THE IMPLEMENTATION OF THE NATIONAL HEALTH INSURANCE PROGRAM IN DEMPO TENGAH DISTRICT OF PAGAR ALAM SOUTH SUMATRA PROVINCE

1 Drs. Yani Alfian, M.Si. 2 Muhammad Fadhillah Al-Ghifari
1.2 Public Administration Institute Jatinangor West Java Province Indonesia

ABSTRACT

BPJS is a legal entity with the goal of achieving the implementation of the provision of guarantees for the fulfillment of basic needs of living for each participant or member of his family. The implementation of BPJS is divided into two, namely of BPJS of BPJS Health and Employment. With the enactment of the two anomalies of BPJS administration of social security which is contrary to the universal principles of administration of social security in the world will terminated. The First. The state does not collect income from compulsory contributions levied by his business entity, but The State is responsible for the fulfillment of people's constitutional rights to social security. Second, the social security Indonesia officially leaves from the implementation of the social body Indonesia officially out of administration by private agency into public agency.

The implementation of Law No. 40 Year 2011 regarding of BPJS on January 1, 2014 enacted the National Health Insurance program (JKN) that will be the operator is BPJS. JKN trials have been conducted since 2012 with the development of the action plan done health facilities and health workers and improvements in referral systems and infrastructure. The evaluation of the implementation of national health insurance is planned each year with a six-month period with an annual periodic review of health facilities, quality, service quality and amount of payments adjustments to the economy.

JKN has targeted services is to provide benefits to all involved in JKN, the fulfillment of medical needs of participants and prudence and transparency in financial management of BPJS. Need a deep attention in the implementation of the health care system (Health Care Delivery System), a system of payment (Health Care Payment System) and quality of service system (Health Care Quality System).

Keyword: Health and Employment, System of Payment, Quality of Service System

I. INTRODUCTION

1.1. Background

The regulation of the government Indonesian republic No. 38 Year 2007 on the coordination between the Government and provincial government, and the Regency/ City in Article 2 Paragraph 4B Local Government mandated to accept the authority from the Central Government in running the affairs of government in the Healthcare sector. Health is a measure of the quality of the welfare of the population because the population's health is the responsibility of the government in creating the life of the nation.

One of the goals of establishment the Republic of Indonesia which is contained in the preamble of the Constitution of the Republic of Indonesia in 1945 in accordance to improve people's welfare. Welfare must be brought to a sustainable, fair, and equitable reaching all people. The dynamics of development of Indonesia has been growing following challenge of handling the demands of a wide range of issues unresolved. One of them is the administration of social security for all citizens as mandated in Article 28H paragraph (3) of the right to social security for all citizens of Indonesia in 1945, the Constitution of the Republic of Indonesia in 1945, and the People's Consultative Assembly Decree contained in TAP No. X / MPR / 2001, which commissioned the President to establish a National Social Security System in order to provide a comprehensive social protection and integrated.

The enactment of Law No. 40 of 2004 on the SJSN, so Indonesian actually has a social security system for all Indonesian people. Article 5 of the Act mandates the establishment of the body called the Social Security Agency (BPJS) that must be established by Law.

On November 25, 2011, stipulated Law No. 24 regarding the National social security system and Law No. 40 of 2011 regarding the Social Security Agency which begin to be implemented on January 1, 2014.
BPJS is a legal entity with the goal of achieving the implementation of the provision of guarantees for the fulfillment of basic needs of living for each participant or member of his family. The implementation of BPJS is divided into two, namely of BPJS of BPJS Health and Employment. With the enactment of the two anomalies of BPJS administration of social security which is contrary to the universal principles of administration of social security in the world will terminated. The First. The state does not collect income from compulsory contributions levied by his business entity, but The State is responsible for the fulfillment of people's constitutional rights to social security. Second, the social security Indonesia officially leaves from the implementation of the social body Indonesia officially out of administration by private agency into public agency.

