

Health Service Reform in Bekasi City

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Abstract

This paper examines the changes in health service reform in Bekasi City. Health services are an important part, especially with regard to optimizing health implementation at the most basic level. This study is important because it describes the potential and challenges faced by the Bekasi City government in seeking changes for better health services. This study belongs to the category of descriptive qualitative research, using two sources, namely primary sources as the main source including information and data on health service reports in various hospitals in Bekasi City and secondary sources as a source of reinforcement including various scientific studies related to health service reform. The data analysis techniques used are data condensation, data display, and conclusion drawing/verification. This paper has two conclusions, namely first, the Population Identification Number-based Community Health Service (LKM-NIK) policy supports the principles of New Public Service (NPS) in increasing access to health insurance in Bekasi City has a strong influence in increasing access to health and health services to the community. Second, LKM-NIK provides maximum results in improving health services in Bekasi City by using the concept of integrating health services with democratic values and social justice which refers to the concept of New Public Service (NPS).

Introduction

Health is a fundamental need for every individual, regardless of race, religion, political views, or socioeconomic status. According to the World Health Organization (WHO), health is all aspects including physical, mental, and social well-being, not just being free from disease or disability. Optimal health is necessary so that a person can feel peace, security, and freedom in living his life. This is affirmed in Article 25 of the Universal Declaration of Human Rights initiated by the United Nations (UN) in 1948. Furthermore, in 2012, the United Nations introduced the concept of *Universal Health Coverage* (UHC) which affirms that every individual has the right to have easy access to affordable and quality health services without facing financial difficulties (Rodin & de Ferranti, 2012). UHC is a system that aims to improve the quality of health services and ensure that all levels of society can obtain such services without being burdened with financial problems (Agustina et al., 2019).



Figure 1. Dimensions of Universal Health Coverage According to WHO

The figure above shows that the first dimension is the government's responsibility to design a health insurance policy program that covers the entire population. The second dimension relates to the coverage of guaranteed health services. The third dimension concerns the proportion of health costs covered. According to WHO (2021), the main obstacles in achieving *Universal Health Coverage* (UHC) include poor infrastructure and limited availability of basic facilities, weak premium policy design, lack of distribution of health workers and so on. (Pradana et al., 2022).

Indonesia has actually made efforts to fulfill the right to health long before the concept of *Universal Health Coverage* (UHC) was introduced, for example through the National Health Insurance (JKN/KIS) which began to run in 2014. The state's obligation to guarantee this right is specifically regulated in Law Number 40 of 2004 concerning the National Social Security System that the provision of health rights to the Indonesian people is carried out through the health insurance program. This is also emphasized in Law Number 36 of 2009 concerning Health, which is in Article 20 (Ministry of Health, 2017). However, the reality is that there are still many people who have not fulfilled their health rights due to obstacles in accessing health services. This obstacle is often caused by factors such as economic disparities due to high health costs (Bajari et al., 2022).

In 2018, four years after its launch, JKN became the world's largest health insurance program with a "single-payer" model, covering 203 million participants (Agustina et al., 2019). According to data recorded in the Monitoring and Evaluation System (Sismonev) of the National Social Security Board (DJSN), as of September 2022, the National Health Insurance (JKN) program has covered 244.6 million people. The number of participants continues to increase, with an average growth of 986,799 people per month, so that the coverage reaches 90.24% (BPJS Kesehatan, 2022), with the development trend of the Number of JKN Participants by Participant Segment since 2016 as follows:

Table 1. Number of JKN Participants by Participant Segment in 2016-2021

Segmen	2016	2017	2018	2019	2020	2021
PBI APBN	91.099.279	92.380.352	92.107.598	96.516.666	96.600.414	99.947.748
PBI APBD	15.415.288	20.305.273	29.873.383	38.842.476	36.164.198	40.423.747
PPU	41.027.229	44.891.042	49.833.095	53.529.136	55.062.746	59.977.437
PBPU	19.336.531	25.397.828	31.100.248	30.248.656	30.434.645	30.909.789
BP	5.060.927	5.008.454	5.139.875	5.012.085	4.107.699	4.381.008
Total	171.939.254	187.982.949	208.054.199	224.149.019	222.369.702	235.639.729

Source: DJSN, BPJS, 2022.

Based on the information in Table 1.1. above, JKN membership as of December 2021 has covered 235 million participants or has covered 86.55% of the Indonesian population (Population Projection in 2021 is 272 million people). This figure is still far from the participation target set in the RPJMN, which is 98% of the population in 2024. The increase in total participation in 2021 is 37% compared to the number of participants in 2016. JKN membership in 2020 decreased by around 1.7 million people and increased again in 2021 by 5.97% (13 million people) (Ghufron, 2017).

