


Alternative Policies in Managing the Karawang Healthy Service Program

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Article Info	ABSTRACT
Keywords: Policy Alternatives, Universal Health Coverage, Regional Health Insurance, Healthy Karawang	The management of the Karawang Healthy Service Program is still needed in Karawang Regency in order to guarantee health services for poor people who are not yet JKN participants and whose benefits are not guaranteed by JKN due to the possibility of changing the status of UHC Non Cut Off to UHC Cut Off in 2025, so it is necessary strategy to prepare policies to control the utilization of Karawang Sehat services which has an impact on high service claims. The general objective of this research is to determine alternative policies for the Management of the Healthy Karawang Program by identifying and evaluating policies. through qualitative research design through case study methods and in-depth interviews and secondary document reviews. Sources of information were obtained from key informants and supporters. Data analysis using SWOT, Decision Tree Analysis and recommendation criteria according to William N Dunn (2020).
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INTRODUCTION

Globally, achieving UHC has been a major challenge, given the disparities in health systems across countries and regions. Developed countries have achieved UHC to a greater extent, but developing countries, especially in Africa and Asia, still face various obstacles in providing equitable access to health care. According to WHO data (2019), almost half of the world's population still lacks access to adequate health services, and more than 800 million people are forced to incur high health costs, leading to new poverty. The implementation of universal health care systems varies across countries, depending on the extent of government involvement in providing health services and health insurance. Access to health services is based on citizens' rights, not on the purchase of insurance. (2)

In Asia, UHC is a top priority in the regional development agenda, although the challenges vary from country to country. Countries such as Japan (Ikagemi et al, 2014) (3), South Korea, and Thailand have successfully implemented UHC with relatively efficient systems, but low- and middle-income countries such as India and the Philippines still face difficulties. Asia has the world's largest population, making achieving UHC in the region critical to global success. In the case of China's reforms towards UHC, barriers to accessing health services and high out-of-pocket costs have shifted the development agenda from economic growth to social harmony, including improving people's livelihoods through UHC.

Thailand's UHC policy was included in its 2001 election manifesto. The country was able to achieve UHC a year later by abolishing voluntary health insurance and making insurance coverage a citizen's right. This achievement occurred despite the country's weak economy due to the 1997 Asian financial crisis.(4).

West Java, as one of the provinces with the largest population in Indonesia, the effort to achieve UHC faces more specific challenges. The achievement of UHC West Java in December 2024 is 97.73% of the population registered with 74.77% active participant status with data variations of 16 regencies/cities with achievements above 98%, 6 regencies/cities above 95% and 2 regencies/cities below 95% (BPJS Kanwil Jabar, 2024)(7). Although the participation rate in JKN is relatively high, the inequality of access to quality health facilities in various districts/cities is still a problem. This is compounded by the problem of health infrastructure, limited medical personnel, and the need to improve health education for the community.

Based on data from the West Java BPJS Kesehatan Regional Office, in Karawang Regency there are already 2,564,330 residents (99.68%) who are participants in the National Health Insurance (JKN) and as many as 1,958,485 people (76.13%) with active status. The proportion of the population registered by the Regional Government in the PBPU BP Pemda segment is 456,360 people (17.73%). Karawang Regency has received Universal Health Coverage (UHC) Non Cut Off status since 2023 and a declaration was made on October 23, 2023.

Looking at the development of BPJS Health policies in November 2024, the cooperation requirements for determining the status *UHC Non Cut Offs* the increase in the standard of activity from 75% to 80% and the proportion of participants registered by the Regional Government is at least 20% of the population, as well as the obligations of the Regional Government that must be fulfilled for premium payments at least until November 2024. Seeing the achievement conditions in December, Karawang Regency has not achieved the indicators of activity and the proportion of the number of residents registered and there are still obligations that have not been fulfilled which should be the obligations of the West Java Provincial Government through the Governor's Assistance. Therefore, it is likely that the UHC Non Cut Off status will change to UHC Cut Off and automatically the Karawang Sehat service target will change back to before October 2023.

Based on data from the Karawang Regency Health Service, there was a significant increase in Karawang Sehat claims in 2022 to 2023 from the previous year, and based on research by Isnanti (2017)(10)The results showed that there was a possibility of fraud (overutilization) in typhoid claims at two hospitals in the Karawang Healthy Service Program in 2016.Based on this, the author is interested in studying what alternative policies can be implemented to manage the Karawang Sehat Program to be optimal and on target. Therefore, a strategy is needed to prepare a policy to control the management of Karawang Sehat service claims if the UHC Cut Off is implemented.

