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IMPLICATIONS OF SOCIAL INEQUALITY FOR SOLDIERS IN HEALTH SERVICES OF THE INDONESIAN NATIONAL ARMED FORCES MANAGED BY THE SOCIAL SECURITY AGENCY

社会保障机构管理的印度尼西亚国家武装部队医疗服务中士兵的社会不平等的影响

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Abstract

This scientific journal research analyzes Law No. 24 of 2011 on health services for the Indonesian National Armed Forces (TNI) sector along with their families included in the national health insurance managed by the Healthcare and Social Security Agency (BPJS) and its implementation regulated in the Presidential Regulation and Health Minister Regulation. However, the implementation of the BPJS health insurance at the TNI institutions does not show effective results, and it tends to decline. Therefore, it is necessary to interpret various factual factors affecting the success of the implementation process of health service delivery policies, which will be useful for finding synergies in the implementation of health services in the TNI. This research on the implementation of policies in the TNI health services was a scientific activity prepared using certain types and strategies and at the same time viewed from certain aspects which had several types and strategies. Therefore, this research used the descriptive qualitative method. Six factors should be interpreted to know the implementation of the TNI health service policy under Law No. 24 of 2011, namely; 1) policy standards and objectives, 2) resources, 3) characteristics of the implementing organization, 4) attitudes of the implementers, 5) communication among organizations related to implementation activities, 6) social, economic and political environments. All these factors synergize with each other and affect health services to TNI, which are administered by BPJS.

Keywords: Public Service, Healthcare and Social Security Agency (BPJS), Health Service, Indonesian

National Armed Forces (TNI)

摘要 本科学期刊研究分析了 2011 年关于印度尼西亚国家武装部队（TNI）部门及其家人的卫生服务的第 24 号法律，这些法律包括在由医疗保健和社会保障局（BPJS）管理的国家健康保险中，并在总统条例和卫生部长条例。然而，在 TNI 机构 BPJS 健康保险的实施并没有显示出有效的效果，并且有下降的趋势。因此，有必要解释影响卫生服务提供政策实施过程成功的各种事实因素，这将有助于在 TNI 中寻找卫生服务实施的协同作用。这项关于 TNI 卫生服务政策实施的研究是一项使用某些类型和策略准备的科学活动，同时从某些方面来看，具有多种类型和策略。因此，本研究采用描述性定性方法。应解释六个因素以了解根据 2011 年第 24 号法律执行 TNI 卫生服务政策，即： 1）政策标准和目标， 2）资源， 3）实施组织的特征， 4）实施者的态度， 5）与实施活动相关的组织之间的沟通， 6）社会、经济和政治环境。所有这些因素相互协同作用，并影响由 BPJS 管理的 TNI 卫生服务。

关键词: 公共服务、医疗保健和社会保障局 (BPJS)、卫生服务、印度尼西亚国家武装部队 (TNI)

I. INTRODUCTION

Health Service Facilities, Ministry of Defense, and the Indonesian National Armed Forces (TNI) are mandated by Law no. 34 of 2004 on the Indonesian National Armed Forces. This article is intended to overview health services to soldiers of the Indonesian National Armed Forces and Civil Servants as part of welfare and accommodate the rights of health services for members of the TNI sector and their families as a part of social security. However, the Social Security Agency policies and the substance of the typical characteristic of the Indonesian National Armed Forces social security sector in Law no. 34 of 2004 raise problems, especially in implementing the health service policy in the TNI sector. BPJS policies and characteristics of the TNI organization experience incompatibility and create conflict in implementing these BPJS services.

Healthcare and Social Security Agency (Healthcare BPJS) services encounter several technical problems caused by poor management of revenue (costs) receipts, especially from participants who are not regular wage earners. This provides an impact on the Healthcare BPJS budget deficit so that it is issued Presidential Instruction Number 8 of 2018 on Optimization of the Implementation of National Health Insurance, followed up by a Presidential Regulation draft.

Law No. 24 of 2011 explains that institutional transformation is followed by the transfers of participants, programs, assets and liabilities, employees, and rights and obligations as stated in Article 60(1) Healthcare BPJS begins operating health insurance programs on January 1, 2014. BPJS policy and the substance of the typical characteristic of the TNI sector's social security in Law no. 34 of 2004 raises problems, especially in implementing the health service policy in the TNI sector. This is intended because the TNI itself already has a health insurance program as described above, and the BPJS policy here only follows the regulations stipulated by the President in Law Number 24 of 2011 on the Social Security Agency.

Based on the empirical explanation above, a common thread can be drawn about the actual problems in the implementation of Healthcare BPJS, especially the implementation of health insurance for members of the TNI include:

1. Poor financing management of health insurance participants, management of service product transfer, as well as management and completeness of hospital facilities;
2. Inconsistencies in the context and content of administration policies for service products transfer among institutions;
3. Structure of institutional relationships in the process of transferring the administration of social security that is poor;
4. Conflict of interest in the policy implementation process among social security administering institutions;

5. Differences in the nature and culture of the administration of social service security in each institution.

In this study, policy implementation is focused more on the theory of Van Meter & Van Horn [7] because to measure the performance of policy implementation; it certainly confirms certain standards and targets that policy implementers must achieve. Policy performance is basically an assessment of the level of achievement of standards and targets. The implementation process is a policy that is basically carried out to achieve a high policy implementation performance in the relationship of various variables.

The understanding of some of these experts further strengthens the urgency of research trying to interpret various factual factors that affect the implementation process of health service administration policies as if they do not find a contextual point of harmony on both parties, namely between the BPJS as a health service provider agency and the TNI sector which expects service specificity.

With the overlapping policies that are equally still applicable, namely Law no. 24 of 2004, National Social Security (JSN) and the necessity to integrate national health insurance, known as BPJS, has become an interesting issue and become a new problem in the TNI environment. Therefore, it is necessary to conduct research that tries to interpret various factual factors that affect the success of the implementation process of health service administration policies, which will be useful for finding synergies in the implementation of health services in the TNI on both parties, namely BPJS as a national health service provider institution and the TNI sector expecting the specificity in health services. The problem formulation is *Implementation of TNI Health Service Policy.*

How is the TNI health service policy implemented under Law No. 24 of 2011 on Social Security Agency (BPJS)?

A. Research Originality

Smith, Bono, and Singer discussed the Military Health System in the United States [1]. This Health System is the largest one providing health services to 9.4 million patients through the TRICARE health plan. Regarding the TRICARE health plan, 1) The TRICARE health plan provides care to all Uniformed Forces members, 2) Their families and retirees, making TRICARE the fourth largest health plan in the United States. However, the military health services are currently managed by four separate entities: the Army, Navy, Air Force, and the Defense Health Agency (DHA), creating opportunities for variety and inefficiency. MHS is under the Department of Defense and differs from the Veterans Health Administration, which provides care to the majority of veterans who do not qualify for TRICARE. The National Defense Authorization Act for Fiscal Year 2017 directs changes to the existing management structure, allowing MHS to transform into an integrated preparedness and health system collectively. This Act aims to provide a series of interdependent and nested initiatives to optimize the delivery of better health plans, better care, and lower costs.

Alumran et al. [2] discussed the Saudi Arabian healthcare system, which has undergone major changes in recent years to improve the service quality provided to society. This study was designed to measure the quality of health services from patients' perspectives and compare the quality of public and private hospital services in eastern Saudi Arabia. The researchers examined the financial and leadership dimensions of healthcare quality that would contribute to better planning for healthcare services.

Coppola and coauthors examined the history of measuring the healthcare efficiency of military medical [3]. There was no single agreed definition or uniform framework that had ever been offered or suggested to define the efficiency of military medical care facilities over the past 225 years within the Department of Defense. The purpose of this study was to consolidate much existing research on latent variables of military medical efficiency over the past two centuries and to provide healthcare leaders a framework for understanding past and current practices in measuring efficiency in military healthcare settings.

The originality of this study can be seen based on the three previous studies, as several countries have implemented a military health system. This Military Health System underwent various changes to achieve the goal of optimizing health services.

B. The Problem

Based on the background and previous research, the problem of this research is to analyze the implementation of the Indonesian National Armed Forces (TNI) health service policy according to Law No. 24 of 2011 on the Social Security Agency (BPJS). Several BPJS policies have created conflicts because they do not comply with the characteristics and objectives of the TNI organization.

C. Research Significance

The theoretical applications of this research are: to develop science in public administration, implementation of public policies, and health services, and expand knowledge among academics, especially students of public policy, to develop the concept of public policy conflicts, to become a reference material for deepening and enriching scientific knowledge regarding regulatory issues and policy.

The practical use of this research is as a recommendation that can bridge the gap in the implementation of health service insurance, both for stakeholders and authorities in the BPJS institution and the TNI sector, especially for the TNI.

II. Research Method

This study was qualitative descriptive research. The qualitative approach is a particular tradition in social science that fundamentally depends on observations of humans, both in their area and in their terms [4]. In line with the above opinion, the qualitative method is defined as a research procedure that produces descriptive data in the form of written and spoken words from people and their observable behavior [5].

The qualitative method is directed at describing, finding, and analyzing phenomena that have unique characters. The relevance of using the qualitative research method can be understood that there are various specific and interrelated phenomena in every problem [6]. Therefore, by using a qualitative approach, researchers can see problems in the field, describe the phenomena, and analyze the relationships between phenomena related to and contained in the background of the problems/problem formulation and the research objectives.

III. Analysis and Discussion

A. Standards and Targets of TNI Organization That Are Unsuitable with BPJS Policies

When Van Meter and Van Horn [7] argue that to measure policy implementation performance, it is necessary to confirm certain standards and targets that should be achieved by policy implementers since the policy performance is an assessment of the achievement level of these standards and targets. With the implementation of BPJS policies for services to the TNI organization, the targets for implementing the BPJS program for services to TNI have also been determined, namely under the mandate of the Law stating that to provide optimal or plenary health services to Indonesian people, including TNI soldiers, PNS of Ministry of Defense, and their families. The implementation of TNI health services has been regulated in the Law, explaining that all Indonesian people must participate in BPJS, including TNI.

Figure 1. PNS and TNI-Polri should re-register for Healthcare BPJS

This is in line with Article 25 of *the Universal Declaration of Human Rights* (UDHR), stating that everyone has the right to adequate standards of living for health and well-being of himself and his family, including the right to food, clothing, shelter, health services, necessary social services, and security when unemployed, sick, disabled, abandoned by his partner, old, or other conditions resulting in a decline in the standard of living occurring outside of his control. The policy of joining the TNI organization into BPJS has resulted in positive financial benefits from the hospitals. From the Health Director's point of view, with the implementation of this TNI health service policy, the hospitals will definitely benefit from the financial aspect, namely increased hospital income. However, several policies also create conflicts since they are unsuitable for the standards and goals of the TNI organization.

Some of the arising policy conflicts are as follows:

1) Specific Service

From the service aspect of TNI organizations accessing the service, they feel disadvantaged since there is no policy for specific services for TNI soldier members due to the existence of the Law that has been regulated in BPJS services in Indonesia.

2) Tiered Referral System

This tiered referral system is considered to be very detrimental to TNI since, in its implementation, the BPJS participants should first pass basic services and then go to the center. It can go through 2-3 processes of moving hospitals. It means that all TNI and PNS of

Ministry of Defense personnel, as well as their families who want to seek treatment, cannot go directly to the hospital but go through FKTP (First Level Health Facility).

3) 1 Poly 1 Day BPJS Service

This service adheres to the BPJS policy where patients can only be served according to their claims, so if their claim limit is up, they will be sent home even though they have not recovered. Therefore, this service is detrimental to TNI soldiers since the treatment is not optimal.

Several policy implementations deemed unsatisfactory for TNI make it possible that policies made by health administrators have to be reviewed. Policy implementation is defined as actions taken by the Government and private sectors, both individually and in groups, intended to achieve goals as formulated in the policies [7]. From this definition, it can be concluded that the policies made have not been able to achieve the expected goals, namely to provide optimal health services.

The health service policymakers here should consider several variables for the successful implementation of the policies made. The success of policy implementation is affected by two major variables, namely content of policy and context of implementation [8]. The content of policy variable includes several aspects, namely: 1) the extent to which the interests of the target group are covered in the content of the policy; 2) the types of benefits that the target group will receive, a policy will be more useful if it meets the needs of the target group; 3) the extent to which changes are desired from a policy; 4) whether the institution/implementer of a program is appropriate; 5) whether a policy has mentioned its implementer in detail; 6) whether a program is supported by adequate resources (financial and implementer competencies).

On the other hand, the context of implementation variable includes three aspects, namely: 1) how much power, interest, and strategy are owned by the actors involved in the policy implementation; 2) the characteristics of the ruling regime institutions; 3) The level of compliance and responsiveness of the target group.

B. Resource Conflicts

The resource variables in BPJS services are human resources, financial resources, and also policy resources. Policy also calls for resource provision that facilitates policy administration [7]. These resources may include funds or other incentives in programs that promote or facilitate effective implementation. Policy resources are no less essential than communication. These policy resources should also be available to facilitate the implementation administration of a policy. These resources consist of funds or other incentives that can facilitate the implementation of a policy. The lack of or limited funds or other incentives in the policy implementation is a major contribution to the policy implementation failure.

First, TNI develops human resources by increasing the understanding of military hospital staff/employees about the BPJS program through seminars and workshops. These seminars and workshops are intended so that military hospital staff/employees can technically understand the provision of the BPJS program so that health services related to TNI institutions are better prepared in the health service implementation process by the provision of BPJS.

Figure 2. Familiarization of employment BPJS program implementation for TNI

Second, regarding the financial resources of TNI health services, in implementing the BPJS program for TNI health services, every TNI member must pay a contribution regularly taken from the take-home pay salary of 1%. Nonetheless, BPJS bears limited costs for TNI members who required daily services, so the cost of health service needs for TNI members outside the BPJS coverage limit will be covered by TNI health institutions, in this case, the army hospitals. Hence, the problem arises from the provision of BPJS unsuitable with the financing needs of the health services required by the TNI institution.

Third, regarding TNI health policy resources, effective policy implementation requires that program standards and objectives need to be

understood by the people responsible for achieving them [7]. As a result, it is crucial to have clear standards and objectives, accurate policy communication for implementers, and consistent communication through varied information. The problem in the policy resource implementation is the absence of communication from the decision-making party with the TNI institution. This absence has resulted in a lack of information on the characteristics of TNI institutions obtained by decision-makers, so it does not consider the urgency of TNI's duties and functions as well as the specificities required by TNI institutions in implementing these policies.

C. BPJS Policies are Unable to Meet the Special Needs of the TNI Organization

In general, the characteristics of the TNI institution are centralized and commandeered. This centralistic character has the consequence of making the TNI institution an absolute hierarchical organization. Nevertheless, the policies that BPJS has established are unsuitable with the centralized and commandeered characteristics of the TNI organization. Consequently, a policy conflict arises from the TNI organization demanding special health services according to the TNI organization's characteristics.

Furthermore, related to organizational characteristics, it can be seen from the organization control in the BPJS services within the TNI organization, the strength of the BPJS organization in the TNI health services, the transparency of the implementation process, the consistency of staff in carrying out special services in dealing with the TNI organization, and the division of authority and responsibility between institutions.

First, the aspect regarding the organization's control over the TNI institution in the health service implementation complies with the provision of the BPJS program. TNI hospitals have been designated as the hospitals obliged to participate in the BPJS program since the enactment of Law no. 24 of 2011 on BPJS. Although its participation in the BPJS program has been determined, in general, TNI hospitals still maintain their specialty in serving TNI members who need health services. This action is carried out in consideration of the urgency of TNI's duties and functions.

Van Meter and Van Horn see this action as a response to a lack of conformity between policies and characteristics and needs of the target group [7]. The actions taken by TNI institutions in controlling the organization to exercise discretion on health services internally are included in the neglect zone with certain factors due to the mismatch between the policies and characteristics and needs of TNI institutions. In this case, it can be judged that the actions of the TNI institution are efforts to control internal matters by considering the urgency of the TNI institution's duties and functions.

Second, regarding the organizational strength in implementing the BPJS program at the TNI institution, it discusses the organizational capacity to provide services under the BPJS program. Regarding organizational capacity, which includes Human Resources, the TNI institution can implement the Healthcare BPJS program. In fact, in this case, it is necessary to study the suitability of the Healthcare BPJS program policy standards with the target group's needs, namely the TNI Institution.

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One of the points in several variables affecting the policy implementation process has been mentioned by Mazmarian and Sabatier regarding the ability of the policy itself to systematize into implementing institution and target group properly. Meanwhile, the implementation of Healthcare BPJS in the TNI institutions does not appear to have complementary performance. This happens since the systematization of the Healthcare BPJS program DOES NOT comply with the characteristics of the TNI institution, which, in fact, differs from those of civilian groups.

Third, regarding the transparency of the BPJS program implementation for TNI institutions, Quade states that there will be interactions and reactions from the implementing organizations, target groups, and environmental factors in implementing an ideal policy result in pressure followed by bargaining or transactions [8]. Through this transaction, feedback is obtained, which policymakers can use as input. Quade's statement is relevant for improving the Healthcare BPJS program implementation in TNI Institution. Openness in the Healthcare BPJS program implementation process will make the implementation better and right on target.

However, at the parliamentary level, the commission, which has an interest in the Healthcare BPJS program implementation process in TNI Institution, also does not

communicate well regarding this matter. In this case, it is necessary to emphasize that the Healthcare BPJS program implementation in TNI Institution requires great communication between interested parties since the TNI institution has specificities that need to be considered.

Fourth, regarding the consistency of TNI hospital employees in providing BPJS health services for TNI institutions, the specificity of TNI members who need health services is still needed due to the urgency of TNI's duties and functions. Nonetheless, this specificity is carried out without any provisions stipulated in the BPJS program. It is only in the form of reasonableness carried out to provide complete and maximum health services internally.

This specificity by TNI members at TNI hospitals raises new problems. This problem arises when the Supreme Audit Agency (BPK) conducts an audit. BPK questions the reasons for the specificity of TNI members in TNI hospitals. These problems arise as a result of the BPJS program implemented without great communication between interested institutions. Basically, this specificity is a natural thing, but it is necessary to make rules to legitimize the reasonableness in the rules legally.

Fifth, regarding the division of authority and responsibility in implementing the Healthcare BPJS program for TNI institution, since the beginning, communication and coordination related to BPJS program implementation at TNI institution do not go well. This has resulted in some confusion in the Healthcare BPJS program implementation process within the TNI. The confusion is in the form of the authority and responsibility of TNI hospitals to provide comprehensive health services to TNI members.

D. Discretion of Implementers from TNI in BPJS Service Implementation

The implementers from TNI at TNI hospitals make discretion since the policy from BPJS cannot fulfill the wishes of this organization.

The aforementioned implementing agent is the TNI institution itself. Specifically, those who handle the health sector, starting from the Ministry level to hospital staff. Formally, the TNI institution complies and states that it is willing to participate in the Healthcare BPJS program. Nonetheless, morally there is doubt and awareness that the implementation level does not meet the needs and characteristics of the TNI institutions. Accordingly, the implementers from TNI at TNI Hospitals make discretion since BPJS policies cannot fulfill what TNI organizations needed in the field.

The TNI with hierarchical organizational characteristics is obliged to carry out every order regardless of the circumstances and risks. In this case, one of the approaches to the policy implementation proposed by Ripley and Franklin is the compliance approach [10]. This approach appears in the public administration literature, focusing on efforts to build the compliance of agents or individual subordinates to agents or individual superiors in an organization.

Nevertheless, Ripley and Franklin also argue that there are at least two negative consequences if the compliance approach is not implemented properly [10]. The first consequence is the existence of non-bureaucratic factors that have been neglected. The second one is policies are not well designed at the decision-making level. In the Healthcare BPJS program implementation for TNI, these non-bureaucratic factors are largely ignored. These factors are about the characteristics and needs of TNI, which require specificity. Another factor is the urgency of TNI's duties and functions as a state-defense institution. These two factors are ignored at the decision-making level.

Morally, the TNI institution sees that the Healthcare BPJS program implementation within TNI seems to be forced. The difficulty of TNI institutions in the health sector in adapting to the BPJS program standards shows that the Healthcare BPJS program does not properly accommodate the needs and specificities of TNI institutions. BPJS actually exerts pressure on TNI health institutions by not paying the costs incurred by TNI hospitals on the grounds that TNI health facilities do not meet the standards set by BPJS.

We can see the Healthcare BPJS program implementation for TNI institutions from the point of view of Dye [11] that one implementation model is linear. The decision-making stage is the most important in the linear implementation model, while the implementation stage is not given enough attention. In the linear model, policy implementation depends on the ability of the implementing agents. Consequently, problems often arise at the implementation stage.

