

## Research Article

# Holistic Evaluation of the National Health Insurance Program in the Local Context of Indonesia

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## Abstract.

This article reviews the evaluation of the National Health Insurance policy, exploring various aspects such as effectiveness, efficiency, adequacy, leveling, responsiveness, and accuracy in its implementation. Researchers use the case study method with a qualitative approach to describe and analyze phenomena, events, attitudes, social activities, and perceptions of individuals and groups related to the National Health Insurance program. This study analyses the effectiveness, efficiency, adequacy, leveling, responsiveness, and accuracy of National Health Insurance program policies in a region. The results showed that 1) The effectiveness of the National Health Insurance policy is still not optimal due to the lack of employee commitment in implementing the work agreement mechanism between the Regional Government and BPJS Kesehatan Boroko Branch. 2) In terms of efficiency, the implementation of standard operating procedures has shown optimality, but there are still obstacles related to administrative requirements for eligible prospective National Health Insurance policy participants. 3) The adequacy of the National Health Insurance policies have not been effective due to an increase in new participants, that is, not balanced with the available budget, resulting in delays in service claims for health workers. 4) The leveling of the National Health Insurance policy has not been effective due to constraints in recipient data, which resulted in a reduction in the quota from BPJS Kesehatan, leaving deserving community groups without assistance. 5) The responsiveness of this policy is disrupted by the validation of the criteria for recipients of contribution assistance which is not synchronized with the regional budget and the lack of direct data submission when applicants submit a poor statement letter at the village level. 6) The accuracy of this policy is still limited by the limitations of the regional budget in reaching all communities covered by this program in North Bolaang Mongondow Regency.

**Keywords:** policy, evaluation, national health insurance

## 1. INTRODUCTION

This article will discuss policy evaluation regarding national health insurance by looking at aspects of policy effectiveness, efficiency, adequacy, flattening, responsiveness, and accuracy of national health insurance policies. The concept of National Health Insurance was first conceived in England in 1911 (which was based on the social health insurance mechanism first implemented in Germany in 1883). After that many other countries held

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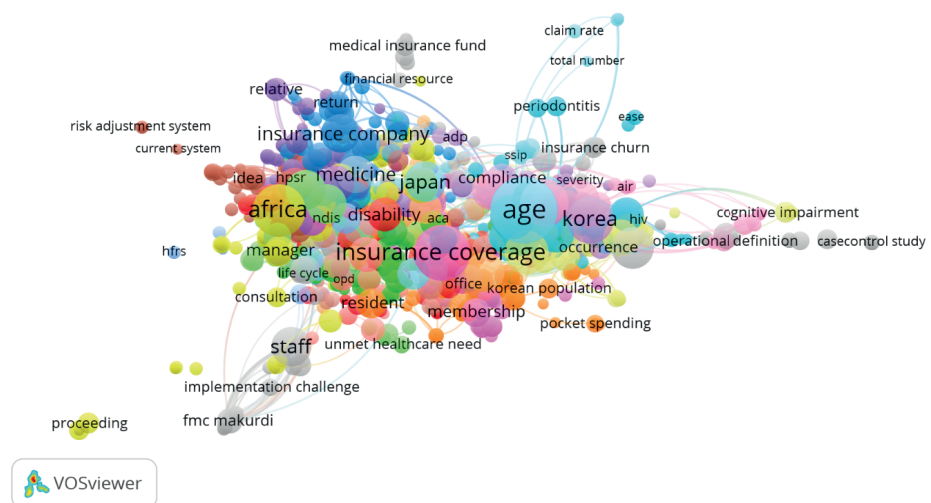
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National Health Insurance such as Canada (1961), Taiwan (1995), the Philippines (1997), and South Korea (2000) based on World Bank data, (2007). Meanwhile, in Indonesia, at least the State Budget (APBN) in 2023 allocated in the health sector reached 88.5 trillion Rupiah from a total of 178.7 trillion health budget. It includes the budget for the payment of National Health Insurance contributions for 96.8 million PBI participants amounting to 44.5 trillion. In order to provide health protection to citizens, the Government of the Republic of Indonesia through Law Number 24 of 2011 concerning the Social Security Organizing Agency integrates social assistance mechanisms aimed at underprivileged populations so that all residents can be directed to become National Health Insurance participants. In principle, the National Health Insurance hereinafter abbreviated as uses the principle of compulsory insurance so that it is mandatory for all Indonesian residents. A voluntary insurance mechanism is paid by participants or employers according to the level of risk and desire. Through this social health insurance, participants only pay premiums with a fixed amount, to cover the cost of health services incurred when they are sick.

