

# **EVALUATION THE IMPACT OF HEALTH INSURANCE POLICIES ON THE AMOUNT OF INFORMAL SECTOR PAYMENTS FOR HEMODIALYSIS SERVICES (A Case Study of A Regional Hospital of Ruteng, Manggarai Regency, East Nusa Tenggara, Indonesia)**

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## **ABSTRACT**

Background : Chronic kidney disease is a condition of kidney damage which is characterized by a progressive decline in kidney function over several months or years so that the kidneys cannot maintain metabolic, fluid/electrolyte balance which results in uremia, and if not treated properly, This disease can cause death, therefore Chronic kidney disease patients need hemodialysis therapy. Chronic kidney disease patients increase every year, data patients at Ruteng Hospital is 35 patients and 8 people are participants in the informal sector of the National Health Insurance. The national health insurance policy is regulated in Presidential Decree No. 64 of 2020. This regulation is intended to re-regulate several aspects of program implementation, starting from increasing the amount of contributions, types of participation, the ecosystem of the national health insurance program, governance of subsidies by the Government for participants. Objective: Analyze and evaluate completely, in detail and systematically in connection with the implementation of the national health insurance policy on the amount of informal sector payments for hemodialysis services at Ruteng Hospital. Method: The research design used is a qualitative approach using descriptive analytical methods by collecting data from participants through in-depth interviews. This research was conducted at Ruteng Hospital. The population was 35 hemodialysis patients. The sampling technique was purposive sampling, taken from samples that met the inclusion criteria: the main participants were 7 patients and the supporting participants were 6 employees. Data collection techniques use primary and secondary data through interviews and documentation, data validity uses triangulation and data analysis uses thematic analysis. Results: dialysis patients only understand the usefulness of the national health insurance program to facilitate their health services in terms of costs and facilities without exploring all the elements contained in the program, the quality of service is very satisfying for dialysis patients both in terms of completeness of facilities and infrastructure as well as other supporting facilities, the safety of their care is guaranteed both in terms of ease of accessing program services and quality and other resources, the impact of the increase in rates shows that Hemodialysis patients feel objections, resulting in negative impacts, moving treatment classes to lower classes and there are payment in arrears but there are no non-active participants and the positive impact is that there is an increase in the provision of higher quality health services and Health Social Security Agency can experience a surplus, there is an increase in the quality of health and productivity of life for Hemodialysis patients in maintaining resilience and sustainability as well as social welfare. Conclusion: Health Social Security Agency always carries out monitoring and evaluation in connection with the determination of policies regarding determining the amount of national health insurance contributions based on the financial situation and conditions of the community and taking into account the ability of the State treasury to allocate a budget to subsidize various program operational costs while maintaining and improving system governance National health insurance, for Ruteng Hospital to always improve

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the quality of services in order to achieve patient satisfaction, for Hemodialysis patients to be involved in providing contributions in the form of suggestions and criticism to the Government in formulating policies and to be involved in evaluating the national health insurance program.

**Key word:** Evaluation, Health Insurance, Informal Sector, Hemodialysis..

## **INTRODUCTION**

Chronic Kidney Failure Disease (CKD) is a condition of kidney damage characterized by a progressive decline in kidney function over several months / years so that the kidneys cannot maintain metabolic balance, fluid / electrolytes so that it can cause uremia, and if not treated properly it can cause death, therefore CKD patients need hemodialysis or dialysis therapy (Black & Hawks, 2014). According to the World Health Organization (WHO), chronic kidney failure contributes to the world's disease burden with a mortality rate of 850,000 people per year. Based on Basic Health Research (RISKESDAS) data in 2018, chronic kidney disease still occupies a high position, which is 0.38% of the total population of Indonesia of 252,124,458 people, so there are 713,783 people suffering from chronic kidney failure in Indonesia (Risksedas, 2018). Chronic renal failure patients in East Nusa Tenggara (NTT) Province were 12,777 patients or 0.33% with the proportion of patients undergoing hemodialysis therapy of 9.94% or 44 patients (RISKESDAS, 2018). The number of new patients with kidney failure in NTT according to the Indonesia Renal Registry (IRR) is 375 patients (IRR, 2018). Data obtained from Regional General Hospital Ruteng, Manggarai Regency, NTT, there are 35 patients with kidney failure and 8 people who are informal sector participants.