In the linear model, the focus of sanctions if an error occurs is the implementing agent. The linear model implementation is very likely to result in resistance and antipathy to the program. This creates a bigger problem if it cannot be controlled properly. With adjustments accommodated through great communication patterns, it will further narrow the opportunities for antipathy from the policy implementers and policy users. Basically, every policy implementer

and user will support the policy program if it can still accommodate the specificity of the TNI institution in its implementation.

E. Absence of Communication and Coordination between Organizations in BPJS Service Implementation

The Healthcare BPJS program implementation in TNI institutions directly involves TNI and BPJS health facilities. TNI health facility is the management of TNI hospitals, while Healthcare BPJS includes the management of Healthcare BPJS. Several attempts have been made by both parties to establish communication. This effort aims to provide policy-related information to the implementing agencies and determine the progress of the Healthcare BPJS program implementation process in the TNI institution.

The Healthcare BPJS program implemented in TNI institutions requires conveying information to the implementing agents, namely TNI Hospitals. It is significant to communicate standards and goals, as they are very important to be communicated to policy implementers since they are responsible for implementing the policy [7]. Van Meter and Van Horn [7] also add that the communicated standards and objectives should be consistent and uniform. Based on these two statements, it can be seen that the Healthcare BPJS program implementation process in the TNI institution should be carried out systematically. This systematic communication effort has been carried out by conducting training for TNI health facility employees regarding the Healthcare BPJS program for TNI institutions.

Figure 3. Health insurance evaluation meeting for TNI and POLRI participants

Communication at the decision-making level is also very influential in the Healthcare BPJS program implementation process. At this level, the relevant parties are the Ministry of Defense, Healthcare BPJS, and the Ministry of Health. Thus, it can be seen that communication between the three parties has begun. The Ministry of Defense is intensively working to address the needs of TNI institutions different from civil society.

Structurally, BPJS is not under the control of any ministry. It is an independent institution but still receives a budget through the Ministry of Health. In this case, it is only in charge of distributing the costs needed for implementing the BPJS program. It does not have any control over the BPJS program. This makes it difficult for the Ministry of Health to control and communicate with BPJS.

Dye [11] proposes an interactive model that has a better likelihood of results. The interactive implementation model is dynamic and open to the changes needed. The changes made are expected to accommodate differences, needs, and uniqueness that need to be fulfilled by decision-makers, policy implementers, and policy users.

Healthcare BPJS program implemented in TNI institution apart from its commanding characteristics, Healthcare BPJS program implementation for TNI Institution should continue to be carried out in an interactive way between interested parties. In addition, the communication pattern is closely related to the attitude of the implementing agent. With a great communication pattern, the attitude of the implementing agent will be more controlled.

F. Mutual Influence of Social, Economic, and Political Environments

The last thing that needs to be considered to assess the policy implementation performance is how the external environment contributes to the success of public policies. The unfavorable social, economic, and political environment can be a source of problems for the policy implementation performance failure. Therefore, the efforts to implement policies require a conducive external environment. Van Meter and Van Horn state that "*policy implementation encompasses those actions by public and private individuals (and groups) that are directed at the achievement of goals and objectives outlined in prior policy decisions*" [7]. It means that the policy implementation is the actions carried out by individuals and groups of the Government and private sectors, directed at achieving the goals and objectives prioritized in the policy decisions.

So far, the three environments have affected the implementation of Law 24 of 2011 on BPJS. The economic and political environments have a major impact on the successful BPJS implementation. From the economic factors, BPJS participant installments obtained from TNI salary deductions affect BPJS operation and service. Nonetheless, there seems to be

inconsistency, where the installments are greater than those of civilians. This has angered TNI. The installments paid by TNI have never experienced any problems. This means that payments are made on time.

