

Article

Evaluation of National Health Insurance Program (JKN) Services at Puskesmas PB Selayang II Medan

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Abstract. Evaluation of the Implementation of National Health Insurance Program Services is an assessment or analysis of the implementation of national health insurance program services Based on Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS), the government has taken steps to establish the National. The purpose of this study was to evaluate the services of the National Health Insurance Program (JKN) at PB Selayang II Health Center using qualitative methods. The research method used in this study is a qualitative research method with a descriptive analytic research design. The results of the study found that the implementation of the JKN program at the PB Selayang II Health Center had gone well. The Puskesmas has provided adequate facilities and health workers to serve JKN participants and there are still several obstacles in implementing the JKN program at the Puskesmas, namely the use of the Mobile JKN application. The regulation given by the Mayor is in the form of a UHC (Universal Health Coverage) program that guarantees access to health services for all people, regardless of ownership or use of BPJS. With the UHC program, PB Selayang II Health Center is committed to providing fair and equitable health services to all people.

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1. Introduction

The need for health and Personal well-being is a human right that is recognized by the world, including Indonesia. Health recognition has become a basic need for society. For this reason, health development is carried out in a comprehensive and sustainable manner, with the aim of building and increasing awareness, will and ability to live healthily for everyone so as to realize the highest degree of public health. Social security is generally implemented in various forms of direct income support which are closely linked to tax policies and income maintenance. However, social security often includes various schemes to increase access to basic social services, such as health care, education, and housing [1-3].

Evaluation of the Implementation of Services for the National Health Insurance Program The need for personal health and welfare is a human right that is recognized by the world, including Indonesia, so that everyone can achieve the best possible degree of public health. Social security is usually implemented in the form of various direct income assistance schemes, which are closely linked to tax and revenue management policies. However, social security often includes different schemes to increase access to basic social services such as health, education, and housing [4].

The BPJS program, namely the JKN mobile application, is one of the online services implemented by the BPJS Health office, using an application that includes various service innovations, such as taking queue numbers, transferring passports, collecting participant cards, displaying participant information, complaints about JKN services and payment of contributions/ late confirmation received by participants, but this service is not only for the general public, but many parties who use this application. The following is a screenshot of the JKN mobile app. Utilization of health services is the result of individual or group demand for health services. Individual health status and socioeconomic status are the most important factors in the use of health services [5-6].

Puskesmas is one of the organizations that provide health services which is part of the health resources needed to support efforts to organize the health system. Health centers that have not provided services expected by service users is a problem that is generally often experienced by health centers. If a health organization such as a puskesmas has not reached the level of community satisfaction with the quality of services provided, then the patient will tend to make the decision not to seek treatment or make another visit to the puskesmas [7].

Indonesia implements a national health insurance program as an effort to improve access and quality of health services for all Indonesian people. This program is expected to provide benefits for program participants, including easier and cheaper access to health services, as well as quality health services. which one is better. The JKN-KIS program itself is a social assistance program for services the poor and disabled. This program is implemented nationally resulting in cross subsidies to provide comprehensive health services for the poor [8-9].

In the context of implementing the national health insurance program at puskesmas, it is necessary to evaluate the implementation of this program to ensure that this program is implemented properly and provides the expected benefits for the community. The National Social Security System aims to guarantee the fulfillment of the basic needs of a decent life for each participant and/or their family members. Based on Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS), the government has taken steps to establish the National Health Insurance (JKN) starting in 2014 in order to realize universal health insurance. By convening one health insurance system for the entire population in 2014, various types of health insurance will merge into JKN [10-11].

The SJSN Law regulates the social security system which includes social security programs such as health insurance, workers' social security, pension social security, and other social security. Meanwhile, Government Regulation Number 82 of 2018 concerning Health Insurance contains national health insurance policies, covering the rights and obligations of participants, benefits provided, payment mechanisms, and so on.

JKN is a government program that aims to provide comprehensive health insurance coverage for every Indonesian citizen, so that they can live a healthy, productive and prosperous life. JKN-KIS participant data is divided into 2 groups. This means that participants who receive assistance are JKN-KIS participants who are underprivileged, so that their contributions are borne by the Government and regional governments. As for non-PBI, the contributions are paid by work institutions and individuals [12-14]. In addition, the JKN program is also implemented by involving a number of parties such as the Health Social Security Administrative Body (BPJS), the Regional Government, and the Puskesmas. Participation in the JKN program must be seen not only in terms of the number of people covered, but also how they can access the health services they need [15].

