



Collaborative Governance Health Insurance Program For Non-Register Participants In North Sumatra Province

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Abstract

The National Health Insurance (JKN) is a program that has just been presented by the state with the hope of having a huge impact on the health and welfare of the Indonesian people, however, the implementation of this contribution-based social security has problems, especially in providing services to unregistered or non-registered citizens. register. Non-register participants are specified in Government Regulation no. 101 of 2012 concerning Recipients of Health Insurance Contribution Assistance, article 11 namely the addition of data on the Poor and Disabled People and fulfilling the criteria of Poor and Disadvantaged People. The purpose of this study is to identify and analyze Collaborative Governance in handling Non-Register participants' Health Insurance in North Sumatra Province in terms of the collaboration process. This descriptive qualitative research takes the object of study in North Sumatra Province, and uses interview instruments and documents as data collection tools, as well as triangulation analysis and interpretation as discussion. This study found that the process of handling and serving non-registered JKN participants has been carried out, which has fulfilled the collaborative elements and strategies in national social security services, however, the participation of the community is low and the support from employers and the private sector is still not involved in the sustainability of this program. Some aspects show an increase, such as the number of participation and participation commitment to pay membership dues, but other aspects, such as non-registration, have not been implemented optimally, including the readiness of all health resources, including the availability of health workers. inadequate resources, health facilities, medical devices, and health budget. both in terms of quality and quantity.





Keywords: Collaborative Governance, Health Insurance Program, Non-Register Participants

1. INTRODUCTION

The National Health Insurance Program (JKN) is a government program that aims to provide comprehensive health insurance coverage for every Indonesian so that they can live a healthy, productive and prosperous life. This program is part of the National Social Security System (SJSN) which is mandatory for all people through BPJS Kesehatan. The implementation of the JKN program by BPJS Health began on January 1, 2014 (Budiyanto, & Muzayanah, 2018). This mandatory nature is one of the implementing principles in the implementation of the JKN program through BPJS Health as mandated in Law Number 40 of 2004 concerning the National Social Security System (SJSN), namely membership is mandatory. Compulsory participation is intended so that all people become participants so that they can be protected. Even though participation is mandatory for all people, its application is still adjusted to the economic capacity of the people and the government, as well as the feasibility of implementing the program.

In fact, the certainty of health insurance for every community, is still far from good. In North Sumatra Province there are still many people who still have difficulty getting access to these health services. Based on data from the Deputy for Health BPJS for North Sumatra-Aceh, of the total population in North Sumatra of around 14.9 million people in 2020, only 76.58 percent or 11.4 million people were registered as participants. Meanwhile, 23.42 percent or 3.4 million people in North Sumatra have not been registered. Unfortunately, many residents who have not been protected by the National Health Insurance (JKN) program come from independent participants. This is due, in part, to the ability to pay (North Sumatra Provincial Health Office, 2020).

So far, North Sumatra Province has started to promote a health care insurance program for non-registered participants (those who are not registered with BPJS Kesehatan). The Governor of North Sumatra through Certificate (SK) Number 188.44/299/XPT'S/2020 issued this program and became a form of the presence of the State in the midst of the poor. Based on the Decree, the Non-Register Health Care Guarantee program is a hospital care service for the poor and disadvantaged people who have received hospital services and do not yet have health insurance from BPJS Kesehatan, including health services due to disasters during the emergency response period, extraordinary events or plague. The Non-Register Health Care Guarantee Program is a program for participants who





are residents of North Sumatra Province who do not yet have health insurance because they have not met the JKN membership requirements.

The fact is that health service facilities for Advanced Outpatient Care (RJTL) and Advanced Inpatient Care (RITL) for Non-Register Health Care Guarantee participants include hospitals which are Technical Implementation Units (UPT) of the North Sumatra Provincial Health Office and General Hospitals. Medan's Adam Malik Hajj Center has not yet provided an opportunity for the people of North Sumatra to receive free medical treatment, even though this rule has already been socialized. The reason is that the costs incurred as a result of the enactment of this Governor's Decree are borne by the North Sumatra Provincial Budget for 2020 at the North Sumatra Provincial Health Office. In the implementation process this program has several requirements such as a poverty certificate, a recommendation letter from the Civil Registry Office, a recommendation letter from the Health Service, a recommendation letter from BPJS Kesehatan and so on. The requirements for free medical treatment through the Non-Register Health Care Guarantee Program are too many for members of the public, leaving room for this program to not be implemented. This has an impact on the absence of efforts to improve the health condition of the poor. This condition can be seen from the lack of people who are assisted through this program. In fact, many people are not aware of this program. For this reason, an integrated mechanism is needed to deal with problems related to the lack of assisted people and the many procedures for people to get these non-registered health services. What absolutely must be done is collaboration between government agencies related to this program.

Departing from the explanation of the research background above and the phenomena found at the research sites which show that there are still many residents who have not been covered by health insurance and come from groups of people who fall into the category of pre-prosperous families in North Sumatra Province, it is necessary to have the state, in this case the government North Sumatra Province together with stakeholders to overcome them. This condition is the reason for the interest of researchers to raise it in a study that discusses the handling of health insurance for non-registered participants in North Sumatra Province within the Collaborative Governance framework, namely collaboration between the government, the private sector and the community.