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JKN has targeted services is to provide benefits to all involved in JKN, the fulfillment of medical needs of participants of participants, and prudence and transparency in financial management of BPJS. Need a deep attention in the implementation of the health care system (Health Care Delivery System), a system of payment (Health Care Payment System) and quality of service system (Health Care Quality System). Considering the implementation of JKN issued through Law where is to be set. Meanwhile, the process of defining the implementation of the reinforced by decree or an authorized of the State like a presidential decree, at least 10 derivatives regulation should be made to strengthen the implementation of JKN. Currently many issues arising from the implementation JKN namely:

1. Health Care Delivery System
   a. Rejection patients cannot facilitate afford the health care facility.
   b. The implementation in the field, health care organized by PKKI (public healthcare clinic practice) and PKKII (Hospital) is still problematic. Patients had to find room from one hospital to another hospital because the room is full.

2. Healthcare Payment System
   a. Insufficient funds defined BPJS with real costs, related to the financing of the scheme and capitation INA CBGs castrated by Permenkes No. 69/2013. The issuance of SE No. 31 and 32 in 2014 by the Ministry of Health to strengthen Permenkes No. 69 apparently not biased reduce problems in the field.
   b. The clarity of surveillance area is still weak.

3. The quality system of health services (Health Care Quality System)
   There is still a lack of health personnel to support the implementation of the program JKN optimally. JKN program intended by the government to improve the AHH (life expectancy) which in addition to provide health insurance to employees. JKN also gave the family dependents, including children. JKN goal in child health issues intended to increase due AHH because the health problems related to the quality of someone affects the life expectancy of the individual itself.

The implementation JKN in Pagar Alam is not supported by the facilities and medical personnel. This city is only available in one general hospital, there are also happen in Dempo district that do not have health centers. If in the district do not have the Public Health Centre, the quality of health and life expectancy community health centers will not be guaranteed because Public Health Centre is the unit under supervision of District Health department of regency or city. In general, they should provide preventive, curative, and rehabilitative until either through public health efforts (UKM). In the clinic, the nurse providing care in the community and usually have sub-units such as health center services, mobile health Center, Posyandu, village health post and maternity village post (polindes). According Notoatmodjo (2007: 101) the implementation good health services requires a very specific service. Therefore, it is necessary to distinguish the existence of three types of services, namely;

1. Primary health care
   This type of health care is needed for people who are sick and healthy people to improve their health or health promotion. Therefore, the number of
groups in the population is very large (approximately 85%), this group of services needed are basic health services (Basic Health Service), or also a primary health care. This service is called with Puskesmas.

2. Secondary Health Service

This type of health service required community groups who require hospitalization, which already cannot be handled by the primary health care. This service for example Hospital type C and D, and require specialist.

3. Tertiary Health Service

The health services needed by the community groups that cannot be handled by the secondary healthcare. For example Hospital types A and B and also require specialist.

All off types of health care are very necessary in order to improve the service BPJS expectancy of people who experience pain. But if all three aspects of the service cannot be fulfilled then the implementation will BPJS hampered, due to the implementation BPJS in increasing life expectancy highly dependent on the type of health care that has been described above. Lack of adequate health facilities is the problem of BPJS to overcome problems in the public-health problems. Based on that problem, the researchers choose the place to be investigated and collecting the data namely Dempo tengah sub-district. Dempo tengah Subdistrict is one of the regions that direct responsibility for addressing community problems. Districts have the obligation to run the policy that has been made by the government. The research on the increase in life expectancy is important, because health is a human need, and the government is responsible for improving the quality of health and maintain the health of society.

The services of JKN Program guided by BPJS in Pagar Alam is still faced many problems. As a new system of large and relatively short time, the implementation of healthcare BPJS is still far from perfect. In monitoring and evaluation has been carried out by various parties, especially DJSN (Community Social Security council), found many problems in the field. Since operated on January 1st, 2014, BPJS Healthcare has a variety of problems, many aspects of the referral, the cost, and membership BPJS. Many people do not know the technical to obtain the services in accordance with the rules of the game BPJS Health. With the enactment of BPJS Healthcare, people who go to hospital (Government General Hospital) must get a referral from a doctor, clinic/ health center, or hospital (General Hospital). These problems comes from lack of supervision from central to local organizers. So that, the problems started from weak supervision rooted to other minor issues.