Before conducting research, where to see scientific research opportunities by mapping data using the system in this case the VOSviewer application and public or perish with the function of collecting articles relevant to research in the last 3 years, namely from 2020 to 2023. The message will be shown in the following image of the results of mapping the publicization of scientific articles:



**Figure 1:** Analisis Network Visualization Evaluation of National Health Insurance Policy.

The existing image shows that in the results of the Network Visualization Analysis analysis in Figure 2 which serves to see the network or relationship between one network and another network that there has not been a discussion about health policy



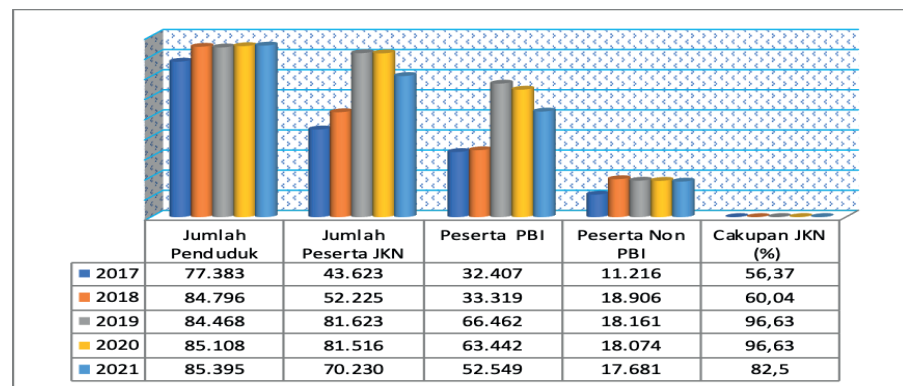
conducted by [2]; in Korea discusses the evaluation of the effectiveness of policies in expanding the scope of service benefits; Research conducted by [3] explore the evaluation of public health financing and national health insurance scheme policies in Nigeria; Research conducted by [4] review the impact of publicly financed health insurance on financial protection in the Indian state of Rajasthan; As for the research conducted by [5] investigate the evaluation of public perspectives on national health insurance policy in healthcare provision in Ghana; and [6] in China discussed the evaluation of health policies related to subnational disparities. The research mentioned reflects a broad and in-depth effort in exploring aspects of health policy in different countries. By gaining significant insights related to health policy evaluation, the impact of health financing, health service effectiveness, and public perspectives on health insurance in various contexts.

In the context of research in Indonesia, there are several relevant studies in examining health policy evaluation. Research conducted by [7] highlights the evaluation by referring to the target indicators of the 2019 National Health Insurance roadmap, focusing on governance, achieving health care equity, and service quality. While [8] He focuses his research on evaluating the implementation of multilevel referral systems and measuring the level of patient satisfaction with services in those systems. On the other hand, [9] reviewing the National Health Insurance Governance Evaluation with a focus that may differ from other studies. Then, [10] pay attention to aspects of planning evaluation in the context of health policy. The overall research brings varied insights related to evaluation in the realm of health policy in Indonesia. These findings provide a crucial foundation in designing more effective and inclusive policies for the future.

Ideally, the implementation of National Health Insurance has a wide range of demographic protection so that it can be used throughout Indonesia. However, the injection of APBN funds for the realization of the National Health Insurance program in the regions in fact still encounters a number of obstacles in areas where the classification of participants is BPJS PBI (Contribution Assistance Recipients) from the Government, one of which is in North Bolaang Mongondow Regency. There are 2 financing channels sourced from PBI APBN and PBI APBD. Beneficiaries of Contribution Assistance (PBI-APBN) are PBI contributions paid by the central government using funds sourced from the APBN. Meanwhile, Contribution Assistance Recipients (PBI-APBD) are PBIs paid by local governments using the APBD budget. Of these 2 types of financing channels, researchers focused on the PBI-APBD of North Bolaang Mongondow Regency, which in its implementation still encountered a number of obstacles. PBI-APBD of North Bolaang Mongondow Regency is a program of the Regional Government in order

to help underprivileged communities who are not covered in the PBI-APBN so that the contributions are paid by Regional Orders in class 3 BPJS as part of the National Health Insurance (National Health Insurance) policy whose implementation is based on a cooperation agreement between the Government of North Bolaang Mongondow Regency and the Tondano Branch of the Health Social Security Organizing Agency which followed up by the Regent Decree regarding the determination of participants receiving contribution assistance, as well as Standard Operating Procedures for service activities in health service units, both Puskesmas and Hospitals.