The large dependence of the Indonesian people on health insurance provided by the Government, so BPJS Kesehatan is still the main option in providing health services in Indonesia. This can be seen from the data issued by the Central Statistics Agency (BPS) in Figure 1.3. below which reports that in 2022, around 69.62% of the Indonesian population already has health insurance, an increase of 1.26 points compared to 2021. Of this figure, 62.22% are BPJS Kesehatan participants. Interestingly, only 0.58% of people rely on private

insurance. This shows that the government has a considerable responsibility in providing health services for the community.



Figure 2. Health Social Security Participation in Indonesia in 2022

Source: BPS (Processed by IDX Research Team)

In addition, there is also a Regional Health Insurance (Jamkesda) as part of the health insurance system that allows local governments to support the financing of health services for people in their areas. This effort is regulated in Law No. 23 of 2014 concerning Regional Government, which requires local governments to provide health services for their citizens. In general, the purpose of JAMKESDA managed by local governments is to provide health protection to people in certain areas by ensuring access to affordable and quality health services (Ghufron, 2017). DJSN (2012) stated that in accordance with the SJSN Law and the BPJS Law, the implementation of health insurance carried out by local governments needs to be integrated with the national program managed by BPJS Kesehatan. This is emphasized by Presidential Regulation Number 82 of 2018 concerning Health Insurance and Presidential Instruction Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program (Ghufron, 2017).

However, in practice, Indonesia still faces a number of challenges in integrating Regional Health Insurance (Jamkesda) into the National Health Insurance (JKN). Sriyani (2017) identified three main problems in this integration: first, the management of JAMKESDA and JKN that has not been fully connected; second, the benefit packages received by JAMKESDA and JKN participants have not been synchronized; and third, the difference in membership targets between JAMKESDA and JKN. Nonetheless, these challenges have been successfully overcome through regional commitments to unite their Jamkesda with JKN. In 2017, as many as 433 local governments have successfully integrated their JAMKESDA into JKN (BPJS Kesehatan, 2017). The integration of JAMKESDA into JKN has a big impact on local governments in registering their citizens as JKN participants. BPJS Kesehatan gave Universal Health Coverage (UHC) awards to 22 provinces and 334 regency/city governments for their success in achieving the target, where 95% of its citizens are registered as JKN participants (bekasikota.go.id, 2023). One of the regions that won this award is Bekasi City, for its achievement in registering 97.17% of the population as JKN participants in January 2023 (BPJS Kesehatan, 2023). This success was achieved by the Bekasi City Government through the implementation of a health insurance policy that is integrated with JKN. This achievement is worthy of pride considering that in 2017, data from BPJS West Java showed that the participation of the people of Bekasi City in health insurance was still at 46.9% of the total population, which amounted to 2,592,800 people (Prasojo, 2023).

The achievement of *Universal Health Coverage* (UHC) in Bekasi City will not be realized without the active role of the Bekasi City Government. The Population Identification Number-Based Public Health Service Policy (LKM-NIK) implemented by the Bekasi City Government is based on Bekasi Mayor Regulation Number 96 of 2021. Financing for LKM-NIK is sourced from the APBD, with the types of health services provided as a whole in accordance with the medical needs of the service recipients, which include: (1) outpatient, (2) Emergency

Installation (IGD), (3) Class III Inpatient, and (4) Intensive Room. In the dimension of participation, the Bekasi City Government has guaranteed the health of 144,079 of its citizens until May 2023 through the LKM-NIK program (Bekasi City Health Office, 2023). This figure reflects that 5.83% of the population of Bekasi City has been guaranteed their health through this policy as of May 2023.

This study seeks to answer the question: how does the Public Health Service policy based on the Population Identification Number (MFI NIK) support the principles of New Public Service (NPS) in increasing access to health insurance in Bekasi City? This study aims to analyze the Public Health Service Policy based on the Population Identification Number (MFI NIK) in Bekasi City using the concept of New Public Service (NPS) Denhardt J.V and R.B Denhardt (2003), so that it can contribute to increasing Universal Health Coverage (UHC) in Bekasi City.

Academically, this research is expected to be a starting point or reference material for other researchers who want to research public health service policies for other regions with access to budget, geography, infrastructure and human resources. This research is also expected to add to the literature on public health services. Meanwhile, practically this study tries to provide an overview of public health services based on population identification numbers in Bekasi City. This research can provide input on public health services based on population identification numbers for the Bekasi City Government, especially the Bekasi City Health Office in making improvements to the implementation of this policy in the future.