Studies on regional health insurance management have high urgency, especially in identifying the obstacles faced and finding appropriate solutions.Based on Regent Regulation 25 of 2024 concerning Amendments to Regent Regulation 327 of 2023 concerning Health

Financing and Insurance, that if Karawang Regency no longer achieves the UHC Non Cut Off indicator, then for financing services for the poor who do not have insurance, it will return to the Karawang Sehat Service and only in government hospitals. Seeing the dynamics that have occurred, that UHC services can be in all hospitals, both government and private, this policy needs to be reviewed because it will have an impact on access to services. However, it is also necessary to consider whether expanding access to services will risk regional financial efficiency for claim payments. Based on this, the author is interested in studying what alternative policies can be implemented to manage the Karawang Sehat Program so that it is optimal and on target. Therefore, the general objective of this study is to determine alternative policies for Managing the Karawang Sehat Program by identifying and evaluating policies.

METHOD

The research was conducted using a qualitative method with a case study approach to conduct an in-depth exploration of programs, events, processes or groups of individuals carefully. The data used are primary and secondary data. Primary data were collected through in-depth interviews with key informants regarding the policy-making process, expectations, interactions, preferences of policy makers and resource persons regarding policy formulation and Focus Group Discussion (FGD) to similar supporting informants. Secondary data were obtained through document review consisting of policies, regulations and reports on financing of Karawang Sehat services.

The research conducted an analysis of policy implementation and how the evaluation criteria for policy implementation were used. Already exist so as to obtain policy recommendations in the management of the Karawang Healthy Service Program. The stages of analysis carried out are SWOT analysis, Decision Tree Analysis and the last is to analyze recommendations based on 6 criteria according to William N. Dunn (2020). (13)

Key informants are regional apparatuses that have authority in the Karawang Sehat financing policy, while supporting informants are related parties that do not have authority in the Karawang Sehat Program Management policy. The types and number of informants are as follows:

Table 1.Key Informants and Supporters

NO	TYPE OF INFORMANTS	INSTITUTION	AMOUNT
1	Key	public health Office (Health Services Sector)	3 people
		Regional Development Planning Agency	1 person
		BPKAD	1 person
		Social Services	1 person
2	Supporters	Health Service (cross-program)	2 persons
		Health Center	4 people
		Government Hospital	2 persons
		Non-Governmental Hospital	2 persons
		Community representatives	4 people

The research begins with identifying the problem and then determining the method of data collection. In the preparation stage, a research permit application and ethical review are first made. In the implementation stage, primary data collection is carried out through interviews and FGDs and secondary data. Previously, an informed consent was signed and then data collection was carried out. Secondary data collection is carried out to obtain statistical data, legal data and other related data. Literature research is carried out to study concepts and/or theories related to the research, namely concepts about research methods, public policy, utilization management, insurance concepts and public policy processes related to evaluation and policy alternatives. The final stage is data processing, analysis and drawing conclusions.

RESULTS

Policy Environment Analysis

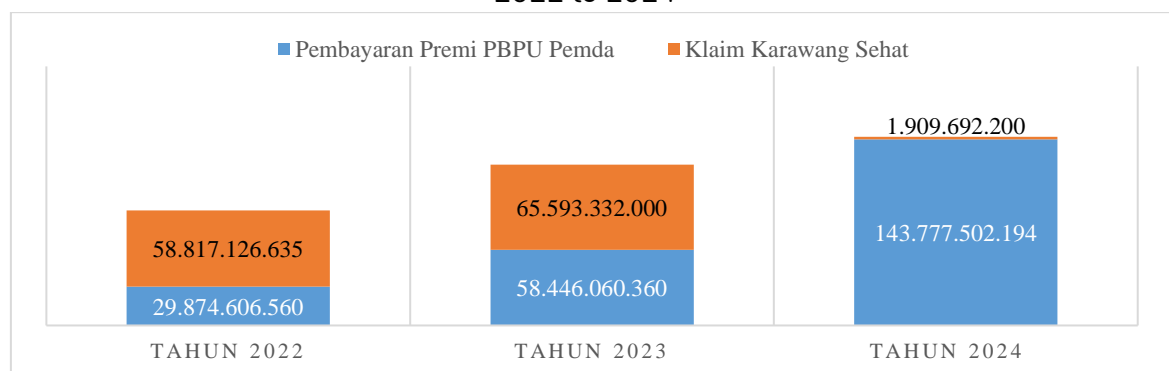
Environmental analysis that influences the management policy of the Karawang Healthy Service Program is carried out using the SWOT analysis method by photographing the internal and external environment.

1. Internal Environment

Based on the interview results, several informants stated the strengths of the Karawang Healthy Service Program as follows:

Based on the data, the strength of the Healthy Service Program is the commitment of stakeholders, has large fiscal support, and has the Karawang Sehat Online System application, an online application for submitting guarantees and managing claims for Karawang Sehat services which has been built since 2014. The internal weaknesses are the availability of a budget that is still limited and must be shared for the development of other sectors and the lack of personnel to verify claims if the cut-off mechanism is implemented so that claims for Karawang Sehat services increase.

