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THE PRINCIPLES OF GOOD GOVERNANCE IN HEALTH SERVICES

Handar Subhandi Bakhtiar

POLITEKNIK STIA LAN Makassar
JL. A.P. Pettarani No. 61 Makassar, South Sulawesi, Indonesia
Telp./Fax: +62 411 455949 Email: handar_subhandi@yahoo.com

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Abstract

Providing health services is an obligation by the state and getting good and guaranteed health services is the right of citizens. The implementation of the principles of good governance in health services as seen on the principles of Participation, the principles of Openness and Transparency, the principles of effective and efficient and the principles of Accountability have not been maximally implemented. The provision of fiber health services covers all the costs of health insurance for the poor and underprivileged automatically unconditionally becomes the responsibility of the government in accordance with the mandate of the Constitution.

Keywords: *Free Health; Good Governance; Health Services*

INTRODUCTION

The responsibility of a state to its people, especially in the health sector, is contained in the constitution, which is in the fourth paragraph of the Preamble to the 1945 Constitution of the Republic of Indonesia, as one of the objectives of the state, namely "to protect the entire Indonesian nation and all the blood of Indonesia". This is in relation to the rule of law objectives[1], as a constitutional foundation and a philosophical foundation for the nation and state. In addition, the mandate of Article 43 paragraph (1) of the 1945 Constitution of the Republic of Indonesia (hereinafter referred to as the 1945 Constitution of the Republic of Indonesia) explicitly stipulates that "The poor and neglected children are cared for by the state, further in Article 34 paragraph (2) stipulated that "the State develops a social security system for all people and empowers weak and underprivileged people in accordance with human dignity". Furthermore, Paragraph (3) regulates that: "The state is responsible for the provision of proper health service facilities and public service facilities".

[1] The Meaning and Objectives of the Preamble of the 1945 Constitution. www.pusakaindonesia.org. Accessed on 12 May 2020

Apart from Article 34, the constitution also provides protection for human rights. In the protection of human rights in the health sector, it can be seen in Article 28H paragraph (1) which stipulates that "everyone has the right to live in physical and mental well-being, to have a place to live, and to have a good and healthy living environment and the right to obtain health services". Furthermore, paragraph (2) regulates that "everyone has the right to get special facilities and treatment to get the same opportunities and benefits in order to achieve equality and justice". Meanwhile, paragraph (3) states that "every person has the right to social security which enables his / her development as a human being with dignity"

The problem of the health service system since the last few years has attracted a lot of attention, not only among the health world (medicine), but also outside the health sector (medicine), not only at home, but also abroad. In the health service system, there are 3 (three) groups of people who are at least involved, namely first, the human group that provides health services (health providers, for example doctors, nurses and other medical personnel), second is the group of health service recipients (health consumers) and thirdly, those who are indirectly involved, for example administrators (both among companies and the government in this case the State). In fact, there are other groups that are indirectly involved, namely the general public or the families of patients who are often very decisive in the health service system.

The right to health services is obtained since a human being is still in the womb. This right is part of the basic human rights known as human rights. Although this basic right has been recognized by various religions and has followed the development of the world, the literature records the name John Locke (1690) as the originator. In the fourth paragraph of the Preamble to the 1945 Constitution, it is very explicitly stipulated that: "The state protects the entire nation of Indonesia and all of Indonesia's bloodshed" protection which is meant no exception is the issue of guaranteeing the rights in the health sector. In 1960, the right to health was only recognized in Indonesian legislation. Article 1 of Law No. 9 of 1960 stipulates that: "Every citizen has the right to obtain the highest degree of health and needs to be involved in government efforts. This provision is updated in Article 4 of Law No. 23 of 1992, that: "everyone has the same rights in obtaining an optimal degree of health". Likewise, what is contained in Law No. 36 of

2009 (hereinafter referred to as the medical law), Article 5 paragraph (1) of the medical law stipulates that: "everyone has the same rights in gaining access or resources in the field of medicine. health". Paragraph (2) regulates that: "everyone has the right to obtain safe, quality and affordable health services". Instead, each person also has the obligation to participate in the social health insurance program.2

In addition, Article 4 letter g of Law No. 8 of 1999 (hereinafter referred to as Consumer Protection Law) provides that: "Consumers have the right to be treated or served properly and honestly and are not discriminatory". What is regulated in Article 4 letter g of the medical law, then becomes the obligation of business / service actors as regulated in Article 7 letter c of the medical law that: "The obligation of business / service actors is to treat or serve consumers properly and honestly, not discriminatory". Likewise, Article 44 of Law No. 29 of 2004 (hereinafter referred to as the Medical Practice Law), stipulates that: “In carrying out medical practice, a doctor or dentist is obliged to follow medical or dentistry service standards. Article 52 letter c of the Medical Practice Law, stipulates that: "patients, in receiving services in medical practice, have the right to receive services according to medical needs".

Thus, all professions involved in the health sector are obliged to re-explore the foundations of the Indonesian state philosophy regarding the basic values adopted, including in health services, so that they can be translated consistently from the central level to the regional level. These basic values which are stated in the laws and regulations need to specify rights, obligations and responsibilities. For health, as a reference, the United Nations (UN) Declaration on Human Rights and the Health Law can be used as follows:[3]

1. Rights:
   a) Everyone has the right to a standard of living adequate for health, including health care, and to the right to security in times of suffering (the 1948 United Nations Declaration of Human Rights).
   b) everyone has the same rights in obtaining access or resources in the health sector, including having the right to obtain safe, quality and affordable health services ”. (Article 5 paragraph (1) and (2) Law No. 36 of 2009, hereinafter referred to as the health law).
2. Responsibilities:

   The government is responsible for improving the degree of public health (Article 9 Health Law).