Most people do not know about the referral system. This is the problem. When patients comes to the tertiary hospital, patients will be served. Referral system stipulated in Regulation of the Minister of Health No. 001/2012 About Individual Health Services Referral System (PMK). The system of referral Patient is not effective and efficient, yet many people have not been able to reach health services, resulting in accumulation of exceptional patient in hospital Pagar Alam due to the complexity of the referral system. This is caused the lack of provision of information from the organizers and lack of socialization to the community and the poor coordination between health authorities and agencies organizers, so it becomes another problem in the program that has been running for less than one year.

1.2 Problems

1.2.1 Problem's Identification

In relation with the background above, the researchers identify the problems in the internship locations such as:

1. Less optimal the availability of Facilities and Infrastructure of healthcare in supporting the program of National Health Insurance in Pagar Alam.
2. Less optimal the availability of adequate medical personnel in Pagar Alam.
3. Lack of information or socialization of the programs for people in Pagar Alam.
4. Lack of coordination between health institutions in Pagar Alam.
5. Lack of supervision of the National Health Insurance program in Pagar Alam.

1.2.2 Limitation of the Problem

To overcome this problem, the researchers will limit the problem in this research that is "The implementation of Program JKN in Dempo Tengah District Pagar Alam South Sumatra Province".

1.2.3 Problems Formulation

Based on the identification of the problem, the researchers wanted to know more about the program implementation JKN guided by BPJS Health in Dempo Tengah District of Pagar Alam South Sumatra Province. The formulation of the problem are:

1. How does the implementation of National Health Insurance program in the District of Central
1. Aim and Purpose

1.3.1 Purposes
This study was conducted to determine how and to what extent the implementation of the National Health Insurance program in Dempo Tengah District of Pagar Alam South Sumatra Province.

1.3.2 The Aims of The Research
The purposes of this research are:
1. Knowing the implementation of National Health Insurance program in the District of Central dempo, Pagar Alam Regency, South Sumatera Province.
2. Knowing the barriers of National Health Insurance program in the District of Central dempo, Pagar Alam Regency, South Sumatera Province.
3. Knowing the government’s efforts in supporting the implementation of Social Security Agency (BPJS) by National Health Insurance Program.

1.4 Definitions of Concept of The Object Being Observed and Assessed
According to Nurdin Usman (2002: 70), the implementation is activity, act, action or mechanism of a system. Implementation has not only activity, but a planned activity and to achieve activity “.

According to Ripley and Franklin (in Winarno 2012: 148) states that “implementation is what happens after the legislation is adopted, which is giving out the authority of the program, policy, benefit (benefits), or a type of real output (tangible output)”. Furthermore, Van Meter and Van Horn (in Budi Winarno, 2012: 149) “limit the implementation of the policy as an actions conducted by individuals or group that is directed the government and private sector to achieve the goals that have been set in previous decisions “.

The implementation of the policy has a large broad meaning. In general, by Mazmanian and Sabatier (in Solichin Abdul Wahab, 2008: 184) “the implementation of the policy defined by understanding what happens after a program enacted or formulated, for example events and public activities, whether it involves efforts in making administration as well as efforts to provide certain impact on society or events “.

The implementation of policies according to George C. Edward III (in Dwiyanto, 2009: 32): “Implementation is influenced by four variables, namely communication, resources, disposition and bureaucratic structure as the achievement of a successful implementation. The model of Edward III can be used as an imaging tool implementation in various places and times. While the implementation of the concept model image is as follows:

Picture 1.1

Implementation Model by Edward III

Source: Edward in Dwiyanto, 2009: 33
The aspects are:

1. Communication
According to Edward III, the first requirement for the effective implementation of policies are implementers need to know what they should do, in what way and subjected to whom. The communication process between each other will run well.

