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# Policy Implementation Analysis of Mobile National Health Insurance for BPJS Health Participants in Sendangan Village, Sonder District

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## ABSTRACT

This study aims to determine and describe how the Implementation of the National Health Insurance Mobile Policy for BPJS Health Participants in Sendangan Village, Sonder District. The approach used in this research is a qualitative approach with a descriptive type. The results of this study state that the Implementation of the National Health Insurance Mobile Policy for BPJS Health Participants in Sendangan Village, Sonder District has not been implemented properly and effectively, where: 1) Many people do not know and do not understand about this policy, because there has been no socialization from the government and related agencies, which is also due to the lack of relations between the government and related agencies in this case BPJS Health. Coordination in this policy has not been effective, 2) the ability of the community is felt to be lacking to understand how to use the Mobile National Health Insurance because there is no information obtained by the community, the community also does not know the purpose of this policy and the benefits that the community can get from this policy 3) many people do not have facilities in the form of supporting devices and internet data needs that are not sufficient for the National Health Insurance Mobile Application, and there are also frequent system errors in the application due to frequent updates of the latest version, which results in many devices that cannot easily access the application.

**Keywords:** *Policy Implementation, Mobile National Health Insurance*

## 1. INTRODUCTION

In this kind of digital era, the ease of accessing services through technology has become a necessity, with various advances in innovation and technology, nowadays citizens can access various needs through smartphones. In this time of growth, the implementation of data and communication technology is an aspect that has a very rapid increase, in its development the wave of digitalisation has connected the country and citizens, especially the world more solidly than before, in Indonesia the government is trying to improve data and communication technology systems which are used to share convenience for Indonesian citizens both in terms of data and in terms of services that are signalled to connect the government with the community.

Social security is a form of social protection organised by the government that is useful to ensure that people meet the needs of a decent life. Which this Health Insurance Program also continues to be maximised by Presidential Instruction No. 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program, which includes the

rules and provisions of the obligation of every Indonesian citizen to become a BPJS Health National Health Insurance Participant in active status as a condition for obtaining several public services [1].

Law No. 40 of 2004 concerning the National Social Security System article 24 paragraph (3) The Social Security Organising Body develops a health service system, service quality control system, and health service payment system to improve the efficiency and effectiveness of health insurance [2].

It is clearly stated that the BPJS itself as the organising body is obliged to improve the service system in order to increase the efficiency and effectiveness of health insurance. Therefore, BPJS Kesehatan made an innovation in the form of a digital application.

In the Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/MENKES/1559/202 concerning the Implementation of Electronic-Based Government Systems in the Health Sector and the Health Digital Transformation Strategy states that to realise clean, effective, transparent and accountable governance, as

well as quality and reliable public services, digital transformation in the health sector is needed. The implementation of digital transformation in the health sector is carried out through the implementation of an electronic-based government system within the Ministry of Health [3]

On 16 November 2017, BPJS Kesehatan launched the National Health Insurance Mobile Application as a form of innovation aimed at improving services and providing information to customers of the National Health Insurance for Healthy Indonesia Card (JKN-KIS). All important services and information for participants can be accessed from one source through this application. It is hoped that this application can improve BPJS Kesehatan services. The target audience of the JKN Mobile Application is the entire community, both users with JKN-KIS participant status and users who have not become JKN-KIS participants [4].

Mobile National Health Insurance is a digital transformation of BPJS Kesehatan's business model which was originally in the form of service activities at branch offices and medical institutions, but turned into a self-service mobile application that can be used by customers wherever they are. Available anytime without time limit. The policy innovation in Mobile National Health Insurance is intended to make it easier for the general public and BPJS Kesehatan participants to use it as a way to get services easily [5].

However, what happens in the field is that the most widely used service channel for seeking information or complaints is by coming directly to the Branch Office. [6]. Checking the membership status of the community chooses to go to the nearest puskesmas, which is suspected because the participants do not understand the Mobile application and the participants cannot use the application or the lack of quality of the application service.[7]

Terdapat juga evaluasi yang bisa dinilai untuk mengetahui berbagai tanggapan masyarakat berupa kritik dan saran terhadap pelayanan BPJS Kesehatan. Berdasarkan ulasan pengguna aplikasi di Google Play Store dapat dinilai bagaimana masyarakat memanfaatkan fasilitas penyelenggaraan JKN-KIS melalui aplikasi ini. Ulasan ini pun dapat digunakan [8]

The application of Information and Communication Technology is widely used in the business world or organisations to achieve time and cost efficiency, causing every business or organisation to feel the need to apply it in the work environment. Therefore, it is important to adjust to the current technology trend[9].

