

Implementation of the Indonesian Healthy Card Program in Health Services in Puskesmas Kaliorang District, Kutai Timur Regency

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Abstract

Public service is one of the government's functions that must be carried out, especially health services to the community through public health center agencies (Puskesmas). Of all the Puskesmas in East Kutai Regency, the Kaliorang Subdistrict Health Center is the one that has a percentage of conformity that is close to the Puskesmas criteria as recorded in the Regulation of the Minister of Health No. 75 of 2014 namely Puskesmas covering aspects of the location of the condition of the building, infrastructure, equipment, personnel, registration and operation. It's just that the area is rarely known to the outside community and even people from the area tend to choose hospitals outside the Kaliorang sub-district due to the use of the Healthy Indonesia Card that has not been implemented. So it is important for community health centers and health care organizations to take advantage of the facilities that have been provided. It aims to help the community by implementing the Healthy Indonesia Card (KIS) program in health services at the Kaliorang Health Center, East Kutai Regency.

Keywords: Healthy Indonesia Card; Health Services; Puskesmas

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1. Introduction

Service in the health sector is a concrete form of public service. Public services must be carried out by the government as the basic needs of citizens are the most important in health problems (Saraswati et al., 2021). The purpose of health services is to meet the needs of individuals and citizens in order to overcome, neutralize or normalize all problems or all deviations about health that exist in society. However, until now the function and role of the Puskesmas has not been as expected. The problems experienced include insufficient operational costs for Puskesmas and the lack of health workers, especially in remote areas, while Puskesmas are required to carry out health efforts to increase understanding, desire and ability to live healthy for each resident.

Health is one of the basic needs of society, so health is a right for every citizen which is protected by the Constitution (UUD). Every country recognizes that health is the biggest asset to achieve prosperity. Therefore, improving health services is basically an investment in human resources to achieve a prosperous society. In a developing country such as Indonesia, to be able to improve the welfare of the community, it is necessary to have the role of the government through public services to be able to meet the basic needs of its people, such as health, education, and other basic needs.

Public health problems, especially in developing countries such as Indonesia, are based on two main aspects, namely, physical aspects such as health facilities and disease treatment, while the second is non-physical aspects concerning health problems. The service in question is a service that is easy, cheap, fast, and with uncomplicated procedures. The community expects that the services provided are better and do not look at it from the point of view of either social status or certain classes.

Health services can also be interpreted as all forms of business that are jointly pursued in an organization with the aim of maintaining and improving health status, preventing and treating disease and restoring the health of individuals, groups, families or communities.

According to research Sahraini et al., (2022) The problem of health services that can be said to be still bad will have a bad impact on people who have not yet obtained their rights, namely the right of every citizen to be able to obtain good health services. The emergence of discriminatory attitudes towards the community or as patients, most health services will prioritize those who have sufficient costs over people who have less money so that the term "poor people are prohibited from getting sick". In addition, the large number of neglected patients shows a portrait of poor health services.

The government is obliged to be able to provide a healthy and prosperous life for its citizens. The government as the organizer of governance, development, and society, has an important role in managing public health services. Bearing in mind that, especially in regions, the delivery of health affairs becomes the authority of the regions, with the decentralization of authority given to the Regional Government. In this case the ability of the Regional Government to carry out various authorities that have been carried out by the Central Government. For this reason, local governments must be able to provide more quality, efficient, effective, and responsible services.

Community Health Center (Puskesmas) is a basic level health service facility that organizes public and individual health efforts, by prioritizing promotive and preventive efforts to achieve the highest level of public health in its working area (Permenkes Number 75 of 2014).

The Ministry of Health of the Republic of Indonesia defines Puskesmas as a functional organizational unit which is a center for community health development which also fosters community participation in addition to providing integrated services to the community in its working area in the form of main activities. In other words, the Kaliorang District Health Center which is the object of research has the authority and responsibility for maintaining public health in its working area. Health services provided at the Kaliorang District Health Center include curative (treatment), promotive (improvement), and rehabilitative (recovery) services.

