Square.

To determine the significance of the results of statistical calculations, a significance limit of 0.05 was used. Thus if the p value < 0.05 then the calculation results are statistically significant and if p - 0.05 then the results of the statistical calculations are not significant.

## RESULTS AND DISCUSSION

### Policy

Based on the results of the study, it was found that policies in implementing JKN already existed. This aspect includes fragmentation, main tasks and functions. In the context of fragmentation, main tasks and functions, the bureaucratic structure has been running according to their respective duties and roles. Meanwhile, with the BPJS for health, the fragmentation that was formed did not lead to a tiered bureaucratic structure, because there was no line of instruction between the BPJS and the puskesmas. The

*Dilla Sastia Mara, Hendri Kurniawan, Shofian Syarifuddin*

---

instructions developed are in accordance with the agreement between the BPJS and the puskesmas as the first-level health service provider.

The small amount of authority that the puskesmas has to determine the strategic components to support services in fact affects the productivity of health workers. This condition can affect the implementation of JKN if a solution is not immediately sought. Therefore it is necessary to build a bureaucratic structure that still refers to existing policies but gives more space to the puskesmas to be able to decide for themselves.

### **Health workers**

According to the Health Law Number 36 of 2009, a health worker is any person who devotes himself to the field of medicine and has knowledge and/or skills through education in the health sector, which for certain types require authority to carry out health efforts and health services. Based on the results of Wahyu's research (2014) source | the main resource in the implementation of a program is its human resources, one of the failures that often occurs is caused by inadequate and incompetent human resources in their fields.

Problems with health workers in terms of quality can be seen from the inability of health workers at the puskesmas to submit reports in a timely manner. Another problem that arises is in administrative support services. This problem arose due to the lack of intensive guidance on the reporting system to the puskesmas level and the lack of supporting facilities and infrastructure.

### **Funding**

Prior to the enactment of the SJSN, or better known as JKN, financing for UKM and UKP activities came from Health Operational Assistance (BOK). BOK is a government program through the Ministry of Health. The source of BOK funds is the State Revenue and Expenditure Budget (APBN) through the Co-Administration Fund of the Ministry of Health. BOK is the central government's effort to assist regional governments to achieve national targets in the health sector which are the responsibility of the regions. BOK is an operational cost that is devoted to helping puskesmas. This is because the role of the puskesmas is very important, because it is the spearhead of health efforts in the community. After the JKN took effect, there was a change in the financing system at the Pamatang Raya Health Center. Through JKN, the government will only be responsible for fulfilling SME financing, while UKP will be sourced from JKN capitation funds. In this context, the funding for health centers for UKP is supported by capitation funds from BPJS Kesehatan. |

### **Health facility**

Facilities are all materials, equipment and facilities used in implementing a program. In supporting the implementation of the JKN program at the puskesmas, the facilities needed are rooms, complete medicines and JKN counseling/socialization media. At the Sindar Raya Health Center, room for the laboratory is still not available, this is very

*Dilla Sastia Mara, Hendri Kurniawan, Shofian Syarifuddin*

---

disturbing the implementation of health services at the Sindar Raya Health Center. From the results of the research, the head of the puskesmas stated that this had been submitted, just waiting for the results from the Simalungun District Health Office when it would be built at the Sindar Raya Health Center.

### **Process**

The implementation of health services in each health effort at the Sindar Raya Health Center has a Plan of Action (POA) at the beginning of each year. The POA determines the UKM and UKP activities to be carried out, the objectives and the estimated time for implementation. It is endeavored to carry out these activities according to the schedule set by the puskesmas. Although there are several things that become obstacles in the implementation of UMk and UKP activities, they are still being carried out.

### **Output**

Health Law No. 36 of 2009 states that health efforts are any activity and/or series of activities carried out in an integrated, integrated and sustainable manner to maintain and improve the degree of public health in the form of disease prevention, health promotion, disease treatment and health recovery by the government and/or the community. The development of health efforts that include public health efforts and individual health efforts is carried out in accordance with the needs of the community (client oriented) and implemented in a comprehensive, integrated, sustainable, equitable, affordable, tiered, professional and quality manner.