Diagram 1. Health Insurance Financing in Karawang Regency
2022 to 2024



Source: Referral Health Services and Health Insurance Working Team

The data above shows that the commitment of the local government is quite high, in 2022 the total financing will be IDR.88,691,733,195 of which 34% is for paying premiums to BPJS and 66% for financing Karawang Sehat. In 2023, there will be a total increase in

financing of 39% from 2022, with a balanced proportion between premiums and claims for Karawang Sehat. In 2024, when the UHC status in Karawang Regency is Non Cut Off, financing for health insurance will increase again by 45% from the previous year with a fairly significant inverse proportion, where premium payments are 99% and Karawang Sehat is 1%. If in 2025 Karawang Regency returns to the Cut Off position, it is likely that claims for Karawang Sehat will increase again like the trend in the previous year, which will have an impact on the budget deficit and development of other sectors.

In terms of human resources, there has been a decrease in the number of health insurance and financing management officers in the Referral Health Services and Health Insurance Work Team, as shown in the data below.

Table 2. Number of Human Resources for the Referral Health Services and Health Insurance Work Team 2022 to 2024

NO	Position	Education	Number of human resources		
			2022	2023	2024
1	Associate Health Admin Expert	S2 Health	1	1	1
2	Young Expert Health Admin	S1 Health	2	2	2
3	First Expert Health Admin	S1 Health	2	2	2
4	Health Insurance Payment Data Processor	S1 Health	1	1	1
5	Referral Program Manager	S1 Health	2	2	2
6	Karawang Healthy Claim Verifier	D3 Health certified	3	1	0
Amount			11	10	8

Source: Referral Health Services and Health Insurance Working Team

The number of personnel in the Referral Health Services and Health Insurance Work Team in early 2022 was 11 people, in 2023 it was reduced by 2 verifiers and in 2024 it was reduced by 1 verifier, so there are no more Karawang Sehat verifiers in this work team. The reduction in the number of verifiers is due to changes in employee status from casual daily workers to government workers with work agreements and placed in the UTPD Health Center according to the required formation.

So if Karawang district becomes the UHC Cut Off and Karawang Sehat claims increase, there will be obstacles in the claim verification process.

2. External Environment

The external environment also influences a policy. Based on the interview, the opportunities identified are as follows:

From the data, it can be concluded that the external environmental factors that provide opportunities for implementing the Karawang Healthy Service Program are the support from related cross-sectors/regional apparatuses as well as non-governmental (private) parties that help the community to pay health insurance contributions, so that it will increase the activity indicator, it is hoped that there will be fewer people who apply for Karawang Healthy participants, so that utilization and claims will decrease.

The threats that arise are that there are still individuals who take advantage of the benefits by registering people who are not eligible to become participants and there is a

possibility that people from surrounding cities/regencies will take advantage of health insurance in Karawang Regency. This can cause a risk of fraud in participation, thus having an impact on increasing utilization.

3. SWOT Analysis

Based on the results of interviews regarding the policy environment, it can be analyzed in a SWOT (Strengths, Weaknesses, Opportunities, Threats) diagram to identify each strategy that can be implemented based on the conditions of the organization's environment, both internal and external, as follows:

Table 3. SWOT Analysis

	<i>Internal</i>	<i>Strengths</i>	<i>Weakness</i>
		<ul style="list-style-type: none"> - Stakeholder commitment - Fiscal capacity is quite large - Availability of the Karawang Sehat Online System information system 	<ul style="list-style-type: none"> - Budget limitations for development of other sectors - The verification HR is no longer available
<i>External</i>			
	<i>Opportunities</i>	<i>SO Strategy</i>	<i>WO Strategy</i>
	<ul style="list-style-type: none"> - Cross-sector support and private sector participation 	<ul style="list-style-type: none"> - Identify cross-sector roles and form a Coordination team - Increase private sector participation by establishing clear mechanisms 	<ul style="list-style-type: none"> - Improving cross-sector coordination in verifying prospective Karawang Sehat beneficiaries - Improving the quality of claims management by adding verification personnel
	<i>Threats</i>	<i>ST Strategy</i>	<i>WT Strategy</i>
	<ul style="list-style-type: none"> - There are parties who take advantage of opportunities/individuals - Karawang Regency borders UHC Cut Off Regency - Lack of community independence in registering for JKN 	<ul style="list-style-type: none"> - Develop regulations to prevent abuse 	<ul style="list-style-type: none"> - Tightening the participant submission verification process - Develop regulations to prevent abuse

Policy Alternatives

Questions about policy alternatives were conducted to dig deeper into the input, opinions and preferences of each informant with a different background, in order to obtain a more comprehensive picture, as shown in the interview results below.

Verification, definition, detailing of the problem

Namely, verifying, defining, and detailing problems in the management of the Healthy Karawang Program by identifying strategic issues faced and opinions regarding current policies.

a. Strategic Issues

The following are the results of interviews with informants related to the strategic issues faced. Based on the data, it can be concluded that the strategic issue faced by the Karawang Healthy Service Program is the risk of high utilization which will have an impact on high claims and the financial burden of the local government due to the UHC Cut Off conditions that may occur in Karawang Regency.

b. Opinions on Current Policy

The results of interviews with service providers concluded that although government hospitals are still able to serve Karawang Sehat patients, from the perspective of health centers, it is still necessary to add referral destinations for Karawang Sehat patients due to considerations of distance and costs that must be incurred by the community. The community basically follows government regulations, but if cooperation between the Karawang Sehat Program and a closer hospital is opened, the community strongly agrees because it will save costs.