2. RESEARCH METHODS

This research was conducted in North Sumatra Province by focusing on several agencies related to the Collaborative Governance Health Insurance Program for Non-Register Participants. The related agencies consist of government and private agencies,





namely the North Sumatra Provincial Health Office, H. Adam Malik Hospital in Medan, the Binjai Social Service, the Binjai Health Service, RSUD Dr. R.M. Djoelham Binjai, Langkat Social Service and Tj.Pura Hospital. Furthermore, other locations are determined tentatively according to the urgency of the data needed by researchers.

Informants as primary data sources in this study came from parties involved and interested in handling health insurance for non-registered participants. The intended informants were determined using a purposive technique based on the consideration that they were considered capable of providing data and information regarding the research topic. The strategy for taking the sample used the snowball sampling technique, in which the researcher asked key informants to recommend other individuals to be taken as informants. So that a pattern can be found which is used as the basis for developing the Collaborative Governance model in implementing the Health Insurance program for non-registered participants in North Sumatra Province.

Baseline informants in this study were parties from the North Sumatra Provincial Health Office, Binjai Health Office, Binjai Social Service, Langkat Social Service and others who were considered to be able to provide information related to the research topic. The main informants in this study came from three hospitals, namely RSUP H. Adam Malik Medan, RSUD Dr. R.M. Djoelham Binjai and RSUD Tj.Pura which were appointed as referral hospitals for non-registered health insurance and which were considered to be able to provide information related to the research topic. While additional informants in this study were community leaders and members of the public who were not included in any social security (non-register) who had used non-registered health facilities and who had not used them who were considered to be able to provide information related to the research topic.

This study uses non-participatory observation. Researchers were not involved or did not participate directly in the activities of the Health Insurance program for Non-Register participants in North Sumatra Province, especially in the three hospitals that were the locus of research. Specific standards for data collection that need to be met are in accordance with the characteristics of qualitative research according to Moleong (2017), namely conducting at least method triangulation and data source triangulation. Method triangulation was carried out by means of structured in-depth interviews and document review so that the correctness of the data obtained through one method could be checked against data obtained through other methods.

3. RESEARCH RESULTS AND DISCUSSION



3.1 Non-Register Program Participant Services

Information about the handling of health insurance for non-registered participants in North Sumatra Province was obtained from informants, namely parties deemed worthy of being a source of information. The results of the interview transcripts are based on several aspects of questions related to the handling of health insurance for non-registered participants in North Sumatra Province. These participants were specifically for people who needed health services from several special districts/cities who were referred to three hospitals, namely H. Adam Malik Hospital in Medan, RSUD Dr. R.M. Djoelham Binjai and RSUD Tj.Pura which were designated as referral hospitals for non-registered health insurance.

This non-registered program in North Sumatra Province has been running for almost its 3rd year. Through the SIMANJANONE application, use this non-registered program and make an innovation breakthrough because so far non-registered patients who want to go non-register do not know how to go through NGOs or Council Members or other OPDs. So we adhere to this non-registered JKN from the non-registered JKN of North Sumatra Province. Because yesterday the funding was from the North Sumatra Provincial Health Office but sometimes it is limited as in 2021-2022. So there is a directive that if the Regency/City can also make non-registered JKN, then in Binjai City make non-registered JKN to cover the people of Binjai City. For the non-registered program in Binjai City, we only issue recommendations to become participants and this program has existed since the issuance of Regulation of Mayor (Perwali) Register No. 20 years 2022.

Table 1 Services and Handling of Non-Register Programs

Indicator	Statement	Category
Non-Register program implementati on	<ul style="list-style-type: none"> - The non-register program in North Sumatra Province has been running for almost its 3rd year - People who can't afford it but don't have health insurance have a program called unregister - Non-registered JKN in Binjai City follows the non-registered JKN of North Sumatra Province to cover the people of Binjai City - Non-registered JKN starts in 2021 until now it has only been running for 2 years 	The non-register program has been implemented for about 3 years since 2021, especially in Binjai City and Langkat Regency

Indicator	Statement	Category
<p>Services and Requirements for Non-Register Participants</p>	<ul style="list-style-type: none"> - The non-registered JKN program starts April 2022 to help people who can't afford it - Regencies/cities in all North Sumatra Provinces can submit their citizens to become non-registered health insurance participants through the Provincial Health Office - Residents who do not have health insurance and whose recommendations have been approved by the district can be submitted to the Provincial Health Office to become non-registered participants - The requirements for non-registered participants are that first, people who cannot afford to come to health facilities are accommodated in the emergency room, in the hospital for inpatient or outpatient care and repeat control. - Participants bring requirements such as a certificate of incapacity from their new Lurah or Kepling to the Social Service - This non-register program is for people who do not have a JKN card or whose JKN may be available but is no longer active 	<p>The main requirement for becoming a non-registered participant is that they have never been a JKN BPJS participant and are categorized as poor/disabled</p>
<p>Constraints in participant service</p>	<ul style="list-style-type: none"> - In claims, there is no involvement of the private sector and many people are not aware of the non-registered requirements - Pending claims occur because sometimes there are complaints from the verifier 	<p>Funding constraints, no involvement of the private sector, requirements for non-registered participants, and the lack of socialization of programs and SOPs are unclear</p>