2. Resources
Resources to support the implementation of effective policies concerning personnel or the employees here are adequate with a variety of expertise, authority, information and facilities which used as well as the necessary of financial.

3. Disposition
The tendencies are allegations of the implementers of the policy. If the implementers be nice in accepting a policy, most likely they will implement the policy seriously as expected by the policymakers. Therefore,
the understanding of the policies and the ability to control is an important aspect.

4. Bureaucratic Structure
In general, the bureaucracy is a body most frequently involved in policy implementation. The organizational structure of implementing the policy have an important effect on policy implementation. The policy implementers may know what to do, has the desire and support facilities to do so, but in the end they could not do anything because it was blocked by the structure of the organization where they work.

The law No. 40 of 2011 regarding BPJS with JKN program is a program created to manage health problems through service system, payment system, and good administration. JKN created for the people so that people can improve the quality of health through better health services.

The implementation of JKN program is very influential in increasing life expectancy, easy of servicing procedures, the affordability of treatment, as well as better health care and to reduce the number of deaths due to illness through medical countermeasures good. If JKN program supported by adequate health personnel as well as good health services according to indicators of Primary Health Care, Secondary Health Services, and Tertiary Health Services will create a good and maximum healthy services so that ensuring the quality of public health and increasing life expectancy.

In this research, the relevance of Law No. 40 of 2011 regarding the National Health Insurance program with the implementation of the theory by Edward III are as follows:
1. Communication Aspect
These communications are between BPJS Office, Department of Health, and officials in the health sector. So, the rules can be implemented properly and all stakeholders can understand all the mechanisms of implementation and policy objectives in order to avoid misunderstandings in communication. Communication happens originated from the Health Security Agency that run the program so that the public and implementers of JKN can organize the program optimally.
2. Resources Aspect
In any implementation of policies needed an institution, subject implementers or staff and all support facilities. In the implementation of the JKN program, aspects of the resources required and be involved, among others, include implementers a policy namely officers and employees who have the capability and adequate and in accordance with the expertise to create good health services. In addition the necessary facilities, infrastructure and budget required for full implementation of health services.

3. Disposition Aspect
Disposition or tendencies in the implementation of this program relates to the attitude of implementers, whether the implementers can be fair and non-discriminatory in the implementation of policies, as well as whether the implementers can run existing regulations and not to deviate and whether implementers not to deviate in the implementation of the health service.

4. Bureaucratic Structure Aspect
In Law No. 40 of 2011 on Health BPJS are compatibility between the intention of apparatus and employees in implementing the policy, since in some problems occur discrepancy whereby when the apparatus and employees want to work, but blocked by bureaucracy in the institution.

1.4.1 The Scope of Observation
With reference to the theory proposed by Edwards III, the author makes an observation scope that is used as guidance in conducting research on the implementation of JKN Program. To clarify the purpose of the internship as well as writer's guidelines in the implementation of internship in Dempo Tengah District of Pagar Alam South Sumatra Province, the authors create a table that contains the scope of the following observations

II. Vision and Mission of BPJS Health
2.1 Vision of BPJS health:
Nationally, the Vision later than January 1, 2019, the entire population of Indonesia has a national health insurance to obtain health care benefits and protection to fulfill basic needs of health organized by BPJS health, superior and reliable.

2.2 Mission of BPJS health:
1. Building a strategic partnerships with various agencies and encourage public participation in the expansion of the coverage of the National Health Insurance (JKN).

2. Running and strengthen health insurance system that is effective, efficient and quality to participants through optimal partnership with heath facilities.

3. Optimizing the management of social security funds and fund programs BPJS effective, transparent and accountable to support the sustainability of the program.

4. Building Effective Health BPJS based on the principles of good corporate governance and improve the competence of employees to achieve superior performance.

5. Implementing and developing the system of planning and evaluation, assessment, quality management and risk management over the entire operational BPJS Health.

