

POLICY ANALYSIS OF THE REGIONAL GOVERNMENT OF PONOROGO REGENCY IN UTILIZING BPJS HEALTH SERVICES TO ACHIEVE UNIVERSAL HEALTH COVERAGE

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ABSTRACT

Universal Health Coverage (UHC) is the primary goal of the Indonesian government, that needs to be realized by health service providers in every district and city in Indonesia, including Ponorogo Regency. This study aims to identify UHC and the Utilization of BPJS Healthcare in Ponorogo Regency. This study employs a qualitative methodology based on in-depth interviews with informants serving as research respondents. Data analysis employs content analysis by collecting data, reducing data, and displaying data. The results of the study indicate that Ponorogo Regency is still not included in the UHC category, as only 76.9% of the total population participates in the BPJS Healthcare program. In addition, the government's lack of support for universal health care. This is evident from the fact that the budget has remained unchanged for three fiscal years and there are no local regulations governing health insurance in the region.

Keywords: *Universal Health Coverage, Health Insurance Service*

1. INTRODUCTION

Universal Health Coverage (UHC) global declarations and commitments from each nation, such as the United Nations (UN) organization (Atim et al., 2021). UHC has emerged as a focus and priority in health reform in a number of nations, has been the subject of global resolutions since 2011 and is a component of the sustainable health goals (Bredenkamp et al., 2014). According to the World Health Organization (WHO) (2010), the goal of UHC is to ensure that everyone has access to the quality health services without experiencing financial hardship.

According to WHO (2022), at least half of the world's population does not have access to basic health care, and approximately 100 million people fall into extreme poverty each year as a result of their own health-care costs. Therefore, reforms are required to ensure that everyone has access to high-quality health care. The high-quality health services they receive will enable them to maintain their own and their families' health.

Many nations around the world are eager to implement the concept of UHC, viewing it as a driving force to assist governments in achieving their goal of providing good health to all their citizens (Plianbangchang, 2018). As the number of ill individuals requiring effective medical care and treatment continues to rise, increased investment is required to meet the demand for improved medical infrastructure, expanded care, and high-quality medical services. Several nations have achieved UHC, but many others, including developing nations like Indonesia, continue to struggle to do so.

Indonesia continues to improve the quality of public health by offering health insurance to all of its citizens. In accordance with Law No. 36 of 2009 concerning Health, health is a human right and one of the elements of well-being that must be realized in accordance with Pancasila and the 1945 Constitution of the Republic of Indonesia.

Several insurance schemes have been conceived and several national health insurance systems have been developed in an effort to finance health services (Plianbangchang, 2018). According to Ekawati et al. (2017) Indonesia has implemented a universal insurance program known as the National Health Insurance since 2014. National Health Insurance was created by the government and mandated by Law No. 40 of 2004 concerning National Social Security in order to meet the fundamental needs of the community and contribute to the realization of a prosperous society and a just Indonesia. Through National Health Insurance, it is hoped that the Indonesian people will have no financial barriers to accessing standard-compliant health services.

An effort toward health reform and equitable in each area by providing health care facilities and funding to ensure everyone has access to health insurance. This is a form of government responsibility to achieve public health equality in order to achieve UHC. As a result, the government established the Social Security Agency of Health (BPJS) for Health in accordance with the Presidential Regulation of the Republic of Indonesia concerning Health Insurance No. 82 of 2018, which states in article 6 paragraphs 1 and 2 that every Indonesian resident must participate in the Health Insurance program by registering or being registered with BPJS Healthcare. BPJS acts as an organizer to ensure public health through the provision of health services. Furthermore, the program is governed by the Law on Social Welfare No. 11 of 2019, where article 10 paragraph 1 states that social welfare insurance is held to protect citizens who cannot afford to pay premiums in order for them to maintain and maintain their level of social welfare.