Figure 4. Healthcare BPJS meeting press conference with TNI

Then from the political side, the absence of a command chain from other ministries or government institutions impacts the direction of unilateral policies. This has happened to TNI; they are disadvantaged by the unilateralism of BPJS policies. This condition is quite vulnerable to conflicts that arise in the future, which impact the success of law policies.

a) Socially, one of the impacts of the health policy implementation in the BPJS era for TNI is that the TNI health policy in the Healthcare BPJS era has brought changes to health services in the TNI environment. One of the changes felt is the accessibility of TNI health services. The accessibility, in this case, is the ease of TNI soldiers in getting/accessing health services where they serve. Previously, before BPJS existed, TNI patients had to seek treatment at TNI-owned facilities not necessarily close to TNI patients. This condition certainly has a very big risk, especially for patient safety. However, this situation changed when BPJS managed TNI health services, where initially, TNI could only seek treatment at the TNI-owned facilities. In the end, TNI could use public health facilities in the areas where they served. This is an advantage for TNI if they need health facilities immediately and is in line with the theory expressed by Asyhadie [12]. Social security is protection provided by the community for its members for certain risks or events with the aim, as far as possible, to avoid these events which may result in the loss/decrease of most of the income, and to provide medical services and/or financial security against the economic consequences of the events, and security for family and child support [12].

b) Economically, the economic environment influences the success of a TNI health service policy in the BPJS era. The impact can support the successful implementation of TNI health service policies in the BPJS era. The amount of Healthcare BPJS contributions for both TNI and the general public is around 1% of the participants' salary and then added to 4% from the Government. This means that the benefits, losses, and running of Healthcare BPJS depend on the smoothness of Healthcare BPJS participant contributions. Overall, it can be concluded that the state's economy can affect the deficit of Healthcare BPJS through its participant contribution policy. Hence, this can affect the claims of BPJS participants, which is in line with what has been explained in Law No. 40 of 2004 on National Social Security System (SJSN), there are principles related to the implementation of the National Health Society, one of which is then on-profit principle. It means that the management of the trust fund by BPJS is non-profit-oriented instead of profit-oriented. On the other hand, the main objective is that the funds collected from the public are trust funds to fulfill the best interests of the participants

c) Politically, the Government plays an active role in the public health implementation, written in Article 7 of Law No. 23 of 1992 on Health, which states that “The government is in charge of organizing health efforts evenly distributed and affordable to the public”. On top of that, Article 6 of Law No. 23 of 1992 explains that the health effort implementation is carried out in a harmonious and balanced manner by the Government and society. Nonetheless, in its implementation, BPJS has never communicated/coordinated with the Ministry of Health as TNI health policymakers since BPJS is not under any institution or ministry. BPJS is a government institution that does not have a command line, be it a command line at a ministry or other government institutions. Another problem in the policy formulation, where BPJS does not include TNI in formulating the service regulations, is also a big problem. Accordingly, there has not been optimal coordination from the Government itself or from BPJS and TNI as the health service recipients in the health service implementation.

IV. Conclusion

It cannot be denied that there are advantages and disadvantages of implementing the Health Service by joining TNI into the BPJS health service program. BPJS, as the health provider, will certainly always strive to provide optimal health services under applicable laws and regulations. Nevertheless, several health service

implementations are considered to be detrimental to the TNI organization.

TNI feels that the health services provided do not comply with the characteristics and needs required by TNI. In fact, several policies and regulations stipulated by BPJS are very disappointing to the TNI organization since they are decided unilaterally in which in the formulation of policies, BPJS does not include TNI.

BPJS is an independent institution, meaning that it is not under any institution. This makes communication/coordination of institutions considered very weak between TNI policymakers, namely the Ministry of Defense, Ministry of Health, House of Representatives, and BPJS. BPJS communication/coordination only takes place with the TNI health facility working unit. This indicates that communication/coordination only runs in the domain of policy implementers, namely TNI, while the domain of policymakers is not yet visible.

On the other hand, the Ministry of Health had delivered a solution in Regulation of Minister of Health (PERMENKES) No. 3 of 2020 to resolve the tiered referral problems. However, for some problems in other variables, the right solution has not been found. In essence, TNI institution wants a specific health service for TNI institution by taking into account the needs of the TNI institution itself. Nonetheless, BPJS still cannot grant this for various reasons.

The implementation of this service policy is necessary due to the problems described above. It can question what factors support and inhibit the success of the policy implementation and see the suitability and relevance of the descriptive model made. The problems that arise in the health service implementation cannot be solved with just one party but require cooperation, communication, and coordination from all relevant institutions since each variable interpreted above is interrelated and synergized in the health service administration implementation by BPJS.

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