Health services that have been carried out by health workers at the Sindar Raya Health Center to improve public health status, especially in Sindar Raya, are not too different from before the JKN took effect, including improving Mother and Child Health (KIA) services, immunization, monitoring of malnutrition at posyandu, increasing knowledge of pregnant women, health cadres and socialization of nutrition awareness families. Reports are always made for outreach activities to be reported to the Simalungun District Health Office.

Based on the desired output, namely increased utilization of health services at the Sindar Raya Health Center, the Sindar Raya Health Center must be able to provide maximum service so that people want to take advantage of health services at the Sindar Raya Health Center. The Simalungun District Health Office must immediately address the shortage of general practitioners and dentists at the Sindar Raya Health Center, because this is what many people complain about who want to take advantage of health services at the health center.

One more desired outcome is the coverage of the Sindar Raya community in JKN. According to the Head of the Sindar Raya Health Center, 85% of the Sindar Raya community is registered with JKN. This number is considered very satisfactory because only a small portion of the population has not been covered. This will continue to be attempted by the Sindar Raya Health Center so that all Sindar Raya people are covered in

JKN so that the community gets maximum health services without being burdened with financial problems.

## CLOSING

### Conclusion

The conclusions in this study include:

1. The human resources of the Sindar Raya Health Center in carrying out the JKN program are still lacking in quantity and quality. The uneven distribution of general practitioners and dentists to the health centers is one of the problems with the lack of human resources at the Sindar Raya Health Center. However, in health services, there is no fundamental difference between the services before JKN and the current JKN era.
2. The ability of human resource administration at the Sindar Raya Health Center is still not ready to apply the JKN reporting format.
3. The facilities and infrastructure of the Sindar Raya Health Center are still lacking in providing health services. Even though it is still relatively lacking, the puskesmas can still maximize health services to the community.
4. Medical facilities that are still incomplete are dental health services and laboratories. There are no dentists and no laboratory rooms so that they cannot be optimal in dental and laboratory services.
5. Administrative support facilities such as computers and the internet are still incomplete and must be fulfilled immediately.
6. Financial resources to support the Sindar Raya Health Center are available. However, the bureaucratic administration system in utilizing finance is still not maximal in supporting the use of these financial sources, officials' access to finance is still through a bureaucratic system that takes up time so that it can hamper the operation of the Puskesmas.
7. The bureaucratic structure and policies in implementing JKN are clear. In terms of fragmentation, the bureaucratic structure has been running in accordance with the duties and roles of each. Meanwhile, the operational standards for implementing JKN are also clear. Various operational standards for health services have been issued as a guide.
8. Commitment as a form of disposition in carrying out the JKN policy is clear. All stakeholders agree and are committed to fixing the problems that exist in the implementation of JKN in the work area of the Simalungun District Health Office.
9. Health services in JKN in the field can be carried out because there are no fundamental differences in providing health services, problems that have arisen in the implementation of JKN at the Sindar Raya Health Center, namely there are still problems in synchronizing membership with the previously existing health insurance program and socialization problems that are still lacking to community: in: referral service procedures.

10. The people of Sindar Raya are still dissatisfied with the services of the Sindar Raya Health Center both in the pre-JKN era and after the JKN era. The community complained that doctors were rarely available, medicines were incomplete and the health workers at the Sindar Raya Health Center were not friendly.

