

IMPLEMENTATION EVALUATION OF THE NATIONAL HEALTH INSURANCE (JKN) PROGRAM AS AN EFFORT TOWARDS UNIVERSAL HEALTH COVERAGE (UHC) IN EMPAT LAWANG REGENCY

Dian Kartika¹ Yuanita Windusari² Misnaniarti³

^{1,2,3} Universitas Sriwijaya, Indralaya, Sumatera Selatan, 30662,

diankartika873@gmail.com

ABSTRACT

As a sign of the government's commitment to executing the National Health Insurance Program (JKN), the President issued Presidential Instruction Number 8 of 2017 and Presidential Instruction Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program. According to data from 2021, South Sumatra Province's Empat Lawang Regency has the lowest membership achievement. This study intends to assess the National Health Insurance Program's (JKN) implementation in the Empat Lawang Regency's efforts to achieve Universal Health Coverage (UHC). The study used a qualitative design method. This study used purposive technique to select informants. Data were collected by in-depth interviews with 7 informants, document review and observation. Validation of the data used triangulation methods and sources. Furthermore, this study used content analysis method. The results of the study showed that the Regional Government of Empat Lawang Regency has carried out several Instructions instructed in the Second Presidential Instruction. There are several instructions that have not been carried out, such as Non State Civil Apparatus (State Civil Apparatus (ASN)) participation, National Health Insurance (JKN) participation as a requirement in the completeness of licensing documents; and imposition of administrative sanctions for Employers other than State Administrators; The achievement of National Health Insurance (JKN) participation in Empat Lawang Regency as of April 1, 2022 reached 57.40%. Budget restrictions and other challenges from diverse groups continue to be a problem for local governments. In the future, it is envisaged that the Regional Government would be able to carry out all orders pertaining to the National Health Insurance (JKN) program's execution.

KEYWORDS: National Health Insurance (JKN), UHC, Achievement, Evaluation

1 INTRODUCTION

Universal Health Coverage (UHC) has been identified as a priority for the global health agenda. UHC means that everyone can access the healthcare they need, without suffering financial hardship, and become an important part of Sustainable Development Goals (SDGs) in 2015. As of September 2019, all Member States of the United Nations have

firmly committed to achieving UHC by 2030, with global efforts to build a healthier world for all (Tao et al., 2020)

World Health Organization (WHO) in "Health System Financing: The Path to Universal Coverage" (The World Report, 2010) introduces three important dimensions as indicators of Universal Health Coverage (UHC) achievement, : a) the percentage of the population covered, b) the level of completeness (comprehensive) of the guaranteed health service package, and c) the proportion of healthcare expenses that the general public still pays.

In order to achieve health insurance for the entire population or universal health insurance in accordance with the mandate of the 1945 Constitution and Law no. 40 of 2004 concerning the National Social Security System (SJSN), the government launched the National Health Insurance (JKN) program in early 2014. The Universal Health Insurance aims to increase public access to comprehensive, quality and equitable health services for the entire population (National Acceleration of Poverty Reduction Team).

The government's seriousness in implementing the National Health Insurance (JKN) Program President Joko Widodo issued Presidential Instruction Number 8 of 2017 concerning Optimizing the Implementation of the National Health Insurance Program. On January 6, 2022, the President issued Presidential Instruction Number 1 Year 2022 concerning the Optimizing Implementation of the National Health Insurance Program with several additional instructions. This shows that the Government is committed to ensuring that all levels of society are protected by health insurance (BPJS Health, 2022)

The JKN-KIS program, among other national strategic programs, has been implemented largely thanks to the regional administration itself. There are at least three important roles for local governments in optimizing the JKN-KIS program, including expanding the scope of participation, improving service quality, and increasing compliance levels. (BPJS Health, 2016)

In 2020, 82% of the Indonesian population have become participants of the National Health Insurance (JKN) where there are 4 (four) provinces that have achieved Universal Health Coverage (UHC), DKI Jakarta, West Papua, Aceh, and North Sulawesi Provinces. The highest coverage of JKN participation is the population of DKI Jakarta Province (162.9%), while South Sumatra includes the six provinces with the lowest JKN membership coverage, Riau, North Maluku, Jambi, Banten, Java, West and South Sumatra with JKN membership coverage 74,7%. (Indonesia Health Profile, 2020)

Based on Semester I 2021 data from the South Sumatra Provincial Health Office, the South Sumatra Province National Health Insurance (JKN) Participation Achievement reached 85.20%. Of the 17 regencies/cities in South Sumatra Province, Empat Lawang Regency is the Regency with the lowest National Health Insurance (JKN) membership achievement of 57.91% (Data from the South Sumatra Provincial Health Office, 2021).

