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| Author(s) | Ibrahim Paneo Yulianto Kadji Zuchri Abdussamad Rama Hiola |

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"SMILE-Approach" Model in Implementation of NHI Policy in North Gorontalo District Ibrahim Paneo Yulianto Kadji Zuchri Abdussamad Rama Hiola Administrative Sciences Department, State University of Gorontalo Abstract This research aim is to analyze and to know the National Health Insurance (NHI) Policy Implementation Strategy to improve Public Health Service Quality in North Gorontalo District.

It consists of planning, implementation and supervision and determining success factors of NHI policy implementation to improve the public health service quality in North Gorontalo District consisting of mentality, system, networking, organizational support, interpretation ability, and application capability. This research uses qualitative approach with explanatory survey method. The data is collected by observation, interview and documentation.

The data analysis is done through data reduction, data presentation, data verification and conclusion. The research population is NHI implementer at BPJS, DIKES and Puskesmas in North Gorontalo District, totaling 37 people. The study findings are follows. First, the implementation strategy of NHI policy in public health service started from planning, implementation, supervision and will be more qualified if that stage is companied by reward and punishment.

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Second, the determining success factors of NHI policy implementation to improve the public health service quality are mentality, system, networking, organizational support, interpretation ability and application ability; they will be more successful if integrated with skill, loyalty and education. This research analyzes and integrates the theory of public policy implementation models, especially MSN YK and Charles Jones models.

The researchers offer the development of a public policy implementation model concept called the "SMILE Approach Model" in Public Policy Implementation. The SMILE consists of Skill, Mentality, Interpretation, Loyalty and Education Keywords: implementation of NHI policy, SMILE-Approach model. I. INTRODUCTION A. The Research Context Health services are basic needs of society that that should be easy and accessible to all levels of society.

Higher public expectation of good health service needs a public policy of government that truly pro-society. The government has effort to realize it through Presidential Regulation no. 12/2013 about Health Insurance as the foundation to conduct National Health Insurance (NHI) to realize high quality of health service.

Government as provider must be more intensive to pay attention to service because in various opportunities government always promises satisfactory service to society. The principle of NHI implementation is to change the healthcare system from individual (out of pocket) to collective (collective risk sharing). This collective nature will help BPJS to raise funds from community.

The importance to improve public health service quality theoretically and empirically is determined largely by several factors, one of them is application of national health insurance policy. B. Problem formulation The research problems are what the success determining factors of NHI policy implementation to improve the public health service quality in North Gorontalo District. II THEORY REVIEW A. The Concept of Public Policy Dye. (1995) defines public policy as the government's choice to do or not do something.

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The government chooses to do something has a purpose, because public policy is the government "action". Another notion of public policy was said by Edwards III in (Kadji 2015) that: "public policy is what government says and does, or not does". Referring to above definition, public policy becomes the goal of programs.

Policy is a deliberate way to solve some of problems, public policy oriented to solving real problems that occur in community. B. Concept of Policy Implementation Mazmanian and Sabatier (1983) said that policy implementation means the effort to realize a policy decision that has legality. It can in form of laws, government regulations, executive decisions, etc. in form of work programs that refer to issues to be addressed.

A policy is only a good plan that is neatly stored in archive if it is not implemented properly C. Public Policy Implementation Models Various theories of public policy implementation model were proposed by policy experts. The relevant model to research object concerning the policy of National Health Insurance to improve the public health service quality in North Gorontalo District is a model of public policy implementation based on Charles Jones and Public Policy implementation model from YK, because substantially that three policy implementation factors according to Charles Jones's theory and three approaches in policy implementation according to YK Model are directed in addition to NHI management officers / officials, as well as to recipients of health services. 1.

Charles Jones model This model asserts that policy implementation can be influenced by organization, interpretation and application. Flexible organization strongly supports the policy implementation. Interpretation or translation of a policy is very important. The translation of policy to technical matters will make it easier for policy actors to implement the content of policy.

The application every policy product is absolutely supported by flexible and existential organization, and supported by interpretive capabilities described

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in implementation of technical level so that policy will be more applicable, and not just in wishful thinking. The affirmation of Charles O. Jones can be illustrated in figure 1 below. 2. YK Model (Msn-Approach) Kadji.

(2015) argued that product policy that ready to be implemented lead directly to three dimensions of policy stakeholders or parties concerned with policy, namely: Government, Private Sector, and civil society To synergize the three elements involved in policy implementation Kadji (2015: 89) offers three approaches: mentality, systems, and networking (or called Policy Implementation Model through Mental, System and Network (MSN Approach).

The synergy between the three approaches can be illustrated in following figure: Figure 2: Policy Implementation Model through MSN-Approach The above figure explains that implementation process of public policy must concern three approaches model namely approach mentality, system approach and network cooperation approach between government, private and society. 1) Mentality Approach Kadji (2015) explained that focus indicators of mentality dimension approach is attitude, behavior and responsibility.

The attitude of government, private sector and civil society in a policy product implementation is very influential on policy outcome. The next focus indicator is the government behavior as the maker and implementer of policies and behaviors of private sector and civil society to understand code of ethics, to act in accordance with content of policy, courage to act on value even though difficult and risky.

Another indicator is the responsibility of government, private sector and community to perform the tasks according to established procedures, effective to manage the scheduled time, willing to complete the task and ready to bear the risk. 2) System approach Kadji (2015) explained a system is basically a unity of a number of interconnected components and interact to achieve goals.

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The focus indicators of a systems approach are regulatory systems, cultural values and organizational structures and functions. The regulatory system is existing regulations in a policy that must truly for public interest and improve the productivity of public services in a transparent and accountable manner. The next focus indicator is the cultural value system. This system includes local wisdom, kinship and mutual cooperation.

Furthermore, indicators of system structure and organizational functions are also much needed in process of policy implementation. The government, private and civil society should must communicate each other to maintain their own integrity. Cooperative network approach Kadji (2015) suggested a focus indicator of networking emphasis on strategic partnership, synergy and symbiosis mutualism.

The strategic partnership is a form of cooperation, equality, openness and mutual benefit between government, private and civil society. The three components of policy should work together equally, open and mutual benefit among others to realize a comprehensive development. The next focus indicator is synergy.

Kadji (2015) explained the purpose of synergy is to influence the behavior of individuals and groups when interconnected, through dialogue with all groups where perceptions, attitudes and opinions are important to success. Another indicator is symbiotic mutualism. Kadji (2015) describes the symbiotic mutualism in form of, a) mutual need, b) mutual benefit, c) mutual support. Kadji.

(2015) explained that whatever the policy product ultimately will arrive to how to actually implement the policy. D. Public Health Service Concept Health is a state of physical, mental and perfect social well-being (Macionis, 2008). Indonesia government issues universal health insurance funded by government and named "National Health Social Security System".

Generally, there are two health care approaches namely universal and selective approach. Johnson and Schwartz (1994) explained that countries

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with universal health care provisions provide access to health care services for all people. A health service is good if: a) Available and continuous; it means all types of health services needed by community can be found easily and at any time required; b) Acceptable and Appropriate; it means that health service is not contrary to community beliefs.

Health a service that conflict with cultural customs, culture, beliefs and unnatural are not a good health service; c) Accessible; it means people can reach from any point of location. Therefore, in order to realize a good health service, arrangement of distribution of health facilities becomes very important. Health services that are too concentrated in urban areas while **not found in rural areas** are not good health services; d) Affordable, affordability is primarily from a cost point of view. The health care costs can be pursued in accordance with economic capacity of community.

Expensive health services that may only be enjoyed by **a small proportion of society** are not good health services; e) Quality; it means the level of perfection **of health services implementation is consistent with code of ethics and standard set. E.** The Concept of National Health Insurance National Healthcare Guarantee according to Presidential Regulation 12 Year 2013 is a government program with aim to provide comprehensive health assurance for every community in order to live healthy, productive and prosperous.

This program is part of national social security system (SJSN) which is mandatory for entire population through the social health security provider's agency (BPJS). Implementation of NHI program by BPJS starting from January 1, 2014. NHI implementation strategy consists of a). NHI planning, includes: 1) participants and changes in member status, 2) health care, and 3) the amount of contributions; b).

the implementation of NHI includes: 1) availability of health facilities, 2) health service procedures, 3) service accessibility; c). NHI supervision includes: 1) quality and cost control, 2) Grievance handling, and 3) Dispute resolution. III. RESEARCH METHOD This research uses qualitative research type, with explanatory survey method to conduct deep analysis, either explaining the

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present and future condition.

Explanatory means the explanation, either explaining the current event or state, or explaining the prediction (Kadji: 2016). According to Lofland and Lofland (1984), the main data sources in qualitative research are words and actions, rest are additional data such as documents and others. The data analysis technique used in qualitative research is interactive model analysis (Miles & Huberman, 1992), which consists of three components of analysis namely: data reduction, data presentation, and data verification and conclusion. As a follow-up of research, data is tested the validity.

There are four techniques to test the data validity, but the study only uses credibility test. Data validity is tested by triangulation techniques using triangulation data sources and triangulation method. Triangulation data sources test is done to check **the validity of data** obtained from one source with another source.

Triangulation **method is done by checking back the validity of data repeatedly. Data obtained from interviews were checked again by observation or otherwise.** IV. RESEARCH RESULT This research is done by exploring and analyzing and integrating theory of **public policy implementation model** especially MSN YK model and Charles O. Jones model.

The results show that determinants **of NHI policy implementation are mentality, system, network and organizational support, interpretation ability and application** ability. The research result is re-analyzed by looking at empirical facts in field, NHI policy implementation **in North Gorontalo District.** Other determining factors of implementation success of NHI policy are **skill, loyalty and education.**

The researchers offer the concept called "SMILE **Approach**" Model in **implementation of public policy, especially in implementation of NHI policy in North Gorontalo District.** The **Skill, Mentality, Interpretation, Loyalty and Education** (SMILE) Approach can be described below. A. Skill Skill means to develop the knowledge gained through training and experience by

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performing several tasks.

The basic skills that every NHI implementer should have are: conception skills as an executor skills in concept of thinking, useful ideas for preparation of plan and problem solving, and skills related to others (humanity skill) as the ability of an implementer to interact with others, technical skill as provision for every NHI implementer as the ability to run a particular job. B.

Mentality Kadji (2015) explained that focus indicator of mental attitude dimension is attitudes, behaviors, and responsibilities. They are part of mentality approach to leads to improvement of public health service quality and will have an impact on sustainable health improvement. Mentality is very important to NHI implementation, thus NHI implementers are not only able to understand regulation but also have a good mentality.

If the implementers of NHI do not have a good mentality, it will cause dissatisfaction of participants in receiving health services and affect on not optimal health services quality. C. Interpretation The implementers of NHI policy should have adequate interpretation power, especially to interpret a regulation and its derivation and its accessibility and elaboration of rules in order to be easily understood by all parties.

The interpretation indicators consist of technical policy derivation, regulatory accessibility and elaboration of rules that can be understood. Interpretation capability is very important NHI implementers to easier NHI program policy implementation to improve the service quality to community D. Loyalty. Loyalty is a psychological condition to binds NHI and its organizers: BPJS, DIKES, and Puskesmas.

It is not only physical allegiances reflected by how long a person is in organization, but also how much his thoughts, concerns, ideas, and dedication devoted entirely to organization. The loyalty indicators in this study are: 1) obedient principle manifested in attitude of discipline in carrying out the task and set the time and persistence to implement command and perseverance in work; 2) faithfulness that can be seen in every word and

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action and affective commitment, ongoing commitment and normative commitment; 3) awareness is shown in sense of belonging of employees to organization, it will make employees participate to maintain and responsible to organization leading to attitudes in accordance with understanding of loyalty **for achievement of organizational** goals. E.

Education The educational indicators can be explained as follow. 1) **Knowledge is the result of** human sensing, or **the result of knowing a** person to object through his or her senses. (Notoatmodjo, 2005). Therefore, NHI implementers in BPJS, DIKES, or Puskesmas are required to have knowledge that contains positive aspects to determine the attitude of a person, more positive aspects and objects that are known by NHI executor, it will lead to a more positive attitude toward the actions on implementation of health services that **ultimately have a positive impact to improve the public health service** quality.

2) Understanding is how one defends, distinguishes, explains, extends, summarizes, generalizes, gives examples, rewrites, and estimates. Every NHI implementers are required to understand the policy content to facilitate the implementation in field and can maintain, differentiate, and conclude the contents of policy.

3) Experience can also be interpreted as an episodic memory, a memory that accepts and stores events occurred or experienced by individuals **at a particular time and place**, which serves as an autobiographical reference. Experience is also needed for every NHI implementer to be used and become a guide and learning in implementing every policy to improve health service quality to society. Education greatly affects the success of health care quality.

This is relevant to a health policy that requires a health practitioner to have adequate knowledge, skills and understanding and experience. Based on research results and theory of public policy implementation model, researcher develops a policy implementation model to integrate MSN Approach policy model and YK Charles Jones policy model with field research results.

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The policy implementation model is called **Skill, Mentality, Interpretation, Loyalty and Education** (SMILE) Approach. The five synergies can be seen in figure 3 below. CONCLUSION AND SUGGESTION Based on above research results and discussion, researchers formulated some conclusions below. 1. That NHI policy will further **improve the public health service quality in North Gorontalo District** if the implementation strategy is implemented consistently from **planning, implementation and supervision** stages followed by implementation of sanction and reward. 2.

That success **of NHI policy implementation** will further **improve the public health service quality in North Gorontalo District** if concerns and integrates the application of following factors: mentality approach, system approach, networking approach, organizational support, interpretation capability, and application skills, loyalty and education. 3.

Based on the findings, researcher offers the concept **of NHI policy implementation** in public policy perspective as the integration of MSN Approach policy implementation model and YK implementation model of Charles Jones policy and field research result. It is called the implementation concept of "SMILEApproach" Based on above conclusion, the suggestion can be formulated below 1.

To further **improve the public health service quality** continuously, it is expected that NHI policy implementers can implement policy implementation strategies to include planning, implementation, supervision and followed by imposition of strict punishment and consistent NHI rewarding to NHI implementers to responsible for health services success. 2.

To more ensure the continuous improvement of public health service quality, it must be consistent in taking into account and applying the **determining factors of NHI policy implementation** success: **mentality approach, system approach, cooperative networking approach, organizational support, interpretation ability, and application** capability, as well as **skill, loyalty and education**. 3.

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To further optimize the quality of sustainable public health services, it must be consistent in realizing the provision of rewards and punishment enforcement, as well as improving skills, strengthening loyalty and developing education.

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