Formulate evaluation criteria

Determining the policy criteria that will be recommended as an alternative policy for managing the Healthy Karawang Program. Based on the results of interviews with informants, several evaluation criteria were conveyed. In general, the majority of informants hope that the evaluation criteria for this program are efficient, effective, fair, reach all levels of society, have a major beneficial impact on society and develop following the phenomena that occur in society. Therefore, the evaluation criteria for policy recommendations according to Dunn are in line with the expectations conveyed by informants.

Identifying policy alternatives

Several alternative policies that are considered better have been submitted by informants. Here are some alternatives that can be identified.

1) Participation

a) No change in policy

As many as 5% of informants stated that there was no need to change the policy in determining participation.

b) Change policy

Informants who stated that it was necessary to change the policy in tightening participation by tightening the criteria for those who were unable to afford it and limiting the length of stay in Karawang Regency to a minimum of 1 year according to the leadership's direction was 20%.

2) Providers

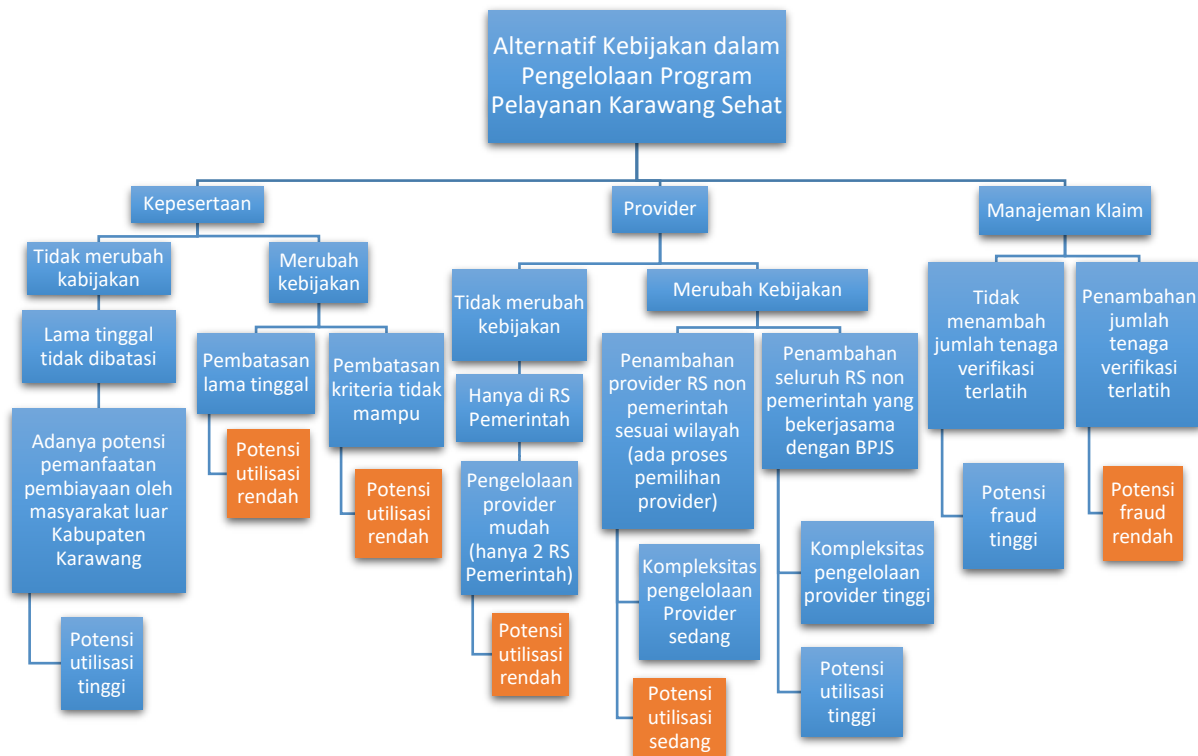
a) No change in policy (only in government hospitals)

As many as 20% of informants stated that there was no need to change the provider's policy, it was enough to just stay in a government hospital considering that government hospitals are more complete so that disease treatment can be more optimal. Another consideration is that by utilizing government resources, it is expected to be more efficient because the budget will go back into government facilities.