Based on these statements, it is necessary to evaluate the implementation of the National Health Insurance (JKN) Program in the Efforts towards UHC in Empat Lawang Regency to determine the Presidential Instruction number 8 of 2017 is being implemented and the readiness for the implementation of Presidential Instruction number 1 of 2022 related to the National Health Insurance (JKN) Program in Empat Lawang Regency.

This study aims to evaluate the implementation of the National Health Insurance (JKN) Program in the Efforts towards UHC in Empat Lawang Regency in accordance with Presidential Instruction Number 8 of 2017 and Presidential Instruction Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program (JKN).

2 MATERIALS AND METHODS

The research was conducted in Empat Lawang Regency using a qualitative design. The selection of informants used a purposive technique, 7 (seven) informants were chosen because they understood or were directly involved in the research objectives. The informants in this study were BPJS Health Empat Lawang Branch, Social Service of Empat Lawang Regency, Regional Planning Agency (Bappeda) of Empat Lawang Regency, Regional Financial and Asset Management Agency (BPKAD) of Empat Lawang Regency, Empat Lawang Regency Health Office, Department of Investment and The One Stop Service (One-Stop Integrated Service and Investment Service (DPMPTSP)) of Empat Lawang Regency, and the Village Community Empowerment Service for the Protection of Women and Children (DPMDP3A) of Empat Lawang Regency. The research instrument is in-depth interview, document review and observation. Furthermore, it is analyzed using content analysis method.

3 RESULTS AND DISCUSSION

a. Preparation, Determination of Regulations and Budget Allocation

In the Presidential Instruction, the Regional Government is assigned to formulate and stipulate regulations and allocate budgets to support the implementation of the National Health Insurance program in their area. Following are the results of an in-depth interview with Informant III regarding the preparation, determination of regulations and budget allocation:

"For our preparation, based on the proposal from the related Regional Apparatus Organization (OPD), in this case the Health Office, how much budget is needed. For the regulation itself, it is returned to the relevant Regional Apparatus Organization (OPD) in determining the regulation. Regarding the current and previous year's budget allocations for National Health Insurance (JKN) itself, the first is through the central Contribution Assistance Recipient (PBI) of the Government budget (APBN) and there is purely through Regional Revenue and Expenditure Budget (APBD) funds in Empat Lawang Regency. For the current year 2022, what is covered by the empat lawangs is 56,010 peoples."

Based on the results of the document review and field observations, it was also found that in relation to the budgeting of the National Health Insurance (JKN) program, Rp. 9.200,000,000,- for the National Health Insurance (JKN) FKTP Capitation Fund and Rp. 25,406,136,000, - for the Contribution Assistance Recipient (PBI)Regional Revenue and Expenditure Budget (APBD) budget and Rp. 268.800.000,- for Class 3 Non-Wage Recipient Workers (PBPU) contribution assistance. And for regulation there is a Regent's Decree regarding the Determination of Participation Recipients of the Empat Lawang District Health Insurance Contribution Assistance and a Memorandum of Understanding

jointly between the Empat Lawang Regency Government and BPJS Health on Optimizing the National Health Insurance Program.

The results of this study showed that the Empat Lawang Regency Government has carried out the preparation, stipulation of regulations and budget allocation for the National Health Insurance (JKN) Program. Budget constraints are still one of the obstacles in budgeting the National Health Insurance (JKN) Program.