There are inconsistencies in the management of quality control and health service assurance in North Bolaang Mongondow Regency. This is reflected in the data on the composition of national health insurance membership in North Bolaang Mongondow Regency, as listed in Graph 1 below:

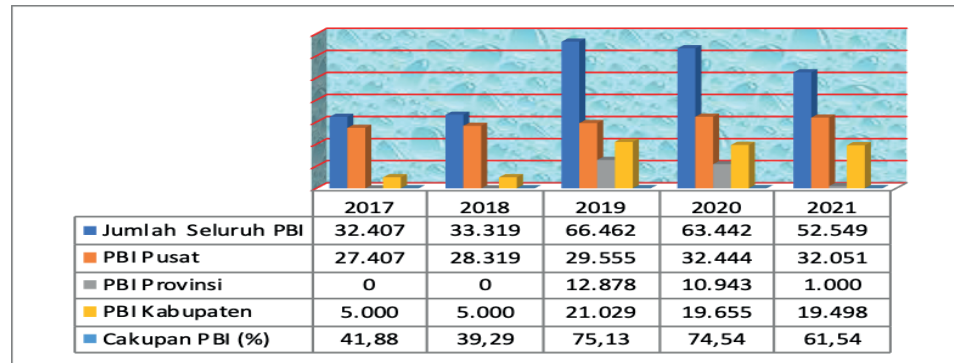


Data Source: Bolmut Health Office in 2021

**Figure 4:** Details of National Health Insurance Requirements in North Bolaang Mongondow Regency in 2017-2021

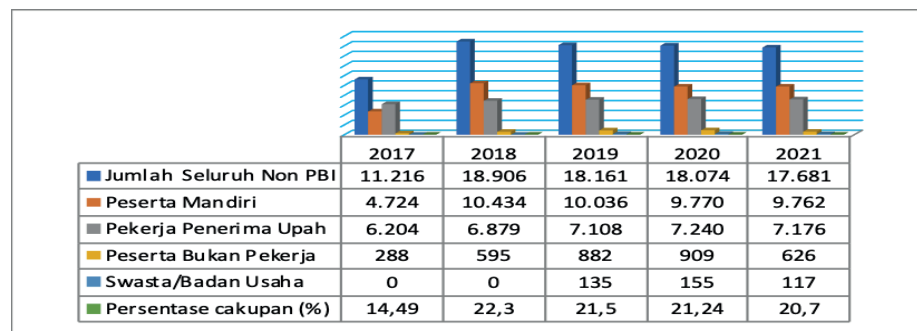
The data indicates that membership in the national health insurance (National Health Insurance) is divided into two segments: the first segment is contributory assistance participants (PBI) and the second segment is non-contributory assistance participants (Non-PBI) in North Bolaang Mongondow Regency. The contributory participant segment (PBI) contributed to Universal Health Coverage (UHC) financing in 2019-2020, where more than 95% of the population has health insurance. In addition, the classification of participant data covered in the Central PBI, Provincial PBI, and PBI of North Bolaang Mongondow Regency is shown in Graph 2 as follows:

Meanwhile, when viewed from the non-contributory assistance segment, participants in North Bolaang Mongondow district consist of independent participants, state civil servants, TNI-Polri, pensioners and other private sector workers can be presented in Graph 3 as follows:



Data Source: Bolmut Health Office in 2021

Figure 5: Details of Beneficiary Contribution Assistance (PBI) in North Bolaang Mongondow Regency in 2017-2021.



