

## Implementation of Public Health Insurance Policy Through the Sehati Program

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### ABSTRACT

The implementation of policies in the referral health system is one of the key components in efforts to realize tiered and integrated health services. The referral service policy in Belitung district has begun to be implemented in 2008 by issuing Belitung Regent Regulation Number 7 of 2008 concerning Belitung Public Health Insurance with a focus on providing health insurance to the people of Belitung, both those who have not been included in the Health Insurance borne by the government and the private sector. This policy was then updated several times last time by issuing Regent Regulation number 98 of 2022 concerning Belitung Public Health Insurance by covering all Belitung people who have not received health insurance through the JKN program in the form of contributions paid by the district government to BPJS Kesehatan as residents registered by the Belitung Regency Government. This research has a formulation of problems (1) the form of policy carried out by local governments in overcoming health services, especially referrals outside the region, (2) efforts that can be made in realizing an integrated referral service system, (3) the ways carried out by local governments in handling obstacles arising from the referral process. The research method used is in the form of a qualitative method with root cause analysis through in-depth interviews. The data sources used are primary and secondary data with a research focus containing statements about indicators and factors to be studied in detail.

**Keywords:** *Referral Health Service Policy; Belitung Public Health Insurance; Integrated healthcare system.*

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### INTRODUCTION

The birth of Law Number 23 of 2014 concerning local government marks a new chapter in the local government implementation system (Nafi'ah, 2022; Pina et al., 2010; Widodo & Kusnan, 2023). The delegation of authority from the central government to local governments in regulating their own households provides wide flexibility for local governments to make policies that improve community service functions (Akhyar et al., 2023; Damayanti et al., 2023; Tomizh et al., 2022). The logical consequences of this handover of authority directly affect regions, prompting them to build government structures that align with regional needs, respond to community interests, and feature effective administration systems in the context of public service efficiency. The implementation of government in autonomous regions offers great hope and opportunity for regional independence in improving community quality of life. To create a professional local government, creative and innovative policies are needed to adapt to the demographics, characteristics, and local wisdom of each region.

Health is a government obligation that must be realized as an element in achieving welfare and human rights, as stated in Pancasila and the 1945 Constitution of the Republic of

Indonesia. Anything impacting health problems among Indonesians certainly causes considerable economic losses for the country. Public policy, in the context of public administration science, regulates human life procedures to achieve public organization goals (vision and mission). Public policy serves as a means to realize the ideals and initial goals in the 1945 Constitution and Pancasila—namely, creating a prosperous and just society based on legal equality, not power (Iqbal Nurmansyah & Kilic, 2017; Kipo-Sunyehti, 2021; Kurniati & Maulana, 2024; Saber & Gomaa, 2024; Susanti et al., 2022).

Thus, public policy is a tool encompassing all facilities and infrastructure to achieve organizational goals. It represents the power or authority held by legitimate actors in a government system. Policies suggested and implemented by the government at least impact the community as service recipients (Hudson et al., n.d.; Milio, 1987; Omale & Daniel, 2016). Therefore, every public policy issued by the government shows partiality toward the community, aiming to solve societal problems.

Public policy is essentially a process of analyzed, designed, and formulated activities that culminate in decisions by those with policy authority. Even after formulation, many policies fail to achieve organizational goals and objectives. Crucial political interests introduced by certain actors often distort policies, deviating from societal expectations. The public policy model in the health sector demonstrates health's significant influence on the national economy.

Health policy is a public policy where the concept of policy denotes a solid state with power and legitimacy, representing community or group interests through competent administrative, technical, financial, and implementation techniques in policy regulation. In the health domain, health policy relates to and concerns health services, including managers and employees. It can be viewed as a network of interconnected decisions focused on public health services.

Public policies decided by the government and private sector must prioritize institutional and societal needs with long-term goals, offering practical recommendations for key decisions. Policies are not always documented but can manifest in various forms, such as constitutions, laws, regulations from political party interests, or policy papers (Massie, 2012). The government has sought to provide health services through planned programs. Health insurance is one such program, enabling citizens to access proper health services.

Guaranteed and affordable health insurance ensures every citizen's access to meet basic needs and regulate health-related matters. To improve health service quality, as stipulated in Articles 4 and 12 of Presidential Regulation Number 82 of 2018 concerning health insurance, the Belitung Regency Government issued Belitung Regent Regulation Number 98 of 2022 concerning Belitung Regency Public Health Insurance as the initial basis for public health insurance services in Belitung Regency. Through the Belitung Regency Government's *Sehati* program, it guarantees health services for citizens. *Sehati* is a health system program ensuring every citizen's right to fair and easy access to health services (Edward III, 1980).

In carrying out policies, four main issues must be addressed for effective implementation: communication, resources, disposition (attitudes), and bureaucratic structures (Rahmat, 2020). Public health reflects community health services, a basic need for every citizen and a priority in human resource development. Sustainable human resource development

falters amid disease prevalence, so central and regional governments must strengthen systems to improve health services.

Public services, especially in health, demand attention from central and regional governments regarding service performance and budgets. This is crucial, as health is a primary citizen need, as stated in Article 28H paragraphs (1) and (3) of the 1945 Constitution of the Republic of Indonesia: "(1) Everyone has the right to live in prosperity, both materially and spiritually, to live and develop themselves in a good and healthy environment, and to receive health services." "(3) Everyone has the right to social security that allows full development as a dignified human being," as well as Article 34 paragraph (2): "The state develops social security for all people and empowers the weak and incapable in accordance with human dignity."

## **METHOD**

The essence of research lay in uncovering truth. Success in scientific research depended on data collection techniques and instruments. Theory guided the research direction, served as a reference for hypotheses, and provided a grand theoretical framework (Firmansyah et al., 2021).

This research employed qualitative methods to describe the steps and procedures followed. It examined the Sehatu program's implementation at the Belitung Regency Health Office (program organizer) and DR. Marsidi Hadi Juwono General Hospital (service provider). The study spanned five months, from May to September 2024.

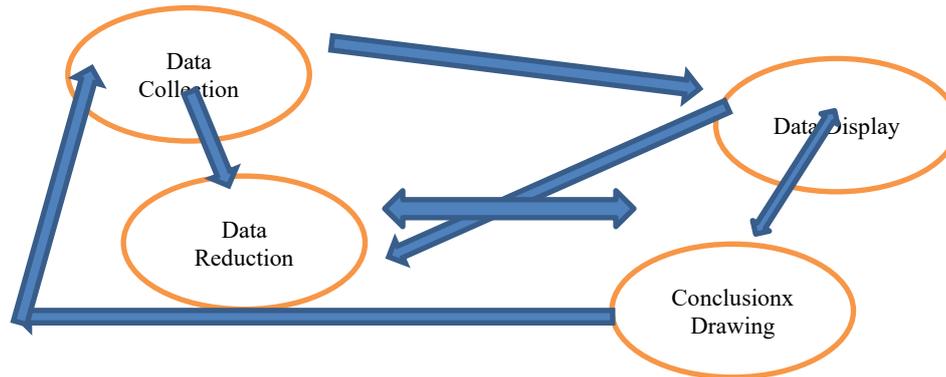
Data sources included primary data from documentation, observation, and interviews, collected via purposive sampling from parties directly involved in the Sehatu program, such as Health Office staff and hospital personnel. Secondary data came from Belitung Regency government entities, including the Legal Section at the Regional Secretariat (for regulations/policies), Budget Division at the Regional Finance and Assets Agency, and UPT Puskesmas units. Additional informants were community members or patients as direct service recipients.

The research focused on local government policy implementation in the Sehatu program, its community service impacts, and supporting/hindering factors. The researcher served as the key instrument, with validity ensured through data triangulation (comparing observations, interviews, documents, and perspectives across sources) (Patton, 1987, in Moleong, 2021).

Data collection occurred through observation, which involved direct, systematic recording of events at research sites to identify phenomena; interviews, conducted in person with informants including the Health Office head, Sehatu program officials, hospital director, technical staff, and affected community members/patients (Ardiansyah et al., 2023); and documentation, which drew from public records such as Belitung Regent Regulations Numbers 53/2014, 36/2018, 32/2019 (amending 32/2018), and 28/2022 on Belitung public health insurance; Financial and Government Performance Reports (LKPD); Health Office budgets; and related documents (Creswell, 2010).

Data analysis followed Miles and Huberman's (1984) model: reduction, display, and conclusion drawing/verification, conducted iteratively alongside collection until reliable conclusions emerged (Farida Nugrahani, 2014).

The pattern of interactive analysis is described as follows.



Interactive analysis is carried out in the cycle process by comparing all the data obtained with other data on an ongoing basis. The interactive process is carried out between components since the beginning of the data collection process which is carried out in the form of a cycle. In this analysis, the researcher moves between three components of analysis, namely data presentation, data reduction, and verification.

## RESULTS AND DISCUSSION

In the next section, the researcher will present the results of the interview data conducted by the researcher to the resource persons consisting of: 1) Head of Service Division of the Belitung Regency Health Office; 2) Head of the Administrative Section of Marsidi Djudono Hospital; c) Head of the General Section of the Regional Secretariat of Belitung Regency; d) Secretary of the Social Service for Women's Empowerment and Child Protection of Belitung Regency. e) Mr. Teguh Trinanda, SH as the Chairman of the Belitung Community Care Foundation. The following is an excerpt of the interview that the researcher conducted:

### 1. Interview with the Head of Health Services of the Belitung Regency Health Office.

The results of an interview with the head of the health service division, Mrs. Yuniarty, S.Kep on Monday, February 17, 2025, on the initial question regarding the background of the birth of the Sehatu Program. The resource person explained that the Sehatu program is a re-branding of one of the existing Belitung Public Health Insurance programs and has been refined again under the name Sehatu.

The Sehatu program is one of the 16 flagship programs of the Belitung Regency Government for the 2018–2023 period that focuses on improving the quality of public health services. This program is in line with the mission of RPJMD Belitung, which is to improve the degree of public health fairly. Based on Belitung Regent Regulation Number 98 of 2022 concerning Belitung Public Health Insurance, Sehatu provides health protection, financing of basic services, and referral support for people who have been registered as BPJS PBI class III participants and official residents of Belitung Regency.

Sehatu is an important innovation because it facilitates patients who need referrals to hospitals outside Belitung Island. The facilities provided include financing regional BPJS contributions, transportation costs for patients and companions,

ambulances, accommodation, and pocket money for underprivileged patients. Services are also made practical with a one-stop service at dr. H. Marsidi Judono Hospital with special priority for Sehati participants so as to facilitate administration and ensure certainty of referral financing a maximum of twice a year.

However, this program still faces a number of challenges, especially limited accommodation financing, living costs during treatment periods outside the region, and the increasing burden on the regional budget. The enthusiasm of the community even triggered a change in population identity in order to obtain the benefits of services. As the number of participants increases and the trend of referral diseases, the program's budget rises significantly from 17 billion to 38 billion per year, with an average of 300 referrals each year.

As an evaluation and strengthening step, the Belitung Regency Government through the Health Office continues to strive to reduce the referral rate through improving primary health services, the Primary Service Integration (ILP) program, the placement of health workers up to the health center level, and the procurement of specialist medical personnel based on the projected disease needs of the community. Promotive and preventive efforts continue to be intensified so that public health increases and dependence on referrals outside the region can be gradually suppressed.

## **2. Interview with the Head of the General Section of the Belitung Regency Secretariat**

The results of an interview with Mr. Tarsisius Djati Briantoro, S.AP on February 14, 2025. As for the results of this interview, the resource person explained that in accordance with Regent Regulation Number 43 of 2021 concerning Procedures for Mess Management, the Belitung Regency Government through the General Section of the Belitung Regency Secretariat is fully responsible for managing, maintaining and utilizing the Mess as a place of lodging effectively and efficiently. The Belitung Regency Government has 2 Mess/inns, namely Mess Bukit Peramun which is located on Jalan Kemayoran Barat number 1 RT 05 RW 07 Kemayoran District, Central Jakarta and Mess Batu Bedil on Jalan Kalibata Timur III number 24 RT 01 RW 05 Bungur Village, Senen District, Central Jakarta. For Mess Bukit Pearamun in Kemayoran, there are 9 rooms consisting of 6 single bed rooms and 3 double bed rooms.

As for Mess Batu Bedil in Kalibaru, it has 16 rooms with 14 single bed rooms and 2 double bed rooms. In articles 2 and 3 of the Regent's Regulation, it is explained that Mess provides services to individuals and or entities with the category of patients of the Sehati Program and 1 (one) companion. With the proportion of rooms as much as 40 percent of the total available rooms. The resource person also said that the number of rooms provided by the Belitung regency government through 2 mess, both those in the main and those in Kalibaru, turned out to be unable to accommodate referral patients. Of course, with the many complaints of referral patients from the island of Belitung, it will affect the comfort, treatment process and public trust in the quality of health services.

The resource person also emphasized that there are several obstacles that cause the Mess to be full, including the very high volume of referrals where the Belitung

Health facility has not been able to handle cases of complex diseases such as heart and cancer that require very long treatment so that many patients have to be referred outside the area, besides that the capacity of the mess is still very limited so that the number of rooms is not able to accommodate all patients and families who are which will have an impact on the inconvenience of patients and families who have to wait or find lodging accommodation around the hospital and have to incur additional costs.

The resource person also added that specifically for Sehati referral patients, special regulatory arrangements should be made related to patients who will stay at the Mess, for example, patients who are on outpatient leave are reminded to make a re-recommendation to the Hospital so that there is a priority scale for patients who will enter the mess again. At least patients who are undergoing outpatient treatment are allowed to leave the mess and find lodging to give importance to other patients who will enter. Another obstacle faced by the community is related to the cost of lodging mess which is too burdensome for patients.

Based on Perbup number 43 of 2021 concerning the procedures for managing the Belitung Regency Government Mess in Jakarta specifically for Sehati patients as per articles 10 and 11, it is stated that "each patient of the Sehati program as referred to in paragraph 1 (one) is given as much as 1 (one room), and for the next room is subject to a levy rate in accordance with the provisions of laws and regulations" and can be given a reduction in the levy by 50 percent by showing a referral letter for treatment at Jakarta from a Hospital in Belitung Regency. Even though getting a reduction in the levy will still be burdensome for patients where the average patient referred to Jakarta takes between 25-30 days for treatment and can be more dependent on the type of disease. Another thing that patients often complain about is the absence of a companion who helps the patient while in Jakarta.

### **3. Interview with the Head of Hospital Administration Department dr. H. Marsidi Judono**

The results of an interview with Mrs. Ika Harniati, S.kep as the Head of the Hospital Administration Section dr. H. Marsidi Judono on January 14, 2025. The resource person explained that the Sehati Program is a program to improve the Belitung Health Insurance program where in the previous program patients who would be referred outside the region would be served manually with an administrative process that was not centralized in the hospital. patients must take care of all forms of referral administrative completeness, be it transportation, lodging, pick-up, companionship and so on in several places, for example to check the availability of rooms at Mess Jakarta patients must coordinate with the General Section of the Belitung Regency Secretariat, to check flight tickets must coordinate with the Belitung Regency Health Office which of course takes time.

With the improvement of the Sehati program, the community only needs to take care of administrative completeness in one Sehati counter in terms of communication (not digitalization) which is already available in one special service counter with a team composition and Standard Operating Procedures (SPO) referred to by dr. H Marsidi Judono Hospital. The Sehati Counter is also equipped with queue seating facilities and

administrative officers. The resource person also said that in accordance with the Minister of Health Regulation Number 3 of 2020 which regulates the classification and licensing of hospitals, the types and classifications of dr. H. Marsidi Judono Hospitals include type C with the category of Hospitals with more specific and limited services.

The type of type C hospital in Belitung Regency covers various aspects, including public health needs, infrastructure, human resources, and development challenges and opportunities. Based on the statistics of respondents' opinions on the handling of complaints about Sehati user service complaints for the last 2 years, namely in 2023 and 2024, 100 percent of public respondents stated that they were satisfied with the overall Sehati service. This is certainly not comparable to the health services obtained when patients are referred to hospitals outside the island of Belitung such as Jakarta.

One of the main obstacles that many patients complain about is the limitation of the Regional Government Mess, both Mess in Kemayoran and Mess in Kalibaru in providing rooms. This is more due to the large number of patients who do outpatient treatment (for certain diseases such as cancer and heart) which takes a long time. Another obstacle faced by patients during the referral process is the absence of a companion who will communicate effectively with medical personnel such as in the registration process or coordination with the medical team who will ensure the smooth running of the treatment process so that the patient's rights will be fulfilled according to the care they need. In 2008 the Belitung Regency Government has created a JKB (Belitung Health Insurance) program purely with APBD financing and has collaborated with several government or private hospitals. Patients who are referred to hospitals outside Belitung will get health services quickly and appropriately. This program then switched in 2014 to the Belitung Public Health Insurance Program (JKMB) in collaboration with BPJS Kesehatan with financing sources and rules following BPJS.

#### **4. Interview with the Secretary of the Social Service for Women's Empowerment and Child Protection of Belitung Regency**

As a result of an interview with Mr. Heryono, Skm as the Secretary of the Social Service, Women's Empowerment and Child Protection of Belitung Regency on December 25, 2024, he explained that the Belitung district government has an obligation to register people who will become JKN (National Health Insurance) participants through BPJS Kesehatan. The categories of residents that can be registered by the local government have 3 categories, namely the poor, the able, and the underprivileged. The poor are directly managed by the Social Service for Women's Empowerment and Child Protection of Belitung Regency through DTKS (Integrated Social Welfare Data) and at the same time become PBI (Contribution Assistance participants) which are directly managed by the Ministry of Health and the Ministry of Social Affairs.

The Ministry of Social Affairs registers the poor with the Ministry of Health to be forwarded again to BPJS Kesehatan to become participants in JKN KIS and PBI. The Belitung district government has made a policy by supporting all Belitung people who do not have BPJS, both able and unable, whether it is borne by the government,

private or independent. The integration from the Belitung Health Insurance program to BPJS Kesehatan that is in arrears of class III payments for 6 months and classes I and II for 1 year can be transferred to the local government with the requirement to attach a certificate from the Social Service stating that the person concerned is not registered with the DTKS. The government only activates BPJS cards in order to get health services.

The Sehati Program is a referral program of the local government in order to accommodate the cost of travel expenses during the referral process that is not financed by BPJS such as ambulance costs, transportation, lodging and burial of the body and is centralized in one service counter. The service pattern of the Belitung Health Insurance Program (JKB) emphasizes public services where patients who receive treatment are paid according to the level of disease and services obtained. In contrast to the Sehati Program, people who have been registered with BPJS Kesehatan will get services in accordance with BPJS Kesehatan service standards. The obstacles faced in the sehati program include the ignorance of the community, in addition to the limited human resources, equipment, facilities and infrastructure.

#### **5. Interview with Sehati volunteers as the chairman of the Belitung Community Care Foundation.**

The results of an interview with Mr. Teguh Trinanda, SH as the Chairman of the Belitung Community Care Foundation on March 3, 2025 where he explained that at the beginning of 2017 he established a foundation with the Malay name Rantau Foundation which has the purpose of helping and accompanying the people of Belitung (patients) who are making referrals to Jakarta. With a sincere intention and desire to help the people of Belitung, the resource person accompanied and saw firsthand how the referral process was carried out from the beginning of pick-up at Bnadara Soekarno Hatta, then stayed at the Belitung Regency Government Mess in the Kemayoran area until returning to the island of Belitung both in a state of recovery and returning home in the form of a corpse.

Based on that experience, the resource person wanted to find the root of the problem along with solutions related to the problems and complaints of Belitung patients when referred to a hospital in Jakarta for the sake of improving the Sehati program. There are several factors that cause referrals outside the region, especially Jakarta, to increase every year. One of them is the limitation of regional hospitals in providing facilities and infrastructure along with good medical personnel. The resource person also said that preparing medical facilities and infrastructure is not as easy as turning the palm of your hand. Preparing qualified medical personnel will certainly have high consequences for the budget that must be adjusted to the Belitung Regency APBD.

A quick solution in overcoming the limitations of specialist doctors is to recruit doctors from outside the region or increase the competence of existing doctors. The resource person said that when patients are referred to a general hospital in Jakarta, of course, they will face various kinds of obstacles, one of which is that they will fight with all referral patients throughout Indonesia. The first referral process until arriving

at the hospital and consulting with a doctor, the resource person made sure it could be done. The doctor will conduct an examination until the initial diagnosis to the patient to proceed to the next stage. This stage process will then give rise to problems and time with a long waiting period for examinations. Patients must carry out various stages of examinations such as MRI (Magnetic Resonance Imaging), CT Scan, blood checks and other examinations before proceeding to the next examination.

With a long waiting period, the availability of mess/lodgings by the local government, both on Jalan Bungur (mess Bukit Peramun) and Jalan Kemayoran (mess Batu Bedil) cannot accommodate all referral patients and as a result the cost of living and accommodation while in Jakarta will increase. The resource person once also conveyed to the head of OPD in charge of managing the Regional Government Mess in Jakarta to be budgeted specifically for food costs for referral patients who stay at the Mess so that during the referral and treatment period, living costs can be minimized.

According to the speaker, the sehati program is actually an existing and useful program but has not directly solved the problem. Improvements and evaluations must be immediately carried out by the local government not only in terms of budget but also must be able to provide health education and early detection from upstream to downstream to the community by implementing a healthy lifestyle so that the initial treatment can be handled by first-level health facilities/health centers. One of the solutions presented by the resource person is to collaborate with referral hospitals both in terms of services and medical actions so that the referred patients get health services quickly and appropriately (shortening the waiting time).

Indonesia has previously implemented the transformation of the health insurance system through the National Health Insurance (JKN) which will integrate various health insurance schemes into a single system managed by BPJS Kesehatan (Ragi et al., 2025). Mandatory characteristics for all Indonesian residents based on the principle of social insurance that implements mutual assistance and risk pooling. The implementation of Health Policy through the Sehati program as per Regent Regulation Number 98 of 2022 concerning Public Health Insurance in Belitung Regency is a form of implementation policy in the form of a Top Down approach and is centralistic where policy formulation is centralized at the peak level and carried out instructively through the level below it such as the local government, health offices to the smallest units both in the sub-district (puskesmas) and villages (pustu).

Policy impact is all the consequences or consequences that arise from the implementation of a policy (Di & District, 2025). Positive and negative impacts and can affect problems that are the focus of policy and society at large. The implementation of the health policy implementation of the Sehati program based on the framework of Geoge C Edward's analysis is divided into 4 variables, namely communication, resources, disposition and bureaucratic structure.

### **Communication**

In implementing policies, communication is needed, both between implementers, bureaucrats and policy targets. (About et al., 2014). Communication is a form of delivery, both verbally and in writing, by the local government to the target of implementing health insurance policies through the sehati program. Changes and improvements in health policy rules through

the Belitung Public Health Insurance have begun in 2008 through amendments to Regent Regulation Number 7 of 2008 concerning Belitung Public Health Insurance with a focus on serving Belitung public health insurance that requires specialist referrals outside the region according to class III services in hospitals appointed by the Belitung Regency Government with the amount of components and referral treatment costs that have been set.

Efforts continue to be made by the local government in improving the implementation of health insurance by issuing the latest amendment to the Regent Regulation, namely Regent Regulation number 98 of 2022 concerning Belitung Public Health Insurance with a focus on serving residents of Belitung regency who have not received health insurance through the JKN program in addition to PBI, PPU, PBPU, BP participants and participants guaranteed by the Provincial Government of the Bangka Belitung Islands. The Belitung Regency Health Office as a facilitator in the implementation of Health Insurance certainly has a central role in formulating policies, program implementers, supervisors and facilitators while still referring to national programs and ensuring collaboration and cooperation with various parties and the private sector to achieve public health goals.

The communication function carried out by the health office in implementing the Sehat policy is manifested in the form of socialization and renewal of health service counter facilities at Marsidi Djudono Hospital by completing service facilities in the form of adding a special counter for Sehat services and adding waiting chair facilities to make it easier for patients/families who will take care of administrative files. Socialization of the regulation has been conveyed to the community in the form of counseling activities, both carried out by the Legal Section of the Belitung Regency Secretariat (online publication through the official website of the local government) and for the Policy Supervisory OPD. The Belitung Regency Health Office continues to strive to disseminate policy information by means of socialization and counseling, both carried out at the sub-district level by inviting village heads and local community leaders to be forwarded to the community. At the village level, information optimization involves primary service integration agents (ILPs) starting from the lower level such as the Auxiliary Health Center (PUSTU).

## **Resources**

Policy implementation will not run if it is not supported by adequate resources. Law Number 17 of 2023 explains that the central and regional governments are responsible for managing, managing, and utilizing health human resources based on the needs of the community and regions. Resources in policy implementation include human resources, budget resources, and facilities and infrastructure resources (Qualitative et al., 2020). Based on the results of interviews with the head of the Health Services Division of the Belitung Regency Health Office and data on the Belitung Regency Health Profile in 2024 to the distribution and ratio of health workers in Belitung Regency in 2024.

There are several categories that have not reached the national target, including General Practitioners, Dentists, Midwives, Nutritionists, Public Health Workers and Health Workers. Meanwhile, specialist doctors, nurses, and pharmaceutical personnel have reached the national target with an adequacy achievement ratio per 100,000 population For the national target that has not been achieved, the Health Office together with the OPD in charge of regional personnel has carried out mapping and planning for the procurement of ASN and Non-ASN for the next

5 to 10 years to meet the ratio of health staffing For physical health facilities as the data obtained, only the Nasik Strait Health Center only has one floor, while other health centers have experienced infrastructure improvements Belitung Regency has 9 health centers, which are spread across 5 sub-districts consisting of three (three) inpatient and 6 (six) non-inpatient with an additional 31 Auxiliary Health Centers (Pustu) in 9 health center work areas which play a very important role in providing direct services to the community that are not reached by permanent health centers.

For strengthening the budget sector in the health sector, the Total Budget of Belitung Regency in 2024 is Rp. 1,149,800,755,924.00 with the proportion of the health budget reaching 12 percent with the total health budget in Belitung district as per the data of the Health profile of Belitung district in 2024 of Rp. 138,488,617,540.00 where the portion of the APBD is still the main source of health financing with the budget category including Employee Expenditure of Rp. 50,864,537,000, Expenditure on goods and services amounted to Rp. 30,154,958,426.00, Capital Expenditure amounted to Rp. 1,255,652,700.00, Other expenditure amounted to Rp. 36,510,514,414.00 and allocation of special funds (DAK) amounted to Rp. 19,702,955,000.00. With the proportion of the health budget exceeding the recommended minimum limit of 10 percent, it shows the commitment of the local government in financing public health services.

### **Disposition**

The disposition in the implementation of health policies through the sehati program includes various attitudes and commitments of the implementers. Effective program implementers are strongly supported by a bureaucracy that has active, qualified and committed employees (Nugroho et al., 2021). Based on interviews with resource persons, it was stated that the Sehati Program is one of the programs of elected regional heads for the 2018-2023 period with a vision to realize a fair, competitive, and innovative economy in Belitung district in 2023. One of the missions in improving the quality of life of a just community is to improve the quality of life, including the right to enjoy health, education, clean water and electrical energy.

Health workers are the spearhead who will interact directly with the community/patients. Since the enactment of Regent Regulation Nomot 7 of 2008 concerning Belitung Public Health Insurance, the Belitung Regency Government through the Stakeholders involved has continued to make efforts to improve and improve public health services. The innovation that was originally carried out on a limited basis when patients were to be referred to the hospital was updated to an integrated service in one service counter. To support the achievement of the implementation of Sehati services, the Marsidi Djudono Regional General Hospital has issued a Director's Decree Number 445/2451/KEP/RSUD dr. H.M.JD/2020 Concerning the Determination of the Sehati Team at the Regional General Hospital UPT dr. H. Marsidi Judono Belitung Regency in order to meet the quality of referral services and make Standard Operational Procedures (SP0) number 449/011/Plyd/RSUD dr. H.M.JD dated January 30, 2019 which regulates the procedures for the implementation of the patient referral system from dr. H. Marsidi Judono Hospital to the referral hospital.

### **Bureaucratic Structure**

The purpose of the implementation of health policies through the sehati program is of course to make it easier for the people of Belitung to access health services, especially those who have not received health insurance through the JKN program in addition to PBI, PPU, PBPU, BP participants and participants guaranteed by the Bangka Belitung Islands Provincial Government. Therefore, this is the main role of the Belitung Regency Health Office as the spearhead in connecting national policies with the reality in the region by mobilizing the entire health service network (pustu, puskesmas, posyandu, clinics to hospitals) so that they can run and be coordinated.

Belitung Regent Regulation number 98 of 2022 concerning Belitung Regency Public Health Insurance at least provides structured and tiered health services with reference to the implementation of national health insurance. People who have not received health services will be registered by the Belitung Regency Health Office as participants in the national Health Insurance to BPJS Kesehatan to get tiered services according to medical needs. Access to health services to the JKMB program is still experiencing problems at the advanced level (FKTL), especially referrals outside the region, but when compared to access at FKTP/Puskesmas, both health policies at the health center and hospital levels have run in accordance with the rules. Puskemas continues to carry out its function as a first-level health facility by providing BPJS and referral health services. Meanwhile, hospitals at the technical policy level are attached to the operationalization of policy implementation.

Health as one of the basic services that must be fulfilled by the government and is one of the principles that refers to fundamental basic rights that can be accessed by all individuals regardless of social, economic or geographical status. Health is also one of the important foundations in creating a healthy and productive society by ensuring that all health services are available, affordable and quality for everyone so that with strong health investment will have an impact on improving the quality of life and supporting sustainable development in a country. Strengthening the role of the government in improving health services will create an effective, fair and sustainable health system by ensuring, regulating and financing as well as ensuring the availability of quality health services for the entire community.

The Sehati Program (Integrated Health Referral System) is one of the leading health programs out of 15 programs of the Belitung Regency Government in an effort to improve the quality of health services and reduce the burden of public expenditure in meeting health needs. The sehati program is an elaboration of the vision of the Elected Regent and Deputy Regent of Belitung for the 2018-2023 period with the vision of "realizing a fair, competitive and innovative economy in Belitung district in 2023" and the mission is (1) improving the quality of life of the community with justice, (2) improving bureaucratic services that are clean, innovative, professional, accountable and transparent, and (3) improving the economy based on regional potential that is environmentally friendly and sustainable.

With the Sehati program, it is hoped that the health system will make a significant contribution to improving the quality of life and welfare of the people of Belitung. In an effort to improve health services, the Belitung Regency Government has a health policy by independently registering all Belitung people who have not been registered as Health Insurance participants to participate and become participants in the National Health Insurance (JKN) BPJS Kesehatan. The Belitung Regency Government registers all Belitung residents who have not been registered as residents registered by the local government as Health Insurance

participants based on Some of the criteria include the poor, the underprivileged and the able-bodied.

Residents with poor and inability criteria are guaranteed by the central government through the Ministry of Social Affairs and the Ministry of Health to get health protection through the National Health Insurance (JKN) program in the form of participants receiving contribution assistance (PBI) managed by BPJS Kesehatan with the aim of gaining access to health services. In addition to the poor population who are covered by the central government, the Regional Government of Belitung Regency also has a health policy by covering all residents of Belitung district who do not have a health BPJS that are not borne by the private and independent central government or those who do not have criteria.

The main requirement in obtaining BPJS Kesehatan membership health services is to show an official proof of population identity (KTP) issued by the Belitung Regency Population and Civil Registration Office. In addition, there are also non-criteria categories, both independent, private and community employees who cannot afford to be facilitated and financed by the local government with the aim of protecting Belitung residents who do not have BPJS Kesehatan with class III facility services.