[2] Siliwadi, D. N., & Bakhtiar, H. S. (2017). Implementation of the National Health Insurance Scheme in the Public Health Center in Palopo City In Indonesia. *Journal of Health, Medicine and Nursing*, Vol. 34: 52-59

[3] Soedarmono Soejitno, *et, all*. (2002). *Reformasi Perumahsakitan Indonesia*. Jakarta : Grasindo. p.21

The existence of a free health program as a form of government support for the needs of the underprivileged in the health sector, as well as the government's response to the mandate of the Constitution, Health Law and other regulations in the health sector. The free health service program is a positive solution for underprivileged people who expect a safe, quality, and affordable health service system. So that the various complex problems faced by the community so far, especially in the health sector, such as the high price of drugs, as well as the inaccessibility of hospital treatment costs, and the inability of the community to go to doctors because the costs are quite expensive, it is hoped that the free health service program can solve various problems that have been faced by the poor. This hope turns out that not all of them can match the reality, many problems are still felt and faced by the underprivileged in their efforts to obtain rights and services for free health programs.

Law No. 40 of 2004 (hereinafter referred to as the National Social Security System Law) has objectives that are in line with the expectations of all people, namely to provide certainty for social protection and welfare for all people, as stated in Article 3 of the Law on the national social security system, namely: The National Social Security System aims to fully guarantee the basic needs of a decent life for each participant and / or their family members.

The national social security system as a state program that aims to provide certainty for the protection of human rights and social welfare for all people as mandated in Article 28H paragraph (1), paragraph (2), and paragraph (3) and Article 34 paragraph (1) and paragraph (2) The 1945 Constitution of the Republic of Indonesia. In addition, in the Decree of the People's Consultative Assembly Number X / MPR / 2001, the President is assigned to establish a national social security system in order to provide a more comprehensive and integrated social protection for the community.

A follow-up to the constitutional mandate is the passing of Law no. 24 of 2011 (hereinafter referred to as the Law on Social Security Administering Bodies). This law regulates the Organizing Body which will implement social security as mandated in the Law on the national social security system. This law mandates the transformation of the administering body from the existing administrative body to become the Health Social Security Administering Body (BPJS Kesehatan) and the Employment Social Security Administering Body (BPJS Ketenagakerjaan). BPJS

Health will start operating on January 1, 2014 and BPJS Ketenagakerjaan by July 1 2015. BPJS Kesehatan will provide health insurance while BPJS Ketenagakerjaan provides work accident insurance, pension security, old age savings and death benefits.4

The Minister of Health, through the Head of the Ministry of Health's Health Financing and Insurance Center, Donald Pardede, emphasized that the National Health Insurance (JKN) is not a free health service program. "JKN is a health insurance program that guarantees equality and justice as well as community independence. Donald said, everyone has a risk of falling ill, and the costs can be very high. Therefore, JKN provides protection for Indonesian citizens so that they do not experience social shocks, which may push them to the brink of poverty when sick. For poor people who can not afford, the contribution will be borne by the government. This group is called the Contribution Aid Recipients (PBI) which currently numbers 86.4 million people. Beneficiaries are entitled to health services in all Health Service places that collaborate with BPJS Kesehatan, including inpatient class III rooms in advanced health facilities or hospitals in collaboration with BPJS Kesehatan.5

According to Syahrul Yasin Limpo (Governor of South Sulawesi Province at that time) that so far, in the free health program, the South Sulawesi Province Regional Budget (APBD) is 2.3 trillion, to support free health program services, if all is distributed to around eight million people in South Sulawesi, so each person gets around Rp. 2.7 million ". A total of 12 hospitals and health centers under the auspices of the South Sulawesi Provincial Government received additional direct expenditure of Rp. 26 billion in the 2011 Revised APBD. However, "Syahrul Yasin Limpo" assessed that the free health trial service for the last 2 years in class II hospitals in Makassar was not optimal.

Some of the things that trigger the free health program have not been maximized, including "The existence of the Regional Regulation on Free Health in South Sulawesi Province is considered weak if the regional regulation is not supported by the district / city government in South Sulawesi. According to Muchlis Panaungi (Member of the Golkar faction DPRD Sulsel) that out of 24 districts / cities in

[4] Ahmad Nizar Shihab, (2012). Hadirnya Negara Di Tengah Rakyatnya Pasca Lahirnya Undang-Undang Nomor 24 Tahun 2011 Tentang Badan Penyelenggara Jaminan Sosial, *Jurnal Legislasi Indonesia*, Volume 9 Nomor 2, p. 177

[5] JKN Memang Bukan Pelayanan Kesehatan Gratis, http://sinarharapan.co/news/read/33048/jkn-memang-bukan-pelayanan-kesehatan-gratis Accessed on 26 February 2020.