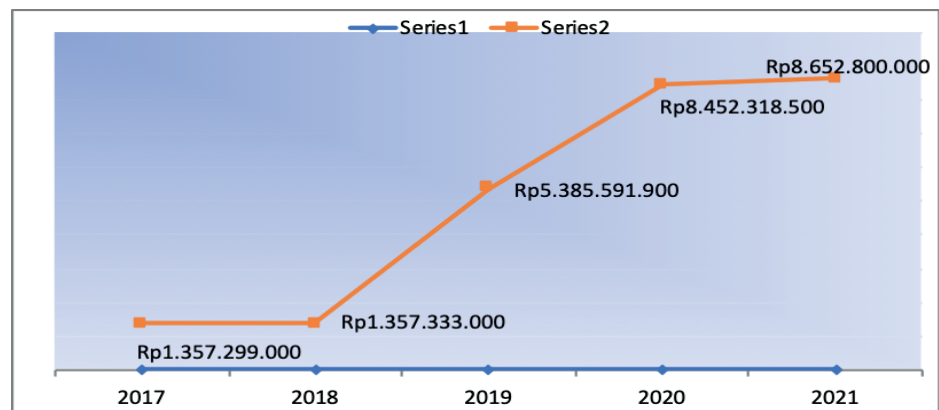
Source: Bolmut Health Office in 2021

Figure 6: Details of Participation of Non-Contribution Assistance Recipients (PBI) of National Health Insurance (JAMINAN KESEHATAN NASIONAL) Participants of North Bolaang Mongondow Regency 2017-2021.

The implementation of national health insurance in the segment of contribution recipients in North Bolaang Mongondow district requires financing from the local government which is one of the conditions for the implementation of the policy, when viewed from the budget allocation for the national health insurance segment of contribution assistance recipients in North Bolaang Mongondow district can be presented in the following table:

Based on Chart 4. It can be seen that the health insurance fund for contribution assistance recipients (PBI) in North Bolaang Mongondow Regency has increased from year to year, in 2017 it was IDR 1,357,299,000, and in 2021 it increased to IDR 8,652,800,000. The increase in government budget financing is in line with the policy of the Regional Government of North Bolaang Mongondow Regency to increase participants in Contribution Assistance Recipients (PBI) sourced from APBD Funds as attached to Chart 2 which continues to increase from 2017 to 2021.

As for the researchers' observations of the National Health Insurance program in North Bolaang Mongondow Regency, several problems are still identified, namely 1) The transfer of participants from delinquent independent to contribution assistance



Source: Bolmut Health Office 2021

**Figure 7:** Health Service Insurance Fund for Contribution Assistance Recipients (PBI) in North Bolaang Mongondow Regency in 2017-2021.

recipients (PBI) only applies to class 3 independent participants, while class 2 and class 1 independent participants are not allowed, including in emergency situations such as childbirth, in accordance with the provisions in one of the points of the cooperation agreement between BPJS and local governments; 2) There is an invalid residence card number so that it is not eligible to be registered as a participant in contribution assistance (PBI), as recorded in health office data in 2021 with 188 invalid PBI proposals; 3) The proposal for participation of contribution beneficiaries does not go through the verification of the Social Service, only based on a certificate of poverty from the village head. In 2021, based on data from the health office, there were 3,143 proposals/transfers of participants based on poor certificates from villages/kelurahan. In addition, there are participants who have died but are still actively listed as participants in the national health insurance. Also, there were dual memberships and no participants found as many as 2,531 people based on verification carried out by Social Services in 2020; 4). There are arrears in government payments to BPJS Tondano Branch due to a budget deficit, so BPJS has difficulty in paying for health worker services.

Policy evaluation research is very important because Evaluation helps in identifying concrete problems in policy implementation, as Dunn, William N (2013) said that policy evaluation consists of 6 (six) criteria including: 1) effectiveness, in order to assess policy results in each service unit; 2) efficiency, in order to see the efforts that need to be done in order to achieve the desired results, especially those related to the cost benefit ratio; 3) Adequacy, in order to see how far the desired results are achieved in solving the problem; 4) Leveling, in order to see the benefits of policy distribution in each work unit; 5) Responsiveness, in order to measure the needs and preferences needed by the policy group; and 6) Accuracy, in order to see the value of benefits from activities

carried out in the policy program. Therefore, in this study, it is necessary to see how the evaluation of the national health insurance policy in North Bolaang Mongondow Regency.

## 2. METHODS

This article uses the approach used in this study is a qualitative approach. Sugiyono, P. D. [11] asserts that qualitative research is a type of research whose findings are not obtained through statistical procedures or in other forms of calculation. The method carried out by researchers during research is by describing and analyzing (case studies) about phenomena, events, attitudes, social activities, and perceptions of people individually and in groups about the sustainability of the National Health Insurance program. This study intends to encourage the National Health Insurance program to be evaluated in terms of effectiveness, efficiency, budget availability, and response of National Health Insurance service workers.