6. Developing and strengthening information and communication technologies to support the operationalization BPJS Health.

2.3 Organizational Structure of BPJS

Based on the regulations of Law No. 40 of 2004 on Social Security and Law No. 24 of 2011 regarding BPJS, it can be seen that the organization structure of Social Security Agency in Pagar Alam as follows:

a. The Head of operational Lubuk Linggau branch
b. The Chief of Operating in Pagar Alam city
c. Member Operations
d. Assistance officer

To better understanding about the operational team Program performance of Social Security Agency of Health in Pagar Alam can be seen in figure Organizational Structure of the social security agency of health and explanation of the function of chief operating office Pagar Alam and its members are as follows:

The Organizational Structure of BPJS Operation Office In Pagar Alam City

Source: the operation office of Social Security Agency (BPJS) Health in Pagar Alam 2015

2.3.1 Structure and Function of BPJS Organization In Pagar Alam City

a. The Head of Operation Office of Pagar Alam City

Operational office of Pagar Alam led by an operational office of Pagar Alam who is under and directly responsible to the Head of branch office in South Sumatra Province which has the duty to develop policies on programs that are currently running, coordinating tasks, directing, guiding, motivating, supervising , and control members in the Office of BPJS Health in Pagar Alam.

b. The Member of Operation Program

In conducting the operational program of BPJS in Pagar Alam city, the Chief Operating Office helped by some official members in supporting the success of a health insurance in the case to ease the process of existing services. The members of the operational official directly responsible to the chief operating officer of a program that has the duty, among others, serve patients, handling of complaints of the patients, the maintenance of the membership card or the card is damaged or missing, the handling of patient problem, handling billing or claims

c. Assistance

In the operational of BPJS, there are the officer who are ready to help the performance of chief operating officer and the operational programs in the framework of the program implementation
process optimization BPJS to health care that will be provided to all the people who reside in Pagar Alam city.

2.3.2 The Phenomenon Observe and Assesed

Operational Office in Pagar Alam is one of the work unit in implementing the program in execution of his duty is directly responsible to the head of operations at the branch office of South Sumatra through the chief operating office of Pagar Alam. Duties and responsibilities are regarding the tasks related to health care services among others to develop policies on programs that are currently running, coordinating tasks, directing, guiding, motivating, supervising, and controlling its members in an office environment of BPJS Health in Pagar Alam.

Related in the vision and mission to make the BPJS health program successful in Pagar Alam in all the process of achieving always the case in the field of its own color according to the characteristics of the population and local culture, such as the medical officer who often leave the task, health care is sometimes less than optimal in providing services, the occurrence of a power outage in public facilities such as BPJS Center and Hospital. The lack of public knowledge about the program BPJS Health was the discovery of the complaints about the additional costs or the difference in the cost of claims administration process, the complexity of the referral system, as well as other things that the authors examine and observe. All this of course is a special phenomenon that cannot be ignored. However, it must be examined through internships the author conducted in the Office of BPJS health in Pagar Alam.

2.3.3 Communication

In a broad outline the success of the program that has been going on less than one year was greatly affected by communication process. Communication and socialization program is very much needed considering JKN which organized by BPJS Health is a Social Security program changes from that was before it’s. In the research that is observed by the author through internships that was held in January 2015, the writer observe the process of communication and understanding of the structure internal and external shocks from the organizer programs and the participants of this program.

Related observations that carried out by the author of the process of implementation communication by the organizer and the understanding of the program JKN by participants so that a good communication is required to do so that the program is able to walk in line with what is expected. In communication aspect, the authors found some phenomenon that in may occur in an interview:

Based on an interview that carried out by the author on January 24, 2015 with the Head Office Operational of BPJSin Pagar Alam related to the understanding and knowledge of the program implementation JKN said that "the understanding of the organizer on implementation and knowledge about this program has clearly and good, but the less number of human resources made the communication and socialization is not be advised to the public in suburb area"

Based on an interview that carried out by the author on 24 January with the Head Office of BPJS Pagar Alam, the program mechanisms related JKN said that

"JKN Standard Operating Procedure was regulated by the Constitution set Number 40 of 2011 about the organizer Social Security”.