Based on the results of research by Van Minh, H (2014) regarding progress towards universal health coverage in ASEAN, several obstacles were found, one of which was financial constraints, including low overall levels and government spending on health.

b. National Health Insurance (JKN) membership expansion

The Presidential Instruction Number 8 of 2017 and the latest Presidential Instruction Number 1 of 2022 instruct the Regent/Mayor in this case the Regional Government to ensure that every resident is registered as a National Health Insurance (JKN) participant. Following are the results of an in-depth interview with Informant II regarding the efforts made regarding the expansion of the Assistance Recipient (PBI)Government budget (APBN):

"We propose the first step for everyone who enters community data into the Social Welfare Integrated Data (DTKS). In addition, there is a transfer from Healthy Indonesia Card (KIS) Regional Revenue and Expenditure Budget (APBD) to KIS Government budget (APBN), first because we are pursuing targets. There is no budget at all in the Social Service regarding the National Health Insurance (JKN) program, so we have difficulty in the process of verifying and validating the Social Welfare Integrated Data (DTKS) data."

The following are the results of an interview with Informant V regarding the expansion of the PBI APBD:

"The expansion of the Contribution Assistance Recipient (PBI) Regional Revenue and Expenditure Budget (APBD) every year, the Health Office tries to propose an increase in the quota. So it is hoped that the additional quota can continue to reach people who do not have health insurance. However, due to budget constraints, the quota provided by the PBI APBD has not been able to cover all residents from the he public health center continues to try to socialize the National Health Insurance (JKN) program to the community, so it is hoped that it can increase public awareness of the importance of having health insurance."

The results of this study indicate that the District Government of Empat Lawang continues to strive to expand membership by increasing the quota every year and socializing the National Health Insurance (JKN) program to the public in an effort to increase public awareness of the importance of having health insurance but indeed the budgeted quota has not been able to cover all residents who do not have health insurance due to budget constraints. Meanwhile, the Social Service is trying to meet the target of the Contribution Assistance Recipient (PBI)Government budget (APBN). However, because the stock of Social Welfare Integrated Data (DTKS) data ran out, a transfer was made from the Contribution Assistance Recipient (PBI)Regional Revenue and

Expenditure Budget (APBD) to the Government budget (APBN) to be able to pursue the target. The Department of Social Affairs is constrained by the absence of a budget for verification and validation.

This is in accordance with Salfia Nurfadillah's research (2017) on the Analysis of the Role of Government in Health Services in Pinarang Regency that the Pinarang Regency Regional Government in encouraging government participation conducts socialization and cooperates with BPJS in integrating Regional Health Insurance/National Health Insurance into BPJS, so that the government takes part in encouraging participation, whether it's a participant whose premium is paid by the government or an independent BPJS participant.

The results of the research by Puspitaningrum, RA, et al., (2019) found that the implementation of National Health Insurance (JKN) policies in Surakarta City to achieve UHC is influenced by: actors who have high commitment and competence in the success of the National Health Insurance (JKN) program, a dynamic process in adjusting central and regional policies with implementing various strategies and innovations to increase the coverage of JKN participation, such as the high awareness and willingness of the people of Surakarta City to have JKN.

Research result by Rukmini, R. and Oktarina, O., (2018) states that the constraints experienced by the social services related to financing and the limited number of human resources for the implementation of data collection activities for the poor.

c. As a requirements for completeness of licensing management documents.

Based on the president's instructions, all One-Stop Integrated Service and Investment Service (DPMPTSP) services require *National Health Insurance (JKN)* participation to be one of the requirements for completeness of documents in licensing arrangements. Following are the results of in-depth interviews with Informant VI and Informant I:

Informant VI

"This business permit from the Central Government was made easier. we refer to OSS (Online Single Submission), OSS is basically ease of doing business, so if we block it, it means we don't support ease. Indeed, it is recommended by the One-Stop Integrated Service and Investment Service (DPMPTSP) for those who have not been registered as National Health Insurance (JKN) participants, for now it is not a mandatory requirement"

Informant I

"Actually, it's not contradictory, it's just that the application doesn't accommodate the One-Stop Integrated Service and Investment Service (DPMPTSP), it's called OSS (Online Single Submission). Well, the difference is that even though he answered yes, he asked for a number, even if he answered no, he could still continue. The application should be revised, development should be mandatory."