Methods

Based on its objectives, this research is categorized as descriptive research, which aims to describe or describe the observed social phenomena. This research aims to provide a detailed overview of the situation of social conditions and relationships that occur in it. This research tries to answer the question "how?", or how to Reform Policies in the Field of Health Services in Bekasi City through the implementation of Bekasi Mayor Regulation Number 96 of 2021 concerning Health Services for the Community with Bekasi City Identification Number. In relation to the administrative reform of health service policies for the community with the population identification number of Bekasi City, this study seeks to test the theory of New Public Service in order to deepen, expand, and contribute to the development of theories and a more comprehensive and objective understanding of policy implementation, as well as deeper knowledge in the field of health services for the community with the Bekasi City population identification number. This research was conducted from June to December 2024 within the scope of the Bekasi City Government (Creswell & Clark, 2018).

This study uses two types of data or information sources, namely primary sources including data from interview results while secondary sources are supporting data related to research. The data collection technique used by the researcher is through in-depth interviews with informants, while secondary data is obtained from various documents issued by organizations or institutions, such as reports, legal documents, monitoring reports, and other relevant administrative documents. In addition, there is also some data from LKM-NIK health services in Bekasi City (Miles et al., 2014). This study uses three data analysis techniques, namely data condensation, data display, and conclusion drawing/verification (Hajaroh, 2018).

Results and Discussion

Overview of Public Health Insurance Participation in Bekasi City

Bekasi City is one of the cities located in West Java Province with the third highest population after DKI Jakarta and Surabaya, which is 3.7 million people in 2023. Along with the rapid population growth, the need for adequate health services is also increasing. With a fairly dense

population, Bekasi City certainly needs adequate health services. Currently, this city has been equipped with various health facilities such as hospitals, health centers, polyclinics, auxiliary health centers, and pharmacies spread across 12 sub-districts. Based on data in the Bekasi City Book in 2023 Figures published by BPS Bekasi City, in 2023 there will be 43 hospitals, 43 health centers, 4 auxiliary health centers, 55 polyclinics, and 53 pharmacies in Bekasi City (BPS, 2023) . Meanwhile, to see the distribution of people in Bekasi City who have health insurance, it is necessary to first examine the National Health Insurance (JKN) membership data which describes the contribution of the Population Identification Number-Based Public Health Service policy to the fulfillment of health insurance provided to the people of Bekasi City. There are 5 (five) categories of JKN membership, namely: Contribution Assistance Recipients (PBI) – APBN, Contribution Assistance Recipients (PBI) – APBD, Wage Recipient Workers (PPU), Non-Wage Recipient Workers (PBPU), Non-Workers. The number of JKN participants in Bekasi City has increased significantly in April 2023 and June 2023 as follows:

Table 2. National Health Insurance Participants in Bekasi City

Era	PBI - APBN	PBI - APBD	PPU	PBPU	BP	%
January 2023	531.734 Soul	296.941 Soul	1.030.567 Soul	466.007 Soul	71.168 Soul	96,98%
April 2023	528.614 Soul	303.477 Soul	1.036.305 Soul	466.698 Soul	71.220 Soul	97,38%
June 2023	533.043 Soul	344.576 Soul	1.039.255 Soul	466.649 Soul	71.309 Soul	99,47%

Source: Bekasi City Health Office, 2023.

Table 1.2. shows that there was a significant increase in the number of JKN participants in Bekasi City, both in April and June 2023. This increase is mostly due to the increase in JKN participants from the PBI APBD category. In addition, the Bekasi City Health Office explained that the PBI APBD category not only includes people who have registered for JKN through BPJS Kesehatan provided by the Bekasi City Government, but also includes LKM-NIK participants, who are also classified in the PBI APBD category. The data in the table also shows that in May 2023, 144,079 people were recorded as LKM-NIK participants, while in April 2023, there were 141,460 people from the people of Bekasi City who were also registered as LKM-NIK participants (Bekasi City Health Office, 2023). If we compare it with the total JKN participants in Bekasi City who are included in the PBI APBD category, it can be seen that the LKM-NIK policy has contributed 46.61% in increasing the number of people in Bekasi City who can be registered as BPJS Kesehatan participants in the PBI APBD category.