The Kaliorang Health Center is also inseparable from problems such as the lack of medical personnel, the lack of clean water, the unavailability of 24-hour electricity and very long distances, as well as the lack of application of the use of the Healthy Indonesia Card. However, of all the Puskesmas in East Kutai Regency, the Kaliorang Subdistrict Health Center is the one that has a percentage of conformity that is the closest to the criteria for the Puskesmas according to the Minister of Health Regulation no. 75 of 2014 namely Puskesmas covering aspects of the location of the condition of the building, infrastructure, equipment, personnel, registration and operation, when compared to other sub-districts.

Based on the Law of the Republic of Indonesia No. 36 of 2009 concerning health mandates that quality and comprehensive health services must continue to be improved (Tandiani, 2014). In our community there are still many people who live below the poverty line who need better health services, both in rural areas and in cities, and with the existence of this health development effort, it is expected to support the community in getting better and comprehensive health services and affordable by the community. people, especially those with low incomes, so that health development goals can be achieved.

Following the vision and mission of Indonesian President Joko Widodo, namely the realization of a Sovereign, Independent, and Personalized Indonesia based on Mutual Cooperation, has a meaningful correlation with the 5th point of the Nawacita which is to improve the quality of life of Indonesian people. Therefore, a health service program was formed by the government in an effort to provide health services that are able to reach all levels of society. President Joko Widodo gave a policy related to the Healthy Indonesia Card Program which was sourced from Presidential Instruction No. 07 of 2014 concerning the Implementation of the Smart Indonesia Program, the Healthy Indonesia Program, Prosperous Family Savings Program. In practice, the government has appointed BPJS (Social Security Administration Agency) as the organizer, while KIS (Healthy Indonesia Card) as the program.

This government effort was then conveyed by the implementation of the Healthy Indonesia Card Program (KIS) in order to support residents in obtaining health services. The KIS program emerged as a form of improvement of the BPJS Health program, especially for Contribution Assistance Recipients (PBI). The Healthy Indonesia Card (KIS) is issued to recapitulate all underprivileged people in order to get health services, so that with the implementation of the Healthy Indonesia Card Program (KIS) it is hoped that there will be no more obstacles for the poor to get health services, especially at the Kaliorang District Health Center.

Scope of problem

- 1) Knowing the Relationship between Social Equality and Governance on Health Services at the Kaliorang Health Center, East Kutai Regency.
- 2) Knowing the importance of implementing the Healthy Indonesia Card (KIS) in Health Services at the Kaliorang Health Center, East Kutai Regency.

2. Literature Review and Hypotheses

Public health center

The Community Health Center (Puskesmas) is one of the most important public health service facilities in Indonesia. The Puskesmas is a technical implementing unit for the district/city service that is responsible for carrying out health development in a work area (Depkes, 2011). The definition of Puskesmas is a functional implementing unit that functions as a center for health development, a center for fostering community participation in the health sector and a first-level health service center that carries out its activities in a comprehensive, integrated and sustainable manner in a community residing in a certain area (Dinata, 2018). If viewed from the health service system in Indonesia, the role and position of the puskesmas is as the spearhead of the health care system in Indonesia. As the leading health service facility in Indonesia, the Puskesmas is responsible for providing public health services, and is also responsible for providing medical services.

The Ministry of Health of the Republic of Indonesia defines Puskesmas as a functional organizational unit which is a center for community health development which also fosters community participation in addition to providing integrated services to the community in its working area in the form of main activities. In other words, the Kaliorang District Health Center which is the object of research has the authority and responsibility for maintaining public health in its working area. Health services provided at the Kaliorang District Health Center include curative (treatment), promotive (improvement), and rehabilitative (recovery) services. The Kaliorang District Health Center is located at Jl. Ery Soeparjan, Kaliorang.

Meanwhile, according to Ramadan (2020) The Community Health Center (Puskesmas) as one of the first-level facilities is obliged to provide comprehensive health services. Comprehensive health services include promotive, preventive, curative, rehabilitative health services, midwifery services, and medical emergency health services, including supporting services in accordance with the provisions of the legislation.

This is in line with research Kusuma (2022) Community health center is a health service facility that organizes public health efforts for individual health at the first level, by prioritizing promotive and preventive efforts to achieve the highest degree of public health in its working area.