This research was conducted at the Regional Government of North Bolaang Mongondow Regency which is in direct contact with various stakeholders in the National Health Insurance program services including: 1) North Bolaang Mongondow District Health Office; 2) National Health Insurance Organizing Agency (BPJS) Boroko; 3) Social Services; 4) Population Administration and Civil Disability Service; 5) Regional Development Planning Agency (Bappeda); 6) Bolmut Regional General Hospital; 7) Puskesmas in North Bolaang Mongondow Regency; 8) Patients receiving services spread across several Puskesmas; and 8) Patients receiving services at the hospital.

## 3. RESULTS

### 3.1. Effectiveness of National Health Insurance Policy

The effectiveness of these policies is evaluated through three main descriptors: 1) The quality of the policy objectives set, 2) Governance such as engagement, communication, position in the constellation of power, and 3) Achievement of the objectives that have been set. Understanding the purpose of this policy, the researcher conducted an interview with the Acting Head of the North Bolaang Mongondow District Health Office, as revealed in the following interview excerpts:



*“... This National Health Insurance policy aims to provide guarantees to poor people who do not have health insurance, or people who have independent health insurance but can no longer afford to pay monthly contributions or are delinquent can be registered as recipients of national health insurance, but this only applies to class 3 participants, because class 3 participants are considered poor people, if class 2 and class 1 are considered capable people so it has not become a priority, this policy is an implementation of depri-Amin or ideal innovation (July 2022 interview)*

PBI-APBD of North Bolaang Mongondow Regency is a Local Government program to help underprivileged communities, not covered by PBI-APBN. This program covers BPJS class 3 contributions, according to the National Health Insurance (National Health Insurance) policy based on a cooperation agreement between the North Bolaang Mongondow Regency Government and the Tondano Branch of the Health Social Security Organizing Agency. The Regent decree determines the participants receiving contribution assistance, while the Standard Operating Procedures regulate service activities in the health service unit. The North Bolaang Mongondow District Social Service employee conveyed the following:

*“This national health insurance, if for us there are two, national health insurance from the center and regional national health insurance, specifically for the region, the purpose is to caper poor people who do not have health insurance or who are not included in the integrated database of social welfare or people receiving central national health insurance that are not (DTKS) can be transferred to the national health insurance of local governments because based on the letters we have received several Last month to verivali participants of the Central National Health Insurance and in the letter if based on the criteria the community is not included in (DTKS) will be excluded from participants of the Central National Health Insurance, yes they can be caper entered as participants of the National Health Insurance of the Regional Government. (August 2022 interview)*

The same opinion was conveyed by the Head of the National Health Insurance Organizing Agency (BPJS) Boroko, who said that:

*“... When referring to Presidential Regulation number 12 of 2013, the purpose of implementing the National Health Insurance is to provide comprehensive health insurance certainty for all Indonesian people to be able to live healthy, productive and prosperous lives, this also applies to the implementation of regional health insurance through contribution assistance recipients, of course, with the hope that North Bolaang Mongondow Regency can achieve UHC (August 2022 interview)*



Source: <https://manado.tribunnews.com>

**Figure 8:** Universal Health Coverage Award North Bolaang Mongondow District Government.

Head of the National Health Insurance Agency (BPJS) Boroko as the organizing partner on Governance (involvement, communication, suitability of positions in the constellation of powers and interests, as in the following interview excerpts;

*“In the implementation of the national health insurance policy in North Bolaang Mongondow district, we refer to the cooperation agreement on the implementation of the national health insurance followed by a work plan between the health office and BPJS, there have clearly stated the rights and obligations of the parties, so it remains only to refer to the work agreement, and in the implementation we often make meetings both with the puskesmas and with the local government at the meeting We try to solve every obstacle (August 2022 interview)*

### 3.2. Efficiency of National Health Insurance Policy

In the implementation of the National Health Insurance policy Efficiency is not an effort that must be done by service providers, but it does not mean that it should be ignored because by minimizing the use of resources in achieving goals indirectly improve the quality of policy implementation. The interview conducted with the Acting Head of the Health Office regarding the availability of Standard Operating Procedures (SOPs) in the implementation of the Review of Effectiveness and Efficiency policy as in the following interview excerpts:

*“In the implementation of national health insurance, it is definitely based on SOPs even though they are in simple and not yet standard form, and when it comes to health*

*services, there are also SOPs available both in health offices, puskesmas and hospitals, because it is related to accreditation, yes, all have SOPs because it is a standard for implementation, especially about services now the community is increasingly critical and demands fast and good services and we as organizers are required to do Service according to standards. (July 20221 interview)*