There are several main components that can generally describe the implementation of the LKM-NIK policy as an integrated health insurance in Bekasi City. These components are interrelated in supporting the implementation of the LKM-NIK policy. These components include the legal basis of the LKM-NIK policy, the Regional Apparatus Organization (OPD) that implements the policy, the objectives of the LKM-NIK policy, and the implementation procedure, which will be explained in more detail at the following points:

Legal Basis

The legal basis is important for the Regional Government to have guidelines in implementing the LKM-NIK policy as an integrated health insurance in Bekasi City. Article 12 of Law No. 23 of 2014 concerning Regional Government is the main reference in the LKM-NIK policy because it states that the Regional Government is obliged to provide health services to its citizens. In addition, Article 99 of Presidential Regulation No. 82 of 2018 concerning Health

Insurance is also the second legal basis, which requires Regional Governments to support the implementation of the health insurance program in accordance with applicable legal provisions, in order to ensure the continuity of the Health Insurance program (Haning, 2018) .

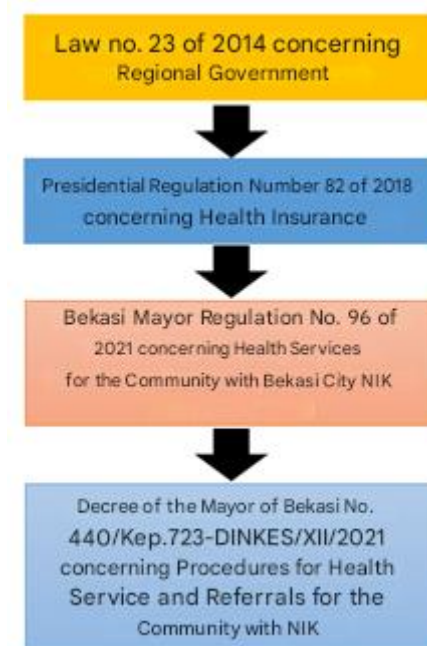


Figure 3. Legal Basis of LKM-NIK (Source: Processed by Researcher)

Regional Apparatus Organization (OPD) Implementing

The LKM-NIK policy plays an important role in ensuring that a policy can be implemented properly. Several cross-sectoral agencies in Bekasi City have the responsibility to implement the LKM-NIK policy, namely the Health Office, the Population and Civil Registration Office, and the Social Service. This instruction is described in Article 10 of the Bekasi Mayor Regulation No. 96 of 2021 concerning Health Services for the Community with the Bekasi City Population Identification Number, which is then outlined in the Mayor's Decree Number 440/Kep.726-DINKES/XII/2021. The decision explains that the regional apparatus in charge of health, with the help of regional apparatus that handles population and social issues, is responsible for the implementation of the LKM-NIK policy.

Beneficiaries/Participant Criteria

Based on the provisions stipulated in the Decree of the Mayor of Bekasi No. 440/Kep.723-DINKES/XII/2021, there are 6 (six) categories of people in Bekasi City who are entitled to receive benefits from Population Identification Number-Based Health Services, namely: a) Residents of Bekasi City who are registered in the population database, but are not BPJS Kesehatan participants; b) Residents of Bekasi City who are already BPJS Kesehatan participants, but need health services that are not covered by BPJS; d) Traffic accident victims; e) Victims of work accidents or occupational diseases that are not guaranteed by employment insurance; f) Correctional Assisted Residents, People with Social Welfare Problems (PMKS), residents of orphanages, and prisoners entrusted by the police and prosecutor's office.; g) People affected by disasters, both endemic outbreaks and pandemics.; h) MFI-NIK Service Mechanism.

In general, the service mechanism provided through the LKM-NIK policy allows participants to get health services, where hospital bills will later be paid by the Bekasi City Government

through the APBD. At the health center, there are two categories of patients based on membership status, namely BPJS Kesehatan patients and Non-BPJS Kesehatan patients. For Non-BPJS patients with mild symptoms, they can still receive free health services through the LKM-NIK policy. If these Non-BPJS patients require follow-up treatment in the hospital, they will receive a referral according to their medical needs (Kahn, 2001).