The results of this study indicate that the One-Stop Integrated Service and Investment Service (DPMPTSP) of Empat Lawang Regency has not implemented

National Health Insurance (JKN) membership as a mandatory requirement in the completeness of licensing documents. This is because DPMTSP refers to OSS wherein OSS implements ease of licensing. Even from the system, if you have not registered as a National Health Insurance (JKN) participant, the licensing process can continue. It is hoped that in the future the application can be updated so that it is in line with the instructions issued by the president.

Based on Government Regulation of the Republic of Indonesia Number 6 of 2021 concerning the Implementation of Business Licensing in the Regions. In Chapter III Article 6 Point 7 it is written "In order to improve the investment ecosystem and business activities in the sector as referred to in paragraph (5), Business Actors are given ease of investment requirements and Business Licensing in accordance with the provisions of the legislation regarding the implementation of Risk-Based Business Licensing." (Government Regulation No. 6, 2021)

d. State Administrators and Non-State Civil Apparatus (ASN) Participants are registered as JKN program participants

Based on the Presidential Instruction, the Regional Government is assigned to encourage the Participant of State Official Wage Recipients within the Regency/Municipal Government agencies to register other family members as active Participants in the National Health Insurance program in the segment of State Administrators Wage Recipient Workers and ensure that all workers including government employees with Non-State Civil Apparatus status in their territory are active participants in the National Health Insurance program. The following are excerpts from in-depth interviews with Informants I and III:

Informant I

"For the State Organizing Segment that is a civil servant, it has been implemented since the Askes era in 2014 while for other than civil servants such as the TNI, POLRI has only become a participant since the inauguration of JKN in January 2014. By cutting salaries from civil servants, TNI, POLRI. Regarding Non ASN, BPJS has coordinated with the Regional Government to ensure that Non ASN who work in the government environment are immediately registered, only at our place the song is still an old song, the budget is indeed constrained."

Informant III

"In 2022, it seems that for Non-State Civil Apparatus (ASN), it doesn't look like it, because the president's instructions also only came out in early 2022, while the 2022 budgeting is going on right. But for 2023, how many OPDs have allocated the amount of their health insurance contributions for each non-asn in their OPD?"

The results of this study indicate that the Participation segment of State Officials Wage Recipient Workers has been running well, while regarding the participation of Non-State Civil Apparatus (ASN) in the Empat Lawang Regency Government in 2022 it has not been running because the Presidential Instruction only came out in early 2022. It is likely to start running in 2023 but only a few OPD have budgeted.

All Indonesian residents MUST be participants in the JKN-KIS managed by BPJS Health including foreigners who have worked for at least 6 (six) months in Indonesia and have paid dues, which are divided into types of participation. one of them is Workers Recipient of State Administration Wages (PPU PN / Civil Servants) and Non-State Government Employees (PPNPN) are Non-Permanent Employees, Honorary Employees, Special Staff and other employees who are paid by the State Budget or Regional Revenue and Expenditure Budget. The employee is an employee who is appointed for a certain period of time to carry out government and development tasks of a technical, professional and administrative nature in accordance with the needs and capabilities of the organization. (BPJS, 2020)

e. Participation of the Headman and Village Apparatus

Based on the Presidential Instruction, the Regional Government is assigned to register, plan, budget and pay the Headman and Village Apparatus fees as JKN participants. Following are the results of in-depth interviews with Informants VII and I:

Informant VII

"In terms of budgeting for JKN, the health insurance for the Headman and his family has only started in 2022."

Informant I

"Alhamdulillah, since February it has been registered but has not been paid. So, from February to June, there were 147 villages, 120 but not all, it means that the total 147 villages that have been registered are 102 or 120. If I'm not mistaken, it means that there are about 30 to 40 villages that have not registered their village apparatus as membership has been registered but officially the activeness of the participant is not active because the monthly payment has not been made. Because the local government has prepared for the payment of contributions for the months of February, March and April, the 3 months turned out to be rejected because the fee system has appeared until the month of June. if the village apparatus is the same as the company and the independent participant, it is a closed payment, if it is a closed payment, how many bills that appear must be paid that amount."

