



Analysis of Support and Barriers to Health Insurance Program in Jember Regency

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Abstract

This research examines the implementation of the Social Security Administering Body (BPJS) program at the UPTD Andongsari Community Health Center, Ambulu District, Jember Regency. Using descriptive qualitative methods, this research aims to analyze the implementation of the BPJS program based on Edward III's policy implementation model which includes four variables: communication, resources, disposition and bureaucratic structure. The research results show that the implementation of the BPJS program at the Andongsari Community Health Center has progressed with several positive achievements, but still faces various challenges. Communication between BPJS and Puskesmas has been well established through the placement of BPJS staff at the location. In terms of resources, even though it has 53 competent workers, there are still limitations in medical infrastructure. The disposition of the implementers shows a positive attitude even though there are obstacles in the efficiency of service time. The organizational structure follows Standard Operating Procedures (SOP) that support health services. Supporting factors for implementation include the availability of registration machines, adequate budget, competent human resources, and efficient bureaucratic reform. Meanwhile, inhibiting factors include limited public understanding of the BPJS program, an imbalance in the number of medical personnel and patients, limited class III inpatient space, and problems with the availability of medicines in the BPJS e-catalogue. This research recommends optimizing supporting factors and systematic handling of inhibiting factors to increase program effectiveness.

Keywords: BPJS, Policy Implementation, Health Services, Community Health Center, Edward III

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1. Introduction

Providing health services is a government obligation as a fundamental right of society. This is stated in the 1945 Constitution Article 28 H paragraph 1 which guarantees the right of every citizen to obtain physical and spiritual well-being, a decent place to live, a healthy environment, and access to health services. Furthermore, Article 34 paragraph 3 of the 1945 Constitution emphasizes the state's responsibility in providing adequate health service facilities and public services.

To make this happen, the government issued Law no. 24 of 2011 which regulates the formation of the Social Security Administering Body (BPJS). This institution is divided into two main focuses: BPJS Employment and BPJS Health, which is tasked with managing National Social Security (JSN).

Previously, through Law no. 40 of 2004 concerning the National Social Security System (SJSN), has mandated the transformation of several state-owned enterprises - PT Askes, PT Jamsostek, PT TASPEN, and PT ASABRI - into BPJS. As a legal entity, BPJS was formed specifically to run social security programs for the Indonesian people (Fitriah, 2019).

In order to serve society, the state provides public services which are divided into three main categories. This category includes administrative services, goods services, and services. Among the various forms of services provided, one crucial aspect is health services or health care.

Considering that health is a vital aspect in every individual's life, the state takes an active role in its management. The state's involvement in the health sector reflects its responsibility to ensure community welfare through an adequate health service system (Noeng, 2000). Social security is a constitutional right guaranteed by law, confirming the equality of human rights of every citizen. This effort is in line with the government's poverty alleviation program which is being implemented in stages, involving resources from the state, private sector and society in terms of funding.

In implementing national health social security, there are several obstacles that slow down its operations. This problem covers several aspects; difficulties in the BPJS Health card activation process in the early stages, limited health facilities that partner with BPJS Health, with a less flexible system, and the complexity of the tiered service system which requires patients to get an initial examination at a first level health facility (such as a Community Health Center, clinic, or family doctor) before being referred to a hospital (Susanti, 2009).

In the implementation of health services, challenges arise related to ethical aspects of service, especially in terms of communication regarding rights and obligations. This has been regulated in applicable regulations, both for medical personnel as service providers and patients as service recipients. In the Social Security Administering Body (BPJS) system, membership is divided into two main categories. The first category is non-PBI or independent participants, which include wage-earning workers, non-wage-receiving workers and non-working people. This group is required to register and pay fees independently. The second category is PBI participants (Contribution Assistance Recipients), which consist of underprivileged and poor people, whose registration and contribution payments are fully borne by the government (Luti et al., 2012). In the field, there is a gap between the two groups of BPJS participants which reflects social justice issues. In reality, justice tends to favor the stronger group, because regulations and laws are designed based on the interests of that group.

