

Implementation of the National Health Insurance Scheme in the Public Health Center in Palopo City In Indonesia

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Abstract

JKN program is a guarantee in the form of health protection for participants to obtain health care benefits and protection to meet basic health needs are given to every person who has paid dues or dues paid by the government. Pontap PHC is one of the health centers to implement the National Health Insurance program (JKN) it is based on data that contained a population of 23 134 inhabitants, and of these there were 5713 inhabitants budget PBI participants, 5,120 participants PBI mental state budget, and 662 souls NON PBI participants, the number of the overall population who participated in the National Health Insurance as many as 11 495 inhabitants and if We make it in percent, it will be as much as 50% of the total population in the district of East Wara get National Health Insurance (JKN). This study aimed to obtain information on the implementation of the National Health Insurance program (JKN) in PHC Pontap district. East Wara Palopo year 2015. This study is a empirical juridical with a descriptive approach. The number of informants is 8 people consisting of regular informants and key informants. Key informant determined by purposive sampling method and ordinary informants determined by the method of snowball sampling data was collected through interviews and observations. For the validity of data sources and triangulation techniques. Analysis of data using content analysis are presented in a narrative. The results showed that participation is not maximized in because the City Government Program of the Health Guide Plenary and effective dissemination to the public yet about JKN as well as data from JAMKESMAS Jamkesda inaccurate and made reference to a participant JKN. In terms of health care there are 155 kinds of diseases known to be served in first-level health facilities. In terms of patient financing JKN participants still incur the cost of buying drugs is needed. Suggested improvement of dissemination to the public in the form of an extension of this JKN program.

Keywords : *Membership, JKN Program, Health services*

1. INTRODUCTION

The rights of living adequate for the health and well-being of himself and his family is a human right and recognized by all the nations of the world, including Indonesia. Recognition was listed in the United Nations 1948 Declaration on Human Rights. World Health Assembly (WHA) WHA 58th passed a resolution stating, sustainable health financing through the Universal Health Coverage organized through social health insurance mechanisms. WHA also suggested to the WHO to encourage member countries to evaluate the impact of changes in health financing systems to health services as they move toward Universal Health Coverage. Di Indonesia Pancasila state philosophy and foundations, especially the 5th sila also recognizes rights of citizens to health.¹ This right is also enshrined in the Constitution 45 Article 28H and article 34, and regulated in Law No. 23/1992 which was later replaced by Law 36/2009 on Health. In Law 36/2009 affirmed that every person has the same right to gain access to resources in the field of health and health services that are safe, high quality, and affordable. Instead, each person also has the obligation to participate in the social health insurance program.²

To realize the global commitments and the constitution, the government is responsible for the implementation of public health insurance through the National Health Insurance (JKN) for individual health. Efforts toward the government actually had been pioneered by organizing some form of social security in the health sector, including through PT Askes (Persero) and PT Jamsostek (Persero) which serves, among others, civil servants, pensioners, veterans, and private employees. For the poor and can not afford the government to obtain assurance through community health insurance scheme (Assurance) and the Regional Health Insurance (Jamkesda). However, such schemes are still fragmented, terbagi-bagi. Health care costs and quality of service becomes uncontrollable.

To overcome this, in 2004, issued Law No. 40 of the National Social Security System (Navigation). Law 40/2004 mandates that social security is mandatory for all residents including the National Health Insurance (JKN) through a Social Security Agency (BPJS).³

¹ United Nations. Universal Declaration of Human Rights. San Francisco; 1948.

² Law of the Republic of Indonesia Number 36 Year 2009 on Health. Jakarta: Ministry of Health.

³ Law of the Republic of Indonesia Number 40 Year 2004 on National Social Security System.

Law No. 24 of 2011 also set, the National Social Security will be held by BPJS consisting of BPJS BPJS Health and Employment. Especially for the National Health Insurance (JKN) will be hosted by BPJS The implementation began on 1 January 2014. Operationally, the implementation of JKN forth in the Regulation of the Government and Regulation of the President, among others: Government Regulation 101 of 2012 on the Recipient Contribution (PBI) ; Presidential Decree No.12 Year 2013 on Health Insurance; and JKN Roadmap (Roadmap National Health Insurance). Support the implementation of the Ministry of Health to obtain priority to health care in health reform. The Ministry of Health is working on a regulation in the form of regulation, which would be an umbrella law to regulate among other health services, first-rate health care, and health care referrals advanced level. Ministerial Regulation will also set the type and price ceilings medical device and drug services and medical consumable materials for participants of the National Health Insurance.⁴

In Palopo namely Puskesmas Pontap are also implementing programs National Health Insurance (JKN) it is based on data that there are 23 134 inhabitants of the population, of that number there are 5713 inhabitants of participants PBI budget, 5,120 souls participants PBI state budget, and 662 souls participants NON PBI, the total number of residents who participated in the National Health Insurance as many as 11,495 inhabitants and if dipersenkan as much as 50% of the total population in the district of East Wara get National Health Insurance (JKN) while the government hopes by Act No. 24 of 2011 article 14 which states that every person, including foreigners who work at least 6 (six) months in Indonesia, shall become a participant Social Security program. Currently the National Health Insurance program runs for 12 months so that its implementation needs to be reviewed.⁵

2. MATERIALS AND METHODS

The data collection was conducted over approximately one month in the sub-district Puskesmas Pontap East Wara Palopo. Using juridical empirical method using a descriptive approach to obtain information on the implementation of the national health insurance program.⁶ Primary data was collected by conducting in-depth interviews and observations, while secondary data obtained from the report or document in the sub-district Puskesmas Pontap East Wara Palopo.

The number of informants in this study as many as 8 people consisting of 1 manager of managed care in Palopo City Health Department, Head of Puskesmas Pontap, and the first person in the health center management officers BPJS Pontap and 5 patients in health centers JKN participants Pontap Wara Eastern District of Palopo. The key informant determined by purposive sampling method and the usual informants determined by the method of snowball sampling data was collected through interviews and observations. For the validity of data sources and triangulation techniques. Analysis of data using content analysis presented in the narrative.⁷

3. RESEARCH RESULT

The number of informants consisted of 5 patients BPJS participants, one person business JKN, 1 business JPKM in Palopo City Health Department, and Head of Puskesmas Pontap Wara Eastern District of Palopo. The number of informants are all 8 people consisting of 4-sex male and 4 were female. Age informant oldest 58 and the youngest 31 years old. Based on the level of education to its lowest informants Elementary school (3), Junior school (1), high school (1), Bachrelor's degree (1) and Masters's degree (2).

1) Membership

Participation is the purpose of this research is to find out the opinions and responses of informants on the implementation of the National Health Insurance in the review of aspects of membership related to: the criteria and requirements to become a participant, the rights and obligations of the participants, how to obtain information related to JKN, the benefits of being a participant, difficulty a participant JKN, family members who become participants JKN, feedback about the program JKN itself, and obstacle courses JKN, as well as the grounds of membership has not quite 100%, Opinions interpreted as an ability to explain properly about membership JKN known and interpret in the right way.

⁴ Ministry of Health RI, 2013, Handbook of Socialization of National Health Insurance (JKN) in the National Social Security System, Balai Pustaka, Jakarta.Hal 3

⁵ List Participation and Acceptance PHC Capitation Per Year 2014. Source Palopo Palopo City Health Office.

⁶ Sugiyono (2013). Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif, dan R&D. Bandung, Alfabeta.

⁷ Saryono, 2011, Metodologi Penelitian Kualitatif Dalam Bidang Kesehatan. Edisi Kedua. Nuha Medika. Yogyakarta.

The criteria in this study is a measure on which to base the assessment and determination of something while the terms are rules and regulations that must be fulfilled this JKN associated membership. This was stated by the informant Ordinary successfully interviewed by the researchers said that the condition must collect ID card and family card.

*" Yes, must bring ID card because all the data is all in the ID card and family card is not serviced even if none of it ".*⁸

This is in line with key informants based on the results of in-depth interviews BS informant explained that the terms used to be a participant to participant JKN is independent form of ID card, family card and photographs and pay a monthly fee for participants while PBI only form of ID card and family card.