To achieve the goals and implement UHC, the government is required to implement a comprehensive health-care system for all people in each region. UHC is the government's goal and aspiration in order to guarantee health service facilities that fulfill the community's fundamental health needs. In reality, however, there are still numerous obstacles in the field, so the objective has not been reached. Report results from Kata Data (2022) that the number of BPJS Healthcare participants in Indonesia in 2021 is 241,79 million people, or 87.81% of the total population, or that there are still 33,57 million people, or 12.19% of the total population 275,36 million people who do not have BPJS. As of June 30, 2022, the number of National Health Insurance participants had reached 241,79 million individuals. In particular, 108.51 million individuals, or 44.88%, received Contribution Assistance from the National Budget. The highest number compared to Contribution Assistance Recipients from the Regional Budget was 37.37 million people or 15.45%, followed by 31 million people or 12.82% of State Administration Wages Recipients, 18.84 million or 7.79% of Wage Recipient Workers participants other than state administrators, and 4.3 million or 1.78% of National Health Insurance participants who are not workers.

UHC is the primary goal of the Indonesian government, which must be realized by health service providers in every district and city in Indonesia. Ponorogo is one of the province's 38 regencies or cities. Realizing Community Welfare through Improving Basic Services, Community Empowerment, and Cultural Development" is one of this district's missions. To achieve this vision, one of the programs promoted by the local government is outreach to the community to encourage Contribution Assistance and Non- Contribution Assistance participation in National Health Insurance through BPJS Healthcare.

The trend of BPJS participants in the Contribution Assistance and Non-Contribution Assistance recipient categories has increased in Ponorogo Regency from 2016 to 2021, according to data for participants in the BPJS Healthcare. Comparing 2016 to 2021, the number of Contribution Assistance participants increased by 77,745 or 17.9%, to 470,870. Comparatively, there were 203,982 Non-Contribution Assistance participants in 2021, an increase of 98,492 or 93.4% compared to

2016. Nonetheless, when compared to the total population, the number of BPJS Contribution Assistance and Non-Contribution Assistance participants in 2021 is 76.9% of the total population, or approximately 202,269 people, or 23.1% who do not have BPJS and are larger than the national scale, which is only 12.19% of the total population. This indicates that BPJS participants in the Ponorogo Regency continue to fall into the lowest category. Therefore, it must be raised to at least 95% in order to achieve UHC.

The issue with BPJS contributions in Ponorogo Regency is that Non-Contribution Assistance BPJS participants still have outstanding late payments, which can hinder the incoming of BPJS funds. To achieve UHC, efforts must be made to improve the orderliness of contribution payments, increase public benefits, and increase knowledge about BPJS Healthcare in the district. The government is required to encourage registered individuals to participate in the BPJS uniformly and comprehensively at both the national and regional levels. The government participates in boosting the number of BPJS participants and enhancing the health care system and facilities. In order to achieve UHC, this system must be implemented in a fair and equitable manner, including residents of remote villages. UHC can protect a person from financial difficulties to pay for health services, thereby minimizing the risk of poverty due to unanticipated illness-related costs (WHO, 2021). Therefore, the Ponorogo Regency Government and BPJS Healthcare, as Stakeholders, must ultimately achieve synergy for the benefit of those receiving Contribution assistance. Referring to this, the purpose of this study is to determine UHC and the utilization of BPJS Healthcare Insurance Services in Ponorogo Regency.

2. RESEARCH METODOLOGY

This type of research uses descriptive qualitative. The sample of this research is based on purposive sampling, namely choosing informants who are directly involved in designing, compiling and implementing BPJS Health policies in Ponorogo Regency. Information was obtained through structured interviews directly with the Head of the Ponorogo Regency Health BPJS who is the leader who coordinates and drives all activities to achieve goals. set goals and therefore be responsible for approaching and collaborating with various parties, and the Chairman of Commission D DPRD Ponorogo which handles the welfare sector (health, education, health and social). Information gathered from in-depth digests is transcribed. Researchers validated the data by cross-checking the data, observing and reviewing documents, and triangulating sources which included cross-checking with other informants. The data analysis technique uses content analysis with the steps proposed by Bungin (2017), namely data collection, data reduction, and data presentation.

3. RESULTS AND DISCUSSION

a. Profile of BPJS Healthcare Insurance User in Ponorogo

Ponorogo Regency is a regency in the province of East Java. This district is located in the southwest and encompasses a total land area of 5,119,905 hectares. The majority of the area consists of rice fields, so the majority of the population in this district consists of farmers. The population of this district continues to grow, with a total population of 877,121 people in 2021. According to data from the Central Statistics Agency (BPS) of East Java Province (2022), the following are the health profile statistics for Ponorogo Regency.