Based on initial observations of BPJS Health participants at the Andongsari Health Center UPTD, various criticisms were found which mainly focused on infrastructure and service quality. Customer satisfaction data shows that 547 patients in 2020 and 244 patients in 2021 expressed dissatisfaction with the services provided. Andongsari Community Health Center needs to prioritize improving health services, especially for patients using BPJS Health. The government is also required to take strategic steps to ensure the sustainability of programs that benefit both patients and health facilities.

The development of health services in Indonesia is still slow and not yet optimal. Even though Puskesmas is designated as the first level health facility for BPJS Health participants, quality standards and access are still below standard, especially in terms of facilities and infrastructure for treating patients with serious or chronic illnesses. The government needs to improve quality and access standards at all levels of services to avoid the emergence of new problems.

The large number of public complaints regarding health services that are not optimal requires serious attention from the government. If it is not handled quickly and appropriately,

the quality of service will continue to decline due to the imbalance between the number of medical personnel and patients, especially BPJS users. The public expects quality services, clear procedures, adequate information, and affordable prices. Another problem that is often complained about is the long waiting time for examination and taking medication.

In the Islamic perspective, which is in line with the views of some communities, health service providers must be honest, caring and do good to all in society. However, the existing system still adheres to a conventional approach which raises doubts among BPJS Health users. This program is considered unfair and has a business nuance because of the distinction between PBI and non-PBI participants, as well as the implementation of a treatment class system (classes I, II, and III) (Gersten et al., 2010). The BPJS Health service delivery system applies different monthly fees for each class, which correlates with the level of service received. This indicates that the National Health Insurance (JKN) applies the principle of service based on the participant's financial capabilities or economic status. This practice is similar to the commercial system that is commonly applied in the business world, where the quality of service is very dependent on the implementation pattern, human resource capacity, and institutional structure.

Considering its role in public services, the government should not make it difficult for people to access health services. The quality of good government is reflected in its ability to provide services that are fast, affordable and easily accessible to all levels of society. Based on the complexity of the problem, the author is interested in conducting an in-depth study by highlighting research on the implementation of the National Health and Social Security Administering Body Program at UPTD. Andongsar Community Health Center.

2. Literature Review

2.1 Policy Theory

Policies are alternative steps taken by groups, officials, or governments to solve problems and implement solutions. According to Muhadjir (2000), policy is an effort to solve social problems aimed at achieving justice and social welfare. This effort includes several indicators: improving people's living standards, achieving social justice and space for individual creativity, providing opportunities for active participation in various stages of the program, as well as guaranteeing future development.

Monahan and Hengst in S. Syafaruddin et al. (2016) explained that the term policy comes from Greek which means city. This concept refers to various ways of government management in organizing organizational activities and establishing acceptable formal patterns to achieve certain goals. Policies function as guidelines and limitations that direct the actions of implementers and the general public. This is important for managers in making decisions that are in accordance with the agreed plans. Priatna (2008) views policy as encouraging initiative within limitations, where freedom depends on policies that reflect position and power in the organization. Meanwhile, Syarif Setiadi (2013) emphasizes policy as a guide in the decision-making process within certain limits.

Frederick, Davis, and Post emphasize that public policy focuses on government actions in promoting the public interest, including aspects of taxes, national defense, and environmental protection. Muhadjir Noeng (2003) divides policies into two categories: implementative policies which relate to implementing substantive policies, and substantive policies which constitute decision making to overcome problems effectively.

Thus, policy can be understood as a series of concepts and principles that limit and direct the handling of problems, including implementation planning, leadership, and ways of acting. Policies reflect ideals, goals, or problem-solving principles that are guided by management to achieve certain targets, which is basically a systematic decision-making process.