South Sulawesi, only 2 areas have complaints about the implementation of this program. Meanwhile, according to a member of Commission E DPRD of South Sulawesi Province "Usman Lonta" that: "It is difficult for free health programs to run well if the free health perda is only regulated at the provincial level. So it is necessary to urge the formation of perda-perda in the district / city. Previously, the South Sulawesi Legislative Monitoring Committee (KOPEL) also questioned the implementation of regional regulations regarding free health services which were deemed inconsistent with several other programs, such as: public health insurance (Jamkesmas), regional health insurance (Jamkesda) and others.6

Therefore, based on the previous description, this article will discuss the process of good governance in public health services. This article uses a normative juridical review7, namely by focusing its study by viewing law as a complete system, a set of legal principles and legal norms. Research is carried out by abstracting concepts, principles, doctrines, theories, legal norms, and legal rules (written or unwritten)8 in addition to values, principles, norms and rules that will be described in relation to state responsibility in a just free health service.

ANALYSIS AND DISCUSSION

A. Good Governance in Health Services

Public services in the health sector are the function of the government in carrying out and providing basic rights that are understood by all components of society as the right to be able to enjoy a dignified life and rights recognized in laws and regulations. In its role, the government as a public service provider must be professional in carrying out its service activities, not just running it but demanded to be based on the principles of Good Governance. The most important thing in the process of fulfilling people's basic rights is the issue of the right to gain access to government service needs. Access to people's basic rights like this must be accommodated in development. Without meeting basic needs, it is difficult to expect participation based on independence and equality. Based on the provisions of Article 1 of Law No. 25 of 2009 is an activity or series of activities in order to fulfill the need for services in accordance with the laws and regulations for every citizen and resident for goods, services and /

[6] http://www.antara-sulawesiselatan.com/berita/15441/perda-kesehatan-gratis, Accessed on 28 July 2020

[7] Soerjono Soekanto, (1986). *Pengantar Penelitian Hukum*, Jakarta: UI Press, p.10

[8] Achmad Ali, (2002), *Menguak Tabir Hukum (Suatu Kajian Filosofis dan Sosiologis*), Jakarta : Tokoh Gunung Agung, p. 319

or administrative services provided by public service providers, in this case the government running services must be based on laws and pay attention to the principles of good governance and must be prepared to accept the consequences of what has been implemented through administrative law enforcement.

The implementation of good governance in just free health services referred to in this study is the implementation of the principles of good governance in the health sector through free health programs by the government that fulfill the sense of justice in society. The new concept that became a health program at the Ministry of Health of the Republic of Indonesia, which was named as Contribution Assistance Participants (PBI) to replace the term Free Health Services, became a flagship program intended as an implementation of the Indonesian Health Card.9 according to the Director General of Health Services of the Republic of Indonesia that the term free health is a political term used in political processes such as Regional Head Elections (PILKADA). The term is often used as a flagship program by politicians to gain sympathy and support from constituents, even though health services are essentially paid for by the State (government) through the allocation of the health budget in the State Revenue and Expenditure Budget (hereinafter referred to as APBN) or Regional Revenue and Expenditure Budget. (hereinafter referred to as APBD).

At present, given the wide coverage of the substance of the problems concerning governance, the application of these principles in the administration of government today still refers to four main indicators, namely:[10]

1. Participation.
2. Openness and Transparency.
3. Effective and Efficient.
4. Accountability.

The four principles mentioned above are what the National Development Team for Good Governance of Bappenas calls “More Administrative Good Governance”.[11] A more detailed explanation of the four principles in full can be explained in the following description:

1. Participation

Community participation refers to the active involvement of the community in decision making related to governance. Community participation is absolutely necessary so that government administrators can get to know their citizens better along

[9] Interview with the Director General of Health Services, Ministry of Health of the Republic of Indonesia, dr. Bambang Wibowo, SP.OG (K), MARS on November 1, 2016.

[10] Bappenas, (2008), *Modul Penerapan Tata Kepemerintahan Yang Baik(Good Public Governance) di Indonesia*, Jakarta: Bappenas, p.15.

[11] Afkar, Launa. (2017). "Representasi Ideologi Aparatur Negara dalam Media (Studi Konstruksi Realitas Wartawan Humas Pemda DKI Mengenai Lingkungan Pemda DKI dalam Pemberitaan Website Beritajakarta.com)." *Jurnal Studi Komunikasi dan Media*, vol. 21, no. 2. p. 204

with their ways of thinking and living habits, the problems they face, the ways or solutions they suggest, what can be contributed in solving the problems they face, and so on. In this way, the interests of the community can be channeled into the formulation of policies so that they can accommodate as many aspirations and interests of the community as possible, and receive support from the wider community.[12]

The existence of direct participation is important because the system of people's representation through parliament can never be relied on as the only channel for people's aspirations. The principle of representation in ideas is distinguished from representation in presence, because physical representation does not necessarily reflect the representation of ideas or aspirations.13 In law enforcement that is carried out by police officers, prosecutors, lawyers, judges and prison officials, all of them require social control in order to work effectively, efficiently and guarantee justice and truth.