In these laws is stated about mechanism related to the program is:

1. The procedure of basic healthcare service
   A. The member bring the Jamkesmas card
      a. The vagrant members, beggars, children and displaced persons, using a letter or recommendation office or local social agencies.
      b. Participants were dismissed that do not have JAMKESNAS card, they can use PKH card.
   B. The health Services at the public health center and network
   C. If according to medical indications participants require advanced services it can refer participants to the Advanced PKK.
2. The advanced procedure

A. Participants of JAMKESNAS who referred to advanced PKK must bring a health card or other membership identification and referral letters taken to counter BPJS Center or the previous administration process is incorporated in the location of the Integrated Administrative Service Center Hospital (PPATRS) to verify correctness and completeness.
   a. Emergency does not require a referral
   b. Infants and children born from the member of Jamkesnas, automatically become the member
   c. Health services using the jamkesmas card of parents must attached the birth certificate and the Parents family card.

B. Given the validity Letter participants (SKP) by officers of BPJS

C. Participants receive medical care

D. Type of service:
   a. Outpatient treatment of advanced (specialist) in Hospital and Bakemnas
   b. Outpatient treatment class III in hospital
   c. Services and tools drugs or medical material wears
   d. Specimen referral services and other diagnostic support

E. Chronical case (advance treatment in a long term)
   a. Diabetes mellitus, renal failure, cancer, etc., Referral Letter valid for 1 month
   b. Mental disorders, leprosy, pulmonary cases with complications, referral letters may be valid for 3 months

F. Participants who seeking treatment cross-regional, membership verification conducted by BPJS Health by looking at the card of JAMKESNAS

G. Referral of patients between hospitals including inter-regional referral hospital equipped hospital referral of patients by bringing the identity of membership to be issued SKP by the clerk of BPJS Health

H. Emergency shall be handled directly without the need for referral participants were given 2 x 24 hours of work to complete identity (membership with family card and I card)

I. Cases with complex diagnoses (severity level 3) must be approved by the committee and director of Medical Services or designated supervisor or given responsibility ole RS.

J. Transport cost referral:
   a. Patients from public health centers to advanced PKK in sub district / Municipality are the responsibility of the referring health center.
   b. The discharge of patients from hospitals and referral from hospital to hospital and the other does not cover the responsibility of the Regional Government of the participant's home

2.3.4 Resource

Human beings in achieving goals is a crucial element, therefore it is very appropriate if the human is one management tool that ranks first of other management tools. Human potential in doing something no limits work therefore one's duty personnel should be tailored to the capabilities and quality.

The number of employees in the organization of operational team of BPJS health in Pagar Alam seen in the following table:

<table>
<thead>
<tr>
<th>No</th>
<th>Position</th>
<th>CPNS</th>
<th>PNS</th>
<th>Total</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Penata Tk.I (IV/b)</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>2</td>
<td>Pembina (IV/a)</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>3</td>
<td>Penata Tk.I (III/d)</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
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<tr>
<td>4</td>
<td>Penata (III/c)</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
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<tr>
<td>5</td>
<td>Penata Muda Tk.I (III/b)</td>
<td>-</td>
<td>2</td>
<td>2</td>
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<tr>
<td>6</td>
<td>Penata Muda (III/a)</td>
<td>-</td>
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<td>1</td>
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<tr>
<td>7</td>
<td>Pengatur Tk.I (II/d)</td>
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</table>
Table 2.2
The total PNS/CPNS in 2015 based on the Level of echelon

<table>
<thead>
<tr>
<th>No.</th>
<th>Echelon</th>
<th>Total</th>
<th>Information</th>
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<tbody>
<tr>
<td>1</td>
<td>II.b</td>
<td>-</td>
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<tr>
<td>2</td>
<td>III.a</td>
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<td>3</td>
<td>III.b</td>
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<tr>
<td>4</td>
<td>IV.a</td>
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<tr>
<td>Total</td>
<td>5</td>
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<td>-</td>
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</tbody>
</table>