Sendangan Village, Sonder Sub-district itself is a village that has a fairly rapid digital development, where many people are quite aware of various digital developments, especially in the use of mobile phones. However, one of the problems is the elderly and middle to lower class people, who certainly have difficulties because some do not have mobile phones

as a means of using this application. As in the data of Sendangan Village, Sonder Subdistrict, the age group 60 and above is included in the highest percentage, which is around 12.6%, of which 183 people are recorded, and the age group with the highest percentage is the 40-49 age group, around 13.9%, namely 201 people.

When viewed from this data, it can be ascertained that most of the people in Sendangan Village, Sonder Subdistrict, have entered a vulnerable age. In addition, there are data where around 481 people are recorded as never having gone to school (38 people), not graduating from elementary school (85 people), and only elementary school graduates (358 people) which when compared to junior high school graduates (411 people), and high school graduates (372 people) and D1-Strata 2 graduates are only about 36 people (Source: data on the population of Sendangan Village, Sonder Subdistrict) it can be seen that people with low educational status are quite a lot in Sendangan Village. The total population of Sendangan Village, Sonder Sub-district is 1,445 people with 353 families, which has been covered by BPJS 1,093 people. With 81 registered users of Mobile National Health Insurance. When viewed very few users of Mobile National Health Insurance in Sendangan Village.

Judging from the existing data, the most significant problem in Sendangan Village is caused by the fact that many people do not have devices that support accessing Mobile National Health Insurance, besides that the community does not understand the benefits and importance of Mobile National Health Insurance, because there has been no socialisation from the government and the private sector in this case BPJS Health. In addition, it has obstacles to people who have supporting devices who are reluctant to use the Mobile National Health Insurance, as well as the coverage of human resources which are felt to have a lack of ability to understand the use of this application, which can be seen from the level of education of the people in the village who do not all have a high level of education [10].

It was found that the absence of socialisation was due to the lack of relations from BPJS Kesehatan, especially the Tondano branch office, in this case relations in the villages in Minahasa Regency. Relationships that are felt to be still in a small scope make the socialisation of this policy felt to be lacking [11].

## 2. RESEARCH METHOD

This research uses descriptive qualitative research methods, namely by examining the situation that surrounds the research subject based on the facts found in the field in order to find solutions to the problems studied [12]. This research provides an overview of the implementation of the Mobile National Health Insurance for BPJS Health participants in Sendangan

Village, Sonder District, thoroughly concerning various things, facts based on data and problems in the field in a structured manner. The research location was carried out in Sendangan Village, Sonder District, Minahasa Regency and BPJS Kesehatan Tondano Branch Office which is located at: Jl. Walanda Maramis No.9-10 Kendis, East Tondano, Minahasa Regency, North Sulawesi. Primary data sources in research through observation, interviews, field notes, and use of documents Secondary Data Sources Literature studies, documentation, books, written regulations, personal circumstances, work facilities and infrastructure, other data, articles, and written archives related to the object under study in this research are examples of secondary data sources.

These sources are used to support primary data. Researchers can collect data and analyse research findings more easily thanks to these secondary data sources, which in turn can strengthen findings and produce research with a high level of validity. The technique of data analysis through; data reduction, data presentation, and conclusion drawing.

### 3. RESULT AND DISCUSSION

An explanation of the data and information obtained from the field will be presented in the discussion of the research results which are then adjusted to the research theory. Wibawa's perspective on policy implementation (Tahir, 2014: 58), the purpose of policy implementation is to direct government activities towards achieving public policy objectives and ensuring that government services and agencies operate effectively and efficiently. To achieve the goals and objectives of the policies that have been set, policy implementation is an important stage. Democracy and human rights can be strengthened, economic prosperity and social cohesion can be enhanced, poverty can be reduced, environmental protection can be improved, wise use of natural resources can be enhanced, and trust in government and public administration can be increased. Policies that are not implemented in the right way will not have the desired impact or outcome. Therefore, in this case, BPJS Kesehatan issued a policy to facilitate the community to access services quickly and easily.

Law No. 40 of 2004 is an invitation that regulates the National Social Security System, which explains that the social security organising body develops a health service system, service quality control system, and health service payment system to improve the efficiency and effectiveness of health insurance [13].

In this case BPJS Kesehatan as the organising body for National Social Security issued a policy for the community, so that people can receive services anywhere easily and quickly through policies that have been issued by BPJS Kesehatan in this case regarding the National Health Insurance Mobile which is a

breakthrough in the development of service systems through digital in the form of applications.