- b) Change policy
 - 1) Some non-government hospitals are based on sub-district areas
Informants who stated that it was necessary to change the policy by adding more non-governmental hospitals that collaborated were 15%.
 - 2) All Non-Governmental Hospitals in Karawang Regency
As many as 10% of informants expressed the hope that the Karawang Sehat Program could collaborate with all hospitals in Karawang Regency.
- 3) Claim Management
 - a) Does not add power
5% of informants stated that there was no need to add claim verification personnel if they only collaborated with government hospitals.
 - b) Adding energy
As many as 5% of informants said that if they enter the UHC cut off condition, they need to add verifiers.
- 4) Alternatives outside of Karawang Sehat Service Management
As many as 5% of informants conveyed other alternatives outside the management of the Karawang Healthy Service Program, in the form of strategies to avoid falling into a cut-off condition that would potentially increase Karawang Healthy claims, namely by increasing the role of the private sector in corporate social responsibility.
- 5) Decision Tree Analysis Diagram
The stage after digging up information related to policy alternatives is to forecast or predict the possible consequences of each policy alternative using decision tree analysis. The policy alternatives analyzed are alternatives that are directly related to the management of the Karawang Sehat service program, either changing the policy or not changing the policy (status quo). Based on the interview results, 8 alternatives were obtained to be analyzed, as follows:
 - 1) Does not change participation policy
 - 2) Changing the participation policy with restrictions on length of stay
 - 3) Changing the participation policy by limiting the criteria for being unable to pay
 - 4) Does not change provider policy (only government hospitals)
 - 5) Changing provider policies by adding non-government hospital providers according to region (there is a provider selection process)
 - 6) Changing provider policies by adding all non-government hospitals that collaborate with BPJS
 - 7) Not increasing the number of trained verification personnel
 - 8) Increase the number of trained verification personnel

The complete analysis can be seen in the following diagram.

Diagram 2. Policy Tree Analysis (Decision Tree Analysis)



Based on The analysis shows that several policy alternatives will cause the potential for increased utilization or the potential for increased fraud, these alternatives are as follows:

- 1) Does not change participation policy
- 2) Changing provider policies by adding all non-government hospitals that collaborate with BPJS
- 3) Not increasing the number of trained verification personnel

Whereas alternatives with low and medium potential for utilization and fraud are as follows:

- 1) Does not change provider policy (only government hospitals)
- 2) Changing the participation policy with restrictions on length of stay
- 3) Changing the participation policy by limiting the criteria for being unable to pay
- 4) Changing provider policies by adding non-government hospital providers according to region (there is a provider selection process)
- 5) Increase the number of trained verification personnel

Furthermore, alternatives that have low and medium potential for utilization and fraud will be recommended, but previously a feasibility analysis will be carried out using Dunn's criteria.

Evaluating selected policies

At this stage, testing is carried out to determine whether the recommended policy alternatives meet the values of effectiveness, efficiency, adequacy, equality, responsiveness and feasibility according to Dunn, as in the table below.

Table 4.Evaluation of Selected Policies

CRITERIA	Length of Stay Restrictions in Karawang Regency	Limitation of Disability Criteria	Provider Only in Government Hospitals	Addition of Non-Governmental Hospital Providers According to Region	Increasing the Number of Trained Verification Personnel
Effectiveness	The regional government budget will be more targeted, right to the residents of Karawang Regency	The regional government budget will be more targeted to residents who are truly poor and in need.	Less effective for handling emergency cases that require immediate treatment.	Quite effective in handling emergency cases in certain areas with certain criteria	Quite effective in the context of claims management, so that the verification process is faster and also to screen for potential fraud.
Efficiency	It is quite efficient, because it will prevent misuse by parties who will utilize financing in Karawang Regency.	It is quite efficient, because the government budget is only for the poor, indirectly it will increase the independence of the community.	Quite efficient, it will be easier to manage a smaller number of providers, another consideration is that it is easier to direct providers owned by the local government and utilize resources owned by the government.	Less efficient, managing more providers will increase the risk of fraud.	Quite efficient, although there is a burden to pay for labor, it is nothing compared to the risk of non-compliance with service claims.
Adequacy	Effectiveness is directly proportional to the needs of the people of Karawang	Effectiveness is directly proportional to the needs of the truly	The effectiveness is less comparable to the benefits of	The benefits are less comparable to the effectiveness because it will	Effectiveness is directly proportional to benefits

	Regency who need it	underprivileged community.	emergency handling in areas far from government hospitals.	increase the risk of fraud.	
Similarities	There is equal benefit for the people of Karawang Regency	There is equal benefit for the underprivileged community	Lack of equality between communities close to and far from government hospitals	There are similarities in the context of distance to the hospital	There is equal benefit to increase the speed and accuracy of the claims verification process.
Responsiveness	Less responsive, does not accommodate people who have lived in Karawang for a long time but whose population identity does not support this	Quite responsive, accommodating the needs of underprivileged communities	Less responsive, for people who are far from government hospitals	Quite responsive, accommodating the needs of community services in areas far from government hospitals.	Quite responsive, accommodating the need for claim verification process
Eligibility	It is quite feasible to implement to anticipate misuse.	It is feasible enough to be implemented so that the program is right on target.	It is quite feasible to implement to maximize government resources.	It is quite suitable for emergency handling.	Quite decent, for the speed and accuracy of the claims verification process.
Criteria Fulfilled	5	6	2	4	6

a. Length of Stay Restrictions in Karawang Regency

This alternative meets 5 criteria, namely effectiveness, efficiency, adequacy, equality and feasibility. It is hoped that with this policy, it will be able to prevent abuse by parties seeking profit. This is in line with the 5% statement.