In accordance with their authority, Puskesmas are required to provide health services and evaluate the quality and access of health services. Health services provided by puskesmas employees can run optimally if they are supported by good management. The increasingly fierce competition and customers who are increasingly selective and knowledgeable require the Puskesmas as one of the providers of health services to always improve the quality of health services (Ainurrahmah, 2017).

Healthy Indonesia Card

According to Saraswati et al., (2021) The Healthy Indonesia Card called KIS is a health insurance intended for the poor, so KIS guarantees and ensures the underprivileged to get the benefits of health services as implemented through the National Health Insurance (JKN) organized by BPJS health.

The Healthy Indonesia Card Program can be abbreviated as "HIC/KIS", then introduced as a way for the government to show commitment to the implementation of its duties. This is related to the community's right to obtain practical, efficient, transparent and responsible services for the beneficiaries of the Healthy Indonesia Card (Un & Sholahuddin, 2022).

The KIS is a breakthrough from the health improvement program carried out by the President of Indonesia, Joko Widodo. The Healthy Indonesia Card aims to ease the burden on the poor in dealing with health problems and guarantee health for all Indonesian citizens. The existence of this KIS does not shift the existence of the National Health Insurance (JKN) because the government cooperates with BPJS to organize this program (Rahmawati et al., 2020).

In research Triyana (2020) Along with the implementation of the KIS Program, there are several views that doubt the implementation of the program. As a result, there are still people in Semarang City who do not have KIS, this can interfere with the Semarang city government program which wants to realize universal health insurance or Universal Health Coverage (UHC) in 2019 and can interfere with the use of

KIS, especially in inpatient services at the Halmahera Public Health Center in Semarang. It is feared that this will also happen at the Kaliorang Health Center if the healthy Indonesia card program is not implemented.

Health services

According to Sanah (2017) Health services are every effort that is carried out alone or jointly in an organization to maintain and improve health, prevent and cure disease and restore the health of a person, family, group and or community, this is in line with research. Juharni et al. (2022) who also stated so.

Everyone has the right to health, namely access to safe, quality and affordable health services (Health Law 36, 2009). Law No. 40 of 2004 concerning the National Security System and Law no. 24 of 2011 concerning the Social Security Administering Body is a government guideline to provide comprehensive social security for all Indonesian people, including health insurance. The government of each country provides and provides optimal health services that can be utilized by all its citizens.

Public service in the health sector is one of the government's functions to realize and guarantee basic rights, which are understood by all components of society as the right to a dignified life and rights recognized by laws and regulations. In its role as a public service provider, the state must carry out its services professionally, not only managing them, but requiring them to be based on the principles of good governance (Marif et al., 2021).

In general, free health services are believed to be a solution to solving various welfare problems in Indonesia. Maternal and infant mortality rates are quite high in Indonesia, this shows that the health condition in this country is still far from expectations. In addition, the difference in access to health services will certainly corner the poor. In fact, underprivileged people still have difficulty in getting proper health services. According to Muryani et al., (2018) in his 2014 research, the Indonesian government's efforts to achieve the goal of universal coverage in health insurance, it has entered a new stage in implementation of NHI (National Health Insurance). Now in the first stage managing participants, prioritizing essential elements of the public sector worker including people who already have Health Insurance and Social Security for Workers, and the poor. Then the next stage is to give access to everyone in Indonesia which is targeted to be achieved in 2019 (Kementerian Kesehatan RI, 2013).

Hypotheses

The working hypothesis is the actual hypothesis, the original one, which is derived from a theoretical conclusion (Tatang, 2000: 84). The working hypothesis is based on the most reliable theory. The working hypothesis aims to direct the author in order to discuss the problem. More specifically, the author formulates a working hypothesis, namely "Implementation of the Healthy Indonesia Card Program in Health Services In Puskesmas Kaliorang District, Kutai Timur Regency" is related to Policy Content (interests that influence, types of benefits that can be obtained, degree of change to be achieved, location of decision making, program implementers, and resources used) and implementation context (power, interests) and programs of the actors involved, characteristics of institutions and regimes in power, compliance and response from implementers).