To see the implementation of the Mobile National Health Insurance (Mobile National Health Insurance) policy for BPJS Health participants, especially in Sendangan Village, Sonder District, Minahasa Regency, several theories of policy implementation indicators put forward by Mazmanian and Sabatier in Wahab (2001: 68) where there is a policy implementation model according to Mazmanian and Sabatier as follows: This model classifies the policy implementation process into 3 characteristics, namely:

a. Independent Variable. Namely whether the problem is easy to control with regard to indicators of theoretical and technical problems of implementation, the diversity of objects, and what kind of changes are desired by policy makers.

b. Intervening Variable. Namely the variable of the policy's ability to structure the implementation process with indicators of clarity and consistency of objectives, the use of causal theory, the correct allocation of financial resources, hierarchical integration among implementing agencies, implementing rules from implementing agencies, and recruitment of implementing officials and openness to outsiders and variables outside the policy that affect the implementation process related to indicators of socio-economic and technological conditions, political support.

c. Dependent Variable. Namely the stages in the implementation process with 5 stages, namely the understanding of the implementing agency / agency in the form of the preparation of implementing policies, object compliance, real results, acceptance of these real results and finally leading to revision of policies made and carried out as a whole [14].

References above and from the results of research that researchers found that there are several points that are felt that the implementation of this Mobile JKN policy has not been effectively implemented, especially in Sendangan Village, Sonder District, Minahasa Regency. Where there are characteristics that are not appropriate, it can be seen from the following points:

a. Independent aspects, the behavioural diversity of the target group makes the Mobile JKN policy not yet effectively implemented in Sendangan Village, Sonder District, Minahasa Regency because the target group, in this case the community, still has a stereotype that a service will be more effective if it gets service at a branch office, the community's response to the policy can be seen from the age level and education level, where in Sendangan Village has a higher percentage for ages 60 years and over compared to ages 30-39 and above, and people with low education feel they have difficulty understanding this application.

b. Intervening aspects, the clarity and consistency of the objectives are clear where indeed the Organising Body in this case BPJS Kesehatan has made the policy as an ongoing program, and also the scope of allocation of what funding sources especially for the socialisation of the policy is adequate. The Tondano branch of BPJS Kesehatan has also issued a rule where participants or the public no longer need to print cards but must use the National Health Insurance Mobile for all BPJS management purposes, starting from checking membership status, taking queue numbers to about uiaran.

c. Independent aspects, this aspect also confirms that this policy is still difficult to implement in Sendangan Village, Sonder District, socio-economic conditions and technology are still lacking in Sendangan Village, which is very clear from the livelihoods in Sendangan Village with the largest number of farmers and taking care of households, and also there are still many people who have not used adequate technology. Lack of public support and village officials in this case the government, where the government was not aware of this BPJS Health policy. Attitudes and resources in Sendangan village are also lacking, because of the lack of curiosity of the community..

Based on the description of the research data, the discussion will be described in 3 research indicators starting from: 1. Communication 2. Resources 3. Application System.

### 3.1. Policy

Public policy is defined as a series of decisions made by government officials and institutions that are interconnected with each other. A decision-making process with the aim of continuing an action is referred to as a policy. A decision on public policy is made by a public authority whose existence binds many individuals. Because it has representation over many people, public policy must be made by people who have been mandated to do so [15].

implementation, if it is too idealised it will be difficult to realise. Public strategy is characterised as a progression of interrelated choices made by government organisations and authorities. The process of making decisions with the aim of proceeding with a course of action is referred to as policy. Innovation and data are essential to ensure the activities of the National Health Insurance Programme-Kartu Indonesia Sehat (JKN-KIS).

By implementing policies in the form of digital or technology-based services, BPJS Kesehatan continues to develop digital-based services to continue to meet the needs of participants. However, there are some obstacles that must be anticipated when running it.

BPJS Kesehatan, controls how this digitalisation strategy can adapt to the right guidelines. Although the JKN-KIS Programme itself has been strictly regulated, stakeholders will inevitably adapt the regulations to this digital system.

However, based on existing facts and the results of research conducted both from interviews and supporting data that, the implementation of this policy has not been fully effective, especially in Sendangan Village, Sonder District, where participants still do not understand the policy of the BPJS Health, it is because socialisation has not been carried out in Sendangan village about the policy, which can be concluded that the village government is not proactive in seeking information related to things that could help the community in terms of faster public services.

BPJS Kesehatan has provided information on various social media and also in the office regarding the policy, but there is a lack of curiosity from the community which leads to passivity of the community, as well as inadequate internet equipment and coverage for some people.