2.2 Public Policy Theory

A. Hoogerwert sees public policy as part of politics which aims to achieve goals under certain conditions (Edward, 1984). Salusu (2003) defines it as the relationship between various variables in government and its environment. Gersten et al. (2010) explains public policy as government efforts at various levels to solve public problems through five processes: issue identification, proposal development, advocacy implementation, implementation and policy evaluation. Dunn added that public policy is a complex pattern of interconnected collective actions within government institutions.

Public policy can be understood as a government decision that aims to have a positive impact on society. The main characteristics include: the aim of resolving general problems, the implementation of concrete actions, the role of government as a public servant, and sometimes in the form of provisions that prohibit certain actions. Thus, public policy is a decision that binds society to a broad-scale strategy made by the government as the authority holder.

Public policy making is a complex process involving many variables. Luti et al. (2012) divides it into five stages: agenda setting, policy formulation, policy adoption, policy implementation, and policy evaluation.

Policy implementation is a follow-up action to a planned program, including decision making and strategic steps to achieve success. Noeng (2000) states that policy implementation is the implementation of basic decisions which are generally contained in legislation or decisions of executive and judicial institutions.

Van Metter and Van Horn developed a policy implementation model that emphasizes the linear relationship between political decisions, policy performance, and implementation. Successful implementation is influenced by several factors:

1. Policy standards and targets must be realistic and appropriate to socio-cultural conditions.
2. Availability of quality human resources and financial support.
3. Characteristics of effective implementing organizations.
4. Clear and consistent inter-organizational communication.
5. The disposition or attitude of the implementer which includes understanding the policy, response to the policy, and intensity of implementation.

Successful implementation depends heavily on implementers' understanding of policy objectives and their ability to translate them into concrete actions. Effective communication and coordination between related parties are also important factors in minimizing implementation errors.

3. Methods

The research method is a scientific approach to obtaining data with specific objectives (Sugiyono, 2017). This research uses a descriptive qualitative method, which according to Sugiyono is based on post-positivism philosophy and examines the natural condition of

objects. The researcher acts as the main instrument, with data collection using triangulation, analysis is inductive, and research results emphasize meaning rather than generalization.

In qualitative research, the researcher acts as the main instrument or human instrument. To carry out this role, researchers need to have a theoretical understanding and broad insight in order to be able to comprehensively analyze and construct the social situation being studied. The research was conducted at the UPTD Puskesmas Andongsari, Ambulu District, Jember Regency, which was chosen because it is a bureaucratic institution that implements the BPJS program. This research uses Edward's (1984) policy implementation model which includes four interrelated variables: communication, resources, disposition, and bureaucratic structure.

Research data comes from two types: primary data obtained through direct interviews with key informants such as the Head of the Community Health Center, service implementers, BPJS staff, and BPJS participants; as well as secondary data collected from documents and written reports related to the implementation of the BPJS program at the UPTD Puskesmas Andongsari. Data collection was carried out through observation, interviews and documentation, with validation using triangulation of sources, techniques and time. Data analysis uses Miles and Huberman's interactive model which consists of four stages: raw data collection, data reduction, data presentation, and drawing conclusions.

4. Results and Discussion

4.1. Implementation of the Social Security Administration Agency (BPJS) Program at UPTD. Andongsari Health Center

Implementation is the actualization of plans that have been prepared systematically. The implementation must follow the initial design to achieve the expected results. Even if the plan has been prepared well, without proper implementation, the plan will be meaningless.

Program implementation is a complex process because it involves various factors that influence each other and can have an impact on a dynamic environment. Implementation results do not always meet expectations due to supporting and inhibiting factors, as happened in the implementation of the BPJS program at the UPTD Puskesmas Andongsari, Ambulu District.

BPJS is a central government program that aims to provide health insurance for all citizens, with a special focus on underprivileged communities through the Community Health Insurance scheme (Jamkesmas). This program was then implemented within the UPTD of the Andongsari Community Health Center, Ambulu District.