The results of this study indicate that the participation of the Headman and village apparatus in the JKN program has been running since February 2022. The Empat Lawang Regency Government has allocated the JKN membership budget for the Headman and village apparatus. However, until now the Government has not made payments so that the membership status has not been active. The payment has not been made because there is an error regarding the payment of the JKN membership dues for the Headman and Village Apparatus because the Regional Government has prepared payments for February to April but failed to pay due to payments related to the participation of the Headman and Village Apparatus using the close payment method, which means according to the amount collected. For the number of villages that have registered from the existing 147 villages that have been registered as many as 102 villages. 45 Villages that

have not been registered are because they have not completed the filing and because the payment has not been made, BPJS Health cannot make additional data mutations.

This is reinforced by the Regulation of the Minister of Home Affairs of the Republic of Indonesia Number 119 of 2019 concerning Withholding, Depositing, and Payment of Health Insurance Contributions for Headmans and Village Apparatus. In Chapter II Article 2 it is stated that the Headman and village officials and their family members must be registered as Participants of the Health Insurance program in accordance with the provisions of the legislation. Registration as a Participant of the Health Insurance program as referred to in paragraph (1) is carried out by being registered through BPJS Health. Article 4 reads that the district/city government shall register and change the membership data of the Health Insurance of Headmans and village officials collectively. Collective membership registration as referred to in paragraph (1) is carried out no later than 1 (one) month from the inauguration of the village head and village officials (Permendagri Number 119, 2019).

f. Budget allocation and payment of premium Contribution Assistance Recipient (PBI) Regional Revenue and Expenditure Budget (APBD) premiums and assistance for Class 3 Non-Wage Recipient Workers (PBPU) contributions

Based on the Presidential Instruction, the Regional Government is assigned to Perform budget allocations and payment of contributions and contribution assistance for residents registered by the Regency/City Regional Government, as well as budget allocation and payment of contribution assistance for Non-Wage Recipients and Non-Workers with the benefit of services in Class 3 treatment rooms. Following are the results of in-depth interviews with Informants III, IV, V and I:

Informant V

"For the budget for the Contribution Assistance Recipient (PBI) Regional Revenue and Expenditure Budget (APBD) contribution, the amount is Rp. 25,406,136,000,- (twenty five billion four hundred six million one hundred thirty six thousand rupiah) with a quota of 56,010 people, while the allocation for Non-Wage Recipient Workers (PBPU) Class 3 contribution assistance with a quota of 8,000 people is Rp. 268.800.000,- (Two hundred sixty eight million eight hundred thousand rupiah). For the requirements for the Contribution Assistance Recipient (PBI) Regional Revenue and Expenditure Budget (APBD) proposal, the community only needs to attach a photocopy of their ID card, Family Card (KK) A statement that they do not have stamped health insurance and a certificate of incapacity from the Headman/Lurah. For Premium Payments for Contribution Assistance Recipient (PBI) Regional Revenue and Expenditure Budget (APBD) and Non-Wage Recipient Workers (PBPU) Class 3 have only been paid until January 2022, the Health Office continues to coordinate with BPKAD regarding payment of contributions."

Informant I

"For Assistance Recipient (PBI)Regional Revenue and Expenditure Budget (APBD) participation and Non-Wage Recipient Workers (PBPU) Class 3 contribution assistance, we have received information that in 2022 the PBI APBD quota is 56,010 people. Until now, the Health Office continues to propose the registration of PBI APBD until the quota is fulfilled. There is no PBI for this APBD in 2012, the Presidential Regulation does not yet exist. That's why the revised Presidential Decree 12 2013 concerning JKN was revised in less than a year, so there was a change to Presidential Decree 111 of 2013. In Presidential Decree 111, it is about health insurance to include the nomenclature of the population that has not been registered because it was clear that the workers were registered, the private ones were registered, the ASN were registered the poor and the poor were registered. unable to have the data registered. So you don't have to be poor and can't afford the Contribution Assistance Recipient (PBI)Regional Revenue and Expenditure Budget (APBD). The important thing is that the community is willing if the treatment class is class 3, and one more thing is that the Regional Government has good fiscal financial capacity."