A high UHC number will be meaningless if it is not accompanied by the availability of health services that are needed by the community, good governance is needed to realize this program. At the implementation level in Puskesmas, the JKN program is regulated in Minister of Health Regulation Number 70 of 2016 concerning Health Services in the National Health Insurance Program. This regulation regulates the rights and obligations of JKN participants, the requirements and standards for health services, the referral system, and the supervision of health services.

According to the Law of the Republic of Indonesia Number 37 of 2021 concerning Implementation of a Job Loss Guarantee Program, the National Health Insurance (JKN) is a guarantee in the form of health protection so that participants obtain health protection, where participants can obtain guarantees and health care protection in meeting the basic health needs provided to everyone, both those who have paid health insurance contributions and whose health insurance contributions are paid by the Central Government or the Regional Government.

This program is also implemented by involving a number of parties, such as the Health Social Security Administering Body (BPJS), the Regional Government, and the Puskesmas. Cooperation and coordination between these parties is very important to ensure that the JKN program can run well and provide benefits to the community. The JKN program has been felt by the community, but in reality not all people have experienced the JKN program due to several things such as a lack of information about the JKN program service mechanism and there are still people who have difficulty collecting data in obtaining their rights to health insurance provided by the government [16].

At the implementation level at the PB Selayang II Health Center, namely Law Number 1 of 2022 concerning Optimization of the Implementation of the National Health Insurance Program. In addition, the JKN program is also implemented by involving a number of parties such as the Health Social Security Administrative Body (BPJS), the Regional Government, and the Puskesmas. Cooperation and coordination between these parties is very important to ensure that the JKN program can run well and provide benefits to the community. JKN-KIS program participants can take advantage of online or non-face-to-face services. Universal health coverage (UHC) means that everyone has access to the full range of quality health services they need, whenever and wherever they want.

2. Method

The method used is a qualitative method in evaluating the implementation of the National Health Insurance (JKN) program at PB Selayang II Health Center which can be carried out in several stages including

2.1. Data Collection

Data can be collected through interviews with informants in this study, totaling 10 people, involving a number of stakeholders, such as heads of puskesmas, doctors, pharmacists, nurses, registration officers, the BPJS field and the JKN participating community.

2.2. Data Analysis

The data that has been collected is then analyzed to find out how far the JKN program has been implemented at the PB Selayang II Health Center. The method used in this study is a qualitative research method with a descriptive analytic research design. Descriptive analytic according to Sugiyono (2013), namely a method that functions to describe or provide an overview of an object under study through data that has been collected as it is without conducting analysis to make general conclusions [17].

2.3. Verification of Analysis Results

The results of data analysis are then verified to ensure the validity and accuracy of the information obtained. Verification can be done by comparing data with other sources, such as with other health workers or with available statistical data.

2.4. Drawing Conclusions

Based on the results of analysis and verification of data, conclusions are drawn to determine the extent to which the JKN program at the PB Selayang II Health Center has been implemented properly, as well as to identify the constraints and obstacles encountered in implementing the program.

2.5. Recommendation

Lastly, recommendations can be given for improving and improving the JKN program at the PB Selayang II Health Center, based on the results of the evaluation and drawing conclusions that have been made. Recommendations can be in the form of suggestions or action plans to overcome the obstacles and obstacles encountered in the implementation of the JKN program at the Puskesmas.