3. Methods

Research Form

This study will use a descriptive method with a qualitative approach and is a definition paper in which this paper contains facts. According to Bungin (2007:68), social research using a qualitative descriptive format aims to describe, summarize various conditions, situations, or phenomena of social reality that exist in the community that is the object of research and try to draw that reality to the surface as a feature, character, nature, models, signs, or descriptions of certain conditions, situations, or phenomena. Thus, this study will explain the picture of the reality of the problem that will be described by the researcher using existing data. Therefore, the form of this research is to use a qualitative descriptive research method. It is clear that this research

Research sites

The research that the author examines is the implementation of the Healthy Indonesia Card Program in Health Services in Kaliorang District, East Kutai Regency. The author took the location of this research because the implementation of the Healthy Indonesia card program at the Kaliorang Health Center did not seem to be effective in its implementation such as the lack of socialization about the KIS program to the community, the lack of readiness of primary facilities at the Kaliorang District Health Center, the slow

referral system, the occurrence of overlapping services between the Healthy Indonesia Card program and the BPJS Health Program, as well as the less than optimal use of existing facilities at the Kaliorang District Health Center.

4. Results

Overview of Research Sites

Geographically, the location of Kaliorang District is in the equator and is a division of Sangkulirang District which has an area of 47,200 km². The Kaliorang sub-district is divided into seven villages, namely Kaliorang Village, Bukit Makmur Village, Bukit Harapan Village, Citra Manunggal Jaya Village, Bangun Jaya Village, Bumi Sejahtera Village and Selangkau Village. The distance between one village and another is quite far apart. The Kaliorang District Health Center is located at Jalan Ery Soeparjan, Kaliorang.

Vision and mission

Providing and making quality and affordable health services to the community towards Healthy Kaliorang and Creating a pleasant working atmosphere and environment based on a sense of kinship and continuing to strive to develop professional abilities and improve welfare for employees and the surrounding community.

Research result

The first measurement carried out by the researchers in this study was to find out how to implement or implement the Healthy Indonesia Card (KIS) program in health services at the Kaliorang Health Center with minimum service standards in the health sector and the factors that become obstacles in health services at the Kaliorang District Health Center. East Kutai Regency.

Of all the facilities and infrastructure available in order to support the implementation of health services, there needs to be an effort to improve the facilities and infrastructure needed, because the existing facilities and infrastructure at the puskesmas are still lacking. For this reason, of course, the puskesmas will try to complete the facilities and infrastructure that are not yet available at the puskesmas, of course, with assistance from the government. Without supporting facilities (facilities and infrastructure), the implementation of the policy will not succeed. Facilities are an indispensable factor in the implementation of a policy. Facilities in the implementation of the KIS program are several posyandu, health centers and PBI KIS funds originating from regional budget funds.

5. Discussion

Social Equality and Governance

In the context of equitable distribution of health services, the Government has begun to promote programs aimed at the underprivileged so that all people can enjoy health services fairly and equitably (Moniung et al., 2017).

Social equality is a view which states that all people who are in a society or group have the same position, all human beings are equal regardless of one's status such as the right to feel security, to obtain health services and insurance, to have freedom of opinion, and other rights of a personal nature (Suparmin & Subitanto, 2014).

According to the opinion of Fourie (2012) Social theory is comparative, which is concerned with the relationship between individuals and positions they are relative in the status hierarchy and are not specific, in other words not related to the actual level of benefit or the welfare of society in the hierarchy. Critics claim that distributive equality is worthless and what appears to be a concern for equality is actually a focus for something else, for example the lack of people in society.

According to Akbar (2018) Equality means that everyone has the same rights. Therefore, all human beings are entitled to equal protection of their human rights. The right to health does not mean that everyone has to be healthy or that the government has to provide expensive health care facilities that are considered beyond the government's ability. However, this right is more demanding that the government and public officials can include various policies and further plans related to the availability and affordability of health service facilities for all communities in the shortest possible time. The right to health services is obtained since humans are still in the womb. This is part of the rights of the people called human rights, these rights have been recognized by various religions and have followed the development of the world (Marif et al., 2021).

According to Saputra (2020) The public interest must be carried out by the government as a state administrator through various service sectors, especially those concerning the fulfillment of civil rights and the basic needs of the community, in other words all interests relating to the interests of many people's lives, especially in the health sector. Services in the health sector are one of the services that are most needed by the community. Therefore, the implementation of health in Indonesia is very important to be carried out with the aim of being able to increase awareness, willingness and ability to live healthy for everyone so as to be able to realize general welfare for all Indonesian people in the realization of health insurance for all levels of society.