In the aspect of communication between BPJS and Puskesmas, Edward (1984) emphasized that the success of policy implementation depends on the effectiveness of communication between policy implementers. Based on interviews with BPJS staff and the Head of UPTD Puskesmas Andongsari on 12 August 2022, communication between the two institutions is going well, as shown by the placement of BPJS representatives at the Puskesmas which allows problems to be handled quickly.

Regarding resources, Edward (1984) divides them into two categories: human resources (officers) and non-human resources (infrastructure). Human resources are a crucial factor in policy implementation, including aspects of quality (skills, dedication, professionalism and competence) and quantity (sufficient number of human resources). Akib (2008) emphasized the importance of good HR management to increase organizational effectiveness and

efficiency, especially in the context of implementing the BPJS program at the Andongsari Community Health Center UPTD.

Below is a table of data on medical personnel at UPTD. Andongsari Community Health Center.

No	Workers	Number (People)
1	general practitioners	2
2	dentist	1
3	dental nurse	1
4	midwife	19
5	nurse	12
6	nutritionist	2
7	laboratory analyst assistant	1
8	administrative staff	4
9	ambulance driver	3
10	cleanliness	3
11	launcher	1
12	security	1
13	cook	1
14	sanitarian	1
Total		53

Source : UPTD. Puskesmas Andongsari 2023

The study shows that the UPTD Andongsari Health Center has 53 officers, a number that is considered quantitatively adequate to provide optimal services to the community. The Head of the UPTD Andongsari Health Center, Yayuk Mardiani, in an interview on August 12, 2022, emphasized that the number of medical and non-medical personnel was in accordance with the needs, with officers always ready when needed.

This was confirmed by Istadzil Khoiriyah, the BPJS implementing staff of the Andongsari Health Center, who stated that 53 personnel consisting of medical and non-medical personnel were sufficient to meet the needs of health services. However, Risky Yuli, the UPTD Health Center service implementer, identified obstacles related to the limited BPJS staff of only one person, which is not comparable to the number of BPJS user patients which continues to increase every year.

Although the overall number of employees is considered adequate, the distribution of workers is still a challenge, especially in BPJS administrative services. The existing officers are expected to provide optimal services to the surrounding community, with the note that the addition of human resources can improve the quality of service, considering that each officer has a specific workload that cannot be transferred.

Regarding non-human resources, Edward (1984) emphasized the importance of supporting facilities in policy implementation. Despite having an adequate number of competent officers, without supporting facilities and infrastructure, policy implementation will

not be optimal. In accordance with Law No. 40 of 2014, the Health Center is tasked with providing medical nursing services that include curative and rehabilitative services, which require adequate facility support.

The following table shows data on facilities and infrastructure available at the Andongsari Health Center UPTD.

No	building name	Unit (Amount)
1.	Gedung Berlantai 2	1
2.	Ruang UGD	1
3.	Ruang Bersalin	1
4.	Ruang Nifas	2
5.	Ruang Rawat Inap Anak	6
6.	Ruang Rawat Inap Laki-laki	6
7.	Ruang Rawat Inap Perempuan	6
8.	Ruang Oksigen	1
10.	Ruang Laktasi	1
11.	Ruang KIA	1
9.	Ruang Farmasi	1
12.	Ruang KB	1
13.	Ruang Pengobatan Umum	1
14.	Ruang Ispa	1
16.	Ruang Covid	1
17.	Ruang TB	1
18.	Ruang Bayi	1
19.	Ruang Perawat	1
20.	Ruang Laundry	1
21.	Ruang Dapur	1
22.	Aula	1
23.	Musholla	1
24.	Ruang Laborat	1
25.	Ruang MTBS	1
26.	Ruang Kapus	1
27.	Ruang TU	1
28.	Ruang Program	1
29.	Ruang Imunisasi	1
30.	Ruang Promkes	1
31.	Gudang Obat	1
32.	Gudang Barang	2
33.	Polindes	1
34.	Pustu	1
35.	Ambulance	3
36.	Poli Gigi	1