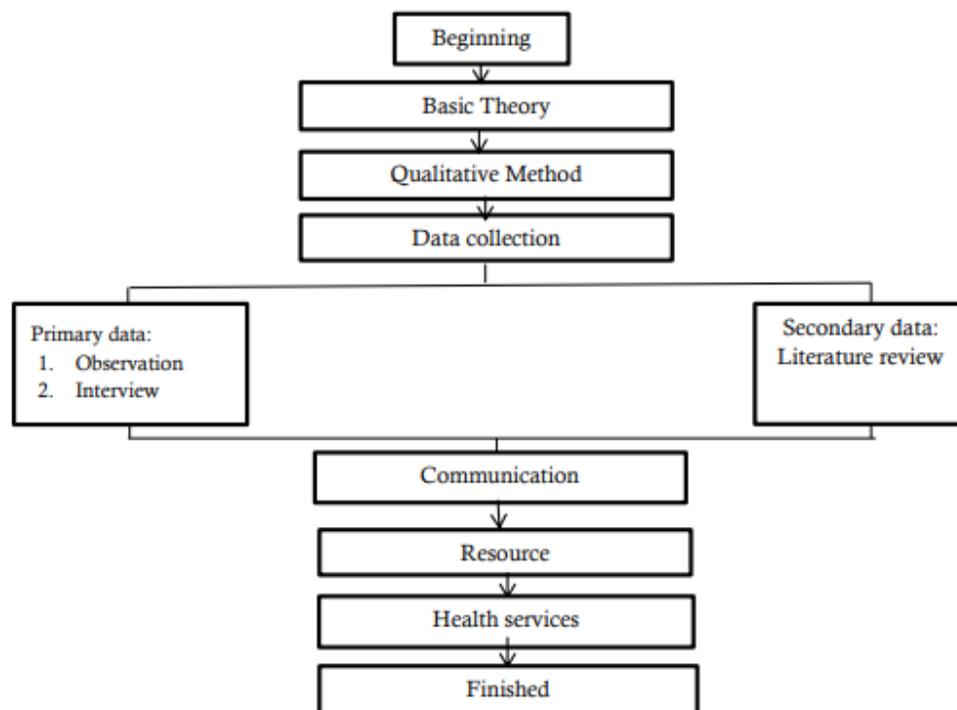


Figure 1. Research flowchart

3. Results and Discussion

3.1. Communication

Communication determines the success of achieving the goals of implementing the National Health Insurance (JKN), especially at the PB Selayang II Health Center. Communication between organization which related with activity Which currently taking place is communication. When a organization can communicate in a manner effective One The same other, both internally and externally, program execution is more likely to succeed. To prevent it from happening error in between parties which involved in implementation, data which informed must consistent [18-20]. Communication between officers at the PB Selayag II Health Center is quite good. In terms of data dissemination, PB Selayang II Health Center provides interpersonal communication [21-22] between concerned officers every day during O'clock Work. Effective implementation occurs when decision makers know what they are going to do. Knowledge of what they will do can be successful if communication goes well, so program implementation must be communicated to the right party.

The results of the evaluation of the implementation of the national health insurance program at the PB Selayang II Health Center show that even though it has not reached a 100% level of perfection, the services provided by the Puskesmas are considered very good and satisfying by society. In this evaluation it is known that the PB Selayang II Health Center has succeeded in providing quality health services using the National Health Insurance program. The results of the evaluation of the implementation of the national health insurance program at the PB Selayang II Health Center showed that the services provided by doctors were satisfactory.

The socialization developed by each agency providing health insurance has been carried out, but the information has not reached the field officers as the spearhead of health services and the community at large. Coordination between officer BPJS with officer Public health center Also Already walk Enough Good, communication and coordination is also often done through the WhatsApp application [23].

Regarding the obstacles at the Pb Selayang II Health Center, it is hoped that the use of the JKN Mobile application can be more inclusive and provide broader benefits for the people served by the PB Selayang II Health Center. At the PB Selayang II Health Center, it can be seen that currently there are no significant problems related to people who are in arrears or do not use BPJS. This is because the existence of the Medan City Government under the leadership of the Mayor of Medan Bobby Nasution received the Universal Health Coverage (UHC) award. The regulation given by the Mayor is in the form of a UHC (Universal Health Coverage) program that guarantees access to health services for all people, regardless of ownership or use of BPJS. The UHC program aims to ensure that all Medan residents have access to quality health services without financial constraints.

3.2. Resource

Source Power which consists from quantity And quality source power man, meansand infrastructure, And source fund. Implementation program JKN must own Field workers JKN, because program No can walk Alone If guarantor answer program only try Alone. Quantity and quality staff very means in carry out something program policy. Because amount employeem which not enough or No quality want to lower achievements program which run. Failure which often happen in implementation program between other because source human power which inadequate, adequate, or incompetent in field [24-27].

Indicator success on aspect membership in implementation JKN the results of the evaluation of the implementation of the national health insurance program at the PB Selayang II Health Center show that although it has not yet reached the level of perfection. However, good co-operation between the puskesmas and BPJS and the availability of effective and efficient registration services have provided real benefits for the community in accessing their health insurance. Identification of several obstacles faced by the community regarding the use of the JKN Mobile application. These obstacles include:

- a. Obstacles for parents who are internet blind: In this evaluation, it was found that many parents had difficulty using the JKN Mobile application due to a lack of understanding of internet technology. They are not used to using mobile devices and have limitations in operating applications.
- b. Obstacles for people who do not have smartphones: Some people in the PB Selayang II Health Center area do not have access to smartphone devices. This is an obstacle in using the JKN Mobile application because you cannot access the service directly.
- c. Barriers to lack of understanding about using the application: Some people also have difficulty understanding how to use the JKN Mobile application. Even though it has been explained many times, many people don't understand, but they are not familiar with the application interface and its features, making it difficult to use it optimally.