Kidney disease is a systemic disease, and if it enters the final stage of Terminal Kidney Failure (GGT), the patient will depend on dialysis machines (hemodialysis) for the rest of his life, which can affect the patient's quality of life and also have an impact on the economic burden in accessing financing for treatment (Luluk et.al, 2022). The treatment is covered by the National Health Insurance - Healthy Indonesia Card (JKN-KIS) program managed by the Health Social Security Agency (BPJS). The treatment of kidney failure accommodated by BPJS Health covers many things ranging from administrative costs, examinations and therapy

and follow-up treatment. The cost of dialysis therapy varies depending on the dialysis membrane used and the hospital that administers it. The presence of JKN-KIS is a breath of fresh air for patients in alleviating the high cost of dialysis. Another problem began to arise, where the number of hemodialysis patients continued to increase, resulting in the hemodialysis service capacity of each hospital always being full and the burden that must be borne by the BPJS was also increasing (BPJS, 2021).

The above conditions make adjustments to the Policy on Health Insurance which is regulated in Presidential Regulation No.64 of 2020, while the stipulation of this policy is to re-regulate several aspects of program implementation, starting from the increase in the amount of contributions, types of membership, JKN program ecosystems, governance including subsidies for contribution costs by the Government to participants. In connection with the policy of increasing contributions, it resulted in polemics and protests from all circles. Strong criticism came from the Parliamentary Council, which strongly rejected the increase in participant contributions because it was considered to violate the people's constitutional rights to a healthy life (DPR RI, 2020). The Indonesian Blood Dialysis Patient Community again filed a second protest lawsuit, after the first lawsuit against Presidential Regulation No.75 of 2019 was granted by the Supreme Court, but the second lawsuit against Presidential Regulation No.64 of 2020 was rejected by the Supreme Court, which means that the amount of contributions for Non-Recipient of Contribution Assistance (Non PBI) participants will still be increased. The decline in purchasing power during the pandemic is very burdensome for dialysis patients, especially in access to premium payments for patients who fall into the category of informal sector (independent) JKN participants consisting of Non-Wage Recipient Workers (PBPU) and Non-Workers (BP) because this sector tends to have uncertain

income and is vulnerable to economic problems. In addition, the Presidential Regulation also increases the penalty for late payment of contributions by 5% and this has the potential to threaten the patient's life if hemodialysis services are stopped because the patient is unable to pay contributions (Republika.Co.Id, 2020).

Realizing the problem of increasing membership fees above, which has implications for the continuity of dialysis treatment for patients with chronic kidney failure, this study uses a policy impact evaluation in a public policy approach to analyze and evaluate the policy. Policy evaluation can be understood as an attempt to determine the actual impact or consequences of a policy (Winarno, 2017). In impact evaluation, policy consequences can be divided into two types, namely output and impact. Output is goods, services or other facilities received by individuals/groups either targeted or non-targeted that are not intended to be touched by the policy. Meanwhile, impacts are physical and social conditions as a result of policy outputs. Impact evaluation pays greater attention to output and impact than to the policy implementation process itself. In relation to policy impact, it is necessary to understand the existence of expected and unexpected impacts.