In the implementation of the main duty and daily routine in the operational office of BPJS Health of Pagar Alam to provide optimal health care and because considering of the lack of formal operational personnel so the Hospital adopted a policy to add some agency officials other health programs to support the success of this JKN. Resources administration officials intended above are the temporary clerk so that it can be replaced at any time if the number of personnel of BPJS that fulfill the standards for the efficient functioning properly, well adapted to the number of residents in each area.

Recently, The problem of infrastructure makes a dilemma for all members of the Operational Team of BPJS health program in Pagar Alam, because in conducting the duty and function is still hampered by the lack of infrastructure which is one of the supporting performance of health services that will be provided to the entire community in Pagar Alam.

Facilities and infrastructure as well as adequate is certainly able to increase services with more optimal. The word optimal mean in terms of health care are related in terms of physical work environment, based on the observations of the writer from the field significantly and directly to the completeness of the facility and infrastructure contained in the Operational Team of BPJS health office in Pagar Alam consists of:

1. The buildings Office of Operations Team BPJS Health as a place to provide public health services and consist of:
   a. 4 Unit AC
   b. 8 Unit computer (acer brand)
   c. 6 Unit Printer (HP brand)
   d. 26 Unit chair
   e. 2 unit table
   f. 1 Unit Hydrant
   g. 1 unit Filling Cabinet
   h. 4 unit room telephone
   i. Wi-Fi connection

2. Official vehicle supporting the service:
   a. 1 Unit of APV car
   b. 4 Unit of motorcycle Jupiter-Z

Based on the observed data, the existing facilities and infrastructure is less support health care programs that will be given to the public in Pagar Alam especially for those population residing in Dempo tengah sub district, judging by the condition that the office is still moving the location corresponding to the location of existing contracts, thereby reducing comfort and obscurity operational office location information to the public.

Frequent power outages and lack of resources team of experts in computer operation and the lack of a computer unit resulting in the administrative process and the service is not so good. Not to mention the additional power outage problems that often occur in operational offices make its own problems that have great impact on the performance of human resources.
2.3.5 Disposition

In carrying out this program is crucial in determining the executive attitude to its success or failure this program. In a well without any discriminatory and did not deviate will make this program is doing well. In a manner executive in running the program was, the writer had some phenomenon related to the attitude organizers in applying in a fair, not discriminatory, and did not deviate among others:

Based on an interview that took on January 20, 2015 with one of the patients as well as program participants JKN, said that:

"good services must be given to patients without the classification discrimination in providing services, this so that every part of the society can have the same rights as healthy”.

JKN program that has been running for about a year, we know that the aim is to create their own health or The hope for a better life. Health Care is the basic right each individual and is also part of right of every citizen is also to get health services, including for the poor. This is like that has been entrusted to as the 1945 Constitution Article 28 basic principles H. program JKN was in accordance with what has been formulated on by the Constitution SJSN Article 19 verse 1 about health insurance that was held on a national social insurance based on the principles and the principle in equity.

Availability health workers have a role that is very important in running all facilities and infrastructure that is in order to succeed BPJS Health program in the Pagar Alam Regency. Related to all the above, some problem which causes by medical staff that adequate and evenly throughout Pagar Alam became a lack of the implementation process. This was to be a matter itself that cannot be ignored by the entire board of the government and the organizer this program.

Based on an interview that I take on January 24, 2015 with one of the patients program participants JKN said that

"sometimes we are served with both by the health officials because the number of staffed less, especially in the villages that far away from the city center. In addition, in some areas, health workers often left location work without clear objectives. This leads to the occurrence of the accumulation of elderly good health service and administration process”.