Based on the evaluation results, several steps were suggested to overcome these obstacles, including:

- a. Increased Socialization and Education: PB Selayang II Health Center can conduct outreach and education to the public regarding the use of the JKN Mobile application. This includes providing easy-to-understand information on how to download, install, and use the app.
- b. Alternative services: Apart from using the JKN Mobile application, the PB Selayang II Health Center can provide alternative services for people who do not have smartphone access. For example manual registration services at the puskesmas or the use of computer facilities at the puskesmas to help people who do not have their own equipment.
- c. Collaboration with related parties: PB Selayang II Health Center can work with related parties such as the local Health Service or the JKN program manager to provide training or special assistance to people who have difficulty using the application.

Achieving it membership universe or Universal Health coverage (UHC) on whole residents of Medan City. An indicator of success in the aspect of participation in implementing JKN nationally is the achievement of Universal Health Coverage (UHC) for all residents of Medan City including the Pb Selayang II Health Center [28]. The UHC program aims to ensure that all Medan residents have access to quality health services without financial constraints.

In the context of the PB Selayang II Health Center, the UHC program allows people who do not have BPJS or who do not actively pay BPJS contributions to still get the health services they need. UHC can be used if a person is required to be referred to a hospital [29]. With the condition that BPJS participants who are in arrears make an agreement at the puskesmas with a signature on a matrati, while those who are not, BPJS participants can come to the PB Selayang II puskesmas after that it will be processed by the puskesmas, and after 2 days they will receive a reply from BPJS. This regulation only applies to people who have a Medan KTP.

With the UHC program, PB Selayang II Health Center is committed to providing fair and equitable health services to all people. Thus, the evaluation results show that the implementation of the national health insurance program at the PB Selayang II Health Center has created an inclusive environment and provided access to health services for all people regardless of BPJS ownership or use. This UHC award is clear evidence that the evaluation of the implementation of the national health insurance program at the PB Selayang II Health Center, as well as the efforts made by the Medan City Government, succeeded in creating an environment that supports access to health services. Inclusive, quality, and free of financial constraints for the community.

3.3. Service Health

Indicator success on aspect servicehealth The service provided by the Community Health Center is considered very good and satisfying. by society. In this evaluation it is known that the PB Selayang II Health Center has succeeded in providing quality health services using the National Health Insurance program [34] . The results of the evaluation of the implementation of the national health insurance

program at the PB Selayang II Health Center showed that the services provided by doctors were satisfactory [30].

In addition, doctors are also considered to have sufficient ability to make a diagnosis, provide treatment, and provide clear and easy-to-understand explanations regarding health conditions and the necessary treatment steps. This gives confidence to the community that they will receive standard and professional health services. Shows that the implementation of the national health insurance program at the PB Selayang II Health Center has succeeded in creating satisfying health services for the community. The services provided by doctors at the puskesmas have a positive impact on the health and satisfaction of the community as JKN participants.

According to the patient's statement, all administrators provide services both inside and outside the puskesmas and are willing to serve patients in the presence of medicines from other sources that help expand drug choices for patients, especially in cases where medicines covered by JKN are not available. With support from the APBN, APBD, and donors, the PB Selayang II Health Center can provide more comprehensive services to the community. Even though not all medicines are from JKN, the PB Selayang II Health Center is still trying to provide optimal service and ensure the availability of medicines needed by patients.

Research on the evaluation of the implementation of the national health insurance program at the PB Selayang II Health Center shows that the registration services provided by the Puskesmas are very satisfying. Registration through the PB Selayang II Health Center has helped the community in the process of moving paskes (moving health facilities), overcoming the problem of duplicate data, and fixing problems related to the BPJS card without having to go to the BPJS office. That the implementation of the national health insurance program at the PB Selayang II Health Center has succeeded in providing registration services that are very helpful to the communit.

4. Conclusion

Based on the evaluation of the implementation of the services of the National Health Insurance program at the PB Selayang II Medan Health Center, it can be concluded that the service has reached a good standard in providing comprehensive health access to the community. PB Selayang II Health Center services have provided satisfactory service to the community. Both in terms of registration, doctor services, and drug services, this puskesmas has been able to provide good service and be responsive to patient needs. Even though there are several obstacles, this puskesmas has tried to overcome these problems and provide optimal service.

The regulation given by the Mayor is in the form of a UHC (Universal Health Coverage) program that guarantees access to health services for all people, regardless of ownership or use of BPJS. With the UHC program, PB Selayang II Health Center is committed to providing fair and equitable health services to all people. Thus, the evaluation results show that the implementation of the national health insurance program at the PB Selayang II Health Center has created an inclusive environment and provided access to health services for all people regardless of BPJS ownership or use. This UHC award is clear evidence that the evaluation of the implementation of the national health insurance program at the PB Selayang II Health Center, as well as the efforts made by the Medan City Government, succeeded in creating an environment that supports access to health services, inclusive, quality, and free of financial constraints for the community.

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