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Collaboration Between Social Health Insurance Administration Body (Bpjs) And Prof. Dr. W. Z. Johannes Regional Public Hospital Kupang In Health Services

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ABSTRACT

This study uses an interpretive research paradigm with the research locations chosen by the researchers are the Office of the Social Health Insurance Administration Body (BPJS) Kupang Branch and the Prof. Dr. W.Z. Johannes Regional Public Hospital. The types of research data in this study are primary data and secondary data, while the data sources are obtained through informants and document data. Methods of data collection using interview techniques, observation and documentation. The data collected was then analyzed using the data analysis technique proposed by Creswell (2016: 264-268). The collaboration of Prof. Dr.W.Z. Johannes Regional Public Hospital with the Social Health Insurance Administration Body Kupang Branch in health services was analyzed using the theory of Ansell and Gash (2007:558-561). The findings of this study are (1) In the "initial condition" dimension, problems were found in the form of unbalanced resources, incentives and constraints from the participation process in collaboration as well as the background of unbalanced cooperation and conflicts between actors which tend to make the collaboration process rely on stronger actors, (2) dimensions of the collaboration process through face to face dialogue which is only carried out at the upper level between the hospital and BPJS while at the lower level of collaboration (networks) this is not involved in every dialogue, building trust which, although it is still considered detrimental, is still being tried to exist, the same thing is also attempted to be done in the dimensions of commitment to the collaboration process and shared understanding as well as temporary impacts (intermediate outcomes), whereas (3) the facilitative leadership dimension was found to be positive at the hospital level, while for the Social Health Insurance Administration Body Kupang Branch, this has not been done because of the tendency of leaders to be closed, especially in terms of communication regarding collaboration, and (4) on the institutional design dimension is still constrained on the basic protocol and basic rules for collaboration.

Keywords: Governance, Collaboration and Service

FOREWORD

Since BPJS was launched on January 1, 2014, this Health Insurance Program has received a pretty good response from various elements of society. The good response from the community can be seen from the coverage of national participation. As an illustration, participants in 2014 amounted to 133 million people. Then the number increased to 144,330,879 people in 2015 and in January 2017 increased to 172,968,072 people. When compared with the increase in National Health Insurance (JKN) participants from 2015 to 2017, an increase of about 20% (BPJS-Kesehatan, 2017) and data as of 27 December 2019 the number of participants reached 224.1 million or 83% of the total population of Indonesia, namely 269 million people (Victoria, 2020).

In carrying out its role, BPJS collaborates with hospitals through a cooperation agreement between hospitals and BPJS. This collaboration begins with the existence of a legal basis for a cooperation agreement between the Hospital and BPJS, namely in addition to Presidential Regulation Number 12 of 2013 which is the basis for the implementation of the cooperation agreement in the National Health Insurance program which in Article 36 reads: (1) Health service providers include all Health Facilities that collaborate with BPJS, (2) Health Facilities owned by the Government and Local Governments that meet the requirements must cooperate with BPJS, (3) Private health facilities that meet the requirements can cooperate with BPJS, (4) The cooperation as referred to in paragraphs (2) and (3) is carried out by making a written agreement. In addition, it is also regulated in the Minister of Health Regulation Number 71 of 2013. These two regulations in addition to regulating cooperation agreements, also explain the requirements for health facilities that collaborate with BPJS, including first-level health services, advanced level referral health services and inpatient care.

In this context there are two important things. First, each organization is initially autonomous (independent) and second, there is a need to achieve their respective goals but have the same goal or object, namely health services so that the organization cooperates with other organizations. Thus, collaboration is a collective process in the formation of a group based on mutually beneficial relationships (mutualism) and common goals of organizations or individuals that have an autonomous nature.

Furthermore, in collaboration there are components that are the key to the success of the collaboration. These components complement each other so that collaboration will be successful if all components are met. Gray (1989) argues that collaboration involves several components, namely (1) interdependence, (2) constructive unification of thoughts to reach solutions, (3) joint ownership of decisions, (4) shared responsibility. Another opinion by Roberts and Bradley (1991) in Thomson and Perry (2006:20) who argued that the main components of cooperation were unification of goals, permanent and voluntary membership, organization, interactive processes, and temporary nature. Healey (1996:208) also argues that collaboration requires a strategy through three modalities, namely (1) social capital consisting of trust, communication, and the willingness to exchange ideas, (2) intellectual capital consisting of understanding, and (3) political capital consisting of formal and informal agreements and projects. Furthermore, Agran off and McGuire (2012), Thomson and Perry (2006), and Ansell and Gash (2007)

look at the collaboration component from a different angle. Robert Agran off and McGuire (2003), analyzed only 3 components, namely communication, value added and deliberation. Thomson and Perry (2006) argue that there are 5 key dimensions of collaboration, namely (1) the dimension of governance, (2) the dimension of administration, (3) the dimension of autonomy, (4) the dimension of mutualism, and (5) the process of forming social norms. Meanwhile, Ansell and Gash (2007:558-561) see collaborative governance in a process perspective consisting of 4 important dimensions or aspects, namely initial conditions, collaborative processes, outcomes and factors that influence the collaboration process such as institutional design and facilitative leadership. In collaboration, these dimensions or aspects form a cycle, which also becomes a process and influences each other.

The studies of the experts mentioned above are closely related to research on collaboration between Prof. Dr.W.Z. Johannes Hospital and BPJS Kupang Branch in providing health services to BPJS participants using the collaborative process theory or Collaborative Governance Ansell and Gash (2007: 558-561) as the grand theory.

The phenomenon observed from this collaboration is always faced with several problems. In fact, the two agencies have mutually supportive goals so that the basic needs of the community in the health sector are met. With the existence of BPJS, it is hoped that health services can be more observant and thorough in identifying patient problems and taking action/checks according to indications because BPJS finances according to disease diagnoses and according to indications.