The presence and participation of community members in public meeting forums, as well as their activeness in contributing thoughts and suggestions in the field of public health, shows that health matters are not only a government affair but also a public affair and not just a bureaucratic affair.14 However, it must be admitted that it is not easy to involve all levels of society in the health sector. One alternative solution is to provide access to all communities as well as representatives from various levels of society to participate in voicing the interests of the groups they represent and submit suggestions and thoughts in public meeting forums, for example at village level development meetings or regional development consultations to provide input in making decisions. government policies in the field of health services. Lack of participation in the administration of public health by the government will cause public policies that are decided to be unable to accommodate the various aspirations and interests of the community in the field of health services and unable to increase public satisfaction in health services, which can result in failure to achieve government policy objectives in the field of health services. Participation, means that every community has a voice to

[12] Jati, Rahendro. (2012). Partisipasi Masyarakat dalam Proses Pembentukan Undang-Undang Yang Responsif. *Jurnal Rechts Vinding: Media Pembinaan Hukum Nasional*, *1*(3), 329-342.

[13] Effendi, Jaka. (2019). Implementasi Peraturan Daerah Nomor 2 Tahun 2014 Tentang Rencana Tata Ruang Wilayah Terkait Pelaksanaan Ruang Terbuka Hijau Di Kota Samarinda, (*Doctoral dissertation, Universitas Islam Indonesia*).

[14] Kuddy, Aprianto La'lang. (2018). Partisipasi Masyarakat, Transparansi Anggaran, dan Peran Pengawasan dalam Pengelolaan Dana Otonomi Khusus Sektor Pendidikan di Kabupaten Paniai. *Jumabis: Jurnal Manajemen dan Bisnis* Vol. 2.1.

provide input in making decisions related to public health services, either directly or through the ministry of health. Participation is built on the basis of freedom of association and to speak and participate constructively.15

Openness and Transparency

Transparency is built on the free flow of information. All government processes, institutions and information need to be accessible to interested parties, and the information available must be sufficient to be understood and monitored Transparency refers to the availability of information and clarity for the general public to know the process of formulation, implementation, and results has been achieved through a public policy.16 All governance affairs in the form of public policies, both relating to public services and regional development must be known to the public. The content of decisions and reasons for making public policies must be accessible to the public.[17] Likewise, information about the implementation of the policy and its results must be open and accessible to the public.[18] In this case, government officials must be willing to openly and honestly provide information needed by the public. Efforts to establish a transparency society, direct communication forums with the executive and legislative branches, a forum for communication and information across actors, both through printed and electronic media, are examples of concrete manifestations of the principles of openness and transparency.[19] The absence of openness and transparency in government affairs will lead to misunderstanding of various public policies made.

The existence of transparency and open social control on the implementation of the public health system and the use of the health budget allocated from the APBN / APBD, so that the weaknesses and deficiencies contained in the bureaucratic mechanism of the Ministry of Health can be complemented complementary by direct public participation (direct participation) in the framework of ensure public justice in public health services. In accordance with the moral commitment to improve health

[15] Mukmin, Mas Nur, and Siti Maemunah. (2019). Pengelolaan Dana Pemerintah Desa: Kajian Pada Kecamatan Babakan Madang, Sukaraja Dan Ciawi." *Jurnal Akunida* 4.2 : 73-85.

[16] Nasution, Dito Aditia Darma. (2018). Analisis pengaruh pengelolaan keuangan daerah, akuntabilitas dan transparansi terhadap kinerja keuangan pemerintah. *Jurnal Studi Akuntansi & Keuangan* 2.3: 149-162.

[17] Febriananingsih, Nunuk. (2012). Keterbukaan informasi publik dalam pemerintahan terbuka menuju tata pemerintahan yang baik. *Jurnal Rechts Vinding: Media Pembinaan Hukum Nasional* 1.1 : 135-156.

[18] Hermini, Susiatiningsih. (2010). Menakar Good Governance di Era Pemerintahan SBY-Boediono 2009-2014. *Forum*. Vol. 32. Fakultas Ilmu Sosial dan Ilmu Politik Universitas Diponegoro.

[19] Amini, Dzakia. (2017). Pengaruh Penerapan Good Government Governance Terhadap Kinerja Instansi Pemerintah (Survei Pada 29 Skpd Di Kota Bandung). *Doctoral dissertation, Universitas Widyatama*.

services by the Government, namely realizing services that are transparent, participatory, efficient and effective, fair, professional and accountable,[20] so in every form of service, especially the fulfillment of basic health rights for the community, must be transparent, This means that the bureaucracy chain and the use of the mandatory health budget must be clearly known by the public, so that those who need health services can clearly know the health service system, rights and obligations and fulfill the satisfaction or sense of community justice.

The transparency of free health services by the ministry of health is necessary in order to build public trust in the government. With transparency and accountability in free health services, the basic rights in the public health sector can be fulfilled. Then, with this, it can be seen whether the rights of every citizen, the rights of patients, and the rights of the community in general have been fulfilled or not.

Transparency is defined as the freedom of the public to access information so that it can be directly accepted by those in need and easy access to community service decision makers. Information must be understandable and can be monitored by the community.21

The main guidelines for implementing transparency in the health service sector are as follows:

Agencies must provide information in a timely, adequate, clear, accurate and comparable manner as well as easily accessible to stakeholders in accordance with their respective duties.

Information that must be disclosed includes the organization's vision, mission, goals and strategies, financial condition, including the internal control and control system, the system and implementation of Good Governance and its level of compliance, and important events that may affect the health sector organization's condition.

The principle of openness adhered to by an agency does not reduce the obligation to comply with the confidentiality provisions of an agency in accordance with statutory regulations, job secrets and personal rights. Openness and transparency about the cost of care and medicine for patients and their families are very important in services in the health sector.