Indicator	Statement	Category
	<ul style="list-style-type: none"> - The obstacle is that most people who want to become non-registered participants are independent BPJS members who cannot afford to pay contributions and are domiciled not in the Regency/City where the application is made. - The lack of outreach related to the program in Langkat Regency and the SOPs for program implementation are not yet clear - The filing of non-registered participants is incomplete 	

Some of the problems related to the implementation of the JKN Program policy through BPJS Health in Indonesia, including in North Sumatra Province, are a picture of the governance of health services in general by the government in a number of countries in the Asia-Pacific region. The BPJS image is in fact not in accordance with reality. There are various problems that are difficult to overcome, one of which is the problem in BPJS claim management. Even though there have been efforts from the government to realize existing problem solving efforts, these efforts have not been effective due to several inhibiting factors, so it is necessary to establish and implement an integrated IMP (Identity Monitoring Program) concept between Department of Population and Civil Registration (DISDUKCAPIL) and BPJS (Suprianto & Mutiarin , 2017). The administrative system is considered complicated to be easily understood by the public. Need to socialize to the public about BPJS membership and strengthen coordination with BPJS if there are problems with BPJS patient membership members. Apart from that, internally in each FKTP there is also a need to improve services, because human resources, particularly in the administrative section, apart from the computers that often have errors, there are also many who have not mastered the use of computers, so they are often mistaken in identifying JKN patient membership. The main problem is that the available budget to address weaknesses in resources is still limited, so integration of access to health services is still constrained.

3.2 Determinant Factors in Handling Health Insurance for Non-Register Participants

The initial conditions describe the gaps or imbalances faced by stakeholders (participants or parties involved in the collaboration in this study limited to the government (regional apparatus organizations: Health Office, Dosocial Service), health facilities (hospitals) and the community (community leaders and non-registered participating communities.) This initial condition is seen from 3 aspects as follows.

Table 2 Determinant Factors in Handling

Indicator	Statement	Category
The gap that occurs		
a. Power	<ul style="list-style-type: none"> - There is no power gap because it is managed by only 1 agency, namely the North Sumatra Provincial Health Office - So regarding the implementation of this non-registered program there is no gap in power because it is managed by only 1, namely the North Sumatra Provincial Health Office - There is no gap because non-registered participants and ordinary JKN participants are treated the same way as BPJS 	The policy is regulated by the North Sumatra Provincial Office
b. Resource	<ul style="list-style-type: none"> - The imbalance in terms of costs and equipment in the form of applications is still not supported - Type B hospitals have no specialists and no equipment to treat unregistered patients 	Funding issues, non-register registration applications, specialist staff and health service equipment
c. Knowledge	<ul style="list-style-type: none"> - Many Regencies/Cities do not know about the process of submitting an unregister, and there are still people who do not know about non-registration 	There are still many who do not know and understand this non-register program well

Indicator	Statement	Category
	<ul style="list-style-type: none"> - Not many people know about the non-registered JKN program - Many stake holders do not understand the program 	
Incentive gaps and constraints on participation	<ul style="list-style-type: none"> - There is an incentive of 300-350 thousand per month - There are no funds available for incentives from unregistered but the hospital will provide incentives after sorting income from unregistered funds, BPJS, general patients and others - We receive the same benefits from the non-registered JKN program as BPJS participants - There are no problems when it comes to incentives - There are no obstacles in terms of participation because there is always stakeholder communication through evaluation meetings every month 	There are no incentives for non-registered program stakeholders to receive and there are no barriers to participation
Gaps Cooperation and conflict among participants	<ul style="list-style-type: none"> - There is no cooperation with the private sector. - Collaboration with hospitals has been carried out since the first year of June 2020 and was built by explaining that people who are not JKN participants are assisted by this non-register program. - If there are no contradictions or conflicts between participants, only occasionally conflicts occur with the community or family regarding the certificate of incapacity”. 	<p>Until now there has been no cooperation with the private sector.</p> <p>There is no conflict between participants.</p> <p>Collaboration is established only between government agencies</p> <p>There is no good coordination and</p>

Indicator	Statement	Category
	<ul style="list-style-type: none"> - If the cooperation with the government is well established and there is no conflict - There has not been good coordination and communication between stakeholders regarding non-registered procedures and requirements - Cooperation with the health office, for example, has no problems because every time there is a confirmation, they always respond - The collaboration that exists between the Health Office and the Social Service or with the Hospital is quite good 	communication between stake holders

The smooth running of the service system, of course, must be supported by administrative completeness of the demographic aspects of prospective participants (KTP, KK and other certificates) provided by the relevant agency (Department of Population and Civil Registration - DISDUKCAPIL). Therefore, the Regional Government of North Sumatra Province, with its authority, assigned the Population and Civil Registry Service (DISDUKCAPIL) to assist the JKN program participation process effectively and efficiently. On the other hand, the number of health workers (HR) to support the JKN Program in North Sumatra Province is far from sufficient, both in terms of quality and quantity. These health workers include doctors, paramedics/nurses, midwives and other formal health workers. Especially when handling the impact of the Covid-19 Pandemic in the last two years. Even though it has increased every year, the number of nurses still does not meet the ratio to the ideal population in improving public health status.