The researcher also questioned the Population Administration and Civil Registration Office about the availability of Standard Operating Procedures (SOPs) in the implementation of national policies as in the following interview excerpts;

*“... SOPs that we use in population administration services exist, and they are used in the implementation or if there are requests related to the issuance of birth certificates, death certificates and validation of population identification numbers from health offices or people who want to register as participants in the National Health Insurance, (interview August 2022)*

The same opinion was conveyed by the Director of RSUD Bolmut on the question of the availability of Standard Operating Procedures (SOPs) in the implementation of national policies on the descriptor Level of clarity and Measurability as in the interview excerpt as follows:

*“... if in the hospital Standard Operating Procedures (SOPs) are mandatory in every health service and must be understood and obeyed by all doctors and paramedics so that all patients and users of health services in hospitals get the same health services both National Health Insurance participants and general patients because there are SOPs that are the basis for all officers in providing services (interview July 2022)*

The opinion of the head of BPJS Boroko as the party who manages the premiums paid by local governments on whether the provision of costs for implementing the National Health Insurance policy is comparable to the health benefits obtained by participants of the National Health Insurance as in the following interview excerpts:

*“... in the implementation of the national health insurance policy, the health insurance organizing agency applies several principles among the non-profit principles, which means that BPJS does not contribute profit or profit in the implementation of National health insurance, the second is the principle of mutual assistance, all participants help each other in paying for health services, we give a simple example of paying normal childbirth costs, is it enough to rely only on premium payments from mothers, as well as payments for other services, not to mention delinquent payments from independent participants, and if you attend the annual meeting, BPJS always loses money (August 2022 interview)*

### 3.3. Adequacy of National Health Insurance Policy

The availability of budget in an implementation of public policy is important because it is one of the bases in the preparation of goals and targets of an activity, related to the descriptor of the availability of the national health insurance premium budget, researchers conducted interviews with informants of the Acting Head of the Health Office as in the interview excerpts as follows:

*“... If the premium budget for local government PBI participants has been budgeted for 12 months each year because it is part of the MOU, only for 2021 the premium budget allocation will only be nine months because there is a change in premium but later it will be paid to the change budget. (July 2022 interview)*

The same thing was conveyed by the head of BPJS Boroko about the availability of the national health insurance budget as in the interview as follows:

*“... If referring to the cooperation agreement signed by the regional government, in this case the Regent and Head of the BPJS Tondano Branch Office, the government should allocate installments for participants registered by the regional government or PBI, but last year the regional government still owed premiums of around 3 billion for 2200 participants, hopefully it can be paid this year; (July 2022 interview)*

The researcher also questioned the Regional Planning Agency of North Bolaang Mongondow Regency about the availability of the national health insurance budget as in the following interview excerpts;

*“... all activities of regional apparatus organizations refer to the SKPD work plan which at least contains activities, targets and budget allocations, this also applies to the National Health Insurance budget if it has been proposed in the RENJA – SKPD can certainly be financed by the APBD, moreover the national health insurance policy is one of the flagship programs of local governments.( interview September 2022)*

### 3.4. Leveling of National Health Insurance Policy

In order to create a sense of justice, as well as to reduce social jealousy and inequality between communities, it is necessary to treat all people equally in health services, both those who have health insurance and general patients, based on interviews with informants, Mr. Acting Head of the Health Office, further about the description of the similarity of National Health Insurance participants in health services as in the interview excerpt as follows:

*“... All patients must be treated equally by health workers when obtaining health services both at the puskesmas and in hospitals, there is no difference between general patients and participants of the national health insurance, both inpatient and outpatient unless the patient will be prioritized because of the patient’s status that needs immediate treatment; ( interview July 2022)*

The researcher also questioned the director of Bolmut hospital about the similarity of national health insurance participants and general patients in health services as in the following interview excerpts;

*“... Yes, it is still treated the same depending on the health complaints experienced by patients, the same as I said, in health services provided by officers always refer to SOPs, so that based on SOPs everything is served according to standards and it applies to outpatient and inpatient polynic patients; yes unless there are officers who carry out services not according to the peace but I believe that is no longer the case (July 2022 interview)*

In line with the statement of the director of Bolmut Hospital, the same statement was conveyed by the head of the Boroko Health Center about the similarity of National Health Insurance participants in health services as quoted from the interview as follows;

