Policy Implementation of Use of Funds Non Capitation Organizers Social Security Health Agency

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Abstract: Implementation of the use of non capitation fund national health insurance in the first-level health facilities belonging to the local government set out in the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014 and Decree No. 3.A Banjar Mayor Year 2017 in Langensari II Puskesmas Banjar still experienced many obstacles, among other non delays in disbursement of capitation BPJS both by the City Health Department Banjar and PT. BPJS Banjar. The purpose of this study was to analyze the implementation of the policy of the use of funds of non capitation BPJS on PHC Langensari II Banjar and implement policies use of funds of non capitation BPJS on PHC Langensari II Banjar with using the theory of Edward III. This research is a qualitative descriptive study in Puskesma Langensari II Banjar (puskesnas with hospitalization). Informants Chief Medical Officer, Secretary, Head of Service and the Health Resources, Head of Sub Division of Program and Information, Treasurer JKN Department, Head of the Health Center, General Practitioner, Head of Section of Health Insurance, Treasurer JKN Health Center, Coordinator midwives, pharmacists, Executive Health Center and Community BPJS participants. The collection of data through observation of non participation, in-depth interviews (in-depth interviews) and study the documentation in accordance with the tradition of social studies. Analyze data using an interactive model by Miles and Huberman. The conclusion of the researchers is that the implementation of the use of funds of non capitation national health insurance in the health facility first level local government owned in Puskesmas urban Banjar conducted in Puskesmas Langensari II in 2018 is not optimal, is shown by the use of funds of non capitation JKN for drug procurement does not meet the needs of existing and non capitation fund disbursement JKN claim on health BPJS still often too late. Factors supporting and covering structure of bureaucracy, there is no SOP for implementation. Resources in the clinic include the staff, the authority, information and facilities are lacking. Disposition (attitude) implementor in the clinic and in the Office of the lack of support. Communication has been implemented, but there is still lack of clarity and inconsistencies.

Keywords: Implementation, Policy, Use, Non Capitation Fund, BPJS.
1. PRELIMINARY

1.1. Background Research

Implementation of health care insurance carried by BPJS namely melaluidana and non capitation payments to First Level Health Facilities (FKTP). Capitation fund is the amount of monthly payments paid in advance to FKTP based on the number of participants enrolled regardless of the type and amount of health care provided.

Furthermore, there are sources of non capitation grant given by BPJS to the clinic. Non capitation fund is the amount of the payment of claims by BPJS the First Level Health Facility based on the type and amount of health care provided. Non capitation grants which do BPJS is a form of reimbursement to the service imposed on FKTP conducting health services outside the scope of the capitation payment in accordance with the policy on health care rates on FKTP. (Minister Regulation No.52 / 2016).

Services BPJS in Banjar, especially in health facilities first rate (FKTP) in this case health centers for outpatient far no problem but in inpatient health centers (Ranap) as PHC Langensari II there was a problem on the one hand services to participants BPJS Health should go well while funds down to the clinic late down eventually Langensari II health centers should make every effort how that service can continue even though the funds down to Langensari II puskesmas Banjar late.

Selection of research sites in the health center in Puskesmas Langensari II due Langensari II are HCF inpatient and outpatient care, while at the Puskesmas Langensari I just had outpatient health care facilities, have no inpatient facility.

Initial studies conducted by researchers associated with implementasi usage policy and financial penatausahaan non capitation funds BPJS on Langensari II Puskesmas Banjar found the problems associated with the delay decline in non capitation funds BPJS. It can be seen from several indicators of the problem as follows:

a. Bureaucratic Structure Not optimal indicator that is not optimal division of tasks or authority in implementing policies. Bureaucratic structure here is Standard Operating System (SOP) which rules or guidelines that are used by employees in implementing the Usage Policy Implementation Non Capitation Fund Social Security Agency Health On Langensari II Puskesmas Banjar.

b. Not optimal indicator of Resources, which is not optimal potential or certain elements that support the implementation of the policy. Resources here include: staff, information, Privileges and amenities.

c. Not optimal communication indicator, which is not optimal delivery of information from the Mayor Banjar through the Chief Medical Officer and / or Head of Puskesmas Langensari II and generally all health centers in Banjar order Usage Policy Implementation Non Capitation Fund Social Security Agency of Health went well and linear. Communication here include: Transmission, Clarity and Consistency of Information Information.

d. Not optimal disposition indicator, which is not optimal attitude of the personnel responsible for Policy Implementation Use of Non Capitation Fund Social Security Agency Health On Langensari II Puskesmas Banjar to run properly and smoothly.

1.2 Identification of Research Problem

"How to implement the policy of non capitation fund use BPJS and how the financial administration of non capitation funds BPJS on Langensari II Puskesmas Banjar?"

1.3 Research Objectives and Purpose

1.3.1 Research purposes

"Analyzing the implementation of the policy of the use of funds of non capitation BPJS on PHC Langensari II Banjar and implement policies use of funds of non capitation BPJS on PHC Langensari II Banjar that the financial administration of the funds of non capitation BPJS on PHC Langensari II Banjar so as not to be late and fall so puskesmas do not need to issue another policy that does not comply with existing regulations ".

1.3.2 Usability research
a. The usefulness of the theoretical, the results of this research can develop a repertoire of knowledge, particularly of Public Policy Studies, especially with regard to the area of financial policy in terms of improving employee performance and service.
b. Practical utility, the results of this study may be useful as an input for policy makers in government, especially Puskesmas Banjar Langensari II and Banjar City Health Department.

2. LITERATURE, FRAMEWORK FOR THINKING AND PROPOSITIONS
2.1 Reader Review
2.1.1 Implementation of Public Policies
According to Edward, the implementation of the policy is a very complex with so many factors that influence the success of an implementation of the policy. In reviewing the implementation of public policy, Edward began by asking two questions, namely:

is the precondition for successful policy implementation?
What are the primary obstacles to successful policy implementation?

Edward III in Subarsono (2009: 90) seeks to answer two questions by examining four factors or variables of the policy that the bureaucratic structure, resources, communication and disposition. The fourth of these variables are related to one another as Figure 2.1 below:

![Figure 2.1 Determinants of Implementation According to George C. Edward III](source)

1. Structure of Bureaucracy
Bureaucracy is one-on-one institutions are most often overall even be implementing activities. The existence of the bureaucracy not only in the structure of government, but also in private organizations, educational institutions and so on. Even in certain cases the bureaucracy created just to carry out a particular policy.

Understanding the structure of the bureaucracy is a fundamental factor for assessing the implementation of public policy. According to Edwards III in Winarno (2005) there are two main characteristics of bureaucracy are: "Standard Operating Procedure (SOP) and fragmentation". Standard operational procedure (SOP) is the development of internal demand will be the certainty of time, resources and the need for uniformity in the organization of complex and extensive work "(Winarno, 2005). The basic measure SOP or work procedure is commonly used to combat common conditions in various public and private sectors. By using SOP, the executor can optimize the time available and can serve to unify the actions of officials in the organization of complex and widespread,

2. Resources
According to Edward III in Agustino (2006), the resource is important in the implementation of good policies. The indicators used to see the extent to which resources to influence policy implementation consists of:

- Staff
- Information
- Authority
- Amenities
3. Disposition

With regard to the willingness of the implementer to carry out (execute) the public policy. Skills alone are insufficient, without the willingness and commitment to implement the policy. Edwards III (Widodo, 2009: 104) asserts that:

Successful implementation of the policy is not only determined by the extent to which the policy actors (implementors) knows what to do and can do it, but is also determined by the willingness of the perpetrators of earlier policies have a strong disposition against the policies being implemented. Disposition is the will, the desire, and the tendency of policy actors to implement the policy seriously so what is the policy objective can be realized.

4. Communication

Edwards (Winarno, 2008: 175) discusses three important things in the process of policy communications, namely transmission, consistency and clarity (clarity). Dimensions transmission requires that public policy is delivered not only submitted to the executive (Implementers) policy, but also delivered to the target group policy and other interested parties, either directly or indirectly to the policy was, therefore, the dimensions of the communication includes a transformation policy, clarity and consistency (Widodo, 2009: 97).

2.1.2 Non Capitation Fund BPJS

Funds provided BPJS to health centers providing health care services to participants BPJS is Dana capitation and fund Non Capitation, an outline of capitation funds it paid based on the number of participants BPJS registered at health centers while funds non capitation funds paid to health centers by the type and amount of health care provided. In this study, we will discuss about the Non Capitation Fund in the clinic.

Based on the Decree No. 52 Year 2016 About the Standard Rates of Health Services in pelenggaraan Health Insurance Program, stated that "Rate Non Capitation is the amount of the payment of claims by BPJS to the first-level health facilities based on the type and quantity of health services provided".

According to the explanation above first-level health facilities (FKTP) in this case is spearheading the health centers in the provision of health services to the public, non-capitation rates imposed on primary care clinics perform health services outside the scope of non capitation payments include:

a. Ambulance services;

b. Behind refer drug services program;

c. Examination of supporting services refer back;

d. Services screening (screening) specific health including cryo therapy services to cancer of the cervix;

e. Hospitalization rate of pertamasuasi with medical indications;

f. Obstetric and neonatal care services performed by a midwife or doketr, according to its competence and authority; and

g. Family planning services at health centers.

Banjar City Government in the management and utilization of non Capitation Fund makes Banjar Mayor Regulation No. 3.A Year 2017 About: "Management and Use of Non Capitation Fund for Health Facilities of First Instance in the National Health Insurance Program Implementation Year 2017." Under the Rules of the City Mayor above the scope of regulation in the management and utilization of non capitation funding for community health centers in Banjar in the implementation of national health insurance program in 2017 include:

a. JKN non capitation fund utilization;

b. Drug services;

c. JKN non capitation fund management in FKTP; and

d. Monitoring, evaluation and handling of complaints.

Non capitation funds paid by BPJS using claims system based on the number and type of health services provided, in accordance with the PMK Number 52 Year 2016 About the Standard Rates of Health Services in Pelenggaraan Health Insurance Program. Funds non capitation down from BPJS
through the Treasurer JKN Health Department then deposited into the local treasury as PAD by treasurer JKN Health Department memlalui treasurer Revenue Department of Health, after deposited to the local treasury then puskesmas withdraw non capitation through DPA in office health DPPKAD to Banjar.

2.2. Framework of thinking

This will outline the frame of the variables to be studied in conducting research, Implementation Use of Non Capitation Fund BPJS In Langensari II Puskesmas Banjar.

![Figure 2.1 Framework of thinking](image-url)

Frame of the studies focused to see the picture communication, resources, disposition and bureaucratic structures in the preparation of organizing BPJS which will determine the conditions of health service delivery BPJS program.

2.3. proposition

Based on the identification of problems and the framework that has been stated above, the proposition of research is the Implementation Use of Funds Non Capitation BPJS At PHC Langensari II Banjar determined by Communication (Communication), Resources (Resources), Dispostions or attitudes (attitude) and Buereaucratic structure (bureaucratic structure) as expected by the service users.

3. OBJECT AND METHODS

3.1. Object of research

This research is motivated to the fact that the delay in disbursement non capitation funds at the health center BPJS Langensari II Banjar. Therefore, this study aims to identify and analyze the implementation of the policy of the use of funds of non capitation BPJS on PHC Langensari II Banjar and implement policies use of funds of non capitation BPJS on PHC Langensari II Banjar that the financial administration of the funds of non capitation BPJS on PHC Langensari II Banjar in order not to late fall of that community health centers do not need to issue another policy that does not comply with the existing regulations.

3.2. Research methods

Based on the background of the problem and the purpose of this study, the researchers say that in accordance with the method of this research is using qualitative research. The use of such methods is based on the consideration that this method is intended to describe and assess qualitatively, how the
perception or view of the apparatus and the public against the use of Policy Implementation Non Capitation Fund BPJS given or carried out by the authorities Langensari II Puskesmas Banjar. All data is obtained directly from informants in the field by using interviews and observation.

3.2.1 Parameter Study and Operational Aspects

Aspects that were examined in this study are the factors or variables of Implementation Use of Non Capitation Fund BPJS on Langensari II Puskesmas Banjar, which consists of a bureaucratic structure, resources, communication and disposition.

Operational parameters is one of the reference which is used by researchers as a guide in the preparation of the thesis / research. because with the operational parameters appropriate researchers can conduct research dengaen what is already set.

<table>
<thead>
<tr>
<th>Parameter Operational Research</th>
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<tr>
<td><strong>Focus</strong></td>
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<td>Usage Policy Implementation</td>
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<td>Non Capitation Fund BPJS on</td>
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<td>Langensari II Puskesmas Banjar</td>
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<td><strong>Variables</strong></td>
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<td>1. Bureaucratic structure</td>
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<td>2. Resource</td>
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<td>4. Communication</td>
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<td><strong>Parameter</strong></td>
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<td>1. Standard Operating Procedure (SOP)</td>
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<td>3. Information</td>
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<td>4. Authority</td>
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<td>5. Amenities</td>
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<td>6. Transformation Policy (Communication Distribution)</td>
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<td>7. Clarity</td>
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<td>8. Consistency</td>
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<td><strong>Data source</strong></td>
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<td>Head of Health Office</td>
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<td>head of Puskesmas</td>
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<td>head of Puskesmas</td>
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<td>General practitioners</td>
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<td>Midwives coordinator</td>
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<td>Pharmacist</td>
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<td>The community participants BPJS</td>
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<td>Head of Section of Health Insurance</td>
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<td>Implementing Health Center</td>
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<td>head of Puskesmas</td>
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<td>Head of Division</td>
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<td>treasurer JKN Health Center</td>
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<td>Pharmacist</td>
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Source: Adapted researchers (2018)

3.2.2 Data collection technique

3.2.2.1 Observation of Non Participation

This type of observation used in this study is non-participant observation. Non-participant observation is an observation method in which researchers observed only act without taking the plunge activity as that of the study group, his presence known or not (Kriyanto, 2006: 108). So, just come to peneltian object being observed, but did not participate in their activities.

Non-participant observation has the advantage, that an observer can observe and record in detail and carefully for all activities that do observee. On the other hand, this form also has the disadvantage that when observee know that they're diobeservasi, the behavior usually create - create or unnatural. As a result, the observer does not get original data..

3.2.2.2 In-depth Interviews

In-depth interviews (In-depth Interview) or also called unstructured interviews. In this context Mulyana (2001: 180-181), suggests that this method aims to obtain certain forms of information from
all respondents, but the wording and the order is tailored to the characteristics of each respondent. This technique is flexible, question formation and arrangement of words in each question can be fickle at the interview and adapted to the conditions of the study subjects (informants). When researchers conducted interviews, the researcher guided by the guidelines for the interview (interview guide) and assisted voice recorder tool (Hp), recorder (book and pen). All information is recorded accurately and carefully, and always be reconfirmed if there are less obvious.

The number of informants needed adjusted by watching what they want to be known in accordance with the required data and information, support resources of the informants and researchers as well as after the repetition of information from informants keinforman. As for the informants to be interviewed is a representation of:

a. Chief Secretary and Head of the Department of Health as the holder of a policy that directly relate to the formulation of Non Capitation Fund Usage Policy BPJS in Banjar.

b. Officials associated with the Non Capitation Fund Usage Policy BPJS environment Langensari II Puskesmas Banjar, namely the Head of Puskesmas Langensari II Banjar,

c. Department officials who are directly related to the process of Non Capitation Fund Usage Policy BPJS, including doctors and health centers within the administrative apparatus Langensari II Banjar

d. Communities as participants BPJS

3.2.2.3. Study Documentation

Besides the two above data collection techniques, the researchers also used the study of documentation to support the information and data required in accordance with the focus of the research undertaken. Study the documentation, namely collecting secondary data needed to support research for the documentation study, researchers will collect books, journals or scientific sources other relating to the Usage Policy Funds Non Capitation BPJS performed by the apparatus PHC Langensari II Cities Banjar. This activity researcher deliberately did as the theoretical foundation for understanding the phenomena related to the object of this study.

3.2.3. validity of Data

The validity of the data is an important concept that is updated from the concept of validity (validity) on the reliability (reliability). The degree of certainty or truth of an assessment will be determined by what standard is used.