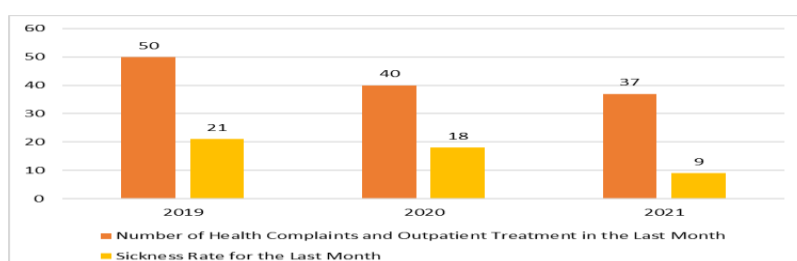


Figure 1. Health Profile of Ponorogo Resident for Period 2019-2021 (in %)

Source: BPS East Java Province (2022)

Figure 1 depicts a downward trend in the proportion of Ponorogo Regency residents who experienced complaints and received outpatient treatment during the previous month from 2019 to 2020, from 50% of the total population in 2019 to 37% in 2021, or a 13% decrease. The percentage of residents who experienced illness during the previous month in 2019 was 21% and decreased by 9% or 12% in 2021. By comparing the rising number of healthy residents to the steadily rising number of sick residents, it is clear that the health of the Ponorogo Regency's population is improving.

To ensure that all residents of their area have access to quality healthcare and the opportunity to live long, healthy lives, many territorial governments are making concerted efforts to implement UHC policies. To achieve UHC, the government has improved facilities and infrastructure, resulting in 1 local government hospital and 5 private hospitals with a total of 1,050 beds. This indicates that there are 3.42 hospitals for every 500,000 residents, or that 3.42 hospitals serve every 500,000 residents. While the number of beds per 100,000 inhabitants is 0.0105. In addition, the local government provides the community with 19 nursing health centers, 12 non-nursing health centers, 40 mobile health centers, and 56 auxiliary health centers for health services.

In accordance with Law Article 14 No. 36 of 2009 concerning health, which states that the government is responsible for planning, regulating, implementing, fostering, and supervising the implementation of health initiatives that are equitable and affordable for the community, the government is responsible for planning, regulating, implementing, fostering, and supervising the implementation of health initiatives that are equitable and affordable. Consequently, the regional government continues to encourage community members to become BPJS Healthcare participants.

Participants in the BPJS Healthcare Service are separated into two categories: 1) Contribution Assistance Recipients and Non-Contribution Assistance Recipients participants. Participants in the Contribution Assistance Recipients are those who receive contribution assistance via the National Budget or Regional Budget. Non-Contribution Assistance participants are those who are required to make monthly contributions in accordance with the provisions of the central BPJS Healthcare. The information for BPJS Healthcare participants in Ponorogo Regency from 2019 to 2021 is presented in Table 1.

Table 1. Data for BPJS Healthcare Participants in Ponorogo Regency for the Period 2019 – 2021

No	Membership Type	2019	2020	2021
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	Total	%	Total	%	Total	%
1 Contribution Assistance Recipients from National Budget	403,653	46.3	401,417	46.0	424,018	48.3
2 Contribution Assistance Recipients from Regional Budget	35,996	4.1	50,438	5.8	46,852	5.3
Contribution Assistance						
Recipients Sub Total	439,649	50.5	451,855	51.8	470,870	53.7
3 Wage Recipient	65,885	7.6	67,535	7.7	115,191	13.1
4 Non-Wage Recipient Workers	38,849	4.5	69,097	7.9	69,997	8.0
5 Non-Worker	15,436	1.8	12,509	1.4	18,794	2.1
Non-Contribution Assistance						
Recipients Sub Total	120,165	13.8	149,141	17.1	203,982	23.3
Total	559,814	64.2	600,996	68.9	674,852	76.9
Population	871,370	100.0	871,825	100.0	877,121	100.0

Source: BPJS Healthcare of Ponorogo Regency (2022)

Table 1 displays BPJS Healthcare participants in Ponorogo Regency from 2019 to 2021. The number of BPJS Healthcare participants in the region has increased each year, with the number of BPJS Healthcare participants in 2021 increasing by 674,852 people, or 76.9%, compared to 2019's total population of 559,814, or 64.2%. Contribution Assistance Recipients continue to dominate the number of BPJS Healthcare participants in the region compared to Non-Contribution Assistance Recipients. In 2021, there are 470,870 Contribution Assistance participants, or 53.7% of the total population, while there are only 203,982 Non-Contribution Assistance participants, or 23.3% of the total population. Based on these data, it can be concluded that Ponorogo Regency has not yet achieved UHC, as the number of BPJS Healthcare participants is only 76.9%, or 18.1% of participants are still lacking for UHC (minimum 95%). Failure to attain UHC in Ponorogo Regency will have an effect on a number of factors, including:

a. Human Development Index (HDI) Declines or Stagnant

It will be difficult for the government to increase the HDI on its territory because so many people have difficulty gaining access to and obtaining appropriate health services.

b. Increase of the Death Rate

The number of deaths increased because the health service system in Ponorogo Regency remained inadequate, as evidenced by the limited number of hospitals, health centers, health workers, and supportive care. This is a barrier for patients who require urgent medical care.

c. Increase in the Number of Poverty

Inequality in the number of BPJS participants, as well as the high cost of health care for patients with independent costs in areas where their costs are quite high.

b. Regional Budget Policy for BPJS Healthcare in Ponorogo Regency

Local governments have allocated Regional Budget funds in an effort to achieve UHC. This budget is intended to assist low-income individuals who have difficulty paying BPJS contributions. Since BPJS contributions are carried by the local government, the Regional Budget can assist the community in obtaining decent and high-quality health services. Regional Budget recipients will become BPJS participants or Contribution Assistance Recipients from National Budget. As a result of an interview with the Chairperson of Commission D, the House of Regional Representatives of Ponorogo, Mr. Pamuji, who handles welfare including health, education, and

social, the local government designs the BPJS Healthcare budget in three stages, as detailed below.

“Annually, we and the local government discuss the Regional Budget draft for the BPJS Healthcare program. Typically, the budgeting process consists of three phases: budgeting, implementation and administration, and reporting and accountability. We have modified these stages in accordance with Ministry of Home Affairs regulations concerning BPJS issues.”.

In accordance with the Minister of Home Affairs of the Republic of Indonesia's Regulation No. 28 of 2021 concerning the Recording of the Approval of the National Health Insurance Capitation Fund at the First Level Health Facilities Owned by the Regional Government, Article 2, the The House of Representatives and the local government of Ponorogo Regency's budget policies for BPJS Healthcare are consistent with the findings of the interview.

The Regional Government Activity Plan, a draft Regional General Policy, and the second temporary budget ceiling priority are the first stages in the design process for the BPJS Healthcare budget. Data from the field regarding the number of residents who have not been covered by BPJS Healthcare is the material for the Regional Government Activity Plan. This agreement between the Regent and the House of Regional Representatives is the result of discussions between the Regional Government Budget Team and the House of Regional Representatives Budget Agency. The House of Regional Representatives and Regent discuss this text to create the Regional Budget Planning, which subsequently becomes the Regional Budget.

Discussion of the Regional Budget Planning for BPJS Healthcare involves Commission D in a significant way. According to field data on the draft budget, Commission D has the authority to encourage citizens who have not been covered by BPJS as much as possible. The funding allotted to the BPJS Healthcare budget for the Ponorogo Regency regional government typically fluctuates. The regional administration of Ponorogo Regency has determined the entire Regional Budget allocation for BPJS Healthcare for 2020 to 2022, and it is as follows.

Tabel 2. Budget Allocation for BPJS Healthcare in Ponorogo Regency

Year	Before	After	Change (+/-)	Contribution Assistance Recipients from Regional Budget
2020	Rp13,195,548,800	Rp20,420,322,500	Rp7,224,773,700	50,438
2021	Rp13,195,548,800	Rp20,420,322,500	Rp7,224,773,700	46,852
2022	Rp13,195,548,800	Rp20,420,322,500	Rp7,224,773,700	*

Notes: * The data have not been updated.