*“... There is no difference in service for all patients, both those who have a National Health Insurance card and general patients or even participants of the NATIONAL HEALTH INSURANCE who do not have a national health insurance card we still serve according to existing service standards, (September 2022 interview)*

Similarly, the head of the Buko Health Center gave an opinion about the similarity of national health insurance participants in health services as follows;

*“... There is no sir, because in carrying out services always refer to the SOP that national or general health insurance patients are only status in terms of tapu payments when it comes to health services, all patients are entitled to the necessary services, of course, in accordance with medical considerations, (September 2022 interview)*

The same question was given by researchers to community informants who visited hospitals about the similarity of national health insurance participants in health services as in the following interview excerpts:

*“... I was well served in this hospital, only first there was a problem because I did not receive a referral letter from the puskesmas but after the referral there was alhamdulillah I was served well, (September 2022 interview)*

In line with the informant above, the same statement was given by a community informant who visited the Bolangitang Health Center about the similarity of national health insurance participants in health services as in the following interview excerpts:

*“... Alhamdulillah I was well served at the puskesmas, the important thing is to bring the national health insurance card so that it is fast to register only sometimes patients wait for the doctor to come to the puskesmas. (September 2022 interview)”*

### 3.5. Responsiveness of National Health Insurance Policy

To determine the quality of service for the implementation of the national health insurance policy, researchers have conducted interviews with informants from the Acting Head of the Health Office about whether there are complaints from participants of the national health insurance, as in the following interview excerpts:

*“... Every public service, especially services in the health sector, must have a GEP between expectations and services received which results in community complaints, complaints currently most often occur in hospitals, this is because the hospital is unable to carry out management functions properly. (interview July 2022)”*

The researcher also questioned the director of Bolmut hospital about whether there were complaints from participants of the National Health Insurance against the services provided, as in the following interview excerpts:

*“... There must be, the name is just health services in the hospital all want to be prioritized, but we continue to strive to carry out all services based on SOPs, we realize this hospital is still new, not everything we need patients can be met, but we try to provide the best service. (interview July 2022)”*

In line with the director, the same statement was conveyed by members of the board of commissions about whether there were complaints from participants of the National Health Insurance against the services provided as in the following interview excerpts:

*“... Talking about health services is still far from the expectations of the community, especially in hospitals there are still many complaints, this can be seen from the incident several months ago, so it is necessary to improve the service, especially for participants of the National Health Insurance, they are not free but have actually been paid at the beginning, just like the puskesmas there are still complaints about health services, some even call me. (September 2022 interview)”*

## 4. DISCUSSION

National health insurance involves several crucial aspects in the provision of health services. First, the goal is to ensure equitable access to services for the entire population, with adequate health facilities such as hospitals, clinics, and puskesmas. Second, in terms of participation and accessibility, the national health insurance seeks to register all residents as participants with equal access to health services, including an easy registration process and equitable availability of services, as well as the financial ability of participants to access these services. Third, national health insurance is committed to the quality of health services that comply with established medical standards, ensuring effective, safe, and quality care. Financial sustainability is another important aspect, which demands sustainable financial policies and financial risk management to ensure this program continues. In addition, the National Health Insurance does not only focus on disease treatment, but also on prevention and health promotion through preventive programs, education, and increasing public awareness of the importance of healthy living. Finally, aspects of justice and equality play an important role in creating a fair and equal service system for all members of society, eliminating health disparities caused by economic, geographical, and social factors. All of these aspects are integral to the national health insurance framework to ensure access to quality health services for all populations within a country or region.

The results of the study on the policy evaluation of the national health insurance program highlight several aspects, namely the policy seen from the form of effectiveness, which has not been optimal due to the lack of employee commitment in implementing the work agreement mechanism between the Regional Government and BPJS Kesehatan Boroko Branch; Efficiency aspect, obviously is quite optimal because the local government has set standard operating procedures for the participation administration process and mechanism payment, but there are still viable communities that have not met administrative requirements; adequacy aspect, which has not been effective because the increase in the distribution of new participants subsidized by the APBD is not in line with the available budget, resulting in delays in service claims for health workers in North Bolaang Mongondow District; The leveling aspect has not been effective because constraints in the data of the recipient group of the national health insurance program resulted in a reduction in the quota from BPJS Kesehatan Boroko, which had an impact on community groups who should have received assistance; Responsiveness has not been effective due to the problem of validating the criteria for PBI recipients and the lack of implementation of direct data entry when submitting

a Poor Statement Letter at the village level; and the accuracy aspect has not been maximized due to the limitations of the APBD to empower all communities covered by the PBI-APBD in North Bolaang Mongondow Regency.