Sources : Puskesmas Andongsari 2023

The facilities and infrastructure at the Andongsari Health Center are generally adequate for patient care and services according to applicable policies. However, based on an interview with Risky Yuli, the Health Center Service Implementer, there are still shortcomings in terms of USG and X-ray facilities, both in terms of experts and physical infrastructure. Muhammad Kusen, a BPJS participant, also confirmed the need for additional facilities and infrastructure to reduce referrals to other health facilities, as well as improve patient comfort and safety aspects.

In terms of disposition, Edward III in Noeng (2000) emphasized the importance of the character and attitude of policy implementers as key factors in the effectiveness of implementation. A positive attitude towards policies tends to result in implementation that is in accordance with the initial plan. Based on interviews with BPJS users, officers at the Andongsari Health Center UPTD were considered friendly, but there were problems in service time management. As expressed by a patient on August 13, 2022, a process that should have been completed in 30 minutes could take up to 1-2 hours.

Regarding the organizational structure, the crucial factor that was emphasized was compliance with Standard Operating Procedures (SOP). The implementation of the BPJS program at the UPTD Puskesmas Andongsari has followed the SOP and standard work procedures that have been set. This is in line with the view of George C. Edward III that implementing policies according to SOP can increase efficiency and optimize coordination between officers in the organization.

4.2. Supporting and Inhibiting Factors in the Implementation of the BPJS Program at UPTD. Andongsari Health Center

It is hoped that quality services to BPJS participants can support the smooth running of the program and realize the vision and mission of the UPTD Puskesmas Andongsari in providing quality health services. This requires the support of adequate facilities and competent medical personnel. In its implementation, the Andongsari Health Center UPTD has various significant supporting factors, including the availability of registration machines, an adequate health facility budget, and competent human resources. The Puskesmas also collaborates with students and organizations in health services, supported by adequate and extensive infrastructure, as well as complete health facilities. The BPJS information system is delivered effectively through various communication media, equipped with a feedback mechanism through a suggestion box. An efficient bureaucratic structure and pharmaceutical system reform have been implemented to speed up drug services to patients.

However, the implementation of the BPJS program at the Andongsari Community Health Center still faces several challenges. In the communication aspect, there is still a gap in understanding in the community regarding the differences between KJS and BPJS, as well as confusion regarding referral procedures. Negative perceptions about Puskesmas facilities and the public's low interest in reading information on BPJS procedures are also significant obstacles.

Another challenge arises from the imbalance between the number of medical personnel and the volume of patients, which has an impact on the quality of service and staff stress levels. Limited facilities, especially class III inpatient rooms, are increasingly exacerbated by the increase in the number of patients which is disproportionate to the available capacity. Problems also arise in terms of drug availability, where there are often discrepancies between

doctor's prescriptions and the BPJS drug e-catalogue, which results in patients having to bear additional costs for drugs outside of BPJS coverage.

5. Conclusion

The implementation of the BPJS program at the UPTD Andongsari Health Center reflects the state's efforts in providing health services to the community. This program aims to improve community welfare in the health sector, the success of which depends on the optimization of various supporting elements. In its implementation, there are four key aspects that influence the effectiveness of the program. Communication between BPJS and the Health Center has been well established, marked by the placement of BPJS staff at the Health Center which allows for quick handling of problems and facilitates the submission of complaints from the community. In terms of resources, although the number of workers is adequate, improvements in facilities and infrastructure are still needed to optimize health services. The disposition aspect shows a generally good attitude from the implementers, although there are still some obstacles in the efficiency of service time. The organizational structure has followed the Standard Operating Procedure (SOP) which supports the smooth running of health services.

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