[20] Silalahi, Ulber, and Wirman Syafri. (2015). Desentralisasi Dan Demokrasi Pelayanan Publik: Menuju Pelayanan Pemerintah Daerah Lebih Transparan, Partisipatif, Responsif Dan Akuntabel. IPDN Press.

[21] Irawan, Andri. (2018). Transparansi Pelayanan Publik Pada Dinas Penanaman Modal Dan Pelayanan Terpadu Satu Pintu (DPMPTSP). *MADANI Jurnal Politik Dan Sosial Kemasyarakatan* 10.3: 86-101.

Agency policies must be written and proportionally communicated to stakeholders.

Effective and efficient

To support the principles mentioned above, good and clean government must also meet the criteria of being effective and efficient, namely being efficient and efficient. Effective criteria are usually measured by product parameters that can reach the greatest possible interest of the community from various groups and social strata. In order for government to be effective and efficient, government officials must be able to compile plans in accordance with the real needs of the community, and be arranged in a rational and measured manner.[22] With this rational planning, the hope of community participation will be moved easily, because these programs are part of their needs. Government processes and institutions produce results according to the needs of citizens and by making optimal use of available resources.[23]

To support the principles mentioned above, good and clean government must also meet the criteria of being effective and efficient, namely being efficient and effective.[24] Effective criteria are usually measured by product parameters that can reach the greatest possible interest of the community from various groups and social strata. In order for government to be effective and efficient, government officials must be able to compile plans in accordance with the real needs of the community, and be arranged in a rational and measured manner. With this rational planning, the hope of community participation will be moved easily, because these programs are part of their needs.[25] Government processes and institutions produce results according to the needs of citizens and by making optimal use of available resources.

2. Accountability

Decision makers in government, the private sector and civil society organizations are accountable to both the public and the institutions concerned.[26] The form of

[22] Safitri, Teti Anggita, and Rigel Nurul Fathah. (2018). Pengelolaan Alokasi Dana Desa Dalam Mewujudkan Good Governance. *Jurnal Litbang Sukowati: Media Penelitian Dan Pengembangan* 2.1: 89-105.

[23] Setiawan, Herri. (2010). Pembangunan IT Governance di Sektor Publik (Pemerintahan) yang Baik. *Proceeding; Vocational Education in IT Polytechnic; Competitive Advantage in ICT*. Also look to, Putra, Hendi Sandi. (2017). Tata Kelola Pemerintahan Desa Dalam Mewujudkan Good Governace Di Desa Kalibelo Kabupaten Kediri. *Jurnal Politik Muda* 6.2: 110-119.

[24] Masnun, M. (2018). Good Governance Dan Kualitas Laporan Keuangan Pemerintah: Suatu Kajian Di Pemerintah Daerah Provinsi Jambi. *Ekonomis: Journal of Economics and Business*, *2*(1), 175-182.

[25] Sasauw, R. C., Pangemanan, S., & Monintja, D. (2020). Tata Kelola Pemerintahan Dalam Pengembangan Desa Perbatasan (Studi Kasus di Desa Kalongan Kecamatan Kalongan Kabupaten Talaud). *Jurnal Eksekutif*, Vol. 2 (5).

[26] Kamaluddin, Santrio. (2019). Tata Kelola Pemerintahan Yang Baik (Good Governance) Pada Kantor Distrk Okhika Kabupaten Pegunungan Bintang." *Papua Review: Jurnal Ilmu Administrasi dan Ilmu Pemerintahan* 3.1: 222-228.

responsibility depends on the type of organization concerned. Accountability is the responsibility of public officials to the community which gives them the authority to take care of their interests. Decision makers in government, the private sector and civil society organizations are accountable to both the public and the institutions concerned. This form of accountability differs from one another depending on the type of organization concerned. The basic instrument for accountability is the existing laws and regulations, with a political commitment to accountability and accountability mechanisms, while the supporting instruments are the code of conduct and a system for monitoring the performance of government administrators and a supervisory system with clear and firm sanctions.[27]

Implementation of Good Governance in Health Services

Health as a basic need of human life which is a human right is expressly mandated by the 1945 Constitution of the Republic of Indonesia where it states that everyone has the right to live in physical and mental well-being, to live, and to have a good and healthy living environment and the right to obtain health services. In the international world, the constitution of the World Health Organization (WHO) in 1948 also states that "Health is a fundamental right", which contains an obligation to nourish the sick and maintain and promote the healthy.[28]

This underlies the idea that health is a human right and healthy as an investment. Concerning the essence of public service is providing excellent service to the community which is a manifestation of the obligations of government officials as public servants ”. This statement emphasizes that the government through its public service providers is responsible for providing excellent service to the public. Because basically, people are citizens whose rights must be fulfilled by the government.[29] The implementation of the Good Governance function in realizing good health services is as follows:

1) Health services at public health centers (puskesmas)

After the author made a visit to one of the health centers in the city of Makassar and conducted research and observations

[27] Ririhena, Samel W., and Fitriani Fitriani. (2018). Penerapan prinsip-prinsip Good Governance terhadap kualitas APBD Kabupaten Merauke. *Societas: Jurnal Ilmu Administrasi dan Sosial*, 7.2: 84-97.