The weakness of this alternative is that it does not meet the responsiveness criteria, this is because if there are native residents of Karawang Regency who for certain reasons do not have/have recorded their population identity and cannot prove it, then it

cannot be guaranteed by this program. It is necessary to re-examine the exceptions to the policy. This was stated by 5% of informants.

b. Limitation of Disability Criteria

This policy alternative is worth recommending because it meets 6 criteria ranging from effectiveness, efficiency, adequacy, equality, responsiveness and feasibility. This is in line with the statement of 20% of informants. It is expected that with the determination of this alternative, the regional government budget will be right on target for the entitled community.

c. Provider Only in Government Hospitals

This alternative only meets 2 criteria, namely efficiency and feasibility, because by locking services in government hospitals, utilization will decrease and by utilizing government resources, the government budget will return to government-owned health facilities. However, this alternative does not meet the criteria of effectiveness, adequacy, equality and responsiveness because people who live far from government hospitals will have difficulty accessing health services and emergency cases will be handled too late, as 10% said.

d. Addition of Non-Governmental Hospital Providers According to Region

This alternative meets 4 criteria, namely effectiveness, equality, responsiveness and feasibility, but has not met the criteria for adequacy and efficiency. This is because with more providers working together, it will increase access, the consequence is that utilization increases and has an impact on treatment claims. But on the other hand, it will be able to handle emergencies and other distance access barriers, as 10% said.

In order to prevent the risk of fraud due to the large number of providers, it is necessary to limit and create special criteria for non-government hospitals that will be appointed for cooperation. Such as considerations of accessibility, resource competence, suitability of facilities, infrastructure and medical devices with the established standards and the hospital's conduct during cooperation with the Karawang Sehat Service Program, as stated by 20% of informants.

e. Increasing the Number of Trained Verification Personnel

This option is also worth recommending because it meets 6 criteria. By adding trained verification personnel, it will increase the risk of fraud which will have an impact on increasing the burden on the local government budget. Based on the interview results, this was conveyed by 10% of informants.

Describes sorting alternatives and selecting recommended policies.

Based on the results of the criteria assessment stage according to Dunn, at this stage, the sorting and selection of policy alternatives is carried out. The policy alternatives that are selected and considered worthy of being recommended are alternatives that meet at least 50% of the evaluation criteria. The following 4 policy alternatives were obtained:

- a. Length of Stay Restrictions in Karawang Regency
- b. Limitation of Disability Criteria
- c. Addition of Non-Governmental Hospital Providers According to Region
- d. Increasing the Number of Trained Verification Personnel

The presentation of recommendations is addressed to the Head of the Health Service through the points of change in the Draft Amendment to the Regent's Regulation on Health Financing and Insurance for points a, b, and c. Meanwhile, the recommendation for point d is to increase the number of trained verification personnel need to coordinate with regional apparatuses that handle personnel matters so that they can be processed according to the applicable personnel mechanisms.

The basis for changing the regent's regulations is to improve access to and the quality of health services as well as accountability, effectiveness and efficiency in the implementation of the Karawang Healthy Service Program, so that it is necessary to align and readjust the...Regent Regulation Number 25 of 2024 concerning Amendments to Regent Regulation Number 327 concerning Health Financing and Insurance.

Discussion

Policy Environment Analysis

The results of the internal environmental analysis study show that the strengths of the Karawang Sehat Program are the commitment of stakeholders, having large fiscal support, and having the Karawang Sehat Online System application, an online application for filing guarantees and managing Karawang service claims. In line with the research of Patmiasih, et al (2015)(17) shows that strong leadership commitment and support from local government are very important in improving the quality of regional health insurance services. In addition, one of the determining factors for the success of the health insurance program is the existence of an information system, based on research by Ramadhan, et al (2013)(18), The use of effective information systems can increase efficiency and effectiveness in the insurance claims handling process. In the book Blockchain in Digital Healthcare(19) It is stated that the use of information technology for the health insurance industry aims to improve data security, accuracy and transparency of budget management.

The weaknesses of this program are the availability of a budget that is still limited and must be shared for the development of other sectors and the lack of manpower to verify claims if the cut-off mechanism is implemented so that claims for Karawang Sehat services increase. Similar challenges in the form of budget deficits are also experienced by other cities such as in the research of Pertiwi & Gurning (2023)(20).

Based on the analyzed policy environment, the next stage is to map the strategy based on the strengths and weaknesses owned internally, as well as opportunities and threats originating from outside. The results of the policy environment analysis obtained strategies in each quadrant.