Based on an interview that I take on January 24 with one of the patients program participants JKN related professionanilsme organizer as well as health service workers in the City Pagar Alam said that

"the organizer and health workers who were in the City Pagar Alam has already been professional but they were hampered by availability supporting facilities, such as medical workers who could not ruin the operatial health services due to a lack a bed at the Hospital and operational equipment so that the officer as a professional doesn’t support by facilities that are”.

2.3.6 Bureaucratic Structures

Bureaucratic structures is a structure with the tasks of bureaucracy that is routinely achieved through specialization, the rules and regulations that are very formal, the tasks that are grouped into various department functional, central authority, span of control narrow, and decision-making a chain of command to follow.

Bureaucratic structures in Health BPJS greatly affected the success of the program coordination among this, a structure that is to give facility in the provision of the program itself. In surveillance that will be done, I get the phenomenon of the structure related organizations about Standard Operating Procedure (SOP), then relationship and coordination with organizations outside BPJS Health Care and the related department with it, and also participation of society to this program.
In a broad outline activities that do on their daily life in the beginning of the year 2015, I look is in basic health services ranging from in the Community Health Center in patients, the services high go to process refer a friend to hospital, complaint handling patients, the new Health card BPJS or who had been damaged or lost, handling problems bill or claims. All these activities through the laws set Number 40 of 2011 about BPJS related to the Standard Operating Procedure (SOP) to give the best service from the organizer to the participants. For more details all description in the team Organization BPJS Health is as follows:

1. The procedure of basic healthcare service
   A. The member bring the Jamkesmas card
      a. The vagrant members, beggars, children and displaced persons, using a letter or recommendation office or local social agencies.
      b. Participants were dismissed that do not have JAMKESNAS card, they can use PKH card.
   B. The health Services at the public health center and network
   C. Depend on according to medical indications participants require advanced services it can refer participants to the Advanced PKK.

2. The advanced procedure
   A. Participants of JAMKESNAS who referred to advanced PKK must bring a health card or other membership identification and referral letters taken to counter BPJS Center or the previous administration process is incorporated in the location of the Integrated Administrative Service Center Hospital (PPATRS) to verify correctness and completeness.
      a. Emergency does not require a referral
      b. Infants and children born from the member of Jamkesnas, automatically become the member
      c. Health services using the jamkesmas card of parents must attached the birth certificate and the Parents family card.
   B. Given the validity Letter participants (SKP) by officers of BPJS
   C. Participants receive medical care
   D. Type of service:
      a. Outpatient treatment of advanced (specialist) in Hospital and Balkesmas
      b. Outpatient treatment class III in hospital
      c. Services and tools drugs or medical material wears
      d. Specimen referral services and other diagnostic support
   E. Chronical case (advance treatment in a long term)
      a. Diabetes mellitus, renal failure, cancer, etc., Referral Letter valid for 1 month
      b. Mental disorders, leprosy, pulmonary cases with complications, referral letters may be valid for 3 months
   F. Participants who seeking treatment cross-regional, membership verification conducted by BPJS Health by looking at the card of JAMKESNAS
   G. Referral of patients between hospitals including inter-regional referral hospital equipped hospital referral of patients by bringing the identity of membership to be issued SKP by the clerk of BPJS Health
   H. Emergency shall be handled directly without the need for referral participants were given 2 x 24 hours of work to complete identity (membership with family card and I card)
   I. Cases with complex diagnoses (severity level 3) must be approved by the committee and director of Medical Services or designated supervisor or given responsibility ole RS.
   J. Transport cost referral:
      a. Patients from public health centers to advanced PKK in sub district / Municipality are the responsibility of the referring health center.
      b. The discharge of patients from hospitals and referral from hospital to hospital and the other does not cover the responsibility of the Regional Government of the participant's home.
REFERENCES

A. BOOKS
7. Sugiyono, 2012, Metode Penelitian Pendidikan, Alfabeta, Bandung

B. REGULATION
1. Pembukaan UUD 1945 (alinea ke-4)
2. Undang-Undang Nomor 23 Tahun 1992, tentang kesehatan
5. Peraturan Presiden Republik Indonesia Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial