

**INTEGRATION POLICY OF HEALTHY BADUNG KRAMA  
ASSURANCE TOWARDS HEALTH SERVICES**

**Ida bagus Anggapurana Pidada**  
Universitas Mahendradatta Denpasar  
Email: ajuzt.angga@gmail.com

**Abstract**

Health is a right for all Indonesian citizens. Therefore, as a government effort to maintain and improve public health status, the government created a health insurance program. Krama Badung Sehat (KBS) is an effort made by the Regional Government of Badung Regency (Badung Regency Government) in the health sector in the form of guaranteed health services provided to all residents of Badung Regency. The Krama Badung Sehat health insurance program (KBS) has 23 additional benefits compared to the JKN-KIS program. However, there are still obstacles, one of which is the distribution of Healthy Badung Cards. Another inhibiting factor arises because of the lack of good socialization to the public. Meanwhile, the manager of KBS revealed that the issues of transparency and accountability are very vulnerable to occur due to the lack of management and education personnel that are not in accordance with the authority to manage a health insurance.

**Keywords:** Badung; Health; Services.

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**Introduction**

Health is a right for all Indonesian citizens. Based on the Law of the Republic of Indonesia No. 36 of 2009 concerning health that health is a human right and one of the elements of welfare that must be realized by health services. This requires the intervention of health services in order to achieve the degree of public health in accordance with the ideals of the nation with effective, efficient and targeted services.

A system is needed that regulates the implementation of efforts to fulfill the rights of citizens to live healthy lives, by prioritizing health services for the community. The National Health System or SKN aims as health development is to achieve the ability to live a healthy life for every resident in order to realize optimal health status. Health services are one of the factors in achieving the ability to live healthy for the community.

Health is part of a basic measure of human well-being. Based on article 28 H and 34 paragraph 2, the state firmly guarantees that the people have the right to health services that are fair and dignified. The high cost of health services and the poverty rate make health services not accessible to the poor. And there are still many poor people who have to bear health costs independently. The contributing factors are the high cost of treatment and the limited cost of health insurance.

The main factor causing health problems is inequality in the provision of health services. Inequality occurs between the middle and upper class people who easily get access to good health services, while the lower middle class still cannot get maximum health services. Therefore, the creation of a health insurance program is an effort by the government to improve health status and maintain public health.

In 2011 the government enacted Law No. 24 concerning the Social Security Administering Body (BPJS), which aims to fulfill the rights of the people in accordance with the constitution and laws. In 2013, BPJS Kesehatan and the Indonesian government launched the National Health Insurance (JKN) which is one of the flagship programs of the Indonesian government. After the JKN program was launched, it was felt that the program was not running optimally. So that the Indonesian government began to make improvements by creating an innovative health program, namely the Healthy Indonesia Card (KIS). In implementing the KIS program, the Indonesian government began to be faced with problems, causing the implementation of the KIS program to be uneven.

The Central Health Social Security Administration (BPJS) noted that 201,660,548 Indonesians had become participants in the National Health Insurance-Healthy Indonesia Card (JKN-KIS) service as of September 1, 2018. This number reached 77% of the total population of Indonesia who reached 261 million people. Of this 77%, the Government and BPJS Health still have the task of attracting 33% or about 60 million more people to become JKN-KIS service participants in 2019, in accordance with the National Medium-Term Development Plan (RPJMN). JKN-KIS is considered capable of preventing people from the risk of falling into poverty due to paying the cost of health services for catastrophic diseases due to expensive diseases. Based on the results of research by the Institute for Economic and Community Research FEB UI in 2017, in 2016 the JKN-KIS program has saved 1.16 million people from poverty.

While the limitations of the central government is in providing fair health services to the community. So that some local governments make local health policies for their people. As of August 16, 2017, it was recorded that the number of people participating in the national health insurance

program in the Bali region had only reached 67% while Denpasar only reached 78%. This indicates that not all people in Bali have received health insurance services. To minimize these problems, the Badung Regency Government provides solutions for people who do not have health insurance to get access to good health through the innovation of the Krama Badung Sehat Health insurance program (KBS).