The results of this study indicate that the PBI APBD participation and PBPU Class 3 contribution assistance in the Empat Lawang district have been running, the budget allocation for the PBI APBD Premium Contribution is Rp. 25,406.136.000,- (twenty five billion four hundred six million one hundred thirty six thousand rupiah) and the allocation for PBPU Class 3 contribution assistance is Rp. 268.800.000,- (Two hundred sixty eight million eight hundred thousand rupiah). Regarding the payment of contributions, the Regional Government also continues to make payments, but currently it can only be paid until January 2022. Regarding the PBI APBD criteria, the Regional Government seems to be still confused in defining APBD PBI Participation.

Based on the JKN Program Review Report from the Center for Health Policy and Management, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada (PKMK FK-KMK UGM), the problems found in the implementation of JKN, in the aspect of participation in the JKN program, such as the definition of membership registered by the local government (PBI APBD), has a different meaning about the poor and the poor, as well as the weak law enforcement of independent participants (PBPU) who are in arrears in BPJS Health contributions.

g. Business Entity Participation and Business Entity Contribution Payment

Based on the Presidential Instruction, the Regional Government is also assigned to ensure that members of the board of commissioners/supervisory board, members of the board of directors, and employees and family members of Regional Owned Enterprises and their subsidiaries are active participants in the National Health Insurance program. As well as ensuring the payment of health insurance contributions for all Management and Employees at Regional-Owned Enterprises, the following are the results of an in-depth interview with Informant I:

"I would like to apologize again, because I'm new to work, maybe I've missed it. There is a name for the Coordination Forum for Supervision of Compliance Inspection of Employers Who Are Outside the State Administrators. For monitoring the payment of business entity dues through the forum, yes, the meeting is 2 times in 1 year. Usually, if someone is in arrears, we have an officer who collects contributions in the financial collection sector, later they will coordinate

with the field, the expansion of participants related to business entities or companies will coordinate. Usually the problem is when he is no longer operational and does not report."

From the results of the document review and field observations, it was found that the number of Regional Owned Enterprises (BUMD)s in Empat Lawang Regency was 2, PDAM and Sumselbabel Bank, these two Regional Owned Enterprises (BUMD)s had registered their workers as JKN participants. As for the Private Business Entities that have registered workers and their families as BPJS Health participants, there are 28 business entities with a total of 1,452 employees, 1,036 wives/husbands and 1,917 children and 24 dependents. The total number of registered people is 4,429 people.

The results of this study indicate that Business Entity Participation has been running, the obstacles faced by the data reported by the Business Entity regarding the number of employees are different from the actual data. Information on the number of Regional Owned Enterprises (BUMD)s in Empat Lawang Regency is 2, Local water company (PDAM) and Bank Sumselbabel, these two Regional Owned Enterprises (BUMD)s have registered their workers as JKN participants. As for the Private Business Entities that have registered workers and their families as BPJS Health participants, there are 28 Business Entities with a total of 1,452 Workers. Monitoring of payment of dues from business entities has been running and is carried out through Forum meetings which are held twice a year. From the meeting BPJS will take steps to resolve it. Constraints for business entities in arrears of business entities are usually due to no longer operating, causing financial difficulties to pay their arrears.

The results of Wulandari G's research (2020), the Registration of Wage Recipient Workers (PPU) carried out by the company owner (employer) does not register all Wage Recipient Workers (PPU) including himself the company owner (employer) within the company itself.

The results of research by Elvarisha E, et al (2022), stated that business entities no longer operate, causing financial difficulties to pay their arrears of contributions. This is what causes the large number of business entities that are in arrears because even though the business entity is no longer operating, the arrears of contributions still have to be billed by BPJS Health.

h. Imposition of administrative sanctions

Based on the Presidential Instruction, the Regional Government is assigned to carry out the imposition of administrative sanctions for not receiving certain public services to Employers other than State Administrators and any person other than Employers, workers and Recipients of Health Insurance Contribution Assistance who do not fulfill their obligations under the National Health Insurance program in accordance with the provisions of laws and regulations. . Following are the results of interviews with Informant VI and Informant I:

Informant VI

"There are no sanctions yet because we refer to the OSS for ease of doing business, so to support the ease of doing business in the system, there are no sanctions in the sense that even if

they click on the process, the process will continue, but it is recommended that they become participants."

The results of this study indicate that there has been no imposition of administrative sanctions and there are no rules from the local government that regulate the imposition of sanctions in the form of: do not get certain public services to Employers other than State Administrators and everyone other than Employers, workers and Health Insurance Contribution Assistance Recipients who do not fulfill their obligations in the National Health Insurance program in accordance with the provisions of the legislation.

This is in line with the results of research by Elvarisha E, et al (2022), it was found that the application of administrative sanctions for employers who have not registered their workers to become JKN-KIS participants is only limited to written warnings. This has not created a deterrent effect and means that the imposition of sanctions for violations of these obligations has not been effective. There has never been a sanction for the termination of public services to employers.

This research was carried out in accordance with applicable scientific procedures, but still has limitations. This research limits the problem to only focusing on the aspect of membership expansion. It would be better if the next researcher could add these two variables. As well as the lack of informants in this study, future research may be able to examine more informants than current research, such as Directorate General of Population and Civil Registry (Dukcapil), Manpower Office, public health center, or Business Entities.

4 CONCLUSION AND RECOMMENDATIONS

Conclusion

Based on the data analysis that has been done, the following conclusions can be drawn:

1. The Regional Government of Empat Lawang Regency has carried out several Instructions instructed in the two Presidential Instructions;
2. There are several instructions that have not been carried out, such as Non ASN participation, JKN participation is a requirement in the completeness of licensing documents; and the imposition of Administrative Sanctions for Ape Providers other than State Administrators;
3. There are several obstacles from various segments such as budget limitations, dishonesty of business entities in reporting data on the number of workers, the low level of public awareness of the importance of having health insurance, running out of DTKS data and the absence of a budget for verification and validation so that the fulfillment of the APBN target from the transfer of PBI APBD data to the APBN, for PBI APBD itself, the Regional Government is still confused in defining PBI APBD.

Recommendation

In accordance with the research results obtained regarding the implementation of the JKN program in Empat Lawang Regency, it is hoped that in the future the Regional Government will be able to carry out all instructions related to the implementation of the JKN program. The suggestions that can be given by researchers are as follows:

1. For the Central Government
 - a. Updating the OSS application used in licensing management, so that JKN participation becomes a mandatory requirement in licensing arrangements.
 - b. Establish more specific criteria for participants who can be paid by the Regional Government so that the targets for participants paid by the Regional Government do not overlap with those paid for by the Central Government. Is the PBI APBD specifically for the poor but does not include DTKS data or all people who do not have health insurance and are willing to be registered by the government in Class 3 can become participants who are paid by the Regional Government. So that local governments can have a common perception of the PBI APBD targets.
2. For the Regional Government of Empat Lawang Regency
 - a. Improving the stipulation of regulations in the implementation of the JKN program in Empat Lawang Regency by making a Regional Regulation/Perbup so that it can strengthen the commitment to achieve UHC in Empat Lawang Regency;
 - b. Budgeting the budget for verification and validation of PBI APBN participation data;
 - c. Equating the perception of PBI APBD Participation by referring to the provisions of the applicable regulations;
 - d. Complete the registration process for all Villages to become JKN membership;
 - e. To stipulate administrative sanctions for non-state official Employers as stated in written rules;
 - f. Allocate a budget for Non ASN within the Regency Government to be registered as JKN Participants;
 - g. Optimizing the availability of PBI APBN and PBI APBD quotas with joint coordination between the Health Office, Social Service, BPJS Health, and Dukcapil so as to optimize the availability of existing quotas.

5 ACKNOWLEDGEMENTS

The author's would like to thank Prof. Dr. Yuanita Windusari, S.Si., M.Si and Mrs. Dr. Misnaniarti, SKM., MKM who has guided the author in completing this research and the Empat Lawang Regency Government who has facilitated and helped the running of this research. The author would also like to thank the Indonesian Ministry of Health for funding this research so that this research can run smoothly.

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