While the position of the researcher as an insider, will allow researchers to categorize and interpret the meanings of behavior patterns and information from the apparatus. According Moleong (2007: 324), there are several criteria that are used to check the validity of data, among others:

a. The degree of confidence (credibility)

The application of the degree of confidence in essence replaces the concept of internal validity and nonkualitatif. The function of the degree of confidence is, first, the findings can be achieved; Second, showing the degree of confidence the results of the invention by way of evidence by investigators on the fact under investigation. Criteria examined with some degree of confidence in investigation techniques, namely:

1) Triangulation
2) Referential adequacy

b. Keteralihan (transferability)

Keteralihan as an empirical question depends on the context of the observations between sender and receiver.

c. Dependence (Dependability)

Dependence is a substitution of reliability in research nonkualitatif. In qualitative research, dependence test is done by examining the whole process of research.

d. Certainty (Confimability)

In qualitative research, a test similar to the test of certainty dependence, so that testing can be performed simultaneously.
3.2.4. Data analysis technique

Data analysis is the process of preparing the data so that the data in the study can be interpreted. Compiling data means to classify the patterns, themes, or categorization. Data analysis is the process of drafting, simplification of data for a more simple and easy to read and easy to integrate. Analysis of the data has started to formulate and explain the problem, before plunging into the field and continue until the writing of the research results. In this context, Sutopo (1999: 82) argues that "in qualitative research there are three main components in the data analysis process, namely: (1) data reduction, (2) the presentation of the data, and (3) conclusion or verification. The third process data analysis plays an important role in the process and inter-related as well as determining the outcome of the analysis.

The third stage in the analysis process is interrelated parts between stages one another. The analysis will be carried out continuously since the beginning of the study until the end of the study. Data analysis model has researchers have described can be described as shown in the figure 3.1 below:

![Data Analysis Diagram](image)

Picture: 3.1 Qualitative Data Analysis Techniques.

3.5. Location and Time Research.

The research will be conducted on Langensari II Puskesmas Banjar, where the institution is one of the leading sectors in providing Usage Policies Non Capitation Fund BPJS in Banjar. Adapan reason in choosing these locations is considering: (1) the presence of a phenomenon that is crucial in the implementation of the Non Capitation Fund Usage Policy BPJS environment Langensari II Puskesmas Banjar and; (2) The institution, is one of the strategic institutions in translating Policy Use of Funds Non Capitation BPJS in the Banjar, West Java province, so out putnya expected to produce models of Policy Use of Funds Non Capitation BPJS that optimally match the demands and needs of the community. Stages of the research process is planned to last for 8 months starting Months Months August 2018 until March 2019.

4. RESULTS AND DISCUSSION

4.1. Research Object Description

4.1.1. Overview Banjar

Formation of Banjar become an autonomous region is in accordance with the Law of the Republic of Indonesia Number 27 Year 2002 on the Establishment of Banjar, West Java Province (State Gazette of the Republic of Indonesia Year 2002 Number 130, Supplement to State Gazette No. 4246). Regional comprehensive Banjar based explanation of Law of the Republic of Indonesia Number 27 Year 2002 is approximately 113.49 km² or 11 349 hectares, while based on the measurement map Bakosurtanal RBI, Banjar City Region area is 13197.23 hectares.
4.1.2. Overview Langensari II Puskesmas Banjar

4.1.2.1. PHC history Langensari II

Size Langensari II Puskesmas totaled 1628.64 ha, or approximately 12.3% of the total area of the town of Banjar. Langensar Health Center II occupy locations in Hamlet Sukahurip, langensari Village, District Langensari Banjar precisely located at No 56 Jalan Madjalin langensari Subdistrict, Banjar 46341. Langensar II Health Center was established in 1980 with the building functions change from pustu, and turned into the Care Points (DTP) in 2004 till now. From its inception until now, PHC Langensar II has experienced some increase in both the physical building, health center facilities and infrastructure to increase the number of human resources

Originally Puskesmas Langensari II only provide basic services, and since 2004 began diversifying health services such as DTP, and the 2007 X-ray services, ultrasound, plus PONED 2013. PHC services Langensari II a technical unit Banjar City Health Office responsible for organizing health development in one or most of the districts. As the technical and operational units, community health centers carry out some tasks Banjar City Health Health Department. PHC is based on the basic policy of the community health center (Ministry of Health Decree number 128 of 2004) has a very important position in the national health system and the district health system.

4.1.2.2. Legal aspects


4.1.2.3. Vision and Mission Health Center Langensari II

The vision of PHC Langensari II are: “ACTUALIZING PUSKESMAS SMILE” (Leading, Healthy, Comfortable, Excellence and Independent) in 2022

The health center's mission Langensari 2, namely:

a. Improving the health center competent HR Professionalism
b. Improving the quality of health services and affordable by the community
c. Potential foster partnerships with the whole community

4.1.2.4. Aim

The aim Puskesmas Banjar Langensari II are:

a. In order to maximize the quality of service providers in accordance with the standards established
b. So that the quality of health services is increasing but still be affordable by the community
c. Improving the quality of service to the community by how to make a good cooperation with other parties and outside the health professions health professions.

4.1.3. An Overview of the National Health Insurance

Referring to the Presidential Decree Nomorn 12 In 2013, the health insurance is health protection for participants to benefit health care and protection to meet the basic health needs are given to every person who has paid dues or dues paid by the government. The National Health Insurance (JKN) developed in Indonesia is part of the National Social Security System (Navigation) organized through social insurance mechanisms that are compulsory (mandatory) based. Constitution. No. 40 Tabun. Tenting 2004 National Social Security System (Navigation). National Social Security System is the procedure for the organization of Social Jaminarn program by the Social Security Agency (BPJS) Health and BPJS Employment,

4.1.4. Usage Policy Overview Non Capitation Fund Social Security Agency Health On Langensari II Puskesmas Banjar

Policies Use of Funds Non Capitation Social Security Agency of Health In Health Center Langensari II Banjar yet nenerapkan financial management pattern Public Service Agency (BLUD), regulated by the Regulation of the Minister of Health of the Republic of Indonesia Number 28 Year 2014 on Guidelines for the Implementation of Programs National Health Insurance and Regulatory Mayor Banjar No. 3.A Year 2017 On Management and Utilization of Non Capitation Funds For Health
Care facilities of First Instance in the Implementation of the National Health Insurance Program Year 2017.

4.1.1.2. Fragmentation in Bappeda

From the information it can be said that in Bappeda, fragmentation on PATROMAN've been able to run well, meaning it has spread responsibility for a policy to several different areas and coordinated by the Planning, Research and Development

4.2. Research result

4.2.1. Usage Policy Implementation Non Capitation Fund Social Security Agency Health On Langensari II Puskesmas Banjar

Based on information received from informants, it is known that there are problems in the use of funds of non capitation JKN especially in the category of drug procurement and disbursement of funds of non capitation claim JKN on BPJS. Problems on the procurement of drugs not in accordance with the requirements, the drug stocks proved there is no stock left blank and excess drug. The problems in the liquefaction process claims non capitation funds JKN on BPJS seen that until now claim non capitation funds JKN on the new Health BPJS liquid to March, April to now there is no further disbursement.

4.2.3. Factors Supporting and Inhibiting Implementation Use of Non Capitation Fund Social Security Agency Health On Langensari II Puskesmas Banjar

a. Bureaucratic structure

The first aspect of the bureaucratic structure is a standard procedure or standard operating procedure of implementation (SOP) specified in the policy guidelines. Good SOP to include a clear framework, systematic, straightforward and easily understood by anyone because it will become a reference in the work of the implementor / implementers. A second aspect of the bureaucratic structure which is also very important to implement policies effectively is implementing an organizational structure and division of tasks and responsibilities. According to the analysis of data shows that the division of tasks and responsibilities of program managers and other service providers have adapted to the respective areas of expertise. Peyusunan bureaucratic structures made very flexible and uncomplicated.

Edwards III (1980) suggests there are two main characteristics of bureaucracy are working procedures basic measures or standard operating procedures (SOP) and Fragmentation Information SOP traced by asking whether there are specific rules that are made to implement the policy of the use of funds of non capitation JKN The Langensari II Puskesmas Banjar.

b. Factors Resources (Resources)

1) Human Resources (Staff)

Based on the survey results revealed that workers in the clinic Langensari II Banjar, judging from the number compared with the minimum standards already almost met (only less energy. Public health first and laboratory personnel), but when compared with the efforts of individual health (UKP) and public health efforts (SMEs) to be implemented by health centers and health sector minimum service standards that must be achieved, then the power there have been insufficient. Besides, each kind of power and authority mernpunyai different tasks.

2) Information

Implementation of the use of funds of non capitation policy JKN on. FKTP in the clinic Langensari II hampered due to lack of information received by the executor, participants JKN program's objective should be informed about their rights and obligations as participants JKN (BPJS) including on non capitation fund for participants in the health center JKN Langensari II.

3) Authority

Authority possessed by implementing policies use non capitation funds JKN in FKTP clinics have been set up in accordance with. masing respective task force
4. Facilities (Facilities)
   Existing facilities in the clinic Langensari II, much less delivered by a general practitioner and coordinator Bidan Puskesmas Langensari II.

c. Disposition (attitude)
   Based on interviews conducted by researchers with informants in the above in mind that even found their attitude executor is less support in the procurement of drugs, the smooth disbursement of the claims fund non capitation JKN of BPJS, but in general the policy implementers use of funds of non capitation JKN have a supportive attitude and expects to claim a non capitation grant disbursements JKN more smoothly.
   The attitude of society towards the implementation of the policy of the use of funds of non capitation JKN seen from the activities prolanis namely the Program Management of Chronic Disease, a health care system and a proactive approach are implemented in an integrated manner involving the Participants, Health Facilities and BPJS in order, health care for participants BPJS which menderita chronic diseases to achieve quality of life: the optimal cost of health services effectively and efficiently.

d. factors Kumunikasi
   Based on interviews with informants known that before the policy of use of funds of non capitation JKN implemented in the clinic advance these policies are communicated in sequential order from the Ministry of Health, to the Provincial Health Office and District / City, then Team Health Department communicates to the clinic, and then conveyed to health centers, village health posts and community participants of national health insurance.
   Following up on their vagueness and inconsistency of policies of use of funds of non capitation JKN especially regarding the claims fund non capitation JKN are always late and fall then at the end of 2018, all of the Treasurer JKN puskesmas included technical guidance on financial management in order to know what the task of treasurer and able to conduct the administration JKN non capitation financial funds at the health center.

4.3. Discussion
4.3.1. Usage Policy Implementation Non Capitation Fund Social Security Agency Health On Langensari II Puskesmas Banjar
   Interview result. and documentation showing that the use of funds of non capitation JKN puskesmas langensari II is not optimal, especially for claiming funds non capitation to BPJS often late and fall / melting, whereas services to participants BPJS should go well, so PHC Langensari II should make every effort how can the service can continue even though the funds down to Langensari II Puskesmas Banjar late.

4.3.3. Factors Supporting and Inhibiting Implementation Use of Non Capitation Fund Social Security Agency Health On Langensari II Puskesmas Banjar
a. Bureaucratic structure
   The research concludes that there is no Standard Operating Procedures (SOP) were made for the implementation of the policy of non-use of funds belonging FKTP capitation JKN in government or in Banjar, especially when there is delay in the disbursement of non capitation JKN of BPJS.
   There is a supporting factor that has been the establishment of the organizational structure of policy implementation in the clinic is the head of puskesmas as a responsible activity and one of the staff as treasurer non capitation funds JKN set by decision of the Mayor Banjar. In addition to monitoring work attendance is monitored by the Administration. For verification work plan budget (RKA) non capitation funds JKN health centers have been established verification team. While the bottleneck is the lack of coordination between the implementing policies, namely between the clinic, the health department and the Health BPJS Banjar.
b. Resource

Based on the results of research known factors associated with HR support that is the policy of the government town of Banjar to cope with labor shortages PNS contracts financed by the Regional Budget (APBD) although to date the procurement mechanism is still not fluent. Still found their lack of human resources such as energy Analyst Laboratory, Public Health, and other supporting personnel such as the power to pengelota P care program for counter / registration of participants JKN.

The second source is information. In the implementation of a policy, information has two forms, namely the first information related to how to implement the policy. Implementor must know what they should do when they are given orders. Second, information on compliance data from the executor of the laws and regulations which have been set. Implementer must determine whether the person involved in the implementation of the policy comply with the law.