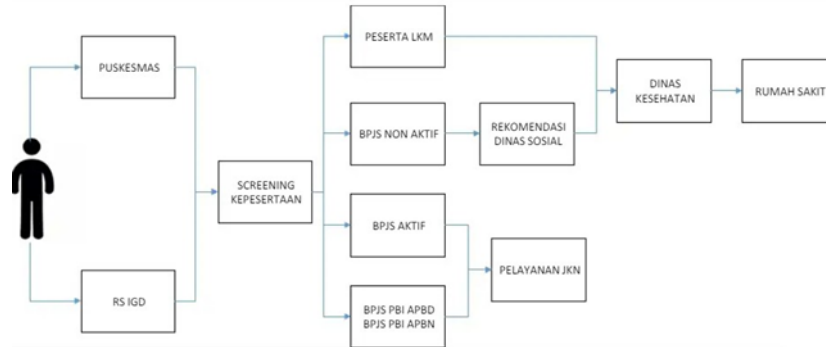


Figure 4. LKM-NIK Service Flow (General)



Figure 5. Service Flow for LKM-NIK Participants (Does Not Have JKN)

Source: <https://www.scribd.com/document/444439405/Alur-Pelayanan-LKM-Dinas-Kesehatan>



Figure 6. Service Flow for LKM-NIK Participants (Have JKN but Inactive Status)

Source: <https://www.scribd.com/document/444439405/Alur-Pelayanan-LKM-Dinas-Kesehatan>

For patients in emergency situations, patients who need health services at the hospital through LKM-NIK can go directly to the hospital without having to go through the referral procedure. The hospital will conduct an examination or screening to check the patient's membership status. If the results of the examination show that the patient is a BPJS Kesehatan participant but the

services needed are not included in the scope of BPJS, the cost of treatment will be handled through the LKM-NIK mechanism. After the patient receives treatment, the hospital submits a bill to the Bekasi City Health Office. These bills will then be processed and paid by the Bekasi City Government to ensure that patients receive the services they need without financial constraints. Furthermore, for emergency patients who come to the hospital, if the screening results show that they are not BPJS Kesehatan participants, and the health services needed cannot be covered by BPJS, the patient will still receive treatment from the hospital. After that, the hospital will submit a bill to the Bekasi City Health Office. The Health Office then approved that the bill be paid by the Bekasi City Government through the LKM-NIK mechanism (Miles et al., 2014).

New Public Service (NPS) Perspective in Population Identification Number-based Public Health Services (MFI NIK)

The existence of the state for the people is easiest to measure by the quality of its public services, if the community considers the public services to be good, then the state is felt to be present for the community. Thus, the position of the community as the owner of the government and the government (owners of government) can work together in achieving common goals for the benefit of the state. Denhardt's theory J. V and R. B Denhardt (2003) conveys a number of seven principles of new public service (Osborne & Gaebler, 2003).

Serve, Rather Than Steering

The implementation of Population Identification Number-Based Public Health Services (LKM-NIK) in Bekasi City uses the principle of "Serving, Not Directing". The program not only focuses on fulfilling the government's administrative obligations, but also ensures that the community is truly well served. This principle can be reflected in the following things. First, easy access for the community. Through LKM-NIK, Bekasi residents can obtain health services using only their NIK, without having to face complicated administrative procedures or lengthy bureaucracy that often hinders access. Data from the Bekasi City Health Office (2023) shows that as of May 2023, as many as 144,079 residents have been registered through LKM-NIK. This reflects the government's success in facilitating the community to actively participate in health services. Second, services that are based on needs, not based on targets alone. NPS, focuses on services to meet the needs of the community, not just achieving administrative targets. The LKM-NIK program is designed to provide access to health services for residents who have not been reached by the National Health Insurance (JKN). Third, transparency and accountability of services. MFIs in Bekasi City realize this transparency by allowing all registered residents to check their membership status and health services they are entitled to receive through digital platforms or public information services (BPJS Kesehatan, 2023).

Seek the Public Interest

In the perspective of New Public Service (NPS), the principle of "Seek the Public Interest" emphasizes that public services must be oriented to the public interest or public interest, not for administrative efficiency or economic gain. This principle demands that policies and programs designed by the government aim to improve the collective welfare of the community by involving various parties and paying attention to the needs of all citizens, especially the most vulnerable. In the context of Population Identification Number-Based Public Health Services (LKM-NIK) in Bekasi City, this principle is implemented through local government efforts to ensure that every citizen has equal access to health services, without discrimination (Putra & Sjaaf, 2022).

MFIs provide access to health services only by using the Population Identification Number (NIK), which makes these services inclusive for all levels of society. This program reflects the public interest because it aims to create equitable access to health services, especially for those who are not covered by the National Health Insurance (JKN). In addition, in the context of Seek the Public Interest, LKM-NIK ensures that the service truly contributes to the general welfare of the people of Bekasi City. It includes a focus on accessibility, equity, and sustainability where all citizens get quality health care in accordance with their constitutional rights. However, challenges in the implementation of MFIs remain, such as uneven health infrastructure in all regions and limited human resources. Therefore, the principle of Seek the Public Interest in NPS demands that the government not only focus on technical implementation, but also continue to improve policy evaluation and improvement to ensure that the public interest remains a top priority.