*"Requirements to become an independent participant JKN if the condition it's just a family card and photo ID card and pay a fee for the participants independently..."*⁹

Informants AS as informants Ordinary believes that the right participants JKN in this case to obtain health services in first-rate facilities and will refer to the facilities of the advanced level, namely the hospital if there is a case that can not be handled at the first rate facilities, while fulfilling obligations must show his cards JKN appropriate with a first-level health facilities Pontap the health center itself.

*"Entitled to the existing services but also services that we have SOP-standard operating procedure that has been determined also in JKN ..."*¹⁰

In answer that convey different informants and informant BS HW as key informants in this research.

*"The participant's right to get service so puskesmas and refer for example in the hospital she was entitled to receive services in accordance with what has been set in the rules JKN obligations if it ya pay special dues self..."*¹¹

In-depth interviews were conducted by researchers obtained a variety of responses regarding the benefits of becoming a participant JKN. This is addressed by MN informant who was accompanying his wife to conduct the examination at the health center Pontap Laboratory Medicine at the health center that is free of payment.

*" Yes as long as there was a lot is we receive we are free from the payment ballpark like that".*¹²

Researchers also conducted in-depth interviews to informants that revealed BS JKN Program is a social program that helps the community in terms of health services free of charge.

*"If I am JKN is a very good program means that the program is actually if implemented properly, where the program is people no longer worry if for example, any time he's sick because there is already a program that guarantees health ..."*¹³

Based on analysis of data shows that Kepesertaan JKN are all family members listed in the Family Card and still under the responsibility of the government. "All who live here, the whole family".¹⁴

Based on analysis of data shows that membership JKN are all family members listed in the Family Card and still under the responsibility of the government.

*"All who live here like father, I had my two daughters, the sixth son but all there all mi mi family does not live here".*¹⁵

Based on in-depth interviews ((depth interview) no significant difficulties to become a participant JKN just have to queue first.

*"There is no queue ".*¹⁶

⁸ Quotes MN interviews, informant Fair, February 20, 2015

⁹ Excerpts interview BS, Key Informant, February 18, 2015

¹⁰ Quotes US interviews, informant Fair, February 20, 2015

¹¹ Quotes interview BS, Key Informant, February 18, 2015

¹² Quotes MN interviews, informant Fair, February 20, 2015

¹³ Quotes interview BS, Key Informant, February 20, 2015

¹⁴ Quotes and ABD MN interviews, informant Fair, February 20, 2015

¹⁵ Quotes BD interviews, informant Fair, February 20, 2015

Based on the results of data analysis JKN Program is a new social programs to free health services still have a shortage of one of them changes the Regulation of the Minister of Health baffled JKN program implementers themselves.

*"Any program especially this new program would have the advantage and disadvantages of each, myself as manager of its beginnings it was still dizzy because there are many changes from Permenkes"*¹⁷

The same thing is being addressed by key informants that mention Program JKN a new program which is nice and has the advantage that people do not worry anymore if you want to seek treatment at the health center with free charge but there are still many shortcomings such as changes in regulation of the minister of health who baffled health care workers JKN this program.

*" Well, I think this program JKN pretty good because it's still new program this new stuff so many variables that need to be in the fix because such decisions of the Minister of Health are still many changes to be undertaken mi just follow the flow of how it goes.. "*¹⁸

AS informant is JKN manager who served for one year, argues the lack of socialization to JKN program is that people still do not understand clearly about this JKN program.

*"The beginning of the running community JKN not understand what it is they are more mengindentikkan BPJS JKN it is BPJS where if we join in it we have to pay premiums every month, but it is for those participants who did have to pay a premium BPJS management. But ntuk jamkesmas SCARA automatically signed in BPJS but people think it's different to JKN or BPJS "*¹⁹

Meanwhile, according to key informants who had several seminars and meetings regarding JKN admit there is a problem in terms of the determination of the participants due to inaccurate data that is made in reference as the data to be participants JKN, while the knowledge of officers and facilities that have not been up that occurred in a first-rate health care.

*"It's a matter of data, the data is not accurate from the government means of collection community where the people who really need the program JKN these are financed government but because the data is not entered in the data that's why his name is not in membership, in terms of service providers officer there are still many who do not understand the policies JKN, in terms of facilities and infrastructure is also still not optimally also means that there is in the service. "*²⁰

Barriers to make participation in the health center JKN Pontap has not yet reached a maximum of 100%. Based on the results of in-depth interviews with a US informant who said people JAMKESMAS and Jamkesda participants are automatically entered into the participant JKN.