The strategy of utilizing strengths and opportunities is a strategy to identify cross-sector roles and form a coordination team and establish a corporate social responsibility (CSR) mechanism that needs to be done. This can be accommodated through legal products stipulated by the regional head. Meanwhile, the strategy of involving cross-sectors in terms of verifying participants in the Karawang Sehat Service Program so that it is right on target and the need for additional personnel to improve the quality of verification, provider management and utilization review, is carried out to overcome deficiencies by utilizing existing opportunities.

To utilize the power that is owned to anticipate threats, it needs to be strengthened with regulations to prevent misuse. And to anticipate challenges in the form of threats, with the weaknesses they have, a strong strategy is needed to face them, namely by tightening verification, changing the flow by preparing appropriate regulations/policies. Based on the results of the analysis above, several strategies were obtained to balance positive and negative things in the organization, this is in line with Hulisnaini's research (2022)(22), that SWOT Analysis can help organizations choose the best strategy to achieve their goals. In the context of regional health insurance that has strengths and opportunities that can be utilized so as to optimize program performance.

Policy Alternatives

The strategic issue of the Karawang Healthy Service Program that was successfully identified in this study was the risk of high utilization which would have an impact on high claims and financial burdens for the local government due to the UHC Cut Off conditions that might occur. Karawang Regency. The biggest impact of this problem is the budget deficit and the reduction in the budget for development in other sectors.

The results of this study also identified the opinions of key informants and supporters about the current policy. As many as 35% of informants stated that this program is good and very helpful to the community. However, there needs to be a change in regulations so that the implementation of the program is better and more targeted. The hopes of key informants and supporters for future policy alternatives are to achieve programs that are efficient, effective, fair, reach all levels of society, have a major beneficial impact on society and develop following the phenomena that occur in society. Therefore, the evaluation criteria for policy recommendations according to Dunn are in line with the expectations conveyed by informants.

Several alternative policies that are considered better in implementing the Karawang Sehat service program were obtained from the results of interviews with key informants and supporters. There are 8 alternative policies related to the management of the Karawang Sehat Service Program and 1 alternative policy that is not related to direct management but support. The policy alternatives submitted are then analyzed or forecasted against the consequences that will occur against the selected alternative. The policy alternatives analyzed are alternatives that are directly related to the management of the healthy Karawang service program, either changing the policy or not changing the policy (status quo).

To analyze policy alternatives involving several criteria or factors that must be considered, decision tree analysis can be used. Based on Yanti's research (2023)(23) and Rusdah (2023)(17) states that it is proven that problem tree analysis can be used to minimize the impact of risks that may occur from a decision. The decision tree analysis process is not accompanied by the probability of the results/impacts of each activity in the form of nominal numbers, but what is used is a category based on the researcher's analysis. From the results of the analysis of 8 policy alternatives, 5 policy alternatives were obtained with low potential utilization/fraud risk, and 3 with high potential utilization/fraud, namely:

- 1) Changing the participation policy with restrictions on length of stay

According to researchers, this policy alternative can reduce the risk of fraud, because by limiting beneficiaries to people who have lived in Karawang Regency for a certain period of time, it will reduce the risk of people outside Karawang Regency utilizing health insurance in Karawang Regency. This is in line with McCord & Slater's research (2015)(24) that the approach in limiting the length of stay of social assistance recipients, as a way to minimize dependency while still providing adequate assistance in crisis phases.

- 2) Changing the participation policy by limiting the criteria for being unable to pay
There needs to be a clear regulation on the criteria for being unable to receive assistance from the Karawang Healthy Service Program, so that the criteria for people who are entitled to receive these benefits are clear. Luthfiah, et al (2015)(25) stated particularly regarding the importance of appropriate criteria in determining beneficiaries, to ensure that health assistance is given to those who really need it.
- 3) Does not change provider policy (only government hospitals)
In general, the restriction of Jamkesda to government hospitals can affect the number of claims submitted by health service providers according to research by Widyawati (2011).(26). However, to understand the specific impact, one of them is the improvement of service quality which will decrease due to the large number of patients. By limiting providers only in government hospitals will also have an impact on decreasing public access to health services, especially those far from these facilities. Budhy and Pangribowo (2019)(27) States that Accessibility of health services, including distance, affects the utilization of health services.
- 4) Changing provider policies by adding non-government hospital providers according to region (there is a provider selection process)
This is one option that can be considered. According to Hurley and Freund (1996)(28) that if participants are free to choose service facilities/providers, this will increase the utilization rate. But if it is limited, the consequence will also be to reduce utilization.
- 5) Increase the number of trained verification personnel
Verifiers are essential in claims management. The process of validation and verification of claims is not only carried out based on the system, but also requires trained personnel to process it. Based on research, it was found that there were no trained verifiers in the Karawang Sehat Service Program. According to Mark Button & Jim Gee in their book *Countering Fraud for Competitive Advantages*,(29) discusses various approaches to detecting fraud in insurance, including factors that contribute to increased fraud, one of which is the lack of adequate manpower for claims verification.
- 6) Does not change participation policy
This alternative has the potential to increase utilization and the risk of fraud, because without the establishment of clear criteria, it will open up opportunities for people to take advantage of this condition. Community empowerment will also decrease, resulting in people not being independent. The impact of this will increase the budget burden and it is feared that people who are truly unable will not receive the benefits. As in the study by Sahri (2011)(30) in Bangkalan Regency that the Jamkesda program has

not been able to cover the need for health services for the entire community, this is because the distribution of Jamkesda services is not on target and there is no legal product available.