Think Strategically, Act Democratically

In the perspective of the New Public Service (NPS), the principle of "Think Strategically, Act Democratically" underscores the importance of thoughtful planning and actions that involve public participation in the delivery of health services. In the context of Population Identification Number-based Public Health Services (LKM-NIK) in Bekasi City, this principle is very relevant because this program is designed to meet public health needs effectively and inclusively. Related to the strategic planning aspect, the City of Bekasi conducts an in-depth analysis of the health needs of its citizens. Data from the Bekasi City Health Office shows that with a population of around 2.5 million people, there are vulnerable groups that need special attention in health services. For example, the strategy used includes the identification of vulnerable groups that have not been registered in the National Health Insurance (JKN), so that they can be accommodated through the LKM-NIK program. Furthermore, based on BPJS Kesehatan data (2023), Bekasi City has succeeded in registering 97.17% of its total population as JKN participants. This shows that strategic planning is very important to achieve these targets (Renyaan, 2023).

The Bekasi City Government certainly has a vision and mission that has been set in the implementation of LKM-NIK services. In order for all people of Bekasi City to get health services that spread throughout the region, the Bekasi City government collaborates with various hospitals (RS). The collaboration carried out in 2003 was 23 hospitals, including 5 Bekasi City Government Hospitals, 17 hospitals located within Bekasi City, and 7 hospitals located outside Bekasi City. The number of hospitals collaborating with the Bekasi City Government increased to 51 hospitals consisting of 5 Bekasi City Government Hospitals, 40 hospitals located within Bekasi City and 6 hospitals located outside Bekasi City. The following is a list of hospitals that collaborate with the Bekasi City Government, see Table 1.3.

Table 3. Number of Hospitals with MFI Services

Hospital Name		Type RS	Hospital Name		Type RS
1.	dr. Chasbullah AM	Type B Hospital	1	dr. Chasbullah AM	Type B Hospital
2.	Bantargebang Hospital	Type D Hospital	2	Bantargebang Hospital	Type D Hospital
	Jatisampurna Hospital	Type D Hospital	3.	Jatisampurna Hospital	Type D Hospital
3.	Pondok Gede Hospital	Type D Hospital	4.	Pondokgede Hospital	Type D Hospital
4.	Teluk Pucung Hospital	Type D Hospital	5.	Teluk Pucung Hospital	Type D Hospital
1.	RS. Satria Medika,	RSDK	RS. Ananda		RSDK Type B
2.	RS. Graha Juanda,		RS. Anna Mediaka		RSDK Type C

3.	RS. Rawa Lumbu,		RS. Anna Pekayon	RSDK Type C
4.	RS. Hope Park		Bella Hospital	RSDK Type C
	New		RS. Bhakti Kartini	RSDK Type C
5.	RS. Family Partners		RS. Cikunir dr. Adam	RSDK Type C
	Pratama Jatiasih		Talib	RSDK Type C
6.	RS. Primaya Bekasi		RS. Citra Arafiq Bekasi	RSDK Type C
	West		RS. Citra Harapan	RSDK Type C
7.	RS. Hermina Bekasi,		RS. Elisabeth	RSDK Type C
8.	RS. EMC Pekayon,		RS. EMC Pekayon	RSDK Type C
9.	RS. East Family Partners,		RS. Graha Juanda	RSDK Type C
10.	RS. dr. Adam Thalib		RS. Helsa Jatirahayu	RSDK Type C
11.	Cikunir,		RS. Hermina Bekasi	RSDK Type C
12.	RS. Medika Basil,		RS. Hermina Galaxy	RSDK Type B
13.	Helsa Jatirahayu		RS. Juwita	RSDK Type C
14.	Hospital		RS. Kartika Husada	RSDK Type C
15.	RS. Mustika Medika		Jatiasih	RSDK Type C
16.	RS. Ananda		RS. The Gift of Love	RSDK Type C
17.	RS. Mas Mitra		RS. Karya Medika	RSDK Type C
	Jatimakmur		Bantargebang	RSDK Type C
	RS. Citra Arafiq		RS. Mas Mitra Jatimakmur	RSDK Type C
	Medika		RS. Mekarsari	RSDK Type C
	RS. Primaya East		RS. West Bekasi Family	RSDK Type C
	Bekasi		Partners	RSDK Type C
			RS. East Bekasi Family	RSDK Type C
			Partners	RSDK Type C
			RS. Cibubur Family	RSDK Type C
			Partners	RSDK Type C
			RS. Mitra Pratama Jatiasih	RSDK Type C
			RS. Mustika Medika	RSDK Type C
			RS. Paramedics	RSDK Type C
			RS. Permata Bekasi	RSDK Type C
			RS. Permata Cibubur	RSDK Type C
			RS. Primaya West Bekasi	RSDK Type C
			RS. Primaya East Bekasi	RSDK Type C
			RS. Primaya Bekasi Utara	RSDK Type B
			RS. Lumbu Swamp	
			RS. Satria Medika	
			RS. Siloam East Bekasi	
			RS. Siloam Sentosa	
			RS. Siloam Throughout	
			Jaya	
			RS. Subki Abdul Kadir	
			RS. New Hope Park	
			RSIA Rinova Intan	
			RSIA Selasih Medika	
	RSCM Jakarta	RSLK Type A	1. RSCM Jakarta	RSLK Type A
	RSJP Harapan Kita Jakarta	RSLK Type A	2. RS. dr. H. Marzoeeki Mahdi Bogor	RSLK Type A

RS. dr. H. Marzoeqi Mahdi Bogor RS. Jakarta National Brain Center, Duren Sawit Jakarta Hospital RS. Jakarta Police Bhayangkara	RSLK Type A RSLK Type A RSLK Type A RSLK Type A	RS. The Soul of Dr. Soeharto Heerdjan Jakarta Duren Sawit Jakarta Hospital RS. Jakarta Police Bhayangkara Jakarta National Brain Center Hospital	RSLK Type A RSLK Type A RSLK Type A RSLK Type A
29 RS		51 RS	

The collaboration with the hospital is outlined in the Cooperation Agreement, one example is the Cooperation Agreement between the Bekasi City Government and dr.Chasbullah Abdulmajid Bekasi City, number 12 of 2024 - 100.3.7.1/64-RSUD/III/2024 dated March 4, 2024, concerning the Implementation of Health Services for the Community with NIK Bekasi City at dr. Chasbullah Abdulmajid Hospital Bekasi City. The purpose of the Cooperation Agreement is as the basis for the implementation of financing for Health Services for the Community with the Population Identification Number (LKM-NIK) of Bekasi City whose Health Services Are Not Guaranteed by the National Health Insurance Program (JKN) at dr.Chasbullah Abdulmajid, Bekasi City. The purpose of the Agreement is to provide certainty for the services of Bekasi City MFIs. Based on the Cooperation Agreement, one of the obligations of the Bekasi City Government as the First Party includes providing a budget ceiling for the LKM-NIK program. Meanwhile, one of the obligations of dr. Chasbullah Abdulmajid Hospital Bekasi City as the Second Party, among others, is to provide services for LKM-NIK patients who are not guaranteed by BPJS Kesehatan in accordance with medical needs and applicable health service standards (Rodin & de Ferranti, 2012).

Serve Citizens, Not Customers

In the perspective of NPS, the principle of "Serving Citizens, Not Customers" emphasizes that public services must treat the public as citizens who have basic rights that must be fulfilled by the state, not just customers who pay to get services. This means that public services, including in the health sector, do not solely focus on consumer satisfaction, but rather on fulfilling the fundamental rights of citizens that have been guaranteed by the constitution (Saputro & Fathiyah, 2022).

In the context of the Population Identification Number-Based Public Health Service (LKM-NIK) policy in Bekasi City, this principle is applied by providing access to health services to all city residents regardless of economic, social, or other background. The LKM-NIK is designed to ensure that every citizen who has a Population Identification Number (NIK) can directly access health services without the need to meet complicated administrative requirements. This shows that this program not only provides health services for those who can afford it, but is part of fulfilling the state's responsibility to guarantee the right to health for all citizens.

LKM-NIK guarantees that all residents of Bekasi City are entitled to receive health services just by showing their NIK. This program removes administrative barriers that are often encountered in conventional health services. All residents, both those who can afford to pay BPJS premiums and those who do not, are still served. This is in accordance with the NPS principle which prioritizes fairness and inclusivity in public services. Citizens are not treated as customers who have to pay or sign up for services, but as citizens who have a basic right to be served. Data from the Bekasi City Health Office (2023) shows that as of May 2023, as many as 144,079 residents of Bekasi City have been registered through LKM-NIK, which includes

residents who have not been covered by the BPJS Kesehatan program. This shows how LKM-NIK serves the public interest, not only BPJS customers (Soselisa & Puturuhu, 2021).