However, the problem of the amount of tariffs listed in the Indonesian Case Based Group (INA-CBGs) package, which is a system that determines the standard rates used by hospitals as a reference for claim fees to the National Health Insurance (JKN) system, is still considered unsatisfactory. This is because the INA CBG's standard is still considered low. For example, a patient with a diagnosis of cardiac catheterization if the inpatient claim is covered by BPJS as shown in table 1 below:

Table 1 INA-CBG's Rates, Per Type of Disease per Type of Hospital

Type of Disease	**Indication**	**INA-CBGs Rates For Government Hospitals**					
		Type B/Class			**Type C/Class**		
		3	2	1	3	2	1
Categorization	R	4.670.800	5.604.900	6.539.180	3.638.600	4.366.300	5.0944.000
Heart	S	6.522.600	7.827.100	9.131.700	5.081.200	6.097.400	7.113.600
	B	12.560.00	15.072.00	17.584.00	9.784.300	11.741.20	13.698.70

Source: Data processed from Regulation of The Minister of Health of The Republic of Indonesia Number 52 of 2016

The data above shows that if participants seek treatment with an indication of the disease as mentioned above and the patient can recover within a few days, it is not a problem because the cost is in accordance with the INA CBG's package rates. However, if the patient requires treatment for a long time, it will be a problem because it will pass the set rate. In fact, Prof. Dr.W.Z.Johannes Hospital Kupang is an advanced referral hospital that serves referral patients from lower health facilities with diseases that require intensive care. To completely cure the patient, of course, takes a long time and costs a lot of treatment. The amount of these costs is not covered by BPJS because the medical costs borne by BPJS must adjust to the specified INA CBG's package rates. This is what makes Prof. Dr.W.Z Hospital. Johannes Kupang suffered a loss. On the other hand, patients as BPJS participants feel they are entitled to full service because they have paid dues. Patients with BPJS member status never know what their rights are because they have never been socialized.

This empirical fact shows that in its implementation, the collaboration between the BPJS Kupang Branch and Prof.Dr.W.Z.Johannes Hospital Kupang does not fulfill mutual benefits or conditions where all parties benefit each other. This is indicated by the existence of outpatient and inpatient cases as well as financing and claim payments by BPJS as shown in table 2 below:

Table 2 Number of Outpatient and Inpatient Cases as well as Financing and Payment of Claims by BPJS Kupang Branch to Prof W.Z. Johannes Reginal Public Hospital Period 2018-September 2020

Year	Number of Cases		Hospital Costs		BPJS Claim Fee		Total	
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Hospital costs	BPJS fees
2018	90.419	9.780	43.926.766.955	62.554.852.513	28.340.497.500	50.532.531.300	106.481.619468	78.873.028.800
2019	77.710	11.396	35.336.149.616	88.074.091.383	26.025.691.900	60.543.016.200	123.410.240.999	86.568.708.100
2020*	43.943	6.703	25.056.531.607	56.359.088.213	15.509.718.240	36.201.074.528	81.415.619.820	51.710.792.768

Source: Processed data until September 2020

The table above shows that the costs for BPJS patient services by Prof. Dr.W.Z. Johannes Hospital Kupang is greater than the costs borne by BPJS, thus the principle of mutual benefit does not occur in

this collaboration. On the other hand, communication has not been well established between Prof. Dr.W.Z. Johannes Hospital Kupang, BPJS and BPJS participants.

Another thing that is seen as still lacking attention is arrears in paying premiums/contributions. This is indicated by the fact that there are still many BPJS patients who are not aware of the importance of paying contributions, resulting in arrears in payment of their contributions. The consequences of this arrears are; (a) For participants, when they are sick and hospitalized, the patient is required to pay off the arrears and is subject to a fine of 2% according to Presidential Regulation No. 82 of 2018 and 5% according to Presidential Decree No. 64 of 2020 of the amount of arrears, (b) For BPJS Parties, it can affect the BPJS income itself, especially in managing the financing of every claim submitted by the Hospital in health services which are deemed less comparable to the contributions paid by BPJS participants, as shown in table 3:

Table 3 BPJS Tariff Amount

No	Class Classification	Before August 2020	After August 2020
1.	1	IDR. 80.000, -	IDR. 160.000, -
2.	2	IDR. 51.000, -	IDR. 100.000, -
3.	3	IDR. 25.500, -	IDR. 42.000, -

Source: Data processed by researchers based on Presidential Regulation Number 64 of 2020

The table above shows an increase in contributions. This increase in contributions is contained in Presidential Regulation Number 64 of 2020 concerning the Second Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance. However, this only applies to classes 1 and 2 while class 3 will only take effect in 2021 with an increase from IDR.25,500,- to IDR.42,000,- (participants only pay IDR 35,000, while IDR 7,000 is borne by the Central and Regional Government). Even so, a significant increase from the previous contribution that was aimed at covering the existing deficit could in fact create new problems again.

Based on the authors' findings, collaboration should be used to generate elements of commitment or relational quality (Ariño & De la Torre, 1998) and fair behavior in alliances (Ariño & Ring, 2010; Luo, 2008), in collaboration measures as well as in buyer- suppliers relationships. Hoegl and Wagner (2005) include whether each party equally contributes to a common goal, thereby indicating expectations about equity in contributions. Because such equality can cause justice problems where the contribution of one party is not the same as the contribution of the other (Doz, 1996; Ring & Van de Ven, 1994) such as empirical findings in collaboration between hospitals. Prof. Dr. W.Z. Johannes, BPJS Branch Kupang so that it has an impact on the quality of services provided to the community as recipients of health services so that the authors are interested in conducting research with the title Collaboration Between Social Health Insurance Administration Body (BPJS) And Prof. Dr. W. Z. Johannes Regional Public Hospital Kupang In Health Services.

In carrying out cooperation, the government must view cooperation as an activity that is vertical and horizontal. According to Ansell and Gash (2007:558-561) collaborative governance between BPJS and Prof. Dr.W.Z. Johannes Public Hospital Kupang can be analyzed from a process perspective which consists of 4 (four) dimensions or important aspects, namely; (a) initial conditions, (b) collaborative process, (c) results and (d) factors that influence the collaboration process, namely institutional design and facilitative leadership.