Policy evaluation has identified the importance of context, policy attributes, enablers, and organizational benefits [12]. As for [13] said that there is a generalized synthetic control (GSC) approach by offering an interesting approach in evaluating health policies. A holistic text measurement approach to policy initiatives at the local level with the integration of macro policy analysis and individual analysis at the micro level [6]. Policy evaluation has significant potential to influence the decision-making process in a variety of varied ways. In analyzing the impact of existing policies, policy evaluation can provide policymakers with important information to improve, modify, or even design new policies that are more effective or more in line with the actual needs of the community [14]; [15]; [16]; . Important indicators in policy evaluation are seen from the form of effectiveness, efficiency, adequacy, leveling and responsiveness of public health insurance [17]. Deep [18] It is explained that health insurance such as Askeskin has successfully covered low-income people and national health insurance has proven effective in several cities in Indonesia. Further development is needed related to social health insurance or Social Health Insurance (National Health Insurance).

Previous studies by [9] highlighted that regulatory fragmentation and misalignment of membership data have created variations in health capacity and management of the implementation of the National Health Insurance (Jaminan Kesehatan Nasional) in Bengkulu Province. Findings from research by (Hikmah et al., 2021) show that the evaluation of health operational cost policies at the Santosa Health Center in Bandung Regency found constraints in budget allocation that was not on time. Meanwhile, research by [19] revealed that only a small percentage expressed satisfaction with the service. In research that has been conducted in North Bolaang Mongondow Regency, specifically evaluating the policy of the National Health Insurance program in various aspects. The responsiveness of this program is also questioned due to the problem of validation of beneficiary criteria (PBI) and the lack of application of direct data entry when submitting a Poor Statement Letter at the village level. Meanwhile, the success of this policy is still hampered by the limitations of the APBD in empowering all communities covered by the PBI-APBD in North Bolaang Mongondow Regency.

To overcome the existing problems, local governments are expected to take several concrete steps. First, steps are needed to address regulatory fragmentation and misalignment of membership data in national health insurance. This can be done by improving coordination between various relevant agencies to improve the management



system and health capacity in each region. Regarding the evaluation of health operational cost policies in puskesmas, it is necessary to improve the budget allocation on time. Local governments need to optimize the use of funds to ensure health services can be efficiently available at all levels. Furthermore, to increase satisfaction with health services, concrete steps are needed to address issues that are obstacles to program responsiveness, such as validation of beneficiary criteria (PBI) and proper use of data when submitting a Poor Statement Letter at the village level.

## 5. CONCLUSION

The study illustrates various challenges in the implementation of the national health insurance policy. Fragmented regulatory issues and misalignment of membership data are the main obstacles affecting the capacity and effective management of national health insurance at the regional level. Meanwhile, the evaluation of operational costs in health facilities, such as Puskesmas, highlights delays in budget allocation that limit the optimization of health services. In addition, satisfaction with women's health services in the context of the use of national health insurance showed a small percentage of respondents who expressed satisfaction with these services. The responsiveness of the program is highlighted, especially related to the validation of beneficiary criteria (PBI) and the lack of proper use of data when submitting a Poor Statement Letter at the village level. The last constraint lies in limited funds to support health programs at the local level, indicating the need for a more efficient and flexible fund allocation strategy to meet diverse operational needs.

The contribution of science in public administration related to the evaluation of national health insurance policies is to present a deep understanding of the effectiveness, efficiency, and relevance of these policies in the context of public health services. Through policy evaluation, researchers can critically analyze the extent to which the implementation of national health insurance fulfills its primary goal of providing access to affordable and quality health services for the public. This research can explore a number of important aspects. First, the evaluation is able to identify successes and failures in the implementation of national health insurance, including fund management, service distribution, and community participation and satisfaction with this program. Analysis of the efficiency of budget use, availability and accessibility of services, and fulfillment of health rights are the focus in evaluating program effectiveness.

Research limitations in evaluating national health insurance policies include limitations on incomplete or accurate data, constraints in research methodology, time and

resource constraints that may affect the depth of analysis, and scope limitations that may only focus on certain aspects of national health insurance. In addition, responses from respondents that are not fully comprehensive as well as changes in policy or dynamic environmental conditions can also be obstacles that affect the results and a deeper understanding of the study.

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