[28] Maramis, Jeana Lydia. (2010). Hubungan Lingkungan Intra dan Ekstra Oral Terhadap Status Kesehatan Gigi pada Siswa Sekolah Dasar di Kecamatan Langowan Timur Kabupaten Minahasa. *Infokes-Jurnal Ilmu Kesehatan* 4.2: 142-146.

[29] Santoso, Eko. (2015). Implementasi Kebijakan Citizens Carter Untuk Meningkatkan Pelayanan Yang Lebih Responship (Studi Kasus di RSUD Dr. Iskak Tulungagung). *Jurnal Bonorowo,* 2.2: 65-85.

related to public services in the health sector and conducted an interview with one of the health center employees, he stated that the Makassar City Government policy regarding health services was initially sufficient to use ID cards and family cards to get services. free health care at the puskesmas, but after the issuance of the service system BPJS Kesehatan, only patients who have a BPJS card and are registered as PBI Health Insurance patients are served free of charge. This is directly proportional to the fact, according to him, the intensity and awareness of the community increases in line with the efficiency in the bureaucratic process, which previously came for treatment between 50-60 people per day since the launch of the program BPJS Kesehatan to 60-100 people per day per January 2016, when asked about whether this program is the same as Jamkesmas, Jamkesda. According to him, this program is different, because everyone is required to be a BPJS participant, including poor and underprivileged people, must be registered as PBI participants. This service also handles outpatient and inpatient care according to the implementation, duties and functions of the puskesmas as a type of First Level Health Facility[30], including: community health centers or equivalent, individual doctor practice, dentist practice, primary clinic or equivalent, hospital Class D Primary or equivalent.

2) Public Health Insurance (Jamkesmas)

Public Health Insurance (Jamkesmas) is a national social assistance program for health services for the poor and underprivileged, so that cross subsidies occur in the context of realizing comprehensive health services for the poor.31 The national social assistance program for health services for the poor and underprivileged was present prior to the PBI program through the BPJS program.32 The effort to implement Jamkesmas is a manifestation of the fulfillment of people's rights to health and the mandate of Law No. 40 of 2004, and is one of the government's commitments in health development in Indonesia.

The Jamkesmas program, as one of the flagship programs of the Ministry of Health, has been implemented since 2005 with 36.1 million participants in the poor category. For 2007 and 2008, the number of poor and near poor people guaranteed by

[30] Fasilitas Kesehatan Tingkat Pertama BPJS Kesehatan, Brosur BPJS Kesehatan, 2016. www.bpjs-kesehatan.go.id Accessed on 24 Agustus 2016

[31] Sudjadi, A., Widanti, A., Sarwo, Y. B., & Sobandi, H. (2018). Penerapan Pelayanan Kesehatan Masyarakat Miskin Yang Ideal Dalam Pelayanan Kesehatan Masyarakat Miskin Melalui Program Jamkesmas. *SOEPRA*, 3(1), 14-25.

[32] Yulianda, Airine. (2015). Evaluasi Pelaksanaan Program Jaminan Kesehatan Masyarakat. *JIANA (Jurnal Ilmu Administrasi Negara)* 13.2: 121-126.

the government continued to increase to 76.4 million. The increased use of the Jamkesmas program shows that the program objectives have been achieved. To ensure access of the poor to health services, since 1998 the government has implemented various health care efforts for the poor. Starting with the development of the Social Safety Net Program for Health (JPS-BK) 1998–2001, the 2001–2004 Energy Subsidy Reduction Impact Program (PDPSE) and the 2002–2004 Fuel Oil Subsidy Reduction Compensation Program (PKPS-BBM).

Based on the Fourth Amendment of the 1945 Constitution which was approved in the General Session of the People's Consultative Assembly (MPR) on August 11, 2002, it has succeeded in laying the foundation for financing with a guarantee system, which is stated in Article 34 paragraph (2), namely the state is given the task to develop social security for all people. . Two years later, on October 19, 2004, Law no. 40 of 2004, which provides a legal basis for the assurance of social protection and welfare for all Indonesian people. The social security referred to in Law no. 40 of 2004 is social protection to ensure that all people can fulfill their basic needs for a decent life, including health.

In 2005, the government launched a health insurance program for the poor and underprivileged, known as the Poor Community Health Insurance (Askeskin) program. The program organizer is PT. Askes (Persero), which was assigned by the Minister of Health based on the Decree of the Minister of Health Number 1241 / Menkes / SK / XI / 2004 concerning the Assignment of PT Askes (Persero) in the Management of Health Care Programs for the Poor. The government's efforts in implementing the public health insurance program are increasingly visible with the enactment of the Decree of the Minister of Health Number: 903 / Menkes / Per / V / 2011 concerning Guidelines for Implementing the Public Health Insurance Program, then the Regulation of the Minister of Health of the Republic of Indonesia No. 40 of 2012, the Decree of the Minister of Health Number: 903 / MENKES / PER / V / 2011 concerning Guidelines for Implementing the Public Health Insurance Program is revoked and declared no longer valid, as stipulated in Article 4 of the Regulation of the Minister of Health of the Republic of Indonesia No. 40 of 2012.