LITERATUR REVIEW

Governance as a Public Administration Paradigm

Governance broadly is the exercise of political, economic, and administrative authority to manage the affairs of a country. It is a complex mechanism, process, relationship, and institution through which citizens and groups articulate their interests, exercise their rights and obligations and mediate their differences (Farazmand, 2004: 7). Kooiman (2002:347) explains the notion of governance as a pattern or structure that appears in the socio-political system as a result of the interaction intervention efforts of all the actors involved. This pattern cannot be derived for (results produced by) one actor or group of actors in particular.

From a historical perspective the concept of governance is not a new term, this term was used for the first time in France in the twentieth century during the reign of King Henry IV in 1399. In this period governance was understood as "central government" (Loffler 2003:160; Eliassen and Sitter 2008:113). For Farazmand (2004:8) the increasing use of the term governance is associated with a number of factors such as negative connotations with the meaning of bureaucracy, the traditional hierarchical system of public administration, the mode and meaning of less participatory public administration, regulatory functions and roles of government and government, authoritative and unilateral governing, the role of government, the idea of a more inclusive and interactive government as a process.

The explanation can be stated that governance is one of the discussions in the new public services paradigm called new public governance (NPG), which is part of the stages in the public administration process, which is one of the important studies, studied in Public Administration. In the public administration literature, the term governance is often used to describe the interrelationships between organizations. This understanding does not only involve public institutions in the formulation and implementation of policies, but also the connection of various organizations to carry out public goals (Agran off and McGuire, 2003:21).

COLLABORATION

The concept of collaboration in the perspective of public administration according to Agran off and McGuire (2003:23) can be traced from several scientific perspectives, including, from a sociological point of view, collaboration is a relationship between organizations, relations between government sciences (public administration), strategic alliances (management business), multi-organizational networks (public management). These four perspectives produce one theme, which is to explain cross-organizational interactions and relationships. Wood and Gray (1991:15) collaboration means that autonomous parties interact through negotiations both formally and informally. The collaboration

function becomes more reliable than the function or effort to adapt in the face of various changes (Jenkins, 2006:77). Furthermore, Lai (2011: 2) explains that collaboration is a joint involvement in a coordinated effort to solve problems together. Collaborative interactions are characterized by shared goals, a systematic structure with high levels of negotiation through interactivity and interdependence. This means that the various sectors mutually support each other in the context of public services that are part of the government's mission (Prefontaine et al, 2000).

Collaboration as the Core of Networks

Networking can be interpreted from several points of view. Klijn (1999:29) suggests a network as a group of organizations that are interconnected with each other, namely a set of organizations or a set of relationships between organizations. Benson (in Klijn, 1999:41) suggests networks as a resource dependency. In networks, things are more complex than just organizations that are interconnected with one another. The term collaboration is often used interchangeably with many other terms, such as partnership, alliance, and joint venture. Mount (2003:6) defines collaboration as working together.

Collaboration according to Tadjudin (2000:13) is the action of the parties to produce mutual satisfaction on the basis of "win-win." In the perspective of cooperation between stakeholders, collaboration is a concept of relations between organizations, relations between governments, strategic alliances and multi-organizational networks (Agran off-Guire, 2004) More clearly, Tadjudin (2000:14) states that collaboration discusses the cooperation of two or more stakeholders to manage the same resources, which is difficult to achieve when done individually.

Lofter (2002), Koiman (2002) explain further about the notion of networks (often interchangeably with the term governance) as; (1) the way stakeholders interact with each other to influence policy outcomes, (2) the patterns or structures that emerge in the socio-political system as a result of the intervention efforts of all the actors involved; (3) formal and informal coordination in public and private interactions; (4) a concept that reflects the coordination of a social system and the role of the state in it. Rodhes (1996) suggests several characteristics of networks as governance; (1) Interdependence between organizations that includes non-state actors, such as private and voluntary; (2) Continuous interaction between members due to the need for exchange of resources and negotiation in setting common goals; (3) Game interactions rooted in trust and mutually agreed rules of the game.

Collaborative Governance

In the UK to strengthen three-tier policy-level analysis, Bromley (1989), in the last two decades, has developed a new government strategy called 'collaborative governance' which replaces the form of decision-making and its implementation in managerial policies and conflicts between industry and government (Ansell and Gash, 2007). Naturally, collaborative governance, as expressed by Ansell and Gash (2007), Bingham and O'Leary (2008) emerges from the collaboration of one or two public institutions directly with stakeholders in formal non-public collective decisions that are consensus-oriented and deliberative. Its purpose is to make or implement public policy or manage a program or public asset.

Governance refers to all processes involving governance whether carried out by governments, markets,

or networks (Pierre, 2000), interpreted by Hill and Hupe (2000) as hybrid governance. Osborne (2006) states that governance needs to shift from traditional forms (hierarchies) and adopt networks (networks).

Collaborative governance is the successor to Old Public Administration (a Weberian bureaucracy that delivers policies and services) and New Public Management (making government more like business and bringing in markets). Collaborative governance is distinguished by a shift in policy and service delivery from government or market settings to one in which the public, private not-for-profit and private business actors are jointly involved and accountable for policy making and service delivery, and where private actors are given the widest possible opportunity (companies, interest groups, volunteer organizations, citizens) (Voets et al, 2021). The Collaborative governance era implies shared decision-making, implementation, and shared accountability across public, non-profit, and private actors (Emerson & Nabatchi, 2015). Citing Frederickson (2007), Emerson and Nabatchi (2015) discuss governance as the act of regulating, or how actors use processes and make decisions to exercise authority and control, exert power, take action, and ensure performance all guided by a set of principles, norms, roles, and the procedures in which actors meet.

According to Thompson and Perry (2006:24-28), a collaboration model is composed of various basic elements of collaboration that form a certain series. The stakeholder collaboration model is a description of the stakeholders involved in collaboration, the roles, duties and responsibilities of each stakeholder and the characteristics of the relationship between stakeholders described through causal relationships, collaboration elements that occur repeatedly form a framework for describing collaboration.

Emerson, Nabatchi and Balogh (2012) explain the definition of collaborative governance broadly as the process and structure of public policy decision-making and public management that involves the community outside public institutions constructively, public bodies at every level of government, and the private sector to carry out public goals that are not achievable. This explanation is more general because it involves a wider scope covering public bodies at every level of government.

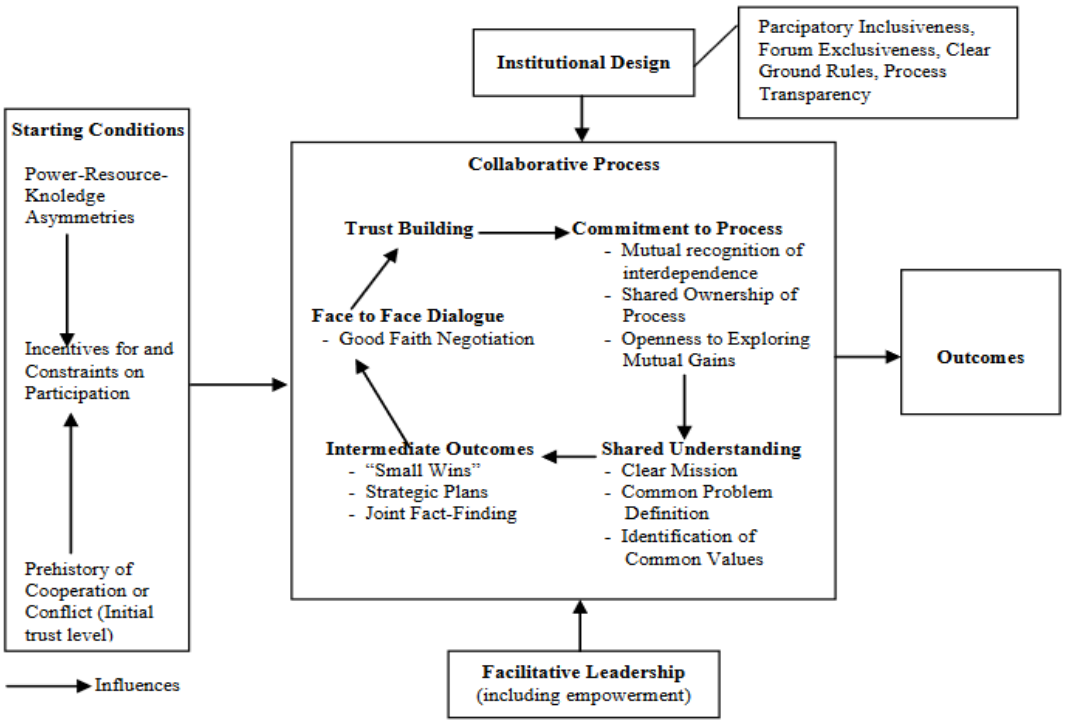
Agran off and McGuire (2003) convey the definition of collaborative governance as a concept that describes the process of facilitating and carrying out something in a multi-organizational structure to solve problems that cannot be solved or are not easily solved by one organization alone. Collaboration means to work together, to achieve common goals, to work across borders and in multi-sector and multi-actor relationships. Collaboration is based on the value of reciprocity. Public management collaboration can include participatory governance with active involvement of citizens in government decision-making.

Goldsmith & Kettl (2009:1-2) argues that collaborative governance is the process and structure of public policy making and governance by involving the community, private sector, NGOs, from various institutions and existing levels to determine common goals that are difficult to formulate on their own. .

Anshell and Gash provide a definition of collaborative governance as a form of governance arrangement in which one or more public agencies directly involve non-governmental stakeholders in a formal, consensus-oriented, and deliberative collective decision-making process and aims to make or implement public policies or regulate public programs or assets and in this study, to analyze the collaboration

between the Social Security Administering Agency (BPJS) and Prof. Dr.W.Z. Johannes Regional Public Hospital Kupang in health services, the researchers used the theory of Ansell and Gash (2007:558-561) to see collaborative governance in a process perspective which consists of 4 (four) dimensions or important aspects, namely starting conditions, collaborative process, outcome and factors that influence the collaboration process, namely institutional design and facilitative leadership. In collaboration, these dimensions or aspects form a cycle, which also becomes a process and influences each other's collaboration processes.

This Collaborative Governance model can be seen in the picture below:



Picture 1 Ansell and Gash (2007) Collaborative Governance Model
Source: Ansell and Gash (2007: 558-561)

RESEARCH METHODOLOGY

This study uses an interpretive research paradigm, because the meaning and relationship of symptoms are interactive (reciprocal). So the interpretive approach aims to explain the subjective reasons and meaning behind social actions at the research location chosen by the researcher, namely the BPJS Kupang Branch Office and. Prof. W.Z. Johannes Regional Public Hospital Kupang with the consideration that the target or object of collaboration in the provision of health services is in these two places, while the types of data in this study are primary data and secondary data sourced from humans as informants and existing documents using interview, observation and documentation.

Meanwhile, at the stage of data analysis, the author uses data analysis techniques from Creswell (2016: 264-268) with an explanation of each data analysis step as follows:

1. Researchers begin to process and prepare data for analysis.

2. The second step is to read the data as a whole
3. The next step is to start coding all the data and group them into three categories, namely:
4. Next, apply the coding process to describe the setting (field), people (participants), categories and themes to be analyzed.
5. The next step is for the researcher to describe the themes mentioned above and restate them in a qualitative narrative/report.
6. The last step is making an interpretation (interpretation in qualitative research) or interpreting the data.

a. Codes related to the main topic are already widely known by readers in general, based on previous literature and common sense.

b. Surprising and unexpected codes at the start of the study.

c. The codes are odd and have some conceptual interest for the reader.