Based on the Badung Regent Legislation Number 6 of 2018 concerning Amendment to Perbup Number 73 of 2016 concerning the KBS program, the Badung Regency government created the Healthy Badung Krama aimed at self-managing and ensuring the health of the Badung community independently which synergizes directly with the JKN-KIS (Card Card) program. Healthy Indonesia). The Badung Regency Government (Badung Regency Government) seeks to ensure the health services provided to all Badung people by creating Healthy Badung Krama (KBS).

This program is implemented to support the government's efforts to ensure that all citizens have access to health services according to their needs and justice ( Universal Health Coverage-UHC ). After the 2017 KBS program was launched, there were several obstacles, one of which was the distribution of the Badung Sehat Card. There is a comparison of the acceptance of the Badung Sehat Card between South Badung and North Badung which can be seen from the uneven distribution of the Badung Sehat Card distribution process. Therefore, researchers are interested in analyzing the policy of integration of the Krama Badung Sehat (KBS) insurance against health services in Badung Regency.

## **Method**

This study aims to analyze the policy of Krama Badung Sehat (KBS) insurance that has been implemented towards health services in Badung Regency. Methodologically, this research was

conducted using empirical juridical research which was described descriptively. The type of data used is qualitative data both obtained from primary data and secondary data. Primary data obtained from direct interviews and also with field observation techniques. While secondary data was obtained by studying literature in the form of reference studies from sources in the form of research journal books and interviews from informants who were quoted from electronic media (Internet)

## **Results And Discussion**

### **A. Legal Basis For The Integration Of Healthy Badung Krama Policy (KBS)**

Health insurance is a constitutional right of every citizen. Prapti Widyaningsih, Fulfillment of the Rights of National Health Insurance Participants. By having health insurance, every citizen has the right to health services. This guarantee is regulated in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia (UUD 1945), which stipulates that everyone has the right to live in physical and spiritual prosperity, to live, and to obtain health services. In accordance with Law Number 40 of 2004 concerning the National Social Security System, the government is obliged to provide comprehensive social security and develop the implementation of the National Social Security System (SJSN) for the entire community.

The cooperative relationship between the Social Security Administering Body (BPJS) and Health Facilities as mandated in the Government Regulation of the Republic of Indonesia Number 85 of 2013 Article 6 paragraphs 1 and 2 of the Social Security Administering Body (BPJS) in carrying out its duties, may cooperate with organizations or other institutions at home and abroad. This collaboration is carried out in order to improve the

quality of BPJS Health or improve the quality of its services to participants. Cooperation with the central government program can be carried out in order to improve the quality of BPJS Health or health services to participants. Functionally BPJS as a guarantor of health services for its participants and health facilities, one of which is a hospital and health center, which is the implementer of health services.

Health services are sub-systems of health services whose main purpose is preventive (prevention) and promotive (health improvement) services with community targets. According to Presidential Regulation Number 19 of 2016 Article 2 Paragraph 1 The benefits of promotive and preventive services include the provision of services such as individual health counseling, routine immunization, family planning and health screening. According to Presidential Regulation Number 19 of 2016 Article 22 paragraph (1) letters a and letter b explains that guaranteed health services are first-level health services, including non-specialist health services and advanced level referral health services.

The Krama Badung Sehat (KBS) health insurance program is a health insurance program created by the Badung Regency government. The government seeks to ensure the health of all Badung people by creating the Healthy Badung Krama Program (KBS) as a health service according to need and justice (universal health coverage - UHC). UHC is a health system that ensures that every citizen in the population has fair access to quality promotive, preventive, curative and rehabilitative health services at affordable costs which includes two core elements, namely access to fair and quality health services for every citizen, and financial risk protection when citizens use health services where the

country of Indonesia is currently in a transition period towards universal health service coverage. Efforts to realize UHC in Badung Regency, in addition to supporting national programs, are also efforts to realize the vision and mission of regional development in Badung Regency, namely improving the quality and competitiveness of human resources.

This program was created to be self-managed and to ensure the health of the Badung community independently through the Krama Badung Sehat (KBS) program, in accordance with the Badung Regent's Legislation Number 6 of 2018 concerning Amendments to Perbup Number 73 of 2016 concerning the KBS program. Badung Regent Regulation Number 6 of 2018 concerning Amendments to Regent's Regulation Number 73 of 2016 concerning the Badung Healthy Krama Program (KBS) normatively does not overlap with existing laws and regulations.

This is in accordance with the provisions stipulated in Chapter II of the Regent's Regulation above, concerning the Purpose, Objectives, Participants and Places of Service. KBS has the intention of providing health services to all residents of Badung Regency through KBS which is integrated with JKN, with the aim of improving the health quality of the residents of Badung Regency, increasing the benefits of JKN and ensuring health services for residents of Badung Regency who have not become JKN participants. In terms of participation, it also reflects integration with JKN, without any conflict with one another.

## **B. The Benefits Of The Healthy Badung Krama (KBS) Policy For Community Welfare.**

### **1. Health Service Guarantee**

Krama Badung Sehat (KBS) is a health service guarantee provided to

all residents of Badung Regency with the benefits divided into: (1) All residents of Badung Regency who have not become participants of the National Health Insurance (JKN) as Recipients of Regional Budget Fees (PBI); (2) All residents of Badung Regency who already have JKN in order to be able to add additional benefits in addition to the benefits already received from JKN; (3) All residents of Badung Regency who do not have JKN because it has not been registered, a newborn baby, or because of marriage; last (4) All residents of Badung Regency who are inactive JKN Mandiri participants. In practice, although card ownership is not an absolute requirement for receiving KBS benefits, especially for the use of health services for those who do not have JKN membership or whose JKN is in an inactive condition or for those who are newly married and newly born children, card ownership is one of the indicators that can be used to determine the coverage of KBS membership.

All people of Badung Regency are required to make a recording beforehand to get access to health in the form of a card from the Krama Badung Sehat (KBS) program, namely the Badung Sehat Card. The Krama Badung Sehat (KBS) health insurance program has 23 additional benefits compared to the JKN-KIS program, meaning that things that are not covered by JKN-KIS are covered by KBS. One of the advantages of the KBS program compared to JKN is the efforts of the Badung Regency Government to protect its people from catastrophic expenditures in the health sector by providing financial guarantees for those who administratively do not have an active KIS register number (including

newborns and residents with Badung NIK). just entered), then the financing of services that are not covered by JKN and the consequences of treatments that are not borne by any institution, such as the cost of processing a corpse. Based on the Technical Guidelines for the implementation of KBS set by the Badung Regency Government, all additional benefits provided by the KBS program must be carried out at the 3rd grade level of care.

## **2. Financial Protection Guarantee**

The KBS program provides financial protection for the burden of medical expenses, especially at advanced hospital health facilities, including the cost of sending patients during an emergency to services, protection of catastrophic expenses due to high-cost medical care and treatment costs, as well as financial protection for families who have patients treated by guaranteeing costs lost or incurred to take care of patients in the hospital. The KBS program has sought to prevent a greater financial impact on the families left by patients who die by replacing the costs of care and delivery of the bodies. However, a more in-depth study is needed to see, for example, whether reimbursement for inpatient care is indeed more widely used by groups at risk of financial risk or by those who belong to the economy with minimal threat risk.

Based on the list of additional benefits guaranteed by the KBS and data available at the Badung Health Office from the recapitulation of health facility bills, it is known that the costs that must be incurred by the Regency Government to pay for additional benefits in hospitals are more than 24 billion and at FKTP

Puskesmas more than 400 million. Thus, the dominant bill for additional benefits comes from advanced outpatient and inpatient services. The average bill per month for hospitals reaches 1.9 billion rupiah, while for Puskesmas it reaches 35 million per month. The trend of monthly billing varies with an unclear pattern, longer data is needed in the following years of KBS operation to see if there is a billing pattern according to the current month. From the results of the evaluation, it was also revealed that the financing of other additional benefits such as immunization, obtaining health certificates and also the use of village ambulances became a significant cost burden that had an effect on KBS financing. Therefore, better monitoring and evaluation capabilities are needed as well as checking the validity of claims in addition to a clearer and more transparent technical mechanism.

## **3. Social Justice Guarantee**

Social justice is a balanced relationship between individuals and society which is measured by comparing the distribution of wealth differences from personal freedom to fair privilege opportunities. In older Western and Asian cultures, the concept of social justice often referred to the process of ensuring that individuals fulfill their social roles and receive their rights from society. Guarantees for the realization of a social justice are needed in order to realize the welfare of society for all Indonesian people. In order to achieve social justice guarantees, it is necessary to guarantee public services, especially in the health sector which can guarantee the welfare of all levels of society.

Public service is a series of activities to fulfill the service needs of

every citizen for goods, services, and/or administrative services provided by public service providers. Public services carried out are based on the general interest, legal certainty, equal rights, balance of rights and obligations, and others. In the implementation of public services, community participation is needed in the form of cooperation, fulfillment of rights and obligations as well as playing an active role in the formulation of public service policies. The community can also form a public service supervisory agency with the procedures regulated in government regulations. In its implementation, people who feel aggrieved by the implementation of public services can sue public service providers through the state administrative court.[12] With the integration program of Krama Badung Sehat (KBS) in health services, it will increase the guarantee of health services for community groups who cannot be fully protected against certain diseases that are not covered by the national health insurance program.

### **C. Weaknesses of The Healthy Badung Krama Policy (KBS)**

Utilization of the KBS program since it was implemented in early 2017 until 2021 has gone well when viewed from visits to health care facilities (faskes) and compared to the previous year. Although the increase in the number of visits to health facilities is influenced by various factors, the provision of financing through KBS is certainly one of the main factors that play an important role. Although there are many positive impacts that are felt by the community, the KBS program also still faces various obstacles, one of which is the distribution of the Badung Sehat Card. There is a comparison of the

recipients of the Badung Sehat Card between South Badung and North Badung, which can be seen from the uneven distribution of the Badung Sehat Card distribution process. This is due to the mobilization of the population in the South Badung area, which makes it difficult to collect further data. Of course, this is an obstacle faced by the government of Badung Regency.

From the distribution side, some of the problems that were identified were the printing of cards for those who had died or moved to those who had not recorded the data but the cards had been printed. For this matter, the Health Office has coordinated with the village, where the village party is obliged to report people who have died and who have changed their domicile, where the people in question are obliged to return their KBS card. It's just that until now no one has done that (returned the KBS card).

Strategic planning is needed to develop more useful KBS card functions to support service delivery if the existence of this card is still to be maintained. For example, if the card can be developed as an identity KBS condition or health status (electronic medical record) which Badung people can know in detail record or records Krama health and can be delegated to health facilities at various levels of service to be accessed by health care providers. This will ensure continuity of information between service providers at various levels.

Based on the 2018 Healthy Badung Krama evaluation study, other inhibiting factors emerged due to the lack of good socialization carried out to the community. This has an impact on the implementation of Krama Badung Sehat (KBS) where many users still do not understand about the Krama Badung Sehat (KBS) program. Many people claim

that they do not know the process of distributing cards, who distributes them or where the cards are taken when they are ready. Meanwhile, from the side of the KBS manager, he revealed that the issue of transparency and accountability is very vulnerable due to the lack of management and education personnel who are not in accordance with the authority to manage a health insurance. So it has the potential to accumulate workloads and the potential for fraud (fraud) both from the provider side, consumer side, and internal fraud due to inadequate management capacity.

In implementing the Badung Sehat program policy, the Badung District Health Office has carried out activities in accordance with the applicable SOP. In addition, the Health Department has been monitoring the Badung regency every 1 month or 3 months once, would be but the do not have any oversight consistent schedule. Furthermore, the aspects of coaching and training have been carried out by the Badung Regency Health Office once every 1 (one) year to the implementers, the goal is to be given guidance so that this program runs well.

In this KBS program oversight, there are internal and external controls which internal controls that include the terms of the implementation process is done directly by the monitoring team of the District Health Office Badung while for external supervision conducted by the Financial and Development Supervisory Agency (BPK). Furthermore, in the implementation of the Krama Badung Sehat (KBS) program, the Badung District Health Office will also conduct an evaluation through reports that are submitted to the service, while also evaluating complaints from the public.