Public policy can be said as a directive to take or not to take a certain action in order to move the entire sector or government apparatus and create changes in the lives affected by the policy. In pasal 25 of the Universal Declaration of Human Rights (UHDR) discusses the importance of health as a human right and as a necessary condition for other rights to be fulfilled and recognized internationally. The right to health includes the right to life such as the right to food, clothing, housing and health services, necessary social services, and the right to security during unemployment and healthy work, and special attention to mothers and children.

It is contained in Law (UU) No. 36 of 2009 concerning Health, which defines that health is a state of well-being of body, soul, and society that allows everyone to live socially and economically productive. The definition of health has a very broad scope, such as physical and non-physical health (mental, social, economic). Insurance for health is also stated in articles (4) and (5) which state that everyone has the right to health and everyone has the same rights in obtaining access to resources in the health sector, health services that are safe, quality, and affordable. So in conclusion, health is the best condition that everyone needs to be able to carry out their activities normally.

In theory Indrayathi & Noviyani (2017:4) states that the definition of "Equity" according to Webster's Collegiate Dictionary is a form of human rights law and is free from bias, while according to the American Heritage Dictionary the definition of "Equity" means a condition or condition that is partial and fair. Equality is sameness and Equity is fairness. However, under certain conditions, equality can also be unfair (inequitable) and can also be fair (equitable). So it can be said that Equity is something abstract.

There are 3 (three) dimensions of equity in the concept of health:

- 1) Equity in terms of health status
- 2) Equity in access to health services
- 3) Equity in health financing

The government of each country provides and provides optimal health services that can be utilized by all its citizens. Health services are government efforts to improve public health status in the form of promotive, preventive, curative to rehabilitative efforts.

Equity on access to services is a big challenge faced by many countries. In the health equity improvement program, it must lead to an increase in the equity of existing health service resources to avoid the existence of health inequity in the community which until now still exists because everyone has different opportunities in accessing health services, education and employment. Justice and equity in health services are part of health equity that cannot be separated. According to WHO, health equity is that every community gets a fair opportunity for their health needs so that efforts to fulfill health needs will not be harmed, if the inhibiting factors can be avoided.

Implementation of Healthy Indonesia Card

Implementation is the provision of means to carry out something that has an impact or effect on something. Something that is done to have an impact or consequence can be in the form of laws, government regulations, judicial decisions and policies made by government institutions (Sahriani, 2017). In principle, the implementation of a policy is a way for a policy to achieve its goals. Therefore, it can be understood that by studying policy implementation as a concept, it is able to provide progress in efforts to achieve the goals that have been previously decided. Implementation in a broad sense is seen as a tool of legal administration where various systems, organizations, procedures and techniques work together to carry out policies to achieve the desired impact and goals.

It can be concluded that implementation can be interpreted as the process of implementing the policies that have been formulated previously in order to achieve the goals that have been set. It should also be added that the implementation process is to a large extent influenced by the kinds of goals to be achieved and by the way those goals are formulated. Thus, it is true that implementation is a very decisive stage in the policy process, because through this stage the entire policy procedure can be influenced by the level of success or failure of achieving the policy objectives.

An innovative program will usually become a best practice, thus giving birth to various criteria in which to measure the extent to which an innovation program can be categorized as best practice. Best practice is defined as an idea or method that is considered successful and has a high level of efficiency and effectiveness. Best practice is the best practice carried out by an authority which is usually in government or management, depending on the circumstances. Best practice is also an example to be practiced elsewhere. The innovation can be defined as a new discovery that is different from those that have existed before or have been known before. Innovation has a meaning not only limited to creating and updating something but can also be defined more broadly (Sahriani, 2017).

In general, innovation is often interpreted as a new discovery. However, the novelty aspect of innovation places great emphasis on innovation for the private and industrial sectors. Meanwhile, in the public sector, more emphasis is placed on aspects of improvement which are the result of the implementation of these innovations, namely that the government can provide public services more effectively, efficiently, quality, cheaply, and affordable.

With the issuance of Presidential Instruction 07 of 2014 concerning the Smart Indonesia Program, Healthy Indonesia, and Prosperous Families which later became the beginning of the implementation of the Healthy Indonesia Card Program (KIS). However, in practice there are still many obstacles, especially data errors for participants of the Healthy Indonesia Card, rejection of referrals, and there are people and health centers who do not know and apply the existence of the Healthy Indonesia Card (Sitorus, 2017).

As for the research Wasir (2020) who explained that in early 2014, the transformation of the health insurance system began in Indonesia. All fragmented health insurance is integrated into the new national health insurance, known as the Indonesian Health Insurance - Healthy Indonesia Card. In this new system, health insurance providers called the Health Social Security Administering Body and the Indonesian government officially announced their plans to achieve UHC (universal health coverage) by 2020 through JKN KIS.

The National Health Insurance Program (JKN) is a guarantee in the form of health protection so that all people at all levels can benefit in terms of health care and services organized by the Social Security Administration (BPJS), which is a legal entity formed by the government. The purpose of the National Health Insurance program is equity and the provision of health services that can be accessed by all groups and levels of society, especially for the poor and underprivileged so as to create a healthy society.

Card Indonesia Healthy (KIS) can be said as card identity participant Guarantee Health National (JKN) which organized by Body Maintenance Guarantee Social (BPJS) with destination give service health free to Public not enough capable. With this card, the public can get free health services at puskesmas or at hospitals that have collaborated with the government. The Healthy Indonesia Card (KIS) has a guarantee for each card holder to get free health services where the KIS participant fees will be fully borne by the government. So that with this program, it is hoped that health services can be felt by all elements of society without exception, including the poor. The procedure in the service of KIS participants uses a gradual referral system based on medical indications and has no age limit. The Healthy Indonesia Card (KIS) offers prevention, promotion and early detection services which will then be delivered in a more focused and integrated manner (Sianturi, 2018).

In research Yaluwo et al., (2021) The government divides the types of participation (JKN-KIS) into two types based on the source of contribution financing, namely Participant Recipients of Contribution Assistance (PBI) based on Presidential Decree No. 101 of 2011 and Non-Recipient of Contribution Assistance (Non-PBI) based on Presidential Decree No. 12 of 2013. Participants (PBI) Health Insurance includes people who are classified as poor and needy, while participants who are not (PBI) Health Insurance as referred to are participants who are not classified as poor and can not afford consisting of:

- 1) Wage Workers and their family members
- 2) Non-wage workers and their family members
- 3) Not Workers and their family members

In order to make the implementation of the National Health Insurance successful, the government then formed the Social Security Organizing Agency which was the transformation of PT. Askes as a public legal entity that oversees the implementation of the National Health Insurance. With the establishment of BPJS Kesehatan, it is hoped that all people, especially the poor, have had difficulties in obtaining proper and quality health services due to financial limitations.

In carrying out the National Health Insurance service program, BPJS Kesehatan cooperates with several health facilities including Puskesmas, hospitals, clinics, and individual doctor practices to open the door to health services for the community, especially those with low incomes. The BPJS Health participants include three types of participants, namely Contribution Assistance Recipients (PBI), Non-Wage Recipients (BPU), and Independent Workers. Basically, KIS and BPJS PBI have the same goal, namely to provide relief

in health services for the underprivileged. Basically the KIS program is a form of improvement of the BPJS Health PBI program. The KIS has two approaches, namely quantity and quality.

The things that distinguish the Healthy Indonesia Card and BPJS are as follows:

- 1) KIS is a health insurance intended for underprivileged people, while BPJS is an agency or institution that organizes and manages the health insurance.
- 2) KIS is only intended for someone whose economic condition is very weak, while BPJS is a health insurance that is required for every Indonesian citizen, both capable and poor citizens. So for people who can not afford, the contribution will be borne by the government.
- 3) The use of KIS can be done anywhere, either in clinics, health centers or in any hospital in Indonesia. Meanwhile, the use of BPJS only applies to registered clinics or health centers.
- 4) KIS is not only used for treatment, but can also be used for prevention. Meanwhile, BPJS can only be used if the participant's health condition is really sick or must be treated.
- 5) KIS is a type of health insurance that receives a subsidy from the government, while BPJS users are required to pay monthly dues with a predetermined amount.

The implementation of the Healthy Indonesia Card needs to work together to improve the quality of better health services. From regulation to micro to ensure better implementation. It is necessary to improve and develop the system and make efforts to distribute health service facilities and health human resources, provide information to the public and the mass media regarding the level of quality of health service facilities, and develop a referral system. At least the quality of health services, namely effective, efficient, easy to reach, safe, timely, and able to prioritize patients (Putri & Noer, 2019).

The implementation of the Healthy Indonesia Card Program (KIS) includes long queues to obtain health services, the lack of knowledge of participants about the KIS program so that they do not master the referral flow, the lack of speed in processing information on the participants of the Healthy Indonesia Card (KIS) because they do not use Information Technology, and the distance from their homes. Some of the KIS participants went to the Puskesmas, and the use of facilities at the Puskesmas was less than optimal.

In research Saputra (2020) explained that the implementation of the Healthy Indonesia Card Program (KIS) gave rise to several views that doubted the implementation of the program. Similarly, the implementation of the BPJS Health program with a tiered referral system places the Puskesmas as a primary or first-level health facility. The first level of health services will not be implemented properly without adequate facilities. Given that the Healthy Indonesia Card Program (KIS) is based on a referral system, of course this will be a threat because with limited facilities and infrastructure, the Puskesmas cannot provide maximum health services, resulting in centralized health services in hospitals. Limited medical equipment, unfavorable health center conditions.

6. Conclusions

Conclusion

Social equality and government has a relationship with health services, which as we know and have discussed that everyone has the right to good health services, both the upper, middle, and even lower classes of society. With the applicable government laws related to health services and social equality, the existence of facilities in the form of the Healthy Indonesia Card (KIS) can be used by the lower middle class, especially the underprivileged, followed by the development of Puskesmas or Hospitals in each area,

The Healthy Indonesia Card Program (KIS) emerged as a form of improvement of the BPJS Health program, especially for Contribution Assistance Recipients (PBI). The Healthy Indonesia Card (KIS) is issued to recapitulate all underprivileged communities to get health services, so that with the implementation of the Healthy Indonesia Card Program (KIS) it is hoped that there will be no more obstacles for the poor to get health services. The implementation of the Healthy Indonesia Card Program (KIS) will certainly run optimally if it is accompanied by the readiness of the Puskesmas itself. Likewise, the condition of the Kaliorang District Health Center, where the implementation of the Healthy Indonesia Card Program (KIS) has not yet been implemented so that residents from Kaliorang Village will tend to seek treatment at hospitals or health centers outside the village or who have implemented the Healthy Indonesia Card program. The function is to provide health insurance to the public to get health services without paying (free), even the users themselves can be used at every first level health facility as well as at the advanced level.

The presence of the Healthy Indonesia Card National Health Insurance program (JKN-KIS) in the midst of society is a manifestation of the presence of the state for its concern for public health. In addition, the existence of a policy by implementing the Healthy Indonesia Card program also plays a role in improving

the quality of health services at the Kaliorang Health Center. The implementation of the Healthy Indonesia Card at the Puskesmas in Kaliorang District, East Kutai Regency is included in the advanced innovation, where the innovation utilizes the available facilities. The results of these innovations tend to focus on improving health and safety coverage made possible by improved practices. Thus, continuous development of innovation practices is needed to improve people's welfare.

Limitations and suggestions

Puskesmas as first-level health facilities are expected to be able to improve and improve public health, where the officers or health workers of the Puskesmas have a large role and responsibility in dealing with public health problems.

In connection with that, government officials as planners and implementers of a public service policy model, are expected to be able to provide a form of service improvement, especially improving public health services.

It is important for the Kaliorang District Health Center to be able to take advantage of the facilities that have been provided, namely to implement health services in the form of the Healthy Indonesia Card program to the maximum in order to prosper the local population, which in fact there are still many underprivileged residents and so that there is social equality in terms of health services so that The usefulness of the Healthy Indonesia Card (KIS) guarantees and ensures that the underprivileged community can benefit from health services on a par with the general public as implemented through the National Health Insurance (JKN) organized by BPJS Health.

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