Based on Article 1 of the Regulation of the Minister of Health of the Republic of Indonesia Number 40 of 2012, stipulates that: "The regulation of the Guidelines for

Implementation of Health Insurance aims to provide a reference for the Central Government, Provincial Government, Regency / City Government and related parties in the implementation of Public Health Insurance, which the organizer refers to the principles:

Trust fund and non-profit with the use of solely to improve the health status of the poor.

Comprehensive in accordance with medical service standards that are cost effective and rational.

Structured, tiered services with portability and equity.

Efficient, transparent and accountable.

The Universal Declaration of Human Rights by the United Nations in 1948 (Indonesia signed it) and the 1945 Constitution in Article 28 H, stipulate that health is a basic right of every individual and all citizens have the right to health services including the poor, which in its implementation is carried out gradually according to the financial capacity of the Government and Regional Government.[33]

Awareness of the importance of social protection security continues to grow in accordance with the mandate of the amendment of the 1945 Constitution of the Republic of Indonesia Article 34 paragraph (2), namely determining that the state develops a Social Security System for all Indonesian people.[34] With the inclusion of the Social Security System in the amendments to the 1945 Constitution, the issuance of Law No. 40 of 2004 is a strong evidence that the government and related stakeholders have a strong commitment to creating social welfare for all its people. Through the SJSN, as a form of social protection, it basically aims to ensure that all people can fulfill their basic basic needs.[35]

Based on the constitution and the law, since 2005 the Ministry of Health has implemented a social health insurance program, starting with the Health Care Insurance program for the Poor (JPKMM) or better known as the Poor Community Health Insurance program (Askeskin) 2005-2007 which then changed its name to the Public Health Insurance (Jamkesmas) program since 2008.[36] JPKMM / Askeskin,

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[33] Wuwung, Eldy. (2014). Profil Pasien Jamkesmas Yang Menjalani Operasi Di Smf Bedah Blu RSU Prof. RD Kandou Periode Agustus 2012 Sampai Oktober 2012." *e-CliniC* Vol. 2.2.

[34] Panjalu, Ranum Budiyanto. (2017), Model Penyediaan Dan Distribusi Kartu Indonesia Sehat (Kis) Bagi Peserta Penerima Bantuan Iuran Jaminan Kesehatan (Pbi-Jk) Berdasarkan Uu No. 40 Tahun 2004 Tentang Sistem Jaminan Sosial Nasional (Studi Di Kecamatan Kedungjati Kabupaten Grobogan Provinsi Jawa Tengah*). Doctoral dissertation*, Universitas Negeri Semarang.

[35] Runtunuwu, V. A., Mandey, J., & Dengo, S. (2015). Implementasi Program Universal Coverage Dalam Pelayanan Kesehatan Di Rumah Sakit Prof. Dr. RD Kandouw Manado. *Jurnal Administrasi Publik*, 3 (031).

[36] Sari, A., Lestari, H., & Lituhayu, D. (2014). Analisis Kualitas Pelayanan Pasien Jamkesmas Rawat Jalan di

and Jamkesmas all have the same goal, namely to guarantee health services for the poor and underprivileged by using the principles of social health insurance.[37] The implementation of the Jamkesmas program follows the principles of operation as stipulated in Law No. 40 of 2004, which is managed nationally, non-profit, portability, transparent, efficient and effective. The implementation of the Jamkesmas program is an effort to maintain the continuity of health services for the poor and underprivileged, which is a transition period until the health insurance program is handed over to the Social Security Administering Body (BPJS Kesehatan) in accordance with Law no. 24 of 2011.

After evaluating and in the context of efficiency and effectiveness, in 2008 there was a change in the implementation system. The change in program management is the separation of the management function from the payment function, which is supported by the placement of verifier staff in each hospital. The name of the program also changed to Community Health Service Guarantee (Jamkesmas) and the government subsequently implemented the Contribution Assistance Participant (PBI) program, based on Government Regulation No. 101 of 2012, and then amended based on Government Regulation Number 76 of 2012 and fully managed through a program (BPJS Kesehatan).

As previously explained that before the BPJS Kesehatan program was implemented by the government, several previous programs were known as the Jamkesmas program. The legal basis for the Jamkesmas program is the 1945 Constitution of the Republic of Indonesia, Law no. 23 of 1992, Law no. 1 of 2003, and Law no. 45 of 2007. In the past, the health service program for the poor was called the Poor Community Health Insurance or Askeskin. The main obstacle lies in the incomplete data collection on the poor for the period 2005-2007. So it can be ascertained that the government's main problem in this case is the weakness of an accurate data collection system using the field survey method. The second problem that is not less important is the fate of poor households that are not covered by government data, and the third problem is that the government is not serious about paying attention to the fate of the poor. This issue then became the basis for the issuance of the Regional Health Insurance Perda. This spirit emerged in accordance with the 2008

RSUD Kabupaten Sukoharjo. *Journal of Public Policy and Management Review*, *3*(3), 16-24.

[37] Suparwi, H. M. (2015). Perlindungan Hukum terhadap Pelayanan Pasien di Puskesmas Kecamatan Jaten Kabupaten Karanganyar. *Serambi Hukum*, 8(02), 23091.

Public Health Insurance (Jamkesmas) policy issued by the Head of the Center for Health Financing and Insurance, dated March 10, 2008, which stipulates that poor households (RTM) who do not have a Jamkesmas card will have their health rights served with a budget claim. from the Provincial and Regency / City APBDs where the poor patient lives.

3) Regional Health Insurance (Jamkesda)

Regional Health Insurance (Jamkesda) is a health service whose costs are guaranteed by the local government where Jamkesda is born because there are poor people who are not registered in Jamkesmas and do not receive health services, then Jamkesda has the main function of accommodating the coverage of Jamkesmas for what is not covered by Jamkesmas which becomes the domain. jamkesda. This program aims to develop quality, accountable, easy, cheap, fast, proper and fair management and delivery of public services to all communities in order to support the interests of the community and facilitate business activities, as well as encourage community participation and empowerment.

The results of interviews with the Head of the Center for Health Insurance Financing at the Directorate General of Health Services at the Ministry of Health of the Republic of Indonesia, it can be concluded that after reformation, Autonomy also brings its own problems to health services. Not a few districts see health services not as a community right that should be provided, but as a source of local revenue. This liberal approach has resulted in a public health center (puskesmas) being hit by a target of increasing its revenue from year to year. In some districts, the budget for health is very small because most of the budget is used for routine costs.

4) Social Security Administration Agency Program (BPJS)

BPJS was born in January 2014, until March 2016 the BPJS office was never empty of participants and people registering to become BPJS participants or changing data or just looking for information.

Based on data on the total number of BPJS Health participants in March 2016 were: 163,327,183 (one hundred sixty-three million three hundred twenty-seven thousand one hundred and eighty three), the increase in the number of participants was extraordinary. BPJS Kesehatan participants are divided into 3 categories of participants[38], namely:

1. Contribution Aid Recipient or PBI

PBI program participants are 103,735,804 (one hundred three million seven hundred thirty five thousand eight hundred four) participants or 63% of the total BPJS participants. BPJS participants in the PBI program are participants who are

[38] Informasi BPJS: Dhttp://infobpjs.net/jumlah-total-peserta-bpjs-maret-2016/ Accessed on 15 January 2017

financed by the government from the APBD or APBN funds, as stipulated in Article 1 number 7 of Law Number 24 of 2011 which regulates that: Contribution assistance is the contribution paid by the government for the poor and disadvantaged as Participants of the Guarantee Program Social". Likewise in the provisions of Government Regulation no. 101 of 2012 at number 3. "Health Insurance Contribution Assistance, hereinafter referred to as Contribution Assistance, is the Health Insurance Contribution for the Poor and Poor People paid by the Government", number 4. Recipients of Health Insurance Contribution Assistance, hereinafter referred to as PBI Health Insurance, are The poor and the poor as participants of the health insurance program, number 5. The poor are people who have absolutely no source of livelihood and / or sources of livelihood but do not have the ability to fulfill proper basic needs for themselves and / or their families. , and number 6. Poor people are people who have a source of livelihood, salary or wages, who are only able to meet proper basic needs but are unable to pay contributions for themselves and their families. The type of care class for PBI program participants is class 3.

2. Workers Receiving Wages (PPU)

The category of PPU participants is workers who receive wages with a total of 38,697,609 participants or 24% of the total number of BPJS Kesehatan participants, PPU consists of Civil Servants (PNS / ASN), members of the police, soldiers, government officials and others.

3. Independent Participants

BPJS Mandiri participant group with a total of 20,993,770 or around 13% of the total number of participants (BPJS Kesehatan), BPJS participants with independent status are still divided into sub-categories, namely non-workers and non-wage earners. As many as 13% are Independent Participants whose contributions are paid by themselves, of a total of 20,993,770 people consisting of 15,994,602 non-wage workers, 15,993,399 Indonesian Citizens (WNI), while foreigners (WNA) as many as 1,203. As many as 4,999,168 non-workers, consisting of 107,660 private pensioners, 4,304,248 government pension recipients, 421,761 veterans, 2,725 independence pioneers, 2,777 other non-workers.

CONCLUSION

The implementation of the principles of good governance in health services has not run optimally and optimally as mandated by the constitution and laws and regulations. There are still many poor and underprivileged people who have not been reached by the Contribution Assistance Participants (PBI) program by the government, transparency in financing, medicines

and there are still many complaints from the public (consumers) in health services, especially in the PBI program managed by BPJS. For this reason, it is necessary and must be clarified again that, the term Contribution Assistance Recipient (PBI) participant is not in accordance with the philosophical mandate of the constitutional obligations of the state as contained, both in the Preamble and in the Body of the 1945 Constitution, namely "The Indonesian State protects the entire Indonesian nation. and all spilled Indonesian blood (paragraph 4 of the Preamble to the 1945 Constitution of the Republic of Indonesia), the poor and neglected children are cared for by the state (Article 34 paragraph 1 of the 1945 Constitution)". So that the poor and underprivileged people should not be seated as Contribution Beneficiary (PBI) participants, but the state has a "constitutional obligation" to automatically place them as participants in free health services financed by the government and become the "constitutional right" of the poor, not as a community receiving contribution assistance. Because the 1945 Constitution of the Republic of Indonesia has very firmly stipulated that "The poor and neglected children are cared for by the state" which means that the state's constitutional obligation guarantees the rights of the poor. The author also suggests that the term Health Insurance Contribution Beneficiary should be straightened out and replaced with a participant of "Government-Financed Health Insurance Recipients", so that it is fairer and emphasizes the state / government obligation to bear all health insurance costs for those classified as poor and less well off automatic without any conditions.

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