Source: Ponorogo Regency Government (2022)

According to Table 4.2, the amount of the determination of the Regional Budget budget allocation prior to the changes in Ponorogo Regency from 2020 to 2022 was Rp 13,195,548,800 and did not increase or remain constant. The budget changed to Rp. 20,420,322,500 after the program was implemented, representing an increase of Rp. 7,224,773,700 over the past three years. There is a change in the Regional Budget budget for BPJS Healthcare before and after the change for three years, but the amount is still stagnant or there has been no increase over the last three periods, according to these results. There is no change in the number of residents covered by BPJS for Contribution Assistance Recipients from Regional Budget as a result

of the stagnant budget situation. In addition, it is exacerbated by the rise in premium rates, which causes a decline in the number of insured individuals.

According to the interview results of Mr. Pamuji, chairman of Commission D of the House of Regional Representatives of Ponorogo, who handles welfare including health, education, and social, the following are the causes of the budget change:

"In most cases, the budget is revised during its implementation. Increased expenditure allocation necessitated the budget amendment. We and the government agreed to increase the budget so that there would be no budget deficit at the time of the change. Typically, the increase is due to a rise in the amount of BPJS Healthcare contributions. Therefore, the government will not replace deceased participants with new information in 2021".

According to the findings of these interviews, the implementation of the BPJS Healthcare program has led to an increase in expenditures. This condition affects the budget prior to and subsequent to the program. Due to an increase in the number of BPJS Healthcare contributions, the budget increased in size. In order to control the budgetary expansion, the regional government will not update data for participants who died in 2021.

The House of Regional Representatives can make its next effort to increase Contribution Assistance Recipients from Regional Budget participation by proposing an additional budget for the following fiscal year. The following are the results of an interview with Mr. Pamuji, chairman of Commission D of the House of Regional Representatives of Ponorogo, whose responsibilities include health, education, and social welfare:

"The outcomes of last year's meeting with the local government demonstrated that the output of sub-activities from budget allocations before and after the changes met the expected targets, such as the number of Contribution Assistance Recipients Regional Budget participants with paid premiums reaching 100 percent. If no changes are made to the budget, there will be arrears in premium payments due to the proposed budget restrictions. However, we always propose that the budget for the following year be increased to increase the number of BPJS Healthcare participants, but local governments are difficult to persuade".

According to the findings of these interviews, it is necessary to modify the budget in order to meet the specified objectives. When the proposed funds are insufficient, changes to the budget are made; therefore, if no changes are made, issues such as an increase in BPJS Healthcare arrears for Contribution Assistance Recipients from Regional Budget will arise. However, the local government's focus on increasing the number of Contribution Assistance Recipients from Regional Budget to ensure the success of the UHC program remains low. The budget allocation policy has remained unchanged for three years, whereas contributions to BPJS Healthcare have increased.

As a result of an interview with Mr. Pamuji, chairman of Commission D of the House of Regional Representatives of Ponorogo, which deals with welfare including health, education, and social affairs, the following information has been compiled.

"Perhaps it is not regulated by the local government, so the local government does not have a significant responsibility for BPJS Healthcare".

According to the results of the interviews, it is evident that the local regulations governing health insurance in the region were not properly drafted. Local governments lack the authority to expand public health insurance and participation. It will be challenging for the regional government of Ponorogo Regency to increase BPJS Kesehatan membership, particularly to realize UHC.

c. Comprehensive Efforts to Raise BPJS Healthcare Membership Rates in the Ponorogo Regency

A strategy is required for the BPJS Healthcare Ponorogo Regency branch to increase the number of BPJS Healthcare participants and implement the UHC program in the region in light of the socioeconomic conditions and local government budget allocation policies for the BPJS Healthcare program. The following are the outcomes of the interview with Mr. Asep Subana, the head of BPJS Healthcare of Ponorogo Regency:

"We continue to work to increase the number of Contribution Assistance Recipients and Non-Contribution Assistance Recipients in BPJS Healthcare. We require cooperation with various parties, beginning with the local government, businesses, and the community".

According to the results of the aforementioned interviews, collaboration and synergy with multiple parties are required to increase the number of BPJS Healthcare participants who are rapidly expanding. Collaboration and synergy are employed in an effort to utilize each institution's existing resources. The initial synergy was implemented in conjunction with the local government. The following are the outcomes of the interview with Mr. Asep Subana, the head of BPJS Healthcare in Ponorogo Regency:

"The initial action we took was to work with the local government. The purpose of this collaboration is to develop regional regulations for the BPJS Healthcare program. For instance, attaching a BPJS Healthcare card to all local government-related matters. In addition, we collaborate on the utilization of information facilities within the integrated service unit".