Recognize That Accountability Is Not Simple

The principle of "Recognize That Accountability Is Not Simple" in the New Public Service (NPS) emphasizes that accountability in public service is a complex process and is not always easy to measure. In the context of the Population Identification Number-Based Public Health Service (LKM-NIK) policy in Bekasi City, this principle can be seen in the aspect, LKM-NIK is tasked with providing health services for all residents of Bekasi City who have a Population Identification Number (NIK), regardless of social or economic status. This task brings its own challenges in ensuring equal access, as everyone has different health needs. Therefore, accountability is measured not only by the number of registrations, but also by how well the service can meet the needs of each individual. In addition, the Bekasi City Government reported that as of May 2023, there were 144,079 people registered in the LKM-NIK. However, the success of this program cannot only be seen from these numbers, but also from the quality of service felt by the community. Although many residents are registered, there are still challenges in providing quality health services (Sriyani, 2017).

Value People, Not Just Productivity

From the perspective of NPS, public services are seen as an effort to serve citizens based on their rights, not just as consumers or customers. This means that the services provided must focus on fulfilling the rights of citizens as part of the state's responsibility, not just meeting their needs based on their demand or financial capacity. This principle is very relevant in the implementation of Public Health Services based on Population Identification Number (LKM-NIK) in Bekasi City. MFIs are a manifestation of the fulfillment of the fundamental rights of every citizen, namely the right to health guaranteed by the constitution. Through LKM-NIK, every resident who has a Population Identification Number (NIK) is automatically entitled to health services, regardless of their economic condition or social background. This is in contrast to the concept of "customer," which often depends on financial capabilities or an agreed service contract. The program ensures that citizens' health rights are equally protected. Here are some of the provisions that have been set. First, residents of Bekasi City who are registered in the population database, but are not BPJS Kesehatan participants. Second, Bekasi City residents who are already BPJS Kesehatan participants, but need health services that are not covered by BPJS. Third, traffic accident victims. Fourth, victims of work accidents or occupational diseases that are not guaranteed by employment insurance. Fifth, Correctional Assisted Citizens, People with Social Welfare Problems (PMKS), residents of orphanages, and prisoners entrusted by the police and prosecutor's office. Sixth, people affected by disasters, both endemic outbreaks and pandemics (Ulhak, 2017).

Value Citizenship Over Entrepreneurship

In the perspective of New Public Service (NPS), the principle of "Value Citizenship Over Entrepreneurship" emphasizes the importance of respecting citizens as legitimate holders of civil rights, rather than just seeing them as customers or profit-oriented markets. This principle shows that the government must serve the interests of the community based on civil rights, not just focus on business aspects or market efficiency. In public service, the main priority must be given to the welfare of the community as a whole, not to the pursuit of profit or to treat citizens as customers in transactions (Winarno, 2016).

In the context of Population Identification Number-based Public Health Services (LKM-NIK) in Bekasi City, this principle is applied by ensuring that all citizens have access to health services regardless of their social, economic, or financial status. MFIs are not oriented towards

profit or customer satisfaction in a business sense, but focus on fulfilling citizens' basic rights to health. By using the Population Identification Number (NIK) as the main identity, every registered citizen can access health services without having to face complicated administrative processes or financial constraints. The principle of Value Citizenship Over Entrepreneurship is evident in the way this policy gives priority to citizenship and basic rights to health, rather than focusing on market innovation or economic efficiency which is often the focus of entrepreneurship-based service models. Thus, the LKM-NIK in Bekasi City is a manifestation of the NPS principle that respects the rights of citizens more than the aspect of entrepreneurship or economic value, ensuring that all citizens have equal access to the health services they need.

Conclusion

Based on the analysis and evaluation of the Public Health Service program based on the Population Identification Number (LKM-NIK) in Bekasi City, it can be concluded that this program has played an important role in increasing public access to health services, especially for residents who have not been registered as JKN (National Health Insurance participants). The city of Bekasi has succeeded in achieving Universal Health Coverage (UHC) by recording 97.17% of its population as JKN participants in January 2023, one of which is through the LKM-NIK policy. This program makes it easier for people to obtain health services just by showing their Population Identification Number (NIK), without having to go through a complex administrative process.

LKM-NIK also shows success in integrating health services for people who are vulnerable or affected by emergency situations, such as accident victims and people affected by outbreaks. This program has demonstrated the principles of public service based on democratic values and social justice, in accordance with the concept of New Public Service (NPS).

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