In addition, the lack of relations between the BPJS and the villages for the implementation of socialisation, in this case it is clear that the BPJS Health does not have regulations with the Sendangan village government, the procedure of this application is only on the status of registered membership, as well as updating data, especially telephone numbers and emails. Where the special and mandatory rules of this policy are that the community or participants must be BPJS Health participants or already registered with BPJS Health, and for BPJS Health cards transferred to digital cards in the Mobile JKN application.

### 3.2. Human Resources

In Subarsono (2011): George C. Edward III 90-92) argues that there are four factors, namely communication, resources, disposition, and bureaucratic structure, which influence policy implementation. Resources are one of the influential variables. Where George explains that even though the policy content has been communicated consistently and clearly, implementation will not function effectively if the implementor does not have the resources to carry it out. Human resources, such as the expertise of the implementers, and financial resources are examples of these resources. [6]

Practically, policy implementation is needed to see the suitability and relevance of the descriptive model made. This is in accordance with the opinion of Mazmanian and Sabatier who recommend the need for an implementation analysis framework (Wahab, 1991). According to this perspective, policy implementation is needed to determine the effectiveness and relevance of the existing framework as a guideline for implementation. [7]

It is very clear in the theory of George C. Edward III's theory that resources play a role in the realisation of effective policies in the sense that it is proven that a policy will not be implemented effectively if there are insufficient human resources.

From the research that researchers found in Sendangan Village, Sonder District, it was found that many people did not have adequate resource coverage. Researchers obtained data related to human resources as a target group, where many people still had difficulty understanding the Mobile National Health Insurance because the system and how to use it were still considered difficult.

BPJS Kesehatan as an implementor after conducting interviews and researchers have direct experience, implementors who take care of this policy in socialisation and policy setting are very experienced and of course are special staff for the policy.

### 3.3. Facilities

Efforts to change the governance of health development, including the integration of health information systems and research and development, have been required by Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2020 concerning the Ministry of Health's Strategic Plan for 2020-2024.

Based on the Health Digital Transformation Strategy cited in Chapter II point A on Health Technology Transformation Priorities and Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/1559/2022, Health Technology Transformation Priority Activities have been divided into three (3) categories: 1) Health technology transformation; 2) Integration and development of health service applications; and 3) Health technology ecosystem development.

BPJS Kesehatan is one of the stakeholders that uses applications, especially Mobile National Health Insurance, to optimise public services by providing quality, reliable, and fast services. by providing various facilities, facilities, and infrastructure to facilitate the launch of Mobile National Health Insurance and other existing service models.

However, when research was conducted, it was found that the existing facilities in the community were lacking in order to improve services through this Mobile National Health Insurance policy, where there are still many people who do not have supporting devices, and internet data that is not sufficient.

The Mobile JKN application system is also considered quite difficult to use, because there are frequent system errors caused by continuous data version changes, which also affect the devices used for the Mobile National Health Insurance

## 4. CONCLUSIONS

Based on the data from the research results and discussion as described and described in the previous chapter, the researcher concludes that the implementation of the National Health Insurance Mobile policy for BPJS Health participants in Sendangan Village, Sonder District has not been implemented properly, which is supported by information data obtained by researchers that: In the first indicator regarding Communication, it is found that many people do not know about this policy because there has been no socialisation from the government and related agencies, which is seen by the lack of communication from the government and the BPJS Health which is caused by the lack of communication between the government and the BPJS Health, as well as the lack of public curiosity about the policy and also the coverage of devices and the internet which is still lacking in Sendangan Village.

The government also does not know about the policy which has a big impact on the community, this is also because the government does not have a relationship with the organising body in this case BPJS Kesehatan. So it is difficult for the community to understand this policy because there is not enough information, especially the coverage of the community regarding information on social media is still lacking, therefore it is very important to do socialisation related to this policy which in reality has never been done in Sendangan Village, Sonder District.

Based on the second indicator related to Human Resources, it is found that the level of ability of the community in Sendangan Village with existing data is still lacking to understand and understand the use of the Mobile JKN policy. BPJS Kesehatan as the implementor who takes care of this policy in socialisation and policy setting is very experienced and of course a special staff for the policy. Based on the third indicator related to Facilities and Infrastructure, it is found that there is a lack of facilities and infrastructure related to digital devices and internet data from the community, and the system contained in the Mobile National Health Insurance application is still quite difficult to use, there are frequent system errors caused by continuous data version changes, which also affect the devices used for the application, if the device used is inadequate the application will be difficult to use.

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