RESEARCH RESULTS AND DISCUSSION

Collaboration between BPJS Kupang Branch and Prof. Dr.W.Z.Johannes Hospital Kupang in health services

The development of the paradigm in the science of public administration to the new public services is the most recent thought in the discipline of public administration. Rosenbloom and Kravchuk (2005:140) state that public administration is the action of government, the means by which the purposes and goals of government are realized (government actions, as a means to achieve the goals of the government or be realized). Furthermore, they explained that the core function of public administration is organization, structures and processes, public personnel administration and collective bargaining, budgeting and decision-making. At this stage, various elements and institutions respond to various public problems (Dwiyanto, 2006:36) by emphasizing the implementation of public policies and public service delivery (Agranoff and McGuire, 2003:21).

In the policy perspective as outlined in Law Number 25 of 2009 concerning Public Services; describe comprehensively public services which include activities or series of activities in the context of fulfilling service needs in accordance with the laws and regulations for every citizen and resident of goods, services, and/or administrative services provided by public service providers to realize good governance.

In general, governance is defined as the quality of the relationship between the government and the people who are served and protected. Governance includes three domains, namely state (state/government), private sector (private sector/business world) and society (society). Rhodes (1996) Loffler (2002), Koiman (2002) suggested that governance is the interdependence between organizations that includes non-state actors, such as private and voluntary; Limerick-Cunnington (1993) calls this form of organization a network organization with a core of collaboration or according to Cunnington (1993:237-238) as interorganizational relationship building. (Agranoff and McGuire, 2003:21) view that

all coordination mechanisms as a form of governance such as markets, hierarchies, networks and norms are all considered as governance mechanisms..

From this explanation, it can be stated that governance is one of the discussions in the new public services paradigm called new public governance (NPG), which is part of the stages in the public administration process, which is one of the important studies, studied in Public Administration. This understanding does not only involve public institutions in the formulation and implementation of policies, but also the connection of various organizations to carry out public goals; (Agran off and McGuire, 2003:21).

One form of public service is health services. Health services are one type of public service that is very important in responding to the needs of the community in the health sector and therefore this type of service is the spearhead in the development of public health. With regard to this, the government through the policy, namely the promulgation of Law no. 24 of 2011 concerning BPJS aims to realize social security for the community through collaboration with Health Facilities; and one of the health facilities that are the focus of the study in this research is Prof. Dr. W. Z. Johannes Regional Public Hospital Kupang.

Prof. Dr. W. Z. Johannes Regional Public Hospital Kupang as a public service institution in providing health services to the community has limitations, especially in terms of finance in financing hospital services.

In collaboration between these two institutions, each of them carries out their duties in accordance with the applicable provisions, namely Law Number 40 of 2004 concerning the National Social Security System. Law No. 24 of 2011 on BPJS, Minister of Health Regulation No. 01 of 2012 on the Individual Health Service Referral System, Presidential Regulation No. 12 of 2013 on Health Insurance, Minister of Health Regulation No. 71 of 2013 concerning Health services in the National Health Insurance, Regulation of the Minister of Health no. 52 Concerning Standard Tariffs for Health Services in the Implementation of the National Health Insurance Program, Regulation of the Minister of Health No. 64. Regarding Amendments to Regulation of the Minister of Health No. 52 Concerning Standard Tariffs for Health Services in the Implementation of the National Health Insurance Program, Presidential Regulation no. 82 of 2018, updated with Presidential Decree No. 64 of 2020 concerning Health Insurance and more operational, a cooperation contract between BPJS and Health Facilities is made and this contract is renewed every year.

The things that were studied from the collaboration between Prof. Dr. WZ Johannes Regional Public Hospital Kupang and BPJS Branch Kupang researchers use the theory of Ansell and Gash (2007:558-561) as an analytical tool to dissect this collaboration problem where Ansell and Gash (2007) see collaborative governance in a process perspective consisting of 4 (four) dimensions or important aspects, namely:

1. Starting Condition

The Starting Condition dimension is related to unbalanced power/resources, incentives and constraints from the participation process in collaboration as well as the background of cooperation and conflict between actors. The imbalance of power/resources tends to make the collaboration process lean towards

the stronger actor. Both this imbalance and balance condition are factors that encourage various parties to be involved in collaboration. And participation between parties will increase if the parties feel that their interests are accommodated. Besides that, the background of conflict and cooperation is also a driving factor for collaboration with the results of research and discussion as follows:

a. Power/Resources

Based on the authors' findings, it is known that there is a tendency for power/resources to lean towards stronger actors (Ansell and Gash, 2007: 558) because hospitals do not have the organizational capacity, status or resources (human and facilities) to participate equally with stakeholders. the other is BPJS Kupang Branch which always unilaterally does what it wants. This is reinforced by the existence of a Cooperation Agreement between the Health Social Security Administering Body of the Kupang Branch and Prof.Dr.W.Z Johannes Regional Public Hospital Kupang Regarding Advanced Referral Health Services for Participants of the Health Insurance Program Number 18 of 2020 states that the claims submitted must truly comply with the provisions. Therefore, not every claim submitted is ready to be paid but is still verified and the results of the verification stipulate that the claim is classified as eligible to be paid, not feasible because when verified it is deemed not to meet the applicable administrative and/or service provisions so that it cannot be paid by the FIRST PARTY but the definition others are not feasible, this is not clear so that the Hospital often makes wrong claims so that Prof. Dr.W.Z. Johannes Regional Public Hospital Kupang often suffers losses in collaboration with BPJS Kupang Branch.

This empirical fact shows that in its implementation, the collaboration between BPJS, Prof.Dr.W.Z. Johannes Regional Public Hospital Kupang does not fulfill mutual benefits or a situation where power/resources between all parties are mutually beneficial. This is indicated through outpatient and inpatient cases as well as financing and claim payments by BPJS Health as shown in table 4 below:

Tabel 4 Number of Outpatient and Inpatient Cases and Financing and Claim Payments by BPJS Kupang Branch to Prof. Dr. WZ Johannes Regional Public Hospital Kupang Period 2018-September 2020

Number of Cases		Hospital Costs		BPJS Claim Fee		Total	
Outpatient	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Hospital costs**	**BPJS**
90.419	9.780	43.926.766.955	62.554.852.513	28.340.497.500	50.532.531.300	106.481.619468	78.873.0
77.710	11.396	35.336.149.616	88.074.091.383	26.025.691.900	60.543.016.200	123.410.240.999	86.568.7
43.943	6.703	25.056.531.607	56.359.088.213	15.509.718.240	36.201.074.528	81.415.619.820	51.710.7

Source: Processed data until September 2020

The findings in the table above show that the costs for BPJS patient services by Prof. Dr. WZ Johannes Regional Public Hospital Kupang is greater than the costs borne by BPJS, thus the principle of mutual benefit in the balance of power/resources does not occur in this collaboration. This can happen because stakeholders do not have the time, energy, or freedom to engage in collaborative processes (Yaffee and Wondolleck 2003).

b. Incentive and Constrains

Incentives to participate depend in part on stakeholder expectations about whether the collaborative process will produce meaningful outcomes, particularly on the balance of time and energy required for collaboration (Schneider et al. 2003; Warner 2006). Incentives will increase as stakeholders see a direct relationship between their concrete participation contributing to effective policy outcomes (Brown, 1997). Incentives to participate in collaborative governance will also increase if stakeholders perceive the achievement of their goals as dependent on the cooperation of other stakeholders (Logsdon 1991).

Based on the results of the author's research, it is known that in terms of incentives, BPJS Kupang Kupang Branch comes from the contributions of the Contribution Assistance Recipients and not the Contribution Assistance Recipients, while for Prof. Dr. WZ Johannes Regional Public Hospital Kupang in this collaboration received incentives from service activities provided for BPJS health participants. Prof. Dr. WZ Johannes Regional Public Hospital Kupang itself, namely the lack of quality human resources so that it has an impact on administrative errors so that it has an impact on pending claims when examined by the BPJS verifiereven though several years ago BPJS suffered losses so that claim payments were delayed but now this has been resolved but constrained by the hospital claim process from the input stage to the verification which still does not meet the standards of BPJS Kupang Branch.

For incentives for hospitals, it is calculated based on the Regulation of the Governor of East Nusa Tenggara Province Number 13 of 2018 concerning Service Sharing where doctors, nurses, midwives and others will receive service payments according to their respective performances through individual performance assessments, calculation of Performance Indicators Individuals (IKI) and Key Performance Indicators (IKU) but income incentives are not always profitable and can even be detrimental and this is recognized as a constraint from the Accounting department because when a claim is reported but is not submitted or is not in accordance with the rules agreed with BPJS .

There are several factors that occur in this problem, including delays in doctors entering medical resumes or medical record results, rooms or delays in the input system. In the Services section there are human resources and one of them is a doctor. Doctors also have a doctor in charge, so if it is too late from the doctor's department, everything will experience delays so that it has an impact on incentives that enter the hospital.

c. Background of Cooperation and Conflict Between Actors

The background of the collaboration in the collaboration between Prof. Dr. WZ Johannes Regional Public Hospital Kupang and BPJS Kupang Branch in health services that this collaboration began in 2014 which began with the existence of a legal basis for a cooperation agreement between the Hospital and BPJS Health, namely in addition to Presidential Regulation Number 12 of 2013 which became the basis for the implementation of the cooperation agreement in the program. National Health Insurance, which in Article 36 which reads,: (1). Health service providers include all Health Facilities that collaborate with BPJS Health, (2) Health Facilities owned by the Government and Local Governments that meet the requirements must cooperate with BPJS Health, (3) Private health facilities that meet the requirements can cooperate with BPJS Health, (4) The cooperation as referred to in paragraphs (2) and (3) is carried

out by making a written agreement. In addition, it is also regulated in the Regulation of the Minister of Health Number 71 of 2013.

The background of the collaboration between BPJS Kesehatan Kupang Branch and Prof. Dr. WZ Johannes Regional Public Hospital Kupang looks good with the fulfillment of accreditation or credentialing and recredentialing regulations, but there are still conflicts between actors in these two public institutions, especially in 2018 regarding the issue of BPJS claims arrears.

On the other hand, with the claim payment not being paid by BPJS Kupang Branch, health service activities for BPJS participants must continue to be carried out so that for a while Prof. Dr. WZ Johannes Regional Public Hospital Kupang experienced a financial setback and was unable to get out of it because it was contrary to Law Number 23 of 2014 concerning Regional Government which states that health is a concurrent government affair with specifications for mandatory government affairs relating to basic services. Since 2016, JKN has been designated, as a National Strategic Program, which according to Law No. 23 of 2014 all local governments are, required supporting it, even though the operational costs are limited. On this basis, the regional government may not reduce the number of its Regional Budget Contribution Assistance Recipients simply for fear that the Regional Budget burden will be heavier to bear the contributions of the Regional Budget Contribution Assistance Recipients.

Until 2020, in accordance with the policy for adjusting rates for Contribution Assistance Recipients, the government has accommodated for an increase in PBI to reach Rp. 20 trillion. The total expenditure for the National Health Insurance in 2020 will reach more than IDR 40 trillion. At the same time, BPJS also coordinates with the Ministry of Health to improve health services in 2020. The government targets around 9.8 million people to become Contribution Assistance Recipients. It is estimated that in 2020 there will be no more injections of funds as was done in 2019 and the previous year until the intensity of conflict in this collaboration slowly decreases with the fulfillment of the claim payment commitment by BPJS Kesehatan Kupang Branch to Prof. Dr. WZ Johannes Regional Public Hospital Kupang.

The findings regarding these starting conditions differ from the notion of collaboration (Gulati et al., 2012) where collaboration should be used to generate elements of commitment or relational quality (Ariño & De la Torre, 1998) and fair behavior in alliances (Ariño & Ring, 2010; Luo, 2008), in collaboration measures as well as in buyer-supplier relationships. Hoegl and Wagner (2005) include whether each party equally contributes to a common goal, thereby indicating expectations about equity in contributions.

2. Facilitative Leadership

Facilitative leadership is very important in the collaboration between the Social Security Administration (BPJS) and Prof. Dr. WZ Johannes Regional Public Hospital Kupang in health services because it plays a role in generating various rules in collaboration because it plays a role in establishing and maintaining clear ground rules, building trust, facilitating dialogue, and exploring mutual benefits.

When incentives to participate are weak, power/resources are not symmetrically distributed, and the background of conflict between actors is previously high, then facilitative leadership becomes increasingly important where when conflict intensity is high and trust is low, but distribution of

power/resources is relatively equal and stakeholders have incentives to participate. Then collaborative governance can be successful but if the distribution of power is more asymmetric or the incentives to participate are weak or asymmetric (Bradford 1998; Lasker and Weiss 2003), then collaborative governance is more likely to be successful if there is facilitative leadership (Warner 2006) who leads with respect and trust from various stakeholders from the beginning to the collaboration process (Ansell and Gash, 2007).

Based on the data analysis conducted by the author, it is known that the facilitative leadership dimension must be able to overcome various problems in this collaboration as in previous findings where there are still constraints on incentives to participate, power/resources are not symmetrically distributed and the background of conflict between actors was previously high due to claims made delayed then to overcome this the leadership of Prof. Dr. WZ Johannes Regional Public Hospital Kupang tries to maintain the quality of health services by minimizing medical errors, nursing errors or unexpected events (KTD) in health services by forming committees that oversee the course of services and see if there is something pathological to hospital services so that unwanted things can be avoided because it is in public service.

As for BPJS Kupang Branch itself, this has not been done because of the tendency of leaders to be closed, especially in terms of communication regarding collaboration, so it is in line with the opinion of Ansell and Gash (2007) that there are many reasons why stakeholders decide not to participate or are not invited to collaborate. This is possible because they have no incentive to do so; they have no sense of interdependence with other stakeholders; or their involvement is not aligned with the stated strategic objectives or efficiency of the collaborative network.

Patient satisfaction is felt when their expectations and needs are met. If, on the other hand, the expectations and needs are not matched, what the patient feels is dissatisfaction which according to Gitsham and Page (2014: 19-20) that leadership is in charge of distributing broadly to all participants ownership of the collaboration platform and common goals in the initiative process, implementation to role evaluation. BPJS Branch Kupang and Prof. Dr. WZ Johannes Regional Public Hospital Kupang. Collaborative leaders are stewards of the process of service change or leadership facilitation (Chrislip & Larson 1994: 182). Leadership is widely seen as an important ingredient in bringing various collaborating parties into the discussion space and for guiding them through the collaborative process at a later stage (Margerum 2002; Murdock, Wiessner, and Sexton 2005). Other research has found that productive face-to-face activities between collaborative governance and bureaucracies depend on the extent to which public managers act as competent boundary breakers and process information, accommodate communication and align and coordinate behavior (Sørensen et al, 2020).

As for the Kupang Branch of BPJS itself, this has not been done because of the tendency of leaders to be closed, especially in terms of communication regarding collaboration, so it is in line with the opinion of Ansell et al (2018) that there are many reasons why stakeholders decide not to participate or are not invited to collaborate. In particular, our model suggests that stakeholders may not participate because; they have no incentive to do so; they do not feel a sense of interdependence with other stakeholders; or their involvement is not aligned with the stated strategic objectives or efficiency of the collaborative

network. Facilitative leadership is important for bringing stakeholders together and getting them involved with one another in a collaborative spirit (Reilly 2001; Susskind and Cruikshank, 1987).

3. Institutional Design

Clear ground rules and process transparency are also important design features (Glasbergen and Driessen 2005; Gunton and Day 2003; Imperial 2005; Murdock, Wiessner, and Sexton 2005; Rogers et al. 1993). A final institutional design problem is the use of deadlines (Glasbergen and Driessen 2005) primarily because collaborative meetings can be endless, but Freeman (1997) observes that deadlines can arbitrarily limit the scope of discussion. Therefore, the basic protocol or ground rules for collaboration on collaboration between Prof. Dr. WZ Johannes Regional Public Hospital Kupang and BPJS Kesehatan Kupang Branch will be described as follows:

a. Basic Protocol and Basic Rules for the Establishment of BPJS (Major Policy)

The public health service policy as regulated in Law Number 24 of 2011 concerning BPJS dissolved PT Askes (Persero) and PT Jamsostek (Persero) without going through a liquidation process, and continued with changing the Persero institution into a BPJS public legal entity. Participants, programs, assets and liabilities, as well as rights and obligations of PT Askes (Persero) were transferred to BPJS Health, and from PT Jamsostek (Persero) to BPJS Employment to organize the National Health Insurance Program which is one of the Priority Programs of the President Jokowi-Jusuf Kalla Government listed in the 5th Nawacita, namely improving the quality of life of Indonesian people. The aim is to provide health services with the aim of achieving health degrees and meeting the basic needs of decent public health for the entire population of Indonesia.

To achieve this goal, BPJS has the functions, duties, obligations, authorities and responsibilities in accordance with Law Number 24 of 2011 articles 9-13, namely that BPJS functions to organize health insurance programs.

b. Basic Protocols and Ground Rules for Collaboration Between BPJS and Hospitals (Minor Policy)

In its implementation, the basic protocol and basic rules of cooperation are very important for the procedural legitimacy of the cooperation process in the cooperation agreement between the Hospital and BPJS Health, starting with Law Number 24 of 2011 Article 60 concerning BPJS since January 1 2014. All duties and authorities of PT Askes (Persero) was transferred to BPJS Health in accordance with the provisions of Presidential Regulation Number 12 of 2013 concerning Health Insurance and Minister of Health Regulation Number 71 of 2013 concerning Health Services in National Health Insurance.