*"Since the beginning of JKN it was him that directly targeting the target is automatic so it is jamkesmas BPJS participants, so participants will automatically switch to JKN jamkesmas kept participants employee health insurance, military, police, etc automatically be entered so participants BPJS"*²¹

Different reasons that dictated HW informants and informant BS that say there is a lack of public knowledge about JKN Program. Based on analysis of data obtained is the reason Kepesertaan JKN still not optimally in because their program is the City of the Free Health Plenary and socialization that has not been effective to the public about JKN well as data from JAMKESMAS and Jamkesda inaccurate made in reference to sign a participant JKN ,

*"It's a new JKN program started on 1 January 2014 so did the community still many who do not understand what it JKN what are the benefits and the free health program also plenary of the program the mayor so that people are not registering BPJS ji also remain free".*²²

¹⁶ Quotes MN interviews, informant Fair, February 20, 2015

¹⁷ Quotes US interviews, informant Fair, February 20, 2015

¹⁸ Quotes HW interviews, key informants, February 18, 2015

¹⁹ Quotes US interviews, informant Fair, February 20, 2015

²⁰ Quotes interview BS, Key Informant, February 18, 2015

²¹ Quotes US interviews, informant Fair, February 20, 2015

²² Quotes interview BS, Key Informant, February 18, 2015

2) Health services

Based on the results of in-depth interviews with AS informants stating There are 144 types of diseases that will be served and the event of a medical emergency will soon be given referrals to health facilities continued.

*" Because the health center is the first level of basic services and to disease itself there are 144 items on the disease should serve in the clinic .. "*²³

Different response from BS informant said type of health services obtained by the participants JKN is all health services appropriate procedures and rules on first-level health facilities.

*" This type of health care in the health centers are entitled to get him in accordance with the medical indication means all services in health centers and hospitals that are all entitled in getting important according to standard "*²⁴

All informants claimed to have take the referral to be brought to an advanced level facility that is the hospital where informants in reconciliation. HL and MN never take the referral at the health center for family members who need care in the hospital.

*"Yes it was a sick member ever ask for referral to hospital At-Medika"*²⁵

Based on the analysis of all informants give a mixed response by comparing the results of in-depth interviews Ordinary informant.

*"For certain cases we can do given a referral for an ambulance and it's also been allowed by the management JKN itself".*²⁶

Statement of BS informant revealed that the compensation granted in the form of an ambulance to refer to advanced level health facilities and no fees are charged to the patient, the JKN.

*"... If suppose it's quite fathomable compensation of health center patients would refer to the hospital in the ambulance fees incurred by him BPJS should not be charged the same patient has been included in the package clinic, it will be paid by BPJS should not be charged to the participants" ,*²⁷

Informants MN and HL ever visited a family doctor who practices in collaboration with the Health BPJS advice from health workers on the grounds checks on family doctors do not wear cost because it can be put on the card JKN and handling more reliable.

*"Have Also because of the on serve there also meant the family doctor".*²⁸

The lack of availability of tools that make Mrs. SM prefer to specialists in health centers compare, it is too burdensome Mrs. SM working as IRT a lot of money for a pregnancy examination.

*" Yes, but do not use the card Never BPJS because it does not apply, if the clinics were not provided adequate facilities so we go straight to the doctor practice".*²⁹

HL informant responded positively to the attitude and behavior of officers in Puskesmas Pontap.

*" Nice and complies with the standards ".*³⁰

Unlike the SM informant who revealed little disappointment and lekuan the service officer in Puskesmas Pontap. Complaints can be interpreted as a statement or feeling less satisfied with the service or services either conveyed orally or in writing. BC health officials acknowledge a lack of discipline and not pay attention to medical ethics.

²³ Quotes US interviews, informant Fair, February 20, 2015

²⁴ Quotes interview BS, Key Informant, February 18, 2015

²⁵ Quotes MN interviews, informant Fair, February 20, 2015

²⁶ Quotes US interviews, informant Fair, February 20, 2015

²⁷ Quotes interview BS, Key Informant, February 20, 2015

²⁸ Quotes MN interviews, informant Fair, February 20, 2015

²⁹ Quotes SM interviews, informant Fair, February 20, 2015

³⁰ Quotes HL interviews, informant Fair, February 21, 2015

"Yes, good attitude, but a lack of discipline means that space is used as a medicine talk, too much noise, while serving the patient's lack of concentration".³¹

3) Financing

Based on the analysis of all informants argued JKN Fund in the form of capitation funds in transferkan directly by BPJS into account the health center. Capitation Fund is the amount of payments per-month prepaid to FKTP based on the number of participants enrolled regardless of the type and quantity of health services provided.³²

Similar responses were put forward by the informant BS and the US states of central JKN Fund transfer to an account at the next Health BPJS BPJS JKN transfer funds to the account of the health center.

"So to fund JKN that of the central entrance to BPJS Health and transferkan directly to the account of the clinic, so funds that go 100% to the clinic the appropriate local regulations and set also by Minister of Health, I forgot what number permenkesnya".³³

" The process incoming funds from the center of the entry in the accounts BPJS Health, BPJS health transfers in their accounts to health centers".³⁴

Treasurer JKN in Puskesmas capitation funds are civil servants appointed to perform the function of receiving, storing, pay, try to organize, and account for capitation funds.

"For the use and MANAGEMENT funds that had we split to 70% service charge and 30% for facilities and infrastructure that are already referring to the Minister of Health, and for the management of their own funds if any medication is needed then is not there in the clinic of the funds that we proceed with drugs required before".³⁵

Informants AS insists on PERMENKES in charge of at least 60% which means that can be raised much above 60%, so the deal of funds allocated for payment services in Palopo City is set to be 70% while the difference of the cost of payment services is intended as an operational cost of health care by 30%..³⁶

" System management of the funds after entry in the account in accordance with the rules of the area of capitation funds that seventy percent for services thirty percent for operational support so seventy percent of it after the funds enter the direct health center for a service charge officers if for operational ya can directly spend eg purchasing stationery used for multiplication buy bbuang transport, by and large there are two for services and operational support ".³⁷

Head FKTP submit reports revenue and expenditure to the Chief Medical Officer SKPD to attach a statement of responsibility.

"So for a system of reporting and accountability for the funds that we do once a month to the Department of Health and the Health Office menembuskan back to DPPKAD (Department of Revenue the Finance Regional) so every month we report anything is being done and how the budget is used in this case there some reporting as SPTJB (Letter Accountability) of the head of the health center and then register or report financial realization, then the balance sheet that's all we have reported to the Health Department once a month. For their own health centers that do the reporting end of each month on the last date of each month at the latest it should arrive at the office on the 5th"³⁸

This is in accordance with BS informant mentioned that the Health Center made a report to the Health Office minimal 5th, which later will be SP3B (Letter of Request for Approval of Revenue and Expenditure) and SP2B (Letter of Request Pengesehan and Expenditure).

³¹ Quotes SM interviews, informant Fair, February 21, 2015

³² Indonesian Presidential Regulation No. 32 Year 2014 on the management and utilization of the National Health Insurance Fund capitation On First Level Health Facilities Owned Local Government.

³³ Quotes US interviews, informant Fair, February 20, 2015

³⁴ Quotes interview BS, Key Informant, February 18, 2015

³⁵ Quotes US interviews, informant Fair, February 20, 2015

³⁶ palopo Mayor decree no. 96 2015 regarding the Stipulation of Capitation Fund Allocation National Health Insurance at health centers throughout Palopo.

³⁷ Quotes interview BS, Key Informant, February 18, 2015

³⁸ Quotes US interviews, informant Fair, February 20, 2015

*"PHC was obliged to make monthly reports to the health department a minimum of a five-date reports already have to go to the health department so the reporting is part of the process of accountability of funds so that the report was not there it could be considered no accountability for funds for a report later it will in Make a SP3B and SP2B".*³⁹

Based on the interview only partially informants know the amount of premiums independently. ABD MN and the informant is the patient, the PBI JKN the fishermen that researchers have encountered and conduct in-depth interviews of informants home on February 21, 2015 answered by installing advance hesitation.

*"If grade 3 at a cost of 25 thousand five hundred, do not know the second class, if class 1 at a cost of 60 thousand".*⁴⁰

Unlike the three other informants who is Mrs. HL, Mrs. SM and Mrs. BD is a participant PBI patients who are also researchers conducted in-depth interviews of each home informant he did not know the amount of dues / premiums independently.

*"I do not know in detail".*⁴¹

Statement payment is justified by the independent participants BS informants as key informants.

*"Yeah independent that there are degrees"*⁴²

Poor management and utilization systems and JKN cause there are other additional costs which released JKN patient participants. Based on analysis of data obtained in accordance with the rules there is no other additional costs incurred patients JKN participants but the procurement of drugs and completeness is not maximized that makes patients JKN participants had to pay to buy the drug is needed.

HL informant statements and ABD state that until now there has been no payment is subject to the patient when treatment at Puskesmas Pontap.

*"I've never paid".*⁴³

But unlike the informant BC and MN. BC when delivering his mother's treatment at Puskesmas claimed that the extra costs are already there but there are drugs that are not available in the health center so had to buy drugs outside the clinic.

*"Some have no charge, some have cost drugs where the drug was not owned by the health center".*⁴⁴

The same thing happened with the informant MN but this incident different location where at that time the son of MN is being treated in hospital and needs medicine but otherwise the drug is not available in the hospital, and ultimately MN buy medicines in pharmacies outside the hospital ,

*"If the health center hospital yet but if there is ever the drugs that must be redeemed out no so must be purchased outside".*⁴⁵

*"As a rule there should be no financing charged to participants. If the field was during this yes Thank God there are no reports that go with us but I ndak know the field is clear so far in the clinic pontap that there has been no report that there are additional fees charged to participants and it is also in accordance with the rules that did participants JKN it BPJS health should not be charged any cost was good medicine medical devices or the administration should not be any load and during our observation yes thanks no charges, yes then we can see the field in case anyone experienced I can not guarantee it means that we as managers in the health service is yes our observations and reports that have so far this year does not exist".*⁴⁶

³⁹ Quotes interview BS, Key Informant, February 18, 2015

⁴⁰ Quotes MN interviews, informant Fair, February 20, 2015

⁴¹ Quotes interview BC, HL, BD, informant Fair, February 21, 2015

⁴² Quotes interview BS, Key Informant, February 18, 2015

⁴³ Quotes interview HL & ABD, informant Fair, February 21, 2015

⁴⁴ Quotes SM interviews, informant Fair, February 20, 2015

⁴⁵ Quotes MN interviews, informant Fair, February 20, 2015

⁴⁶ Quotes interview BS, Key Informant, February 20, 2015

BS informant also noted that in the rules there should be no other additional costs in the form of drugs, medical devices, as well as administrative costs. So far the BS has not been receptive to report any additional costs or fees charged by the patient at the health center JKN Pontap but he could not ensure and guarantee that even BS gives researchers the task of reviewing implementation in the field. This is the intent and purpose of the actual research.⁴⁷

4. CONCLUSION

Based on interviews and observations conducted by researchers associated Overview of the implementation of national health insurance program in the health center Wara Pontap Eastern District of Palopo, the conclusion that:

- 1) Membership is not reached 100% due to efficient dissemination to the public yet about JKN well as data from JAMKESMAS and Jamkesda inaccurate entry into JKN participants.
- 2) Health Care in Puskesmas Pontap not adequate in terms of facilities and infrastructure it raises the references that accumulate in the hospital as well as in terms of attitudes and skills of officers who lack discipline and do not pay attention to the patient, the medical ethics make JKN less comfortable treatment at Puskesmas Pontap.
- 3) Financing in Puskesmas Pontap still not maximum, rules no additional costs incurred another patient but the patient participants JKN still incur the cost of buying drugs on the need this is because the drug procurement and completeness of the facility has not been maximized.