The ideal figure for the ratio of fulfilling medical personnel to doctors is 1:2,500. Currently, the number of doctors has reached 160 people and when compared to the current population of around 2.6 million people, the number of doctors that should be is 1,035 people. Meanwhile, the ratio of 1,158 midwives (PTT and civil servants) to the population is 1:2,236 from the ideal 1:1,135. This problem has resulted in non-optimal health facility services for JKN participants and the general public, such as queues at each inspection and

treatment polyclinic, including the administration of JKN Program participant visit data. This has a chain effect on delays in services at BPJS Kesehatan caused by incomplete administration of files by health workers and health facilities (Maryuni, Eka, & Pardi, 2019).

3.3 Institutional Design

Institutional design is seen from 3 aspects, namely participation; institutional collaboration forums; and ground rules that support collaboration, as shown in the following table.

Table 3. Institutional Design

Indicator	Statement	Category
Participation	<ul style="list-style-type: none"> - Parties participating in this non-registered program apart from the Provincial Health Office, namely the district/city health office as well as the Population and Civil Registry Service, have participated in particular to complete the KK and KTP of residents whose status is unclear such as the ODGJ and the homeless - There has not been good coordination and communication between stakeholders regarding non-registered procedures and requirements 	Non-registered programs are limited to government agencies, namely provincial health offices, district/city health offices, social services and government hospitals
Collaborative institutional forum	<ul style="list-style-type: none"> - Create collaborative forums through WA groups (Whats App) and zoom meetings - The collaboration forum is that every 2 or 3 months a team from the Provincial Health Office comes to check the files of non-registered JKN participant patients - Through the Zoom Meeting discussing the obstacles and solutions. 	The forms of collaboration forums are WhatsApp groups, zoom meetings and regular visits
Basic rules of transparent collaboration	<ul style="list-style-type: none"> - Participating in the National Health Insurance program by adhering to BPJS and Governor Regulations and the rules are transparent and for that an application will be made so that the community can check for themselves 	The non-registered basic rules are the BPJS and North Sumatra Governor Regulations and collaboration between



Indicator	Statement	Category
	<p>whether they are eligible to become non-registered participants or not</p> <ul style="list-style-type: none">- There has to be uniformity over who manages it, if it's to the Regency/City then each one has to have this non-registered funding- For the rules, there must be an MoU between the Hospital and the North Sumatra Provincial Health Office regarding the JKN register program	stakeholders is carried out transparently

Overall, in fact the procurement of human resources for Health has followed the minimum health standards at the Puskesmas in accordance with the Regulation of the Minister of Health no. 43 of 2019 concerning Puskesmas Article 17, namely the eligibility of the minimum service standard for Puskesmas is the fulfillment of general practitioners, dentists, nurses, midwives, health promotion workers, environmental sanitation workers, nutritionists, pharmacists or pharmaceutical technical staff and medical laboratory technology experts. In addition, there is also an agreement with related institutions in procuring the required facilities and infrastructure through the BLU (Public Service Agency) method.

Based on this problem, the government must provide several facilities for graduates of health and medical schools to immediately apply their knowledge in a number of health facilities. The government should not be half-hearted in recruiting these prospective health workers to become permanent employees through official ties that provide certainty for their future. If necessary, with facts of integrity and work agreement, if you have graduated from your education, you are obliged to serve in your area of origin for a certain period of time. Then added to the fact that the availability of the health budget for the JKN Program in North Sumatra Province is inadequate, one of which is caused by the fact that the receipt of contributions from various sources (types) of participants is much smaller than the obligation of BPJS to pay claims from all health facilities in North Sumatra Province.

Relationships in collaboration are very complex because the process is constantly evolving, interactive and dynamic. Interdisciplinary collaboration is a process of exchanging knowledge, expertise, actions and developing mutually beneficial relationships to generate new ideas through dynamic interactions. The dynamics of collaboration between all parties to increase the successful implementation of the JKN Program through BPJS Kesehatan in





North Sumatra Province has been going quite well. Formation of shared values, namely improving public health is the main goal of collaboration in the health sector. The coordination carried out by the local government, in this case the North Sumatra Provincial Health BPJS, has been carried out since the planning stage involving various elements, both institutions within the local government from top to bottom (RT/RW), companies (private sector), JKN cadres, health observers, to the general public. Coordination is the integration and alignment of goals, plans and activities that have been set for all elements scattered in various work units or functional units to achieve common goals or to produce uniform, harmonious, efficient and effective actions. Coordination is a step that must be taken by the leadership to ensure that all work activities run harmoniously and efficiently (Leksmanawati, 2017).