Local governments play an important role because they have the authority to issue regional regulations or Regents Regulations that regulate the optimization of the implementation of the BPJS Healthcare program. Through these regulations, the community is required to attach a BPJS Healthcare card to all matters related to local government agencies. This rule supports the rules established by the President in Presidential Instruction No. 1 of 2022 regarding the Optimization of National Health Insurance Program Implementation. In addition, to inform the general public about the BPJS Healthcare program, it is necessary to install banners, videotron, and similar materials in local government institutions and integrated services.

The second step in optimizing BPJS Healthcare participants is to increase company cooperation. The following are the outcomes of an interview with Mr. Asep Subana, the head of BPJS Healthcare of Ponorogo Regency.

"Presently, we are conducting intensive roadshows to companies in Ponorogo Regency to promote the BPJS Healthcare program. Together, we will register their employees as BPJS Healthcare participants. If they do not comply, they will receive a written warning, a fine, and possibly no public service."

In light of the above-mentioned interview findings, outreach to businesses is a crucial means of securing their participation in the BPJS Healthcare program for their employees. This is done because they represent a potential market

for labor. In accordance with Law No. 24 of 2011 concerning Social Security Administering Bodies, there are penalties for violations. Article 4 specifies administrative sanctions if companies other than state administrators fail to comply with the obligation to register their employees as participants in the social security program administered by the BPJS (BPJS Employment and BPJS Healthcare). These sanctions include a written warning from the BPJS, a fine from the BPJS, and the denial of certain public services by the central or regional government on the BPJS's orders. Sanctions do not receive public services, such as business license revocation.

d. Discussion

The UHC strategy enables access to high-quality health care for all, thereby improving the health of those who receive care. According to the World Health Organization (WHO), the purpose of UHC is to protect people from financial consequences when paying for health services, thereby reducing the likelihood that people will be forced into poverty by an unexpected illness that forces them to use their life savings, sell assets, or borrow, thereby destroying their future.

To realize the UHC program, every district or city, including Ponorogo Regency, is required to promote an increase in BPJS Healthcare membership. BPJS Healthcare can provide all Indonesians with fair and equitable health benefits. An effective, comprehensive, and integrated health service system can strike a balance between medical care and public health development (treatment and prevention). Each nation will be able to realize the objective of a healthy population, which is essential for the success of social and economic development toward national prosperity and welfare (Plianbangchang, 2018).

Referring to the research findings that demonstrate that the Ponorogo Regency local government is currently unable to meet the UHC criteria. In 2021, only 674,852 people is registered as BPJS Healthcare participants, or 76.9% of the total population, compared to 202,269 people who have not registered, or 23.1% of the total population. To reach the UHC area, the government must enroll at least 95% of the total population in the BPJS. To achieve UHC, the proportion of BPJS Healthcare participants must increase by 17.1%.

From 2020 to 2022, there is no increase in the number of budgets allocated to increase the number of Contribution Assistance Recipients from Regional Budget; in fact, the number of BPJS Healthcare participants receiving Contribution Assistance Recipients from Regional Budget has decreased due to cuts resulting from increased contribution costs. In contrast, when viewed from the poverty line, it is clear that the Ponorogo Regency is a region with a growing population of poor people. According to data from the Central Statistics Agency (BPS) (2022), the number of densely poor people in 2021 will be 89,94 thousand or 10.26% of the total population, an increase from the 86,74 thousand or 9.5% in 2020. And in 2019, which accounted for 83.97 thousand people or 9.64% of the total population. Local governments should increase their Regional Budget allocations to increase the number of BPJS participants who can assist the growing number of poor people. If this is not done, it will be difficult for them to receive adequate health care due to a lack of funds to cover medical costs. Consequently, local governments play a crucial role in achieving UHC in the region. Through the BPJS program, the community can receive quality health services at a relatively low cost, so that this program does not become a financial burden to cover health costs.