Writer suggests are increases need to disseminate to the public in the form of extension of the national health insurance program is so that more people understand and care about their health and facilitate the treatment process. The need for guidance and counseling by the relevant government institutions in order to increase their knowledge and experience particularly in view of the attendant health care providers to be more aware and learn the policies that exist in the national health insurance program. The need for readiness officer caregivers to always equip and pay attention to the availability and completeness of drugs in health centers in order to avoid further expenses of participants JKN patients to buy drugs outside the health center. Further research regarding the review implementation of the national health insurance program needs to be implemented by different methods with varying expectations of the results obtained, thereby increasing the science and knowledge.

REFERENCES

- Agustianto, 2014, Artikel BPJS dan Jaminan Sosial Syariah, Jakarta.
- Daftar Kepesertaan dan Penerimaan Kapitasi Per Puskesmas Kota Palopo Tahun 2014. Sumber Dinas Kesehatan Kota Palopo.
- Data Profil Puskesmas Pontap Kec. Wara Timur Kota Palopo Tahun 2014.
- Dokumen. 2012. Peta Jalan Menuju Jaminan Kesehatan Nasional 2012-2019. Jakarta: Kementerian Republik Indonesia.
- Hasibuan, 2012. Manajemen Sumber Daya Manusia. Bumi aksara. Jakarta
- Ikbal, Kaderia. 2014. Strategi Komunikasi Badan Penyelenggara Jaminan Sosial Kesehatan Makassar Dalam Menyosialisasikan Program Jaminan Kesehatan Nasional (JKN). Fakultas Ilmu Sosial dan Ilmu Politik. Universitas Hasanuddin Makassar.
- Kurni, Rezky. 2014. Kesiapan Stakeholder Dalam Pelaksanaan Program Jaminan Kesehatan Nasional Di Kabupaten Gowa. Fakultas Kesehatan Masyarakat Universitas Hasanuddin.
- KEMENKES RI, 2013, Buku Pegangan Sosialisasi Jaminan Kesehatan Nasional (JKN) dalam Sistem Jaminan Sosial Nasional, Balai Pustaka, Jakarta.
- Meleong. 2005. Teknik Analisis Data. Jakarta: PT Gramedia Pustaka Utama.
- Mudjia Rahardjo, 2009. Triangulasi Dalam Penelitian Kualitatif, [http:// mudjarahardjo.com/](http://mudjarahardjo.com/) di akses 29 Oktober 2014.
- N. Faqih Syarif Hasyim, 2014, Tanggapan terhadap Agustianto dalam Artikel BPJS dan Jaminan Sosial Syariah, <https://www.facebook.com/FaqihSyarifHasyim>. Jakarta.
- Notoatmodjo. 2013. Promosi Kesehatan dan Perilaku Kesehatan. Edisi Revisi 2012. Rineka cipta. Jakarta
- PBB. Deklarasi Universal Hak-hak Asasi Manusia. San Fransisco ; 1948.
- Pedoman Wawancara Analisis Kualitatif 2009. <http://www.undp.or.id/>
- Peraturan Presiden Nomor 12 Tahun 2013 Tentang Jaminan Kesehatan Nasional.
- Saryono, 2011, Metodologi Penelitian Kualitatif Dalam Bidang Kesehatan. Edisi Kedua. Nuha Medika. Yogyakarta.
- Soeino. 2003. Prinsip-Prinsip Manajemen Risiko dan Asuransi. Edisi 2. Jakarta.
- Sugiyono (2013). Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif, dan R&D. Bandung, Alfabeta.
- SKDI, Pekonsil Kedokteran Indonesia, 2012. Daftar Nama Penyakit yang apat Dilayani Ditangani Di Layanan Primer.
- Wulansari, Puput. 2013. Analisis Kepuasan Pengguna Terhadap Kualitas Layanan dan Bangunan Puskesmas Di Yogyakarta. Tesis tidak Diterbitkan. Yogyakarta. Program Pascasarjana UAJY.
- Yuliana, Andi. 2009. Tinjauan Pelaksanaan Program Jaminan Kesehatan Masyarakat (JAMKESMAS) Di Puskesmas Belawa Kecamatan Belawa Kab. Wajo. Tahun 2009. Fakultas Kesehatan Masyarakat Universitas Hasanuddin.

⁴⁷ Ministry of Health Decree No. 28 Year 2014 on Guidelines JKN Program.