One manifestation of fairly good coordination is the establishment of cooperation in an effort to cover all arrears of BPJS Kesehatan North Sumatra Province against a number of health facilities, so that currently there are no more instances of health facilities refusing to serve BPJS patients. In addition, through good coordination, meeting the needs for medicines and medical devices is also not smooth and does not burden the community or increase the length of time for treating patients participating in the JKN program. With any type of treatment and any disease, participants don't need to worry about the costs that will be incurred, because everything is guaranteed by BPJS Kesehatan for all classes.

Support from companies (private sector) for the JKN Program is also increasing, this is due to increased awareness of the importance of health at affordable costs. The company also, not only provides its own health facilities internally, but has obligated its employees to become participants in the JKN program facilitated by the company. This increase in participants did not just appear, but was due to employees' awareness of their health so far thanks to coaching, both from within the company and from outside (health facilities officers or BPJS Health officers). The increase in participants from the private sector was also driven by Presidential Instruction No. 8 of 2017 concerning Optimizing the Implementation of the JKN Program which implies that there are certain sanctions for companies that do not register or require their employees to become JKN program participants (Eka & Pardi, 2019).

3.4 Leadership

Facilitative leadership describes support for stakeholders to negotiate and negotiate in order to prevent problems that will arise in the collaboration process seen from 3 aspects,



namely mediation, facilitation and empowerment for the collaboration process. The information obtained regarding facilitative leadership is summarized in the following table.

Table 4. The Role of Facilitative Leadership

Indicator	Statement	Category
Mediation	<ul style="list-style-type: none"> - If an evaluation meeting is held and consultation with superiors to find a solution. - Cara leads to mediate stakeholder meetings every 3 months or 2 months with a team from the Provincial Health Office, hospital director and staff to verify non-registered JKN patients and problems that arise. 	Mediation intensity of 2-3 months to verify non-registered patients
Facilitation	<ul style="list-style-type: none"> - Facilitation in this case is additional costs for non-registered participants from the APBN, APBD and provincial areas - Facilitation for hospitals from the Government in the form of funds to finance the operation of Government hospitals, development funds and paying for labor and equipment in addition to funds for services for non-registered patients - How to facilitate by holding a meeting with the Provincial Health Office - The government appreciates this program, it is hoped that it will become a pilot project and it is proposed to obtain facilitation from the Langkat Regency APBD, as a model related to health and social services 	Facilitation in the form of additional non-registered program costs, operational funds, development funds and payments for labor and purchase of equipment as well as facilitation through the implementation of the APBD
Empowerment and collaboration processes	<ul style="list-style-type: none"> - Empowerment is carried out by supervising the implementation of non-registers - Stakeholders involved in the collaboration were PIC doctors who were not empowered 	The collaboration process is carried out through supervision but doctors have not been included in the collaboration



The ability of the mobilizers in implementing the National Health Insurance Program through BPJS Health in North Sumatra Province includes leadership skills, the ability of related institutions to identify problems that occur and map the condition of infrastructure and the health status of residents, as well as the ability of the mobilizers in program socialization and coaching. The ability of the movers is an important component in the implementation of the JKN Program policy through BPJS Kesehatan. In relation to the leadership of the North Sumatra Province BPJS Kesehatan institution in implementing the JKN Program, communication is a very important aspect in maintaining mutual understanding and exchanging information with interested parties, especially health facility managers. Until now, communication is still quite well maintained and continues to be intensified, especially after the occurrence of a very large arrears problem about a year ago. In the end, with communication, there is mutual understanding to mutually help reduce the burden of the arrears experienced by the budget, so that the North Sumatra Provincial Health BPJS can be said to have been able to cover all arrears to each health facility (Nurhasana, 2018).

The coordination aspect from below is also very important to help community members who will get BPJS membership through data collection conducted by village officials, regarding the conditions of whether or not it is appropriate to get the appropriate type of BPJS membership. Meanwhile for companies (wage providers), coordination is also important to ensure that employees have the right to receive health care benefits through registration of the employee's membership on behalf of the company. This communication is also carried out as socialization every time there is a new policy regulation from BPJS Health, such as adjustments to the amount of contributions, as well as the rights and obligations of each participant, including services that can be covered by BPJS and other insurance within the scope of JKN Health.

Regarding leadership coordination and communication, consistency in the provision of budget assistance must also be maintained with a high commitment to optimizing the coverage of JKN program participation. Another thing related to leadership is the firmness of the leadership in enforcing rules and sanctions. This is in accordance with Presidential Instruction Number 8 of 2017 concerning Optimizing the Implementation of the JKN Program, including the following, allocating a budget within the framework of the JKN Program, ensuring that all residents are registered with the JKN Program, providing health service facilities and infrastructure according to health standards and quality health human resources in their respective regions, and ensure BUMDs register and provide complete and





correct data for Managers and Workers and their family members and the JKN Program (Pertiwi & Nurcahyanto, 2016).