- 7) Changing provider policies by adding all non-government hospitals that collaborate with BPJS

The alternative of reopening Karawang Sehat services for all hospitals in Karawang Regency increases the risk of high utilization. Because by bringing access to services closer, the community will be easy and potentially reduce community independence.

- 8) Not increasing the number of trained verification personnel

By not adding the workforce responsible for verifying claims can increase the opportunity for fraud, as poorly verified claims provide loopholes for individuals or entities to exploit the system.

After the decision tree analysis is conducted, the next stage is to evaluate policy alternatives based on Dunn's criteria. The recommended alternatives are 5 alternatives that have low and medium utilization/fraud risks. The results of testing the recommended policy alternatives meet the values of effectiveness, efficiency, adequacy, equality, responsiveness and feasibility according to Dunn, as in the table below.

Length of Stay Restrictions in Karawang Regency, this alternative meets 5 criteria, the weakness of this alternative is that it does not meet the responsiveness criteria, this is because if there are native residents of Karawang Regency who for some reason do not have/have recorded their population identity and cannot prove it, then it cannot be guaranteed by this program. It is necessary to re-examine the exceptions to the policy. Limitation of the Criteria for the Poor, meets all criteria starting from effectiveness, efficiency, adequacy, equality, responsiveness and feasibility. It is hoped that by determining this alternative, the regional government budget will be right on target for the entitled community.

The alternative policy of Providers Only in Government Hospitals, only meets 2 criteria, namely efficiency and feasibility, because by locking services in government hospitals, utilization will decrease and by utilizing government resources, the government budget will return to the facilities. government-owned health services. However, this alternative does not meet the criteria of effectiveness, adequacy, equality and responsiveness because people who live far from government hospitals will have difficulty accessing health services and emergency cases will be handled too late.

Addition of Trained Verification Personnel, this option is highly recommended because it meets 6 criteria. By adding trained verification personnel will increase the risk of fraud which will have an impact on increasing the burden on the local government budget. These evaluation criteria are very suitable for use in various evaluation contexts, whether public policy, recommendations or data-based decision making. These criteria provide comprehensive guidance for assessing a policy system (Dunn, 2020)(13).

The next stage is to sort out alternatives and choose recommended policies, based on the selection in the previous stage, alternatives are selected that are worthy of being recommended, at least those that meet 50% of the evaluation criteria. So 4 alternative policies were obtained, namely: 1) Limiting the Length of Stay in Karawang Regency; 2) Limiting the

Criteria for the Poor; 3) Adding Non-Governmental Hospital Providers According to Region; 4) Adding the Number of Trained Verification Personnel. The presentation of recommendations is addressed to the Head of the Health Service through the points of change in the Draft Amendment to the Regent's Regulation on Health Financing and Insurance for points 1), 2), and 3). While the recommendation for point 4), namely the addition of the number of trained verification personnel, needs to be coordinated with regional devices that handle personnel so that it can be processed according to the applicable personnel mechanism. This is in line with the statement of Oktarina, et al (2021).

From several stages of alternative policies, we have obtained alternative policy results presented by researchers starting from identification to data analysis. However, this research is still limited in decision tree analysis need to be supported by the probability value of financial impact. This is because to be able to calculate the most likely costs that arise, other analysis methods are needed, such as cost-effectiveness analysis or cost-benefit analysis.

CONCLUSION

Based on the research results, it can be concluded that 4 (four) alternative policies have been obtained that researchers have presented in the form of proposed changes to the regent's regulation on financing and health insurance in Karawang Regency. It is hoped that with the change in policy on the Management of the Karawang Healthy Service Program, it can improve access and quality of health services as well as accountability, effectiveness, efficiency, adequacy, equality, responsibility and feasibility in the implementation of the Karawang Healthy Service Program. Claim management and utilization review need to be improved in order to prevent and anticipate potential fraud and abuse. Verification and validation of participation also need to be tightened to prevent misuse to people who are not entitled, supported by regulations, the role of other regional apparatuses and commitment from stakeholders. Other efforts that need to be improved are socialization of the flow, benefits and provisions and other mechanisms related to the Karawang Healthy Service Program to all levels of society in various media to increase knowledge and transparency of the program. It is hoped that with the improvement of the policy, the Karawang Healthy Service Program can be a positive stimulus for the underprivileged and increase independence and empowerment society in order to improve their health status.

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