While the basic protocol and basic rules of agreement for hospitals according to Article 1 point 1 of Law Number 44 of 2009 concerning Hospitals provide an explanation of the meaning of hospitals, among others, "Hospitals are health service institutions that provide complete individual health services that provide health services. inpatient, outpatient, and emergency care. The cooperation agreement for health services in the National Health Insurance program is an agreement between BPJS for Health and hospitals to bind themselves (collaboration) with each other towards the implementation of health services in the National Health Insurance program. The cooperation agreement between hospitals and BPJS for Health

in the National Health Insurance program in all parts of Indonesia has the same substance, only for remote areas there are additional articles due to limited health facilities.

c. Basic Protocols and Basic Rules for Collaboration Between BPJS Kupang Branch and Prof. Dr. WZ Johannes Regional Public Hospital Kupang (Minor Policy)

In order to support the implementation of the JKN program, BPJS can cooperate with health facilities through a cooperation agreement. Prof.Dr.W.Z. Johannes Regional Public Hospital Kupang and followed up with a Cooperation Agreement between the Health Social Security Administering Body Kupang Branch and Prof. Dr. W.Z. Johannes Regional Public Hospital Kupang Regarding Advanced Referral Health Services for Participants of the Health Insurance Program Number 269/KTR/XI-04/1220 which was renewed in 2020.

d. Barriers to the Implementation of Basic Protocols and Basic Rules for Collaboration Between BPJS Kupang Branch and Prof. Dr. WZ Johannes Regional Public Hospital Kupang (Minor Policy)

In its implementation, the application of basic protocols and basic rules for collaboration between BPJS Kesehatan Kupang Branch and Prof.Dr.W.Z. Johannes Regional Public Hospital Kupang is not without problems. Based on the results of the author's data analysis, it is known that the dimensions of the institutional design between the Social Security Administering Body (BPJS) and Prof.Dr.W.Z. Johannes Regional Public Hospital Kupang which contains basic protocols and basic rules for collaboration between the Social Security Administering Body (BPJS) and Prof.Dr.W.Z. Johannes Regional Public Hospital Kupang is legitimized by the Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2013 concerning Health Services in the National Health Insurance, Article 2 which states that "Health service providers include all health facilities that cooperate with BPJS Health in the form of first-level health facilities. and advanced level referral Health Facilities. And paragraph (2) the first level Health Facilities. The legal relationship between BPJS Health and the Hospital is based on the agreement that arises, because of the agreement between the two parties where the Hospital is the health service provider while BPJS Health is the funder but this relationship has shortcomings such as the different understanding between the Hospital and BPJS towards National Health Insurance (JKN) services or the MoU between BPJS which is often an obstacle in collaboration, the existence of changing regulations that often apply retroactively which often becomes an obstacle and harms Hospitals because the National Health Insurance (JKN) program uses INA-CBG's tariffs .

The negative image that is built up from this policy polemic will certainly add weight to the collaboration between BPJS Kesehatan Kupang Branch and Prof.Dr.W.Z. Johannes Regional Public Hospital Kupang in the implementation of the JKN program in the future. So far, there have been many public complaints that have contributed to the negative image of the implementation of JKN health services, both in terms of the BPJS itself and the services provided by hospitals for BPJS participants, starting from the determination of the quota of JKN participants served by hospitals, time restrictions on services, to limited facilities and services. infrastructure. Although this program is mandatory, the effort to achieve 100% participation which is targeted for January 2019 is not an easy job. As of July 2018, the total registered participants reached around 199 million out of an estimated 257 population. In addition, there

are still quite a number of participants who are in arrears. In 2017, for example, there were around 12 million participants who were in arrears.

Another problem is the basic protocol and ground rules for collaboration between BPJS Kupang Branch and Prof.Dr.W.Z. Johannes Regional Public Hospital Kupang is open access to data related to contributions, arrears and claims for health financing in the Law of the Republic of Indonesia Number 24 of 2011 concerning the Social Security Administering Body Article 4 letters c and e which states that BPJS operates a national social security system based on the principle of openness and accountability. The results of the author's observations show different results, namely data access is not easy to obtain at the BPJS Health Branch Office because they have to wait for the authority of the BPJS Health Center.

This finding emphasizes the importance of the regional context in the success of the JKN program. The process of formulating policies at the national level that does not involve cross-sectoral coordination, especially hospitals, causes a low level of understanding of hospitals, especially Prof.Dr.W.Z. Johannes Regional Public Hospital Kupang and the limited implementation of policies related to the quality of health services in terms of open access to data related to contributions, arrears and health financing claims, including the quality control and cost control team (TKMKB).

The academic text document of the Law on the National Social Security System, namely the Presidential Regulation, DJSN, BPJS Law, PP Recipients of Contribution Assistance and the Presidential Regulation on Health Insurance also states that the institution administering the national social security system (BPJS) is national in nature in order to comply with the principle of "the law of large numbers ” is under the President and is operationally carried out by representative offices in the regions in accordance with regional readiness/government administration. This is reinforced by Presidential Instruction Number 8 of 2017 concerning Optimizing the Implementation of JKN and Presidential Regulation Number 82 of 2018 concerning Health Insurance. Both regulations require good coordination between BPJS Kesehatan and local governments.

In its implementation, the distribution of BPJS Kesehatan representative offices is in a corporate pattern. The results of the study indicate that BPJS Kesehatan is a financial institution that has a centralized nature or does not carry out the distribution of authority to the head of the branch or regional division according to the principle of decentralization. The implementation of decentralization requires the division of government affairs between the central government and regional governments. The essence of the decentralization policy is the achievement of efficiency in the administration of government affairs in the context of realizing public welfare and democratization.

According to Law Number 23 of 2014 concerning Regional Government, Health is one of the decentralized sectors. However, since the implementation of the 2014 JKN policy, there has been no program/policy adjustment between health services in a decentralