INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH AND ANALYSIS

ISSN(print): 2643-9840, ISSN(online): 2643-9875

Volume 05 Issue 10 October 2022

DOI: 10.47191/ijmra/v5-i10-16, Impact Factor: 6.261

Page No. 2676-2683

Policy Implementation of Social Security Providering Agency in ServingOutpatient Patients in Oncology Poly Rspal Dr. Ramelan Surabaya



Devi Arina Avrita Putri¹, Sri Umiyati², Arfah³

^{1,23}Master of Public Administration, Faculty of Social and Political Sciences, Hang Tuah University, Surabaya, Indonesia

ABSTRACT: It is increasingly difficult for the community to obtain health services due to the high cost of health care. In 2020 cancer treatment has absorbed BPJS funds of 3.1 trillion rupiah. The high number of breast cancer (Carcinoma Mammaee) in Indonesia is a priority for the Government. With this, the Government strengthens medical services for the treatment of breast cancer patients, by regulating the distribution of health services for cancer patients to make it easier for patients to access adequate health services. In 2021 RSAL Dr. Ramelan Surabaya received a certificate of appreciation from BPJS Health for his real commitment and contribution in providing the best service for JKN-KIS participants in the category A class A Hospital Surabaya branch. Thus, researchers want to know more about how the implementation of the policies of the Social Security Administering Agency (BPJS) in serving outpatients at the Oncology Poly RSPAL Dr. Ramelan Surabaya as a plenary type A hospital. Using the theory of policy implementation according to George Edward III (1980), with the variables of communication, resources, disposition, and organizational structure. By using qualitative research methods and data collection techniques interview, observation, and documentation. Although there are obstacles in implementing the BPJS program at RSAL Dr. Ramelan, but this can be handled well by the efforts made by RSPAL Dr. Ramelan. It is recommended that in the implementation in the field more strengthening of health workers either directly or indirectly. Comprehensive socialization in every part of the hospital from the bottom to the top RSPAL Dr. Ramelan starts from written or unwritten policies. Facilitate the use of BPJS for new breast cancer patients seeking treatment.

KEYWORDS: Implementation, BPJS Program, Health Services

INTRODUCTION

Law No. 24 of 2011 also stipulates that the National Social Security will be administered by BPJS, which consists of BPJS Health and BPJS Employment. Especially for the National Health Insurance (JKN) will be held by BPJS Health whose implementation will begin on January 1 2014. Operationally, the implementation of JKN is set out in Government Regulations and Presidential Regulations, including: Government Regulation No. 101 of 2012 concerning Contribution Assistance Recipients (PBI); Presidential Regulation No. 12 of 2013 concerning Health Insurance; and the JKN Roadmap (National Health Insurance Roadmap). Health costs are increasing every year, making health a very affordable thing. Health insurance offered by private companies is currently considered burdensome for the people of Indonesia. When BPJS is present, the community gets convenience. Currently, 86% of Indonesia's population has received health insurance protection by participating in the JKN-KIS Program. The scope of this participation includes the poor and the underprivileged, which is financed by the government as participants in the Contribution Assistance (PBI). Retired ASN/TNI/POLRI also automatically become JKN-KIS participants. Head of Public Relations (Humas) BPJS Kesehatan M. Iqbal Anas Ma'aruf said that BPJS covers all diseases contained in the JKN-KIS regulation, including chronic diseases, including; cancer, stroke, heart, kidney, liver cirrhosis, thalassemia, leukemia and hemophilia. This is explained in Article 52 of the Presidential Regulation Number 82 of 2018 concerning health insurance, and it is explained that several services that are not covered by BPJS include overcoming infertility, straightening teeth or orthodontics, and health problems due to drug or alcohol dependence. In the BPJS Health info booklet, it is stated that the cost of health care insurance in 2016-2020 reached IDR 374.86 trillion, and 83.31 percent of them were referral services for chronic diseases.

Breast cancer (Carcinoma Mammaee) ranks first in terms of the highest number of cancers in Indonesia and is one of the first contributors to cancer deaths. Globocoan data in 2020, the number of new cases of breast cancer reached 68,858 cases (16.6%) of the total 396,914 new cases of cancer in Indonesia. Meanwhile, the number of deaths reached more than 22 thousand cases. Reporting from the CNBC Indonesia news portal, in 2020 cancer treatment has absorbed BPJS funds of 3.1 trillion rupiah. The high number of breast cancer (Carcinoma Mammaee) in Indonesia is a priority by the government. With this, the Government strengthens medical services for the treatment of breast cancer patients, by regulating the distribution of health services for cancer patients to make it easier for patients to access adequate health services. Breast cancer ranks highest in Indonesia in 2020 with more than 60 thousand patients. Meanwhile, based on data from the Surabaya City Health Office, the number of cancer cases over the last three years is still fluctuating. The number of cancer patients until 2021 is still above 2,000 cases. Of the many cancer cases in Surabaya, breast cancer (Carcinoma Mammaee) is dominated by 1,073 cases. To serve JKN patients with cancer, BPJS Kesehatan cooperates with hospitals that provide chemotherapy facilities, oncology boards, and radio therapy.

Although the presence of BPJS has a positive impact on the people of Indonesia, in its implementation in the field there are still obstacles experienced by people with cancer in accessing health care facilities. With the changing regulations and the lack of communication between the puskesmas/hospital and BPJS Health, it is possible for problems to occur in the puskesmas/hospital as the implementer of the JKN BPJS program that deals directly with patients. So that health service centers such as Puskesmas/Hospitals are also still trying to adjust the implementation of the JKN BPJS Program with all changes to existing rules. In the rules, the new BPJS card can be active and can be used after a week from registration. Referrals to health service institutions appointed by BPJS Health are also a problem because they are limited. Even though they collaborate with other health insurance providers, participants are only allowed to choose one facility to get a referral. These limitations make it difficult for people who frequently travel and work in distant places. Another problem that often occurs is the service queue and the complexity of the BPJS Health service flow because it applies a tiered service flow. This is regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program, a referral letter can only be used for up to three months from the initial publication of the letter. If within 3 months the patient's condition has not improved, then the patient is required to extend the validity of the same referral letter by repeating the procedure from the beginning, namely returning to the first health facility where the patient is registered to get a basic medical examination and renew the referral. In addition, certain procedures such as radiation therapy, hormone therapy, chemotherapy, and surgery are often delayed or it is difficult to get an action schedule. As stated by the Director General of Disease Prevention and Control, Maxi Rein Rondonuwu, radiotherapy treatments such as chemotherapy, radiotherapy, or immunotherapy services for cancer patients only exist in Eastern Indonesia, namely Surabaya with a long waiting period.

According to Sumaryadi (2010) operationally, public services provided to the community can be divided into two major groups, namely; First, public services that are provided without regard to individuals, but the general needs of the community which include the provision of transportation facilities and infrastructure, provision of health centers, development of educational institutions, maintenance of security, and so on; Second, the services provided by individuals include resident cards and other documents. Based on the Decree of the Minister of Health of the Republic of Indonesia Number 986/Menkes/Per/11/1992 general hospital services in Indonesia, the Government of the Ministry of Health and the Government are classified based on the facilities and types of services into classes/types A, B, C. Dr. Naval Hospital. Ramelan Surabaya has become a BPJS referral hospital in dealing with cases of Breast Cancer (Carcinoma Mammaee) and has carried out recredentialing in 2020. Recredentialing is an assessment and feasibility of hospitals in continuing their collaboration with BPJS Health. In 2021 RSAL Dr. Ramelan Surabaya received a certificate of appreciation from BPJS Health for his real commitment and contribution in providing the best service for JKN-KIS participants in the category A class A Hospital Surabaya branch.

RSPAL Dr. Ramelan Surabaya has had brilliant achievements that made it one of the hospitals that received an award in the form of plenary accreditation from the Hospital Accreditation Commission (KARS) in accordance with SK No: KARSSERT/37/V/2014, this is the highest accreditation for hospitals and as well as a level I hospital in East Java which is an integrated referral center in the eastern part of Indonesia. Thus, RSPAL Dr. Ramelan Surabaya is ready to compete with foreign hospitals, because the city of Surabaya became a pilot for the entry of foreign hospitals during AFTA. Class A Hospital is a hospital that is able to provide broad specialist and subspecialist medical services by the government, this type A hospital is referred to as a central hospital because it has been designated as the highest referral service (top referral hospital).

Every year, many positive assessments of RSPAL Dr. Ramelan Surabaya. The positive assessment is based on the existing reality where the community is very satisfied with the services provided by RSPAL Dr. Ramelan Surabaya. There are several services at RSPAL Dr. Ramelan Surabaya. In this study, the authors chose outpatient services at the oncology poly at RSPAL Dr. Ramelan which is one of the poly that handles and treats cancer and one of them is the case of Breast Cancer (Carcinoma Mammaee). The

oncology polyclinic has the most patient visits, namely 50-60 patients, this can be seen from the large number of requests for medical record files for catastrophic diseases. The number of breast cancer (Carcinoma Mammaee) patients undergoing outpatient treatment at RSPAL Dr. Ramelan from the period May 2019- April 2021 reached 354 people. The most widely accepted therapeutic treatment by breast cancer patients at RSPAL Dr. Ramelan is chemotherapy. Until 2021, 5936 patients with Breast Cancer (Carcinoma Mammaee) use BPJS services to undergo treatment and treatment. With the background described by the researcher above, the researcher wants to know more about how the implementation of the policies of the Social Security Administering Agency (BPJS) in serving outpatients at the Oncology Poly RSPAL Dr. Ramelan Surabaya as a plenary type A hospital that provides special and broad sub-specialty services in treating breast cancer patients (Carcinoma Mammaee) as a disease that ranks first in terms of the highest number of cancers in Indonesia and is one of the first contributors to cancer deaths. Given that the RSPAL Dr. Ramelan is the highest referral hospital in East Java Province which always gets point A in 2021 for 2 consecutive semesters related to community (patient) satisfaction.

RESEARCH METHOD

This study uses qualitative methods is research on research that is descriptive and tends to use analysis. Process and meaning (subject perspective) are more highlighted in qualitative research. The theoretical basis is used as an integrated so that the research focus is in accordance with the facts on the ground. In addition, the theoretical basis is also useful for providing an overview of the research background and as a material for discussing research results. There is a fundamental difference between the role of theoretical foundations in quantitative research and qualitative research. In qualitative research, research departs from theory to data, and ends in acceptance or rejection of the theory used; whereas in qualitative research it starts from data, uses existing theory as an explanation, and ends with a "theory".

The focus of this research is intended to limit qualitative studies as well as limit research in order to choose which data are relevant and which are irrelevant (Moleong, 2011). The limitations in this qualitative research are based on the level of importance/urgency of the problems encountered in this research. This research will focus on "analyzing the implementation of the policy of the Social Security Administration (BPJS) in serving outpatients at the Oncology Poly RSAL Dr. Ramelan Surabaya" using Edward III's theory. This study uses a qualitative descriptive type of research, the data analysis is done by "describe". According to (Sugiyono, 2017) data analysis is the process of systematically compiling data that has been obtained from the results of interviews, observations, and documentation, by organizing the data into existing provisions to obtain predetermined data results so that they are easily understood by yourself. or someone else. To find out how the BPJS Policy Implementation at the Oncology Poly RSAL Dr. Ramelan Surabaya, especially for breast cancer patients. Researchers used descriptive qualitative techniques to create a picture of situations and events. The data is then analyzed using several steps according to the theory of Miles, Huberman and Saldana (2014), namely analyzing the data with 3 (three) steps, namely: data condensation (data condensation), data display (presenting data), conclusion drawing and verification (drawing conclusions). or verification. Data condensation refers to the process of selecting, abstracting, and transforming data. In more detail, the steps are according to the theory of Miles, Huberman and Salda (2014)

RESULTS AND DISCUSSION

Study on BPJS Policy Implementation in Outpatient Poly Oncology RSPAL Dr. Ramelan Surabaya, with a case study of the implementation of BPJS policies running optimally (good). George Edward III began by asking the following questions:

What preconditions are needed so that a policy implementation is successful. Edwards tries to answer these two important questions by discussing four crucial factors or variables in the implementation of public policy. Variables include communication, resources, disposition, and bureaucratic structure. According to Edwards III, because the four factors that influence policy implementation work simultaneously and interact with each other to help and hinder policy implementation, the ideal approach is to reflect on this complexity by discussing all of these factors at once. Based on this theory, below will be described the factors that influence the implementation of BPJS policy at RSPAL Dr. Ramelan Surabaya, with a case study on the implementation of policies of the Social Security Administration in Serving Outpatients at the Oncology Poly RSPAL Dr. Ramelan Surabaya.

1. Communication

During the implementation of BPJS policy services, RSPAL Dr. Ramelan underwent a long transformation in socializing the BPJS program to the public or patients seeking treatment. As did Karumkital Dr. Ramelan at the morning apple always reminded to continue to provide the best service to patients who seek treatment, both BPJS and Non BPJS through morning reports (for medical and paramedics) which later the messages will be conveyed by the leadership (department head) to the departments poly at RSPAL Dr. Ramelan is one of the oncology polyclinics. Then not only that related to the BPJS policy at RSPAL Dr. The forecast

from the RSPAL Dr. Ramelan also participated in launching the "zone of integrity" program which was declared directly by Dr. Karumkital RSPAL. Ramelan and signed by all employees to make improvements in order to support RSPAL Dr. Ramelan as a government agency that implements the zone of integrity by forming agents of change such as improving communication that takes place during the treatment process carried out by patients and the hospital.

In terms of clarity, knowing the importance of BPJS Health for the community, RSPAL Dr. Ramelan as the largest referral hospital in East Java has participated in assisting by implementing government programs since 2014 as stated in Law no. 24 of 2011 concerning National Social Security organized by BPJS. In the implementation of the BPJS program at RSPAL Dr. Ramelan cancer patients well, friendly, and informative. Then put up banners in every corner of the hospital (waiting room and counter administration room) about patient and family obligations, patient and family rights, BPJS patient responsibilities. Next, make the RSPAL Dr. Ramelan also created the official website rsalramelan.com to provide information via online and there is also a place for complaints and patient satisfaction with the "complaint/conflict flow" menu and has structured the procedures for making complaints at Dr. RSAL. Ramelan in full. In order for communication to be effective, the method of delivering messages or information needs to be carefully designed and conveyed clearly in accordance with the characteristics of the communicant and the circumstances in the social environment concerned. With messages, one can control the attitudes and behavior of the communicant. In order for the communication process to be carried out effectively. For a communicator, a message to be communicated has clear content, but what needs to be considered is the management of the message. The message must be arranged according to the communicant who will be the target. So that the RSPAL Dr. Ramelan, especially to administrative staff and health workers when on duty, is required to be able to provide clear and informative information so that patients can understand so that communication can run effectively and in accordance with the desired goals.

Consistently as a Level I TNI hospital and the largest referral place for TNI patients in Eastern Indonesia, RSPAL Dr. Ramelan participates in running government programs through the national health insurance program organized by BPJS Health to ensure that all Indonesians are protected by comprehensive, fair and equitable health insurance. This is evident from the offer made by the health workers on duty at the Oncology Poly to suggest new breast cancer patients to make BPJS first. Due to the cost of treating breast cancer patients is very expensive and takes a long time in the treatment process. This proves that RSPAL Dr. Ramelan consistently participates in providing ongoing support for the BPJS policy program launched by the government. Then the health workers who are guarding the oncology poly also do not stop to continue to socialize to patients regarding the procedure for online registration of BPJS breast cancer patients who will consult for treatment, the rules of rights & obligations, and patient responsibilities that must be known to BPJS breast cancer patients. while on treatment. The goal is that the message is embedded and can influence people's behavior.

2. Resources

Implementation instructions may be passed carefully, clearly, and consistently, but if implementers lack the necessary resources to implement policies, then this implementation is likely to be ineffective. Very important resources include: adequate staff and good skills to carry out the tasks, powers and facilities needed to translate the above proposals to carry out public services. a. Human Resources The most important resource in implementing the policy is staff. One thing to keep in mind is that numbers do not always have a positive effect on policy implementation. This means that a large number of staff does not automatically encourage successful implementation, this is due to the lack of skills possessed by government staff or employees. RSAL Dr. Ramelan has made a strict selection regarding the doctors on duty at the hospital. Doctors owned by RSAL Dr. Ramelan is the best doctor in Indonesia, and has a good experience. Doctors and nurses in the poly oncology department are no exception, where they have a lot of responsibility for breast cancer patients. Starting from providing recommendations for medical treatment needed by patients, evaluating the results of treatment and treating the patient's condition after treatment. So the doctor at the RSAL oncology poly Dr. Ramelan does not focus on the treatment of patients only, where doctors also have to help to relieve the symptoms of the disease experienced by patients at the oncology poly Dr. RSAL. Ramelan.

Breast cancer has a variety of symptoms, so the doctor at the RSAL oncology poly Dr. Ramelan must know the patient's medical history systematically and completely. The advantages of RSAL Dr. Ramelan in dealing with patients with breast cancer is radiotherapy services that other hospitals do not have. Currently Rumkital is only able to serve 60 radiotherapy patients if the additional capacity and equipment is completed, RSAL Dr.Ramelan Surabaya will target to be able to serve as many as 130 radiotherapy patients every day. RSAL Dr. Ramelan Surabaya is trying to complete the hospital infrastructure. According to the hospital, investing in facilities and infrastructure will generate income many times over. By improving the quality and quantity of hospitals can produce more. RSAL Dr. Ramelan is the only largest level 1 hospital owned by the Indonesian Navy, having duties and functions as a TNI referral hospital for the Eastern Indonesia Region. In order to support all aspects of health, it is necessary to develop health facilities and infrastructure, this will have a positive impact in producing potential human resources. For that

RSAL Dr. Ramelan is required to be able to provide the best and professional health services, which not only rely on human resources but also health support facilities and equipment that play a very important role in determining the quality of health services.

Currently BPJS participants consist of government agency employees, private employees, and non-employees and their families. Participants will be Health, one of which is RSAL Dr. Ramelan Surabaya. The existence of a tiered referral rule by empowering level 1 health services to play a more optimal role, by being claimed to BPJS Health, means that in other words there is no replacement for costs so patients have to pay for the treatment themselves. It can be seen from the compliance with the use of the BPJS provider formulary at RSAL Dr. Ramelan Surabaya reached 99%, almost close to perfect and has carried out recredential assessment and hospital eligibility in continuing the Cooperation with BPJS Health in 2020 which is carried out directly by the BPJS Health Team. In 2021 RSAL Dr. Ramelan Surabaya received a certificate of appreciation from BPJS Health for his real commitment and contribution in providing the best service for JKN-KIS participants in the category A class A Hospital Surabaya branch. This is evidence that the turnover of the budget used for treatment by BPJS breast cancer patients at RSAL Dr. Ramelan has been going well as it should. The advantage of a good budget turnover is to function as a means of controlling employee work patterns in carrying out an activity. So it can be concluded that the discussion of the sources of effective policy implementation. Without these sources, the policies that have been formulated will not be successful. Sources that support effective policies from the number of staff who have adequate skills and complete facilities, and sources of budget capital that are running well.

3. Disposition

Disposition is also one of the factors that influence the successful implementation of a policy or program. Important things that need to be observed on the disposition variable include:

Honesty, hospital integrity is a commitment, even in the face of challenges. Integrity is a person's attitude in defending himself to stick to the correct values of norms, morals and ethics. At RSPAL Dr. Ramelan strongly adheres to integrity because it is the capital of a health worker's professionalism. The value of honesty is the most important value because honesty is closely related to conscience. Speaking and behaving honestly is an attitude of respect for the people around you as well as for yourself. The definition of honest is to say the words and provide information that is in accordance with the actual situation. It was proven when all the staff of the RSPAL Dr. Ramelan runs the BPJS health insurance program, where they do not charge any administrative fees. When there are medical expenses that require additional funds to purchase drugs that are not covered by BPJS after chemotherapy, the hospital does not force them to buy them. In handling BPJS breast cancer patients in outpatient poly oncology, all health workers when diagnosing breast cancer correctly, correctly, and tells the truth about the disease. Thus, BPJS breast cancer patients at the oncology polyclinic will continue to trust doctors and nurses because the drugs that doctors give to patients are in accordance with their disease and this can facilitate the healing process of BPJS breast cancer patients. Honesty can increase credibility and also good reputation for health workers in poly oncology which also affects the credibility of RSPAL Dr. Ramelan is proven from the results of the community satisfaction survey in the first and second semesters of 2021 reaching 95% category A.

4. Bureaucratic Structure

Bureaucratic structure is discussing the implementing agency of a policy, it cannot be separated from the bureaucratic structure. Bureaucratic structures are characteristics, norms, and patterns of relationships that occur repeatedly in executive bodies that have both potential and real relationships with what they have in carrying out policies. According to Edwards, there are two main characteristics of bureaucracy, namely work procedures with basic measures called Standard Operating System (SOP) and Fragmentation. a. SOP (Standard Operating System), Organizational structure - the organization that implements the policy has an important influence on implementation. One of the most basic structural aspects of an organization is the standard operating procedures (SOP). These common procedures for dealing with common situations are used in public and private organizations. By using SOPs, implementers can take advantage of the available time. In addition, SOPs uniform the actions of officials in complex and widespread organizations, which in turn can lead to great flexibility (people can be moved easily from one place to another) and great uniformity in the application of regulations - regulation. Measures with SOP at RSPAL Dr. Ramelan is realized by the existence of the BPJS Program Policy Control Team in collaboration with the central BPJS Team which has branches in Surabaya. The regulations contained in the BPJS program are standard and sourced from Law no. 24 of 2011 concerning BPJS. However, from the results of interviews with patients using BPJS, the regulation is difficult and has a long bureaucracy. So that when implementing BPJS at RSPAL Dr. Ramelan had problems, but with alacrity and responsiveness the RSPAL Dr. Ramelan tries to help BPJS patients who seek treatment as much as possible by providing detailed information so that patients seeking treatment at RSPAL Dr. Ramelan comes by knowing and preparing administration or documents completely.

The mechanism for implementing the BPJS Health program at RSPAL Dr. Ramelan Surabaya is in accordance with applicable regulations, starting from registration, referring to the next stage in accordance with the regulations regulated by Minister of

Health Regulation No. 40 of 2012 concerning guidelines for the implementation of National Health Insurance. When the health workers and staff of the RSPAL Dr. Ramelan providing services or carrying out his duties is not in accordance with the applicable regulations, then the member concerned will be called by the head of the hospital and evaluated regarding the tasks he performs so as to investigate the reasons for doing things that are not in accordance with applicable regulations. From the results of the evaluation, a solution will be taken against the member, whether to find a middle way or get strict sanctions from the head of the hospital. The more frequent and large the violation is, the more stringent the sanctions will be imposed on the member concerned. The bureaucratic structure means that in a government organization or bureaucracy it must have a clear structure / SOP related to the duties and responsibilities that have been charged and the RSPAL Dr. Ramelan Surabaya has a good standard operating procedure (SOP), because it is in accordance with the regulations, laws, and SPO (Standard Operating Procedures) that apply in the hospital. This can be seen in providing services and other organizational activities that always follow the applicable laws. The law used as a reference in providing services is Law no. 36 of 2009, Law no. 44 of 2009 concerning hospitals, and PP No. 70 of 2012 concerning the procurement of goods and services. RSPAL Dr. Ramelan has its own SOP in carrying out its activities as stated in the decision of the head of the navy hospital, the code of ethics for hospitals in Indonesia, and the code of ethics for the RSPAL Dr. Ramelan, b. Fragmentation, the second characteristic of the bureaucratic structure that influences policy implementation is organizational fragmentation. Responsibilities for a policy area are often spread among several organizations, and there is often a radical decentralization of power in order to achieve policy objectives. The fragmentation of the bureaucratic structure like this is also reflected in the organizational structure of the BJS Program Control Team, where the organization has units that handle many things such as the Head of Yansep, Head of Input, Head of Code, and others. Ramelan.

The goal is to spread responsibility for sharing activities in several work units in accordance with their respective fields. Not only the BPJS program, in carrying out treatment at RSPAL Dr. Ramelan also has several routes for registration of treatment, which have been structured in a way that the sections and duties of each field have been structured. In the structure of the RSPAL Dr. The forecast contains clarity on how the organization's plans will be implemented, coordinated, and communicated. With a clear division of labor, good cooperative relations, and also the division of rights, obligations, and responsibilities to achieve the goals that have been determined. From the discussion of the crucial factors that influence the BPJS program policy, there are problems that hinder the implementation of the policy. The problems in question are findings in the field which are none other than the constraints caused by the four factors that affect the implementation. According to Edward III, because the four factors that influence policy implementation work simultaneously and interact with each other to assist and hinder policy implementation, the ideal approach is to reflect on this complexity by discussing all of these factors at once. Besides directly influencing implementation, each factor also indirectly influences policy implementation through its impact on each factor.

CONCLUSION

After going through the analysis phase of the research results and discussion of the research, it can be concluded that the process of implementing the Policy Implementation of the Social Security Administering Agency (BPJS) in Serving Outpatients at the Oncology Poly RSPAL Dr. Ramelan Surabaya has been running optimally. This can be seen in the BPJS service program policies that have been regularly implemented by analyzing using Edward III's Public Policy Implementation theory which includes 4 indicators including: Communication, Resources, Disposition, and Organizational Structure. The four factors that influence policy implementation work simultaneously and interact with each other to assist and hinder policy implementation.

Although there are obstacles in implementing the BPJS program at RSAL Dr. Ramelan, but this can be handled well by the efforts made by RSPAL Dr. The predictions in Edward III's 4 indicators include:

- a. Communication: Karumkital Dr. Ramelan at the morning apple always reminded to continue to provide the best service to patients who seek treatment, both BPJS and Non BPJS through morning reports (for medical and paramedics) which later the messages will be conveyed by the leadership (head of department) to the departments in every poly, including the oncology poly. The benefits of morning apples are not just habituation of employee discipline, but as a means to convey important information, as well as directions from the leadership. Besides that, with the morning apple a sense of kinship and togetherness can be created.
- b. Resources: for human resources at RSPAL Dr Ramelan Surabaya, doctors are selected strictly and are the best doctors in Indonesia. With good experience, the doctor at RSPAL Dr. Ramelan can provide maximum service to patients, especially those with cancer. Broadly speaking, for standard hospitals that have had plenary A accreditation and as the largest referral hospital in East Java, RSPAL Dr. Ramelan has very complete, comfortable, and modern facilities and equipment. The turnover of the budget used for treatment by BPJS breast cancer patients at RSPAL Dr. Ramelan has been running well as it should, the patient has never been asked for additional, just BPJS Health.

- c. Disposition: In terms of commitment, RSPAL Dr Ramelan has a high commitment in providing services in treating BPJS outpatients, which can be seen from its readiness to carry out coaching and initial examinations for breast cancer patients who will seek treatment. For RSAL Dr. Ramelan. In terms of honesty, where both health and non-medical workers try to provide services to BPJS patients in outpatient poly oncology honestly. For example, where BPJS outpatient poly oncology patients are not asked to pay a penny to get treatment, because all medical expenses have been borne by BPJS Health.
- d. Bureaucratic Structure: RSAL Dr. Ramelan Surabaya has a good standard operating procedure (SOP) in carrying out its responsibilities, because it is in accordance with the regulations, laws, and SPO (Standard Operating Procedures) that apply in the hospital. This can be seen in providing services and other organizational activities that always follow the applicable laws. The law used as a reference in providing services is Law no. 36 of 2009, Law no. 44 of 2009 concerning hospitals, and PP No. 70 of 2012 concerning the procurement of goods and services. RSAL Dr. Ramelan has its own SOP in carrying out its activities as stated in the decision of the head of the naval hospital, the code of ethics for hospitals in Indonesia, and the code of ethics for the Dr. Naval Hospital. Ramelan. The fragmentation of the bureaucratic structure like this is also reflected in the organizational structure of the BJS Program Control Team, where the organization has units that handle many things such as the Head of Yansep, Head of Input, Head of Code, and others. Ramelan. The goal is to spread responsibility for sharing activities in several work units in accordance with their respective fields

REFERENCES

- 1) Abdelhak, M.; Grostick, S.; Hanken, M.A. (2011). WB. Saunders Company. Health Information: Management of A Strategic Resource. Sydney: WB. Saunders Company.
- 2) Ade Irma, and Agung Suharyanto. 2016. Implementation of the Health Insurance Administration Agency (BPJS) Program in Improving Health Administration Services at Sibuhuan General Hospital, Padang Lawas Regency. Journal of Public Administration Science 4 (1) (86-99) http://ojs.uma.ac.id/index.php/publikauma
- 3) Agung Julipriohadi. 2016. Analysis of Chemotherapy Services for Participants in Social Security Administering Bodies in Carnation Short Care at the "Dharmais" Cancer Hospital with the Lean Method 2015. Postgraduate Study Program for Hospital Administration Studies, Department of Health Administration and Policy, Faculty of Public Health, University of Indonesia.
- 4) Agustina, I.E; Hastuti, A.P.; Mulyono, S. (2010). "Overview of the Outpatient Service Procedure Flow of Jamkesmas Participants at the Karanganyar District Hospital". Journal of Health http://ejurnal.stikesmhk.ac.id
- 5) Bastin Nur Aliefia, Gamasiano Alfiansyah, et al. 2020. Analysis of the Length of Time for Providing Outpatient Medical Record Files for Old Patients at the Surgical Oncology Polyclinic at Dr. Rsal. Ramelan Surabaya 2020. Journal of Medical Records and Health Information Vol. 2 No. December 1, 2020.
- 6) BPJS Health. 2014. Bridging System Shortens Service Queues. BPJS Health Info Bulletin. Edition X. Jakarta: BPJS Health.
- 7) Social Security Administering Body (BPJS). 2014. Technical Guidelines for Claims Verification of the Directorate of Services. Jakarta: Social Security Administering Body (BPJS)
- 8) Choiri Suhaila, and Drs. Ari Subowo, M.A. 2016. Implementation of the BPJS Health Program at the Bandarharjo Health Center, North Semarang. Page: http://www.fisip.undip.ac.id email fisip@undip.ac.id
- 9) Hasrillah, Yaqub Cikusin, et al. 2021. Implementation of Public Health Services through the BPJS Health Program (Study at the Kedungkandang Public Health Center, Malang City). Department of State Administration, Faculty of State Administration, Islamic University of Malang, Journal of Research Innovation Vol.1 No.12 May 202.
- 10) Ignasia Suryani, and M. Harun Al Rashid. 2021. Policy Implementation of the Health Social Security Administering Body (Bpjs) at the Bekasi Regency General Hospital. Volume (9) Issue 2, Year (2021).
- 11) Indonesian Ministry of Health. 2013. Exposure Material for National Health Insurance (JKN) in the National Social Security System (SJSN). Jakarta: Ministry of Health of the Republic of Indonesia.
- 12) Indonesian Ministry of Health. 2014. Guidelines for Assistance for Accreditation of First Level Health Facilities, Jakarta: Directorate General of Health Efforts.
- 13) Laili Rahayuwati, Kusman Ibrahim, et al. 2017. Treatment Options for Chemotherapy Breast Cancer Patients: A Case Study. Indonesian Journal of Nursing, Volume 20 No.2, July 2017, pp. 118-127.
- 14) Litjan Poltak Sinambela, et al. 2011. Public Service Reform Theory, Policy, Implementation. Jakarta: Earth Literacy.
- 15) Masadib Akmal Vyandri. 2016. Implementation of the BPJS Health Policy in the City of Surabaya (Study on PBI Health Insurance Participation in Accessing Health Services). PAP: Journal of Public Administration Research 1586 October 2016, Vol. 2 No. 2, p. 343 354.

- 16) Merilee S. Grindle in (Subarsono 2013), defines that her view on implementation in general is the task of implementation is to make a link that facilitates policy objectives 5 (1), 33-38.
- 17) Moleong, L.J, 2020. Qualitative Research Methodology/ Lexy J. Moleong. Ramaja Rosdakarya
- 18) Mulya Elvira. 2021. Obstacles to the Implementation of Bureaucratic Trimming Policies in the Bukittinggi City Government. Institute of Internal Governance, Journal of Government Policy 4 (1) (2021): 1-13.
- 19) Muhammad Dahlan, Laksono Trisnantoro, et al. 2017. Evaluation of the results of the implementation of the JKN Program on Servants of Stroke Patients treated at the Stroke Unit of the PPK II Hospital. Gadjah Mada University.
- 20) Nazarwin Saputra, and Chairunissa. 2020. Implementation of the Chronic Disease Management Program (Prolanis): A Case Study at the Ciputat Health Center. Public Health Study Program, University of Muhammadiyah Jakarta, JUMANTIK Journal Vol. 5 No. 1 Dec 2019 May 2020.
- 21) Noviatri, L. Wahyu and Sugeng. Analysis of Factors Causing Delay in Submission of BPJS Claims at Panti Nugroho Hospital. Journal of Vocational Health. Vol. 1 No.1-October 2016. ISSN 2541-0644.
- 22) Nur Hasan. 2019. Implementation of Health Services to BPJS Recipients (Social Security Administering Body). Journal of Social and Political Sciences Public Administration Study Program, Tribhuwana Tunggadewi University Vol. 8 No. 4.
- 23) Nuryati, and Savitri Citra B, et al. 2016. Obstacles in the Implementation of the JKN Program Related to Paein Recipients, Medical Data Processing, Reporting and Funding of JKN at Puskesmas Gondokusuma II Yogyakarta. Indonesian Journal of Health Information Management Vol. 4 No.1 March 2016 ISSN: 2337-6007 (online); 2337-585 X.
- 24) Parsons, Wayne. 2006. Public Policy: Introduction to Policy Analysis Theory and Practice. Jakarta. Kencana Prenada Media Group.
- 25) Regulation of the Minister of Health of the Republic of Indonesia Number 76 of 2016 concerning Indonesian Case Base Groups (INA-CBG) Guidelines in the Implementation of National Health Insurance. Jakarta: Minister of Health of the Republic of Indonesia.
- 26) Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program.
- 27) Regulation of the Minister of Health of the Republic of Indonesia Number 52 of 2016 concerning Health Service Tariff Standards in the Implementation of the Health Insurance Program
- 28) RI Presidential Regulation Number 82 of 2018 concerning Health Insurance. prank. A.M.W., and Vidhyandika. 1996. Empowerment: Concepts, Policy and Implementation, edited by: Onny S.P. and Prank. Jakarta: Center of Strategic and International Studies.
- 29) Prastowo, Andi. 2011. Qualitative Research Methods in the Perspective of Research Design. Yogyakarta: Ar-Ruzz Media.
- 30) Setiawan, et al. 2014. A Review of the Causes of Delay in Claiming the National Health Insurance (JKN) for Outpatients at Panti Waluyo Hospital, Surakarta. Journal of Medical Records, ISSN 1979-9551 Vol.VIII No.2 October 2014:43-48.
- 31) Subarsono. 2006. Public Policy Analysis: Concepts, Theories, and Applications. Yogyakarata: Student Library.
- 32) Sugiyono. 2011. Educational Research Methods. Alphabet. Bandung.
- 33) Suhaila, C and Subowo, Ari. 2017. Implementation of the BPJS Kesehatan Program at the Bandarharjo Health Center, North Semarang, Indonesian Journal of Public Policy and Management Review, Diponegoro University.
- 34) Suharto, Eddie. 2008. Qualitative Research Methods and R & D, Bandung: CV. Alphabet.
- 35) Suprapto, and A. Abdul Malik. 2019. Implementation of the Discretionary Policy in Health Services Health Insurance Administration Agency (BPJS). Scientific Journal of Health Sandi Husada Vol.7, Issue,1, pp. 1375-1377, https://akpersandikarsa.e-journal.id
- 36) Tiur Rajagukguk, and Happy Siregar. 2019. Analysis of BPJS Health Policy Implementation Against Health Center Services (Type of Care) in Medan City. Journal of Management Volume 5 Number 2 (2019) http://ejournal.lmiimedan.net.
- 37) Wayne Parsons. 2006. Public Policy: Introduction to Policy Analysis Theory and Practice. Jakarta: Kencana Prenada Media Group.
- 38) Law Number 40 of 2004 concerning the National Social Security System (SJSN)
- 39) Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS).
- 40) RI Law 36 of 2009 concerning Health. RI Law No. 44 of 2009 concerning Hospitals.
- 41) Vriezka Mutiara Arin. 2018. Patient Satisfaction with Emergency Room Services at Rumkital Dr. Ramelan Surabaya City, East Java Province.



There is an Open Access article, distributed under the term of the Creative Commons Attribution—Non Commercial 4.0 International (CC BY-NC 4.0)

(https://creativecommons.org/licenses/by-nc/4.0/), which permits remixing, adapting and building upon the work for non-commercial use, provided the original work is properly cited.