According to Keynes's (1936) consumption theory, a person's level of consumption is proportional to the size of their income. The greater the number of poor people in a region, the more difficult it will be for them to receive adequate health care. This problem arises because their limited income is insufficient to cover the cost of health care. This condition negatively affects the viability of the community and the quality of the human resources in the Regency. Contrary to the Constitution of 1945, health insurance is a fundamental right that the community must fulfill fairly and equitably. Article 34 paragraphs 2 and 3 state that the state is responsible for developing a social security system for all citizens, empowering the weak and disabled in accordance with human dignity, and providing adequate health service facilities and public service facilities. Referring to the Constitution, the National Health Insurance Program is a state-run initiative that seeks to guarantee social protection and welfare for all Indonesians.

Through the National Health Insurance program, each resident is expected to be able to meet the basic needs of a decent life in the event of illness-related income loss or reduction. Each region has a unique path to achieving UHC and decides what to cover based on the needs and resources of its population (WHO, 2022). This highlights the significance of health services and information access as a fundamental human right. Therefore, in order to maximize the optimization of increasing the number of BPJS Healthcare members in Ponorogo Regency, the following strategies must be implemented:

a. Additional Regional Budget Allocation for the BPJS Healthcare Program

As a concrete step for the local government to increase the number of BPJS Healthcare memberships for the poor, it is vital that the regional budget be modified. The addition of the Regional Budget in the subsequent year is crucial for increasing the number of Contribution Assistance Recipients Regional Budget participants. Participating Regional Budget Contribution Assistance Recipients communities where all BPJS Healthcare contributions are borne by the local government using Regional Budget funds. Minister of Social Affairs Regulation (Permensos) Number 21 of 2019 concerning Requirements and Procedures for Changing Data on Recipients of Health Insurance Contribution Assistance governs BPJS Healthcare Contribution Assistance Recipients provisions. This step is the responsibility of the local government in accordance with Article 34 of the 1945 Constitution, which states that the State cares for Poor and Neglected Children, and Presidential Instruction (Inpres) No. 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program, which states that Governors and Regents/Mayors must allocate budgets to optimize the implementation of the National Health Insurance.

b. Formulation of Regent Regulations Regarding National Health Insurance Program Participation Obligations

The purpose of this Regent's Regulation is to ensure the quality, accessibility, and continuity of health services for National Health Insurance participants in Ponorogo Regency, in accordance with all applicable laws and regulations. The purpose of drafting this regulation is to provide legal certainty for the implementation of National Health Insurance and to provide health protection in the form of health care benefits to meet the basic health needs of everyone whose contributions

have been paid or whose contributions have been paid by the government or employer.

c. Formulation of the Regent's Regulation on Optimizing the National Health Insurance Program's Implementation

This Regent Regulation is the government's way of enticing individuals to participate in BPJS Healthcare. BPJS Healthcare membership is required for a number of public services, including buying and selling land, managing driver license, Hajj, and Umrah services, and passports. The rule conforms to Presidential Instruction No. 1 of 2022, Optimizing the Implementation of the National Health Insurance Program.

4. CONCLUSION

This study investigates UHC and BPJS utilization in Ponorogo Regency. On the basis of the research objectives and discussions described previously, it is reasonable to conclude that the number of BPJS Healthcare participants is only 76.9% of the total population, meaning that Ponorogo Regency has not yet achieved UHC (minimum 95% of BPJS Healthcare participants). The results of the study indicate that local governments modify the Regional Budget budget for the BPJS Healthcare program so that there is no budget deficit, but the budget amount is unable to increase the number of BPJS Healthcare participants because it has remained unchanged for three periods. In addition, the results of the study demonstrate that the local government's disregard for UHC, as evidenced by the lack of local regulations governing health insurance in the region, is not well-designed. This study suggests that BPJS Healthcare of Ponorogo Regency should increase cooperation and synergy with various stakeholders, including local governments, companies, and the community in general, in order to increase the number of BPJS Healthcare participants. In addition, the Regional Government of Ponorogo Regency should increase the Regional Budget allocation for the BPJS program, which is needed to increase the number of Contribution Assistance Recipients Regional Budget as an effort for equality and social justice to obtain health services for the poor, as well as the need to formulate a Regent Regulation and Regional Regulations regarding the BPJS Healthcare program to increase the number of BPJS participants through Contribution Assistance Recipients and Non-Contribution Assistance Recipients.

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