Based on these problems, the research problem is whether the impact of the Presidential Regulation on Health Insurance policy on the amount of informal sector premiums in hemodialysis services at Region Hospital of Ruteng. This hospital was chosen as the research site because it is the only hospital in the western region of Flores Island, NTT, Indonesia which has a complete hemodialysis clinic and has been

operating since 2018 and has served dialysis patients including from several neighboring districts. The population was 35 hemodialysis patients. The sampling te The purpose of this study is to analyze and evaluate, in detail and systematically in connection with the establishment of policies on Health Insurance on the amount of informal sector premiums in hemodialysis services both from the aspects of program and service access, service quality, program convenience, financial affordability and social welfare for chronic kidney failure patients in carrying out hemodialysis therapy and for BPJS and other related units at Regional Hospital of Ruteng, Manggarai Regency, East Obtained sample results that meet the inclusion criteria, 7 main participants as many as 7 patients with GKG, and 6 supporting participants as many employees in the hospital. Data collection techniques use primary and secondary data through interviews and documentation, The results of interview obtained the most relevant themes in accordance with the expected objectives of this study. Data validity uses triangulation of data sources, and is carried out continuously until the data is saturated (Sugiono, 2011). Data analysis used *thematic analysis* (Braun & Clarke, 2006) and the data analysis stage used an interactive analysis model proposed by Miles and Huberman (2005).

## RESULTS

The number of participants in this study was 13 people consisting of 7 key participants and 6 supporting participants.

**Table 1. Key Participant Characteristics**

Name (Initial)	Age (Years Old)	Education	Jobs	Status
EJ	38	Junior High School	self-employed	HD Patient
OM	39	Elementary School	Farmer	HD Patient
BS	57	Senior High School	Headman	HD Patient
MS	23	Senior High School	self-employed	HD Patient
IB	32	Bachelor Degree	self-employed	HD Patient
YD	46	Junior High School	Farmer	HD Patient

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Name (Initial)	Age (Years Old)	Education	Jobs	Status
SA	31	Senior High School	self-employed	HD Patient

*Source: Primary Data 2023*

Based on Table 1, the patients who became the main participants belonged to the age above 20 years old and below 60 years old, the highest participant's last education was in the

Bachelor Degree category and the lowest was in the elementary school category. The main participants' occupations in the informal sector varied, either as private workers such as vegetable vendors, odd-job workers and farmers.

**Table 2. Characteristics of Supporting Participants**

Name (Initial)	Age (Years Old)	Education	Jobs	Status
ML	46	Doctor	civil servants	Chief of Medical services
BA	36	Doctor	civil servants	Doctor
FS	40	Bachelor Degree	civil servants	Nurse
YP	37	D3 Nurse	civil servants	Nurse
YS	35	Bachelor Degree	civil servants	BPJS
CN	41	D3 Informatics	Contract Employee	BPJS

*Source: Primary Data 2023*

Based on table 2, the supporting participants belong to the age above 30 years old and below 50 years old, the highest participant's last education is in the doctor's and the lowest is in the diploma 3 category, as civil servants and contract workers.

### Evaluation Overview

The results of research on the Evaluation of the Impact of Health Insurance Policies On The Amount Of Informal Sector Payments For Hemodialysis Services, obtained 5 most relevant themes in accordance with the expected objectives of this study, namely: Program and Service Accessibility, Service Quality, Program Convenience, Financial Affordability, and Social and Welfare Impacts.

### Programs and Services Accessibility

The results show that based on the answers from the main participants, on average,

they only understand the usefulness of the program to facilitate their health services in terms of costs and facilities they receive, the lack of knowledge or lack of information about tariff changes as a whole and on the one hand there is ease in reaching the service center, namely the hospital. This was revealed from the results of interviews with the main participants as follows:

*"This program for me is very helpful in undergoing dialysis, the program is right on target, it is important for me, I don't know the complete information about the law or regulations, about the increase in fees also don't know, the lawsuit also doesn't know, but what else can we do, we have to be ready to pay, even still choose class 1 because of the convenience if you are asked to stay overnight" (IB/L/32).*

BPJS in the hospital also admitted that there were shortcomings in providing socialization about the JKN program, especially to HD patients and tended to do interpersonal communication between patients and other relevant units if there were problems in the new service. This was revealed from interviews with supporting participants as follows:

*"We acknowledge the lack of socialization regarding the JKN program and all its mechanisms and services, but if there are problems in its application in the field we immediately overcome them so as not to harm patients in undergoing treatment" (YS/P/35).*

### Service Quality

The results showed that based on the answers of the main participants, there was patient satisfaction in receiving services, availability of other supporting facilities, friendliness of officers and comfort in waiting time. This was revealed from the interviews with the main participants as follows:

*"The quality of service provided at the HD clinic of RSUD Ruteng is very good, the doctors and nurses are very understanding of our condition, very patient to serve us, they also prepare mineral water for us to drink after 4-5 hours we receive dialysis services, but if the blood runs out we have a headache because we have to call family to find a donor, let us pay but the hospital should always be ready with blood stock" (IB/L/32).*

The quality of service at RSUD Ruteng is also routinely evaluated, which includes evaluating various standards and assessment indicators in terms of infrastructure, service quality and other items that support service quality. The results of interviews with supporting participants are as follows:

*"The service facilities we provide in the HD clinic are quite complete both in terms of human resources and infrastructure, this year we just added 1 bed and HD machine to*

*improve the quality of our services considering the number of HD patients continues to increase from year to year, we also often evaluate in terms of services such as internal audits, etc. We also have many HD certifications" (BA/P/36). We also have many HD certifications" (BA/P/36).*

### Ease of Program

The results showed that based on the answers from the main participants, it was found that health services through the JKN program were easy to provide care to patients. This was revealed from the interviews with key participants as follows:

*"We really feel that there is convenience in the services provided at Ruteng Hospital in dialysis. The KIS card really helps us who are middle to lower economic levels and even poor in terms of easing the burden of treatment, we want this program to continue to exist and be able to help more people later" (OM/P/39)*

BPJS sees that people need to register as JKN participants to ensure the continuity of treatment for their illness, especially treatment for a long time and at high costs. The results of interviews with supporting participants are as follows:

*"The JKN program is very helpful for the community in terms of providing services, especially in the treatment of patients with long term illnesses such as dialysis patients and other chronic diseases which are indeed costly" (YS/P/35).*

### Financial Affordability

The results showed that based on the results of interviews with the main participants in relation to financial outreach, there were many problems encountered by HD patients, including arrears in payment of contributions, objections to the amount of contributions and the desire of participants to move to a lower class. This was revealed from the interviews with the main participants as follows:

*"I have been dialyzing blood for*

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*almost 4 years, and paying BPJS is mandatory for 1 family, we pay every month 140 thousand for four people so we are in class III, 1 person is 35 thousand, I feel **heavy** because in addition to paying dues every month for a family, I also have to be ready every time I go for dialysis, money for food, my house is far from the hospital and dialysis twice a week must go back and forth with other costs. I was in **arrears** several times with my fees and I paid 147,000 with a fine and then I couldn't go for dialysis on the day I was supposed to go, we paid it off first and then dialysis could be done on the next day. if I hadn't paid I decided not to come for dialysis. During the arrears I tried to get a loan so that I could pay it off immediately" (OM/P/39).*

The BPJS revealed that the dialysis service so far has not found any crucial problems, especially in terms of the financial capacity of participants. Some technical problems encountered in the field can be resolved immediately so that patients can continue to receive dialysis treatment even if there is a delayed schedule due to arrears. The results of interviews with supporting participants are as follows:

*"We have not found any dangerous problems so far, there was once a report from the BPJS Ruteng Branch office to us at the hospital about a dialysis patient who was in arrears of contributions and we immediately informed the patient to pay immediately and the patient was able to agree to pay the contribution before the dialysis schedule, once there was someone who had not paid the contribution but we just moved the dialysis schedule to the next day because the patient was a little late in paying off the arrears of his dues, so far it is safe" (CN/L/41).*

#### **Social and Welfare Impacts.**

The results show that based on the

participants' answers, through the JKN program, patients can feel an improvement in the quality of life and social welfare in the community. This was revealed in the following interviews with key participants:

*I feel the benefits of this KIS because we can still do activities, still go to the garden and activities in the community. My hope is that the equipment facilities in the dialysis room can continue to be improved and that we can be considered by the government in terms of fees, if possible lowered a little" (IB/L/32).*

BPJS and health workers in the HD clinic also have good communication with dialysis patients, especially on how to restore patients' confidence in their quality of life and the importance of regularity and adherence to dialysis. This was revealed from the results of interviews with supporting participants as follows:

*"We feel that this program is very helpful, especially in improving their welfare, even though they cannot recover but with dialysis their quality of life will be maintained, we also often suggest that dialysis patients who experience financial difficulties can migrate or move to the PBI sector by first pocketing a certificate of poverty from the village / kelurahan and coordinating with the Social Services Office so that they can make administrative changes to the BPJS office." (BA/P/36).*

## **DISCUSSION**

### **Programs and Services Accessibility**

The accessibility aspect of programs and services shows that there is still a lack of information obtained by service users, especially about information on the stipulation of the Presidential Regulations on Health Insurance and mechanisms related to program benefit procedures. Information about changes in tariff increases contained in the Presidential regulations is also basically not known by patients as a whole and they finally find out about the tariff changes after being notified by

officers at the HD clinic. The BPJS also admitted that the socialization and education about the JKN program to the community, especially to dialysis patients, is still not optimal and not routinely scheduled. Patients are only limited to knowing in general the usefulness and benefits of the JKN program in providing guarantees for their health services through the facilities they receive and the ease of reaching health facilities, namely hospitals. From a policy evaluation point of view related to accessibility of programs and services, things that must be considered are the availability and affordability of programs to be easily accessible to all individuals including those with special needs and vulnerable communities and minorities. Equality of access and fair services must also be continuously evaluated in determining policies and their implementation.

This is in accordance with research conducted by Herlina Safitri and Jacob Donald Tan (2021), which states that the first thing in improving hemodialysis services to realize patient satisfaction in hospitals is the ease of accessing services. Another similar study was conducted by Wisnu Probo (2017) which showed that there is a significant relationship between knowledge and BPJS accessibility and there is a relationship between economic capacity and BPJS accessibility.

### **Service Quality**

The quality of service received by patients in carrying out dialysis therapy is very satisfying both in terms of the completeness of facilities and infrastructure by continuing to add the completeness of hemodialysis supporting equipment and devices and other supporting facilities, friendliness and professionalism of health workers and related units as well as the efficiency of waiting time and at the time of service. The unity of integration in services has been greatly benefited by dialysis patients including how they are treated well in terms of ethics, communication and emotional attachment. All parties in medical services also periodically conduct internal audits to maintain and improve service quality. The quality of service quality is a proper value that must be continuously improved from time to time so that what is expected by dialysis patients can be fulfilled optimally and sustainably for the sake

of improving the quality of life and patient satisfaction.

This is in line with research conducted by Herlina Safitri and Jacob Donald Tan (2021) which shows that there are five latent variables that factor into patient satisfaction, namely: accessibility conveniences, adequate hemodialysis unit, communicated attitude, access to BPJS, hygiene of doctors and nurses which contribute positively to patient satisfaction in the HD unit of the hospital. This research is also reinforced by research by Nurulsiam et al (2021) which states that there is a significant relationship between the dimensions of direct evidence/tangible, reliability/reliability, responsiveness/responsiveness, assurance/assurances and empathy/empathy with the level of patient satisfaction.

### **Ease of Program**

Through this JKN program, patients feel the positive impact without any significant obstacles or hindrances. The dialysis care they receive has provided value and satisfaction for the continuation and improvement of their health status. The policy evaluation perspective on the convenience of the JKN program can be seen from how dialysis patients feel that their care is guaranteed both in terms of ease of accessing program services, quality, facilities and other resources. Efforts to improve health insurance governance and systems must continue to be improved so that they have an impact on the high level of public trust in the Health Insurance program.

This research is in line with research conducted by Trisna Widada et al (2017) which states that to maintain the role and sustainability of the JKN program on community resilience in the health sector is carried out through four efforts, namely BPJS providing convenience to the community in accessing health facilities, improving physical facilities and infrastructure, increasing the professionalism of human resources, improving promotive and preventive programs.

### **Financial Affordability**

The most basic reason for increasing the amount of contributions in Presidential Regulation No.64 of 2020 is because BPJS

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continues to experience a prolonged deficit, especially in terms of errors in calculating the actuarial amount that is not proportional between the costs borne by the Government in this case BPJS and the types of services provided. In the aspect of financial outreach, there are many problems encountered by informal sector HD patients, including arrears in contribution payments, objections to the amount of contributions and the desire of participants to move to a lower class. What makes it even more burdensome for them is that the contribution burden is not only focused on the per-person calculation or the HD patient himself but also on the payment of all members in one family. Another factor that became their complaint was the heavy cost of transportation and other accommodations. However, there were no HD patients who became non-active participants, this is because chronic renal failure patients have understood the importance of dialysis therapy throughout their lives and therefore they really need the role of JKN in providing insurance for dialysis treatment. The government, in this case the Executive Agency and BPJS, can conduct in-depth analysis and studies related to the financial condition of the community before determining the amount of JKN contributions and taking into account the ability of the State treasury to subsidize various operational costs to prevent fraud and losses.

The results of this study are in accordance with research conducted by Rahmawati Kusuma (2021), which shows that the impact of changes in JKN contribution increases has resulted in an increase in the number of inactive participants, participants will drop to a lower class and the bigger consequence is that many people are reluctant to register as participants in the JKN program. Another study by Rapotan Hasibuan (2019) on tracking and distributing respondents based on the response to the premium increase showed that their response was negative, where all JKN participants studied rejected and objected to the premium increase determined by the Government.

#### **Social and Welfare Impacts.**

The JKN program can provide great benefits to the survival of chronic kidney failure patients through dialysis service facilities.

Patients feel that dialysis services are guaranteed by joining JKN participants, thus their quality of life will continue to be maintained and social welfare conditions in the midst of society can continue to be well maintained. In the theory of impact evaluation of a policy, there is an important dimension where the policy must be able to have a positive impact on current and future circumstances (Winarno, 2017).

The results of this study are in line with research conducted by Huriyatul Ulfah (2020) which states that there is a positive relationship between social support, one of which is the availability of the JKN program with quality of life in hemodialysis patients at RSUD dr. Zainoel Abidin. Another study conducted by Muhamad Ilham (2017) shows that the patient's quality of life will improve because it is influenced by optimality in various determining factors, namely physical conditions, role implementation, daily living conditions, psychological conditions, quality of social interactions, cognitive functions, and satisfaction with health insurance on medical services received.

#### **CONCLUSIONS**

The conclusion obtained in this study is that there is a positive impact where there is an increase in the provision of higher quality health services both in terms of quality, facilities and expansion of types of services so as to improve the quality of health and productivity of patients' lives in maintaining resilience and sustainability and social welfare in the midst of society. The BPJS can experience a surplus and this has an impact on the continued implementation of the JKN program ecosystem. On the other hand, there is a negative impact with the increase in JKN contributions, namely moving the participant's treatment class to a lower class, there are overdue dues payments and resulting in delays in dialysis treatment schedules. However, the impact of this fee increase did not cause participants to become non-active.

#### **SUGGESTIONS**

The expected suggestion is that the BPJS always conducts monitoring and evaluation in connection with the determination of policies regarding the determination of the



amount of JKN contributions based on the situation and financial condition of the community and takes into account the ability of the State treasury to allocate a budget to subsidize various program operational costs while maintaining and improving JKN system governance, for RSUD Ruteng to always improve service quality in order to achieve patient satisfaction, for HD patients to be involved in contributing in the form of suggestions and criticism to the Government in formulating policies and being involved in evaluating the JKN program for the improvement and improvement of program quality.

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