## REFERENCES

- Asri, Angie. 2014. Analysis of the Implementation of Promotive and Preventive Services in the Era of National Health Insurance at the Belawan Health Center in 2014 Thesis. University of Northern Sumatra.
- Social Security Administrator. 2014. Regulation no. 1 of 2014 concerning Implementation of National Health Insurance. Jakarta.
- Dharmawi, Herman. 2000. Insurance Management. Jakarta : PT. Script Earth.
- Effendi F., Makhfudli. 2009. Community Health Nursing. Jakarta: Salemba Medika.
- Gunwan, Roni. 2014. Readiness Analysis of the Medan City Health Office in the Implementation of the National Health Insurance Policy at the Puskesmas. Thesis. University of Northern Sumatra.
- Helmchen, Lorens, 2008. Beyond Health Insurance: Public Policy to Improve Health. Bingley. Emerald Group Publishing Limited.
- Herdiansyah, Haris. 2012. Qualitative Research Methodology for the Social Sciences. Jakarta: Salemba Humanika.
- Ilyas, Yaslis. 2006. Determinants of Distribution of Specialists in Indonesian Cities/Districts. Journal of Health Service Management, Volume : 9.
- Ministry of Health of the Republic of Indonesia. 2011. 2011 Health Center Health Facility Research Final Report. Jakarta. Ministry of Health of the Republic of Indonesia in 2013.
2013. Handbook of Socialization of National Health Insurance (JKN) in the National Social Security System. Jakarta.
- . 2013. Regulation of the Minister of Health No. 71 of 2013 concerning Health Services at the National Health Insurance. Jakarta.
- . 2014. National Health Insurance. Jakarta.
- . 2014. Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 concerning Community Health Centers. Jakarta.
- Coordinating Ministry for People's Welfare. 2012. Road Map Towards National Health Insurance 2012-2019. Jakarta.
- Lubis, Ade Fatma. 2009. Health Economics. Medan: USU Press.
- Mangala, Wahyu. 2014. Analysis of the Implementation of the National Health Insurance Policy (JKN) at the South Tangerang City General Hospital in 2014. Thesis. Syarif Hidayatullah State Islamic University.
- Moleong, Lexi J. 2005. Qualitative Research Methodology. Bandung: Rosdakarya Youth.
- Muninjaya, AA Gde. 2004. Health Management. Jakarta : EGC. Murtika, 1 Ketut. 2004. Indonesian Insurance Law. Jakarta: Rineka Cipta.
- Presidential decree. 2013. Regulation of the President of the Republic of Indonesia Number 12 of 2013 concerning Health Insurance. Jakarta.
2014. Regulation of the President of the Republic of Indonesia Number 32 of 2014 concerning Management and Utilization of Capitation Funds at First Level Health Facilities (FTKP) Owned by Local Governments. Jakarta.

*Dilla Sastia Mara, Hendri Kurniawan, Shofian Syarifuddin*

---

- Health Profile of the Sawit Seberang Community Health Center in 2013.
- Purwoko, Bambang. 1999. Social Security and the Implementation System Views and Ideas. Jakarta : Meganet Dutatama.
- Republic of Indonesia. 1945. The 1945 Constitution of the Republic of Indonesia. Jakarta.
- Soekamto, Hasbullah Thabrany, and Bambang Purwoko. 2006. Reform of the Social Security System in Indonesia (Law Number 40 of 2004 concerning the National Social Security System After the Decision of the Indonesian Constitutional Court). Jakarta : Coordinating Ministry for People's Welfare of the Republic of Indonesia in Collaboration with German Technical Cooperation (GTZ).
- Sugiyono. 2012. Combination Research Methods (Mix Methode). Bandung Alfabeta.
- Sulasto Tana, Health Management. Jakarta : PT. Main Library Gramedia. brany, H. 2011. National Health Insurance. Jakarta: PAMJAKI.
- Triho 10. 2005, Health Paradigm-Based Health Center Management. Jakarta : Agung Seto.
- Law of the Republic of Indonesia Number 2 of 1992 concerning Insurance Business
- Law of the Republic of Indonesia Number 40 of 2004 concerning the National Social Security System.
- Law of the Republic of Indonesia Number 36 of 2009 concerning Health. Law of the Republic of Indonesia Number 24 of 2011 concerning Social Security Administering Bodies. USAID. 2010. Taking The Pulse of Policy : The Policy Implementation Assessment tool. Washington DC. USAID.