The transition of health services through the Health Insurance Program (JKN) as stipulated in Law No. 40 of 2004 concerning the National Health Insurance system to the National Social Security System (SJSN) and implemented into Law No. 24 of 2011 concerning the Social Security Management Agency (BPJS) resulted in many people who could not be covered by BPJS which was previously directly managed by the local government through the Belitung Public Health Insurance (JKMB) with the pure APBD switching to BPJS Kesehatan resulted in the people of Belitung with the independent category, both classes I, II and III in arrears and unable to pay.

As soon as 1 month of unpaid contributions, BPJS Kesehatan immediately deactivates membership which has an impact on the community in receiving health services. The local government took a policy that was then applied in the Regent's Regulation which has undergone changes with the latest amendment, number 98 of 2022 concerning Belitung Public Health Insurance. . In this regulation, the community is given convenience for health services in the form of health protection guarantees in the form of fulfilling the basic needs of health services whose health insurance contributions are registered and paid regularly by the Belitung Regency Government as participants of the National Health Insurance (JKN) Class III in addition to PBI participants (recipients of contribution assistance), PPU (wage earners), PBPU (non-wage earners), and BP (non-workers) guaranteed by the Provincial Government Bangka Belitung Islands. In this Regent regulation, it is also explained that Belitung residents who are in arrears in paying BPJS class III for 6 months can be transferred to health insurance covered by the Belitung district government.

For class I and Class II who are in arrears of payment for 12 months, health insurance can be transferred to class III which is borne by the Belitung district government with the requirement to attach a certificate from the Social Service of Women's Empowerment and Child Protection of Belitung district stating that the population is not registered in the Integrated Social Welfare Data (DTKS). The integrated health referral service aims to make it easier for people to make referrals out of the region without having to go back and forth to take care of

the completeness of administrative documents to related agencies such as the Belitung district Health Office to get a letter of recommendation in the form of tickets, pick-ups and lodging.

This was also conveyed by the Head of the Service Division of the Belitung Regency Health Office who explained that *Sehati* is one of the innovations of the regional policy in providing health services to the residents of Belitung by facilitating patients who will be referred to hospitals outside Belitung by providing services such as contributions for Belitung public health insurance participants, providing transportation costs for patients and referral companions, ambulance transportation costs from the airport to referral hospitals, funeral costs, and lodging costs for patients who will stay at the local government mess, both in Jakarta and Pangkalpinang.

The resource person also added that the concept of this program certainly wants to provide convenience for the community in getting health services that are not covered by BPJS such as transportation costs, patient companion costs and lodging costs. Specifically for patient pick-up services from the airport to the referral hospital, the Belitung District Health Office through the head of the Health Service Division as the Commitment Making Officer has entered into a Cooperation Agreement with PT Bintang Sentra Sukses as per the Cooperation Agreement number 440.6.3.1/003/V/Dinkes concerning the Cost of Ambulance for Out-of-Area Referral Patients and the Cost of Review and Repatriation of Bodies in 2025 with the aim of providing ambulance services to out-of-region referral patients as well as the review and repatriation of bodies to residents who have been registered by the local government of Belitung Regency and the Provincial Government of the Bangka Belitung Islands, PBI, APBN, ACTIVE CIVIL SERVANTS, RETIRED CIVIL SERVANTS AND GOVERNMENT EMPLOYEES WITH WORK AGREEMENTS. In this agreement, it is also explained that PT Bintang Sentra Sukse as a service provider is obliged to provide ambulance services for referral patients from outside the region, both the initiation and repatriation of bodies for the people of Belitung who have been registered by the local government of Belitung regency and the provincial government of the Belitung Islands PBI, APBN, Active civil servants, retired civil servants who are referred out of the region with the criteria for financing the cost of patients lying down, cost of ambulance patients sitting medical evacuation, land ambulance rental with the route of Soekarno Hatta Airport to Referral Hospital in Jakarta, cost of initiation and repatriation of bodies.

## CONCLUSION

The Belitung Regency Government significantly advanced public health services through targeted health insurance policies, beginning with Regent Regulation Number 7 of 2008, which established basic coverage for uninsured community members via health centers, *pustu*, *polindes*, and referral services, emphasizing state obligations, community participation, and transparent funding. This framework evolved with the *Sehati* (Integrated Health Service System) program under Regent Regulation Number 32 of 2019, innovating referral care to external hospitals by incorporating land transportation (e.g., ambulances for sitting/lying patients) and medical assistance. For future research, scholars could examine the *Sehati* program's long-term health outcomes and cost-effectiveness through longitudinal quantitative studies, comparing participant health metrics and economic impacts across multiple Indonesian regencies.

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