Based on the survey results revealed that information on the procurement of drugs, medical devices and disposable medical materials is still lacking. Information about the rights and obligations of the participants JKN also lacking so often cause problems for many participants JKN who want to go straight to the hospital for treatment by a specialist, it is certainly not in accordance with the Regulation of the Minister of Health No. 5 of 2014 Temtang Guide Clinical Practice for Doctors Primary Health Care facilities.

c. Disposition (attitude)

Based on the results of the implementation of the policy of the use of funds of non capitation JKN in FKTP local government owned health centers Langensari II in Banjar known that the attitude of implementing the policy on PHC Langensari II less support, especially in the procurement of drugs, medical devices and medical materials consumables and disbursement claims fund non capitation JKN on BPJS. Although the Head of Puskesmas always insurer jabab non capitation grant has been include JKN technical guidance and socialization on the procurement of goods and services as well as the procedures for claiming non capitation funds JKN. The same thing happened at the health center staff Langensari II that have not complied with the rules and discipline of civil servants working hours as has been stipulated in Government Regulation No. 53 of 2010.

d. Communication

From the research found any communications related factors inhibiting dang support as follows:

1) Factors supporting the policy dissemination of use of funds of non capitation Social Security Agency of Health of BPJS, Department of Health and Inspektoratke Head of Puskesmas and Treasurer, accompanied by the education and training of procurement of goods and services to facilitate the procurement of goods and services that are funded by non capitation JKN which is the responsibility of the head of the clinic, and for technical guidance treasurer JKN implemented financial management. Socializing is very important to support that implementation can be run properly.

2) Inhibiting factors, namely the lack of clarity and inconsistency regarding the use of funds of non capitation kebijakan JKN delivered by a team of Health Department in particular mechanisms JKN utilization capitation funds for the procurement of drugs, medical equipment and disposable medical materials discharged as well as non capitation funds claim to BPJS.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1. Conclusion

Research implementations use non capitation fund national health insurance in the first-level health facilities belonging to the local government in urban Puskesmas Banjar conducted in Puskesmas Langensari II in 2018 by Edward III implementation model. Based on the results and discussion of the research it can be concluded that:

1. Implementation of the use of funds of non capitation national health insurance in the health facility first level local government owned in Puskesmas urban Banjar conducted in Puskesmas Langensari
II in 2018 is not optimal, is shown by the use of funds of non capitation JKN for drug procurement is not according to the needs of existing and thawing claims non capitation fund BPJS JKN on health is still often too late.

2. Factors supporting and implementing the use of non capitation funds JKN on Langensari II Puskesmas Banjar:
   a. In the variable structure of bureaucracy, there is no SOP for implementation of the policy of non capitation fund use JKN thoroughly and coordination among organizations involved in policy implementation using non capitation fund Social Security Agency of Health on Langensari II Puskesmas Banjar still lacking.
   b. Resources on the variables, the availability of resources in the clinic include the staff, the authority, information and facilities are lacking so that there are some employees who have Double Job
   c. Disposition of the variable or tendencies toward the implementation of the policy of non capitation fund use JKN seen from bureaucratic attitude, the attitude is less support in the procurement of drugs and the smooth disbursement of funds of non capitation claim JKN to BPJS and attendance at health centers Langensari II Banjar.
   d. In the communication variables that a contributing factor is the transmission of policy information distribution gradually from the Department of Health to health centers and networks. While communication is a limiting factor in their vagueness and inconsistencies policy submitted by the Department of Health to the clinic, especially regarding the use of non capitation JKN funds for medicines, and lack of coordination between the Department of Health, community health centers and BPJS resulting in delays in the distribution of non capitation fund claims JKN

5.2. Suggestion

Based on the findings in the field, discussion and conclusions of the study:

1. Practical advice:
   a. PHC promoting policies to more intensive use of non capitation funds JK.N to the officers involved, health centers and rural health posts and community.
   b. Social Security Agency (BPJS) Health Banjar order to further improve the dissemination of the rights and obligations to all participants of the health BPJS bukan.perwakilan head of the family.

2. Theoretical suggestions:
   a. Banjar City Health Department in order to draw up technical guidelines clear and consistent guidelines for the procurement of drugs and non capitation fund claims JKN on BPJS
   b. Dians Health to prepare an SOP for implementation of the policy of use of non capitation fund Social Security Agency of Health to facilitate and accelerate the implementation of the policy.
   c. Health Department in this case Head of Service and the Health Resources based on basic tasks and functions, was responsible for the implementation of health insurance at the municipal level in order to improve coordination between the organizations involved in policy implementation.

3. Feedback Policy:
   a. Banjar City Government to accelerate the fulfillment of health and non-health personnel, medical equipment and health centers infrastructure standard.
   b. PHC should be shaped BLUDs because there is a policy of the central government that BPJS will transfer funds to the clinic to be recognized as revenue clinic.

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