3.5 Collaborative Model for Health Services for Non-Register Participants

Collaboration is a fundamental process of cooperation that generates trust, integrity and breakthroughs through achieving consensus, ownership and integration in all aspects of the organization (Marshall, in Mutmainah & Mahendra, 2019) Collaborative Governance was originally used in the context of professional implementation in the fields of education and health in the 1970s, but generally represents cross-agency and disciplinary collaboration in curriculum administration and public health. However, in the last 15 years it has taken on several meanings and applications as surveyed by Ansell and Gash (2007) in their extensive meta-analysis of cases. For example (Mutmainah & Mahendra, 2019) in environmental planning or management such as collaborative planning (Salsabila, & Sadayi, 2022); collaboration processes (Beran, et.,al, 2016); collaborative environmental management (Balogh, Emerson, & Nabatchi, 2011) environmental governance and conflict resolution (Beran, et.,al, 2016; Mutmainah & Mahendra, 2019); and grass-roots ecosystem management (Salsabila, & Sadayi, 2022) In general that Collaborative Governance is a process in which stakeholders are involved and bound to place the interests of each agency to achieve common goals (Nasution, 2019). In this definition, of course, it does not explain what types of organizations are involved in the process, but more generally describes a collaboration between organizations by actualizing the capacities of each towards a goal. Collaborative governance is an umbrella that directs the process of knitting various activities in public administration, including inter-governmental and inter-agency collaboration, inter-sectoral partnerships, regional, public service networks, efforts to reach consensus, and public involvement. Ansell and Gash (2007) define that collaborative governance is a governance arrangement consisting of one or more public institutions involving non-governmental actors directly in a formal, consensus-oriented, and consultative policy-making process, which aims to make or implement a policy. public or create public programs and assets.



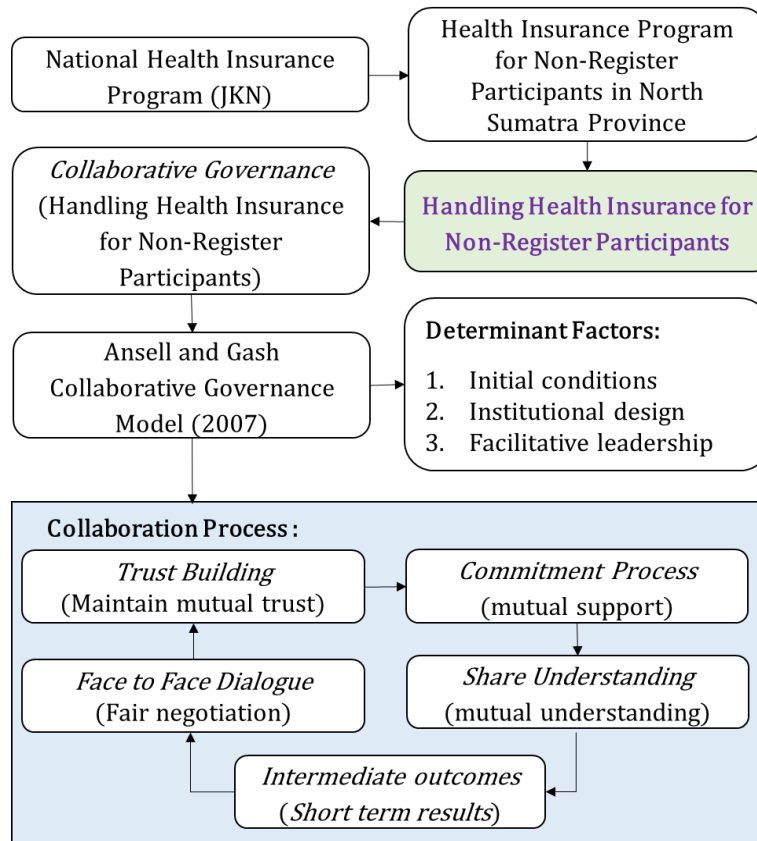


Figure 1. Private and Government Collaboration Scheme

Based on the conceptual framework chart above, it can be explained that this research was conducted in North Sumatra Province, to be precise in several Regional Organizations (services and several health facilities) related to the implementation of Collaborative Governance health insurance programs for non-registered participants. As for the aspects analyzed in terms of how the Non-Register Health Care Guarantee is handled; what are the obstacles encountered in handling the Non-Register Health Care Guarantee; and how the Collaborative Governance model in its implementation includes its determinant factors: initial prerequisites, institutional design, facilitative leadership and the process. As the final result, it is recommended that the model be developed as a model that has been applied previously.

According to RI Law no. 9 of 2015 concerning the Second Amendment to RI Law No. 23 2014 concerning Regional Government, the function of regional heads is to absorb aspirations, increase participation and follow up on public complaints. Therefore, the



implementation, management and administration of regional government is also a function of regional heads in carrying out their duties and authorities on the basis of democratic principles. The administration of government adheres to the principles as stated in RI Law No. 28 of 1999 concerning State Administration that is Clean from Collusion, Corruption and Nepotism, namely legal certainty, orderly administration, public interest, transparency, proportionate, professional, accountable, efficient and effective (Salsabila, & Sadayi, 2022).

In relation to the description above, the implementation of good governance in public institutions or organizations (central/regional), adheres to the following three principles, transparency, which is an effort to create trust between the government and the public through the provision of easily accessible information facilities, participation, i.e. encourage every member of the public to exercise their right to express opinions in the decision-making process, in the interest of the community, either directly or indirectly, so that the government process runs according to the principles of people's government and accountability, namely that the government is obliged to be responsible for administering government periodically through the DPR/MPR which have been elected directly, publicly, freely, and secretly (Qalbi, Sanna, & Mustafa, 2020).

The principles of state administration (public organizations) above emphasize the importance of strategic vision, responsibility, professionalism, commitment and participation of all parties to build for the advancement of regional governance that benefits all. This is the reference for local governments in determining policies to outline some of the central authority that is borne by the regions. Therefore, local governments and their staff must be able to organize regional governance through good public services, including in the health sector. In relation to the health sector, to realize optimal and excellent service, a basis or direction of activity is needed to achieve this goal through various policies, one of which is the policy of the JKN-KIS Program through BPJS Kesehatan (Nasution, 2019).

This is done to provide opportunities in a comprehensive, fair and equitable manner to the entire population to obtain services, protection and health insurance that are appropriate and non-discriminatory. So the implementation of the JKN program at BPJS Kesehatan in North Sumatra Province must include four steps, namely communication between BPJS Kesehatan, related government agencies and the private sector; provision of health resources needed in the context of the success of the JKN Program at BPJS Kesehatan; disposition of leadership attitudes and capabilities of related institutions towards the JKN Program at BPJS Kesehatan; as well as a bureaucratic structure that supports the effectiveness of implementing the rules of the JKN Program at BPJS Health in relation to serving non-registration participants.



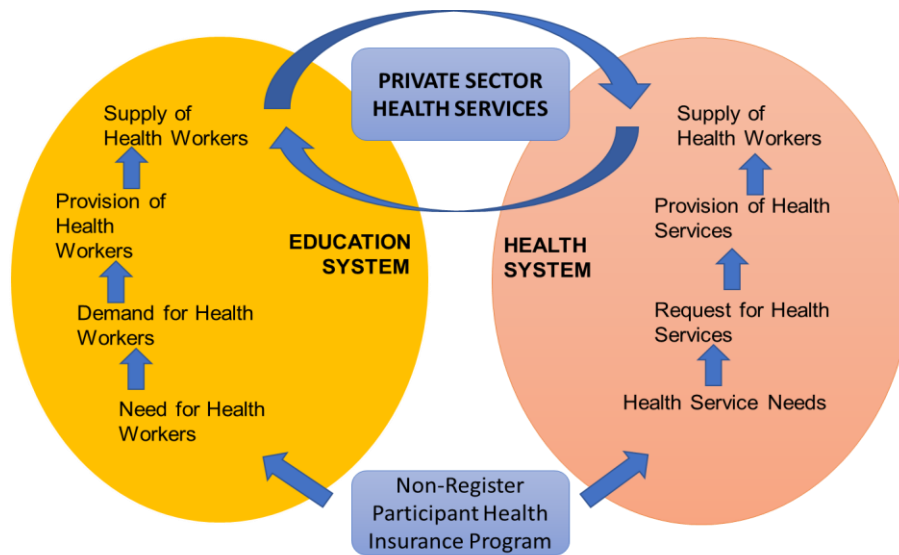


Figure 2. Health Service Collaboration Model Design

From this scheme it can be said that communication, coordination and cooperation are very important for BPJS Health as the leading sector of the JKN Program with various related parties, both government agencies, the private sector, stakeholders and the community. So far, the communication has been going quite well and continues to improve in a better direction. Support from the regional government of North Sumatra Province and related institutions managed to overcome this problem completely as of 1 July 2020. This shows that communication is one of the factors that determine the success of implementing a program. In addition, the level of availability of health resources includes the availability in quality and quantity that must be fully met, while the resources in question include health workers (HR Health), both medical staff (doctors), paramedics (nurses/midwives), and administrative staff in each area. health facilities, including the resources owned by the BPJS Kesehatan institution itself. Another resource is the availability of health facilities (FKTP/FKRTL) as well as non-hospital/Puskesmas such as pharmacies, clinics, independent practice, and others. While the supporting resources for health facilities are the availability of medicines and pharmaceuticals, as well as adequate health equipment and technology. According to Nurhasana's report (2018), another equally important resource is the availability of the health budget, both provided by the government directly and provided by each health facility. Because the resources that must be owned by an institution is one of the aspects that determine the success of implementing program policies which are the duties and obligations of the institution.



Based on the results of research through the interview method regarding the Collaborative Governance model in handling Health Insurance for Non-Register participants in North Sumatra Province associated with the theory of the model cited (Ansel and Gash theory, 2007) various deficiencies were found from collaboration (Ansell, et., Al, 2020) , which has been carried out so far as described below.

- a. Health care for Non-Register participants at research locations, namely in 3 hospitals
- b. The determinants of Collaborative Governance include initial conditions, institutional design and facilitative leadership
- c. Collaborative processes include building trust, fair negotiations, not pressing each other), mutual understanding and short-term results

Aspects of the dynamics of collaboration are not going well, namely conditions that are not profitable for all parties, so that it seems that there is still throwing and releasing of responsibility (sectoral ego). This is in line with the results of the analysis of BPJS Health problems and their solutions which are found at three levels, namely the policy level, organizational level, and operational level. Therefore, the problems faced in the implementation of the BPJS really need collaborative governance solutions between the Central Government, BPJS, Regional Governments (provincial and district/city) and the community by using a systems thinking approach.