Another weakness of the KBS card is the procedure for service providers and also the KBS user community where

there are emergency health problems outside the Badung Regency area. Although it is possible with a cooperation mechanism, the effort to organize cooperation with health facilities outside Badung itself presents significant difficulties. Here the use of the KIS card will ensure that patients are served throughout Indonesia. This aspect of the portability of the health insurance system is still limited to the area because not all hospitals throughout Indonesia have collaborated with the Badung Regency Government.

So far, the advantage of the KBS card over KIS is that the barcode can display facial and fingerprint photo data so that it does not allow the card to be used by others. Strategic planning is needed to develop more useful KBS card functions to support service delivery if the existence of this card is still to be maintained. For example, whether the KBS card can be developed as an identity for health conditions or status (electronic medical records) where the Badung community can find out in detail their health records and can be authorized to health facilities at various service levels to be accessed by health service providers. This will ensure continuity of information between service providers at various levels. In developed countries this card is known as a personal electronic health record.

Another obstacle experienced in implementing the Krama Badung Sehat (KBS) policy was experiencing constraints in the limited budget sector. Entering 2021 the budget for the KBS program that has been prepared by the Badung Regency Government cannot enter because it collides with the JKN administration system (SPID) according to the provisions of the Minister of Home Affairs. Therefore, it is feared that health services for Badung manners for cases of diseases that are not covered by BPJS

Kesehatan cannot be served. The Head of Badung Health Office, Dr. Nyoman Gunarta, stated that to resolve this budgetary constraint, namely by approaching the Ministry of Home Affairs so that the KBS budget can still be implemented, so that public health services are carried out and are not disrupted.

#### **D. Integration Of Healthy Badung Krama Policy In Facing The Covid-19 Pandemic**

The coronavirus that has been endemic in Indonesia since 2020 has not only had a high death rate but also caused various other problems, both economic and social. Facing this, governments in various countries are trying with all their efforts to minimize losses, both by reducing the number of fatalities and overcoming economic problems in the community.

In the midst of the Covid-19 pandemic, the Badung district government took 6 strategic policies that became priorities in preventing the spread and accelerating the response to Covid-19 in Badung. One of them is for the Badung community who are JKN participants with the participation segment of wage-earning workers (PPU) whose BPJS insurance premiums are paid by the company according to their income, because they are currently being laid off or the company is unable to pay. The Badung KBS party coordinates with BPJS for the activation of these participants as PBI Badung APBD participants. Independent JKN participants in class 1, 2, 3 who are no longer able to pay premiums, will have their membership changed to be Recipients of the Badung Regency APBD Iuaran Aid (PBI) so that they are not subject to fines in arrears in BPJS.

The role of KBS in ensuring health services for residents of Badung Regency who have not become JKN participants,

which is in accordance with Badung Regent Regulation Number 37 of 2016 concerning the Healthy Badung Krama Program. Efforts to finance services at the primary to tertiary levels through the PBI-APBD mechanism and direct financing to health facilities (fee for service) for those who are not or have not been registered as JKN PBI-APBD participants have provided adequate financial protection for Badung residents. This is a government effort that must be appreciated and given sufficient appreciation and supported by all components of service providers.

#### **Conclusion**

In the health sector, the Badung Regency Government created the Healthy Badung Krama (KBS) as an effort to ensure health services for the Badung community. The Krama Badung Sehat (KBS) health insurance program has 23 additional benefits compared to the JKN-KIS program and has strong legal protection. However, there are still obstacles, one of which is the distribution of the Badung Sehat Card and the limited budget in the COVID-19 pandemic situation. Another inhibiting factor arises because of the lack of good socialization carried out to the community. Meanwhile, from the management side of KBS (Krama Badung Sehat) revealed that the issue of transparency and accountability is very vulnerable to occur due to the lack of management and education personnel who are not in accordance with the authority to manage a health insurance.

Practically, in implementing the integration of the Krama Badung Sehat (KBS) health insurance into the National Health Insurance, the government's actions are not limited to centralizing the entire existing system into a larger system, but also must be balanced in maintaining the continuity of the spirit of decentralization and the interests of the local community under the umbrella National Health Insurance (JKN). The



integration of local government programs, especially health insurance, is very necessary for the community to perfect national health insurance programs.

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