The problem in the implementation of centralized policies, including the JKN Program by BPJS Health, is that the government faces complex constraints on health policy authority at the central level and decentralized authority to the provincial, district and city levels after the birth of RI Law No. 9 of 2015 concerning Regional Government. This causes the implementation of health services is not optimal. Therefore, to achieve the success of implementing JKN nationally, a stronger hierarchical relationship structure mechanism is needed at the central level, stronger bargaining power of BPJS Kesehatan in the regions, and stronger policy emphasis from the regional government (Annida, 2020).

Meanwhile, when viewed from the concept or model of dynamic centralization of the JKN-KIS and JAMKESDA Programs through BPJS Health on a national basis, the above problems are caused by shifts in policy authority, gaps in conditions between regions, and conditions on the ground that are often different from national data and assumptions in Non-Register participants. This is in accordance with the views reported from Amporfu's research, et., al (2022), recommending that this program should apply a model that focuses on the following aspects, has a clear, strong, sustainable action plan, has the same commitment and is oriented towards forward. The ability of the movers to identify problems in the implementation of the JKN Program through BPJS Health is an important aspect to





achieve program efficiency and effectiveness if it can also accommodate non-registered participants. The capabilities of the JKN Program policy drivers in North Sumatra Province are quite good or quite successful. The results of problem identification from the mobilizers were coordinated between the participants and the designated health facilities according to their domicile or directly to the local BPJS health office. The ability to identify citizen health service problems and map health service problems must be continuously improved, not only emphasizing the drivers, but also the aspects that can encourage these drivers to have a high commitment to work (Qalbi, Sanna, & Mustafa, 2020), for example guaranteeing the welfare and future of these movers also needs attention. For example, the employment status of Health service officers must have certainty that can support their dedication in ensuring the health of all citizens (Rahmat, 2020).

In connection with several problems implementing governance in the services of the JKN Program through BPJS Health, it requires an emphasis on the importance of the involvement of various parties to achieve the best health services in Indonesia. This is because the problems that arise in the BPJS are not sufficiently resolved through coordination and cooperation measures. Based on several problems and research findings, as stated above, it shows that collaborative governance is an alternative that is considered capable of realizing the accelerated implementation of the National Health Insurance Program (JKN) policy through BPJS Health in the context of equal distribution of accessibility to health services for all citizens. In addition, the importance of collaborative governance is also in the context of overcoming several problems that make it difficult to achieve the target number of JKN program participants and other obstacles at various policy levels.

4. CONCLUSION

Acceleration of development on the health dimension in North Sumatra Province really needs to continue to be carried out on the determinant factors that influence this dimension, which are not limited to the health sector, but involve almost all development sectors which include the construction of health facilities and infrastructure, infrastructure, sanitation, education and so on. Basically, the efforts that must be made must be directed at increasing the adequacy and accessibility of the population towards health facilities as well as increasing the responsiveness of the population towards these health facilities. Accelerating the implementation of health programs to reduce infant mortality and maternal mortality, accompanied by efforts to create adequate health facilities and a more equitable distribution of medical personnel, absolutely must be maintained and increased in consistency. So that it is expected to guarantee people's access to health services optimally.





In addition, it is hoped that the acceleration of HDI achievement will not only rely on technical services, but must be integrated with the tasks of the sub-district, sub-district and village administrations, and be more directed towards improving the infrastructure of the Puskesmas and its entire network.

Based on the results of data analysis and discussion, it can be concluded that several matters related to collaborative governance steps in the implementation of the National Health Insurance Program (JKN) through the Health Social Security Administration Agency (BPJS) for Non-Register participants in North Sumatra Province, namely: implementation of program policies JKN for Non-Register participants in North Sumatra Province has been going quite well. Although it is not free from several shortcomings, the successful aspects of implementing this policy are running as it should in accordance with the applicable laws and regulations. The steps for implementing this program policy are carried out through communication, coordination and collaboration between BPJS Kesehatan as the leading sector and related government agencies, the private sector, stakeholders and also the community or program participants. Another step is through the provision of adequate health resources in quality and quantity, as well as the disposition of leadership to influence the staff and institutions under them to mutually support the success of the program. The final step is to simplify the bureaucratic structure of administering services for program participants or prospective participants in order to obtain health services effectively and efficiently.

5 RECOMMENDATION

Each stakeholder already has a commitment to the collaborative process. For example, BPJS Health with BPJS Employment and the Health Service that implements the JKN policy must have a commitment to providing health services so that they can provide maximum service, coordinate with each other and give a satisfactory impression to the community who use health services. For this reason, it is recommended that each party be fully entrusted with each mandate while continuing to carry out coordination in planning and implementing programs that concern the public interest.

Considering that the main problem that arises in handlers of the social security program is ignorance of the basic philosophy of forming social security providers in Indonesia, BPJS Health and BPJS Employment as well as executors of JKN services, especially for non-registered participants, should socialize the program and requirements and help people in the category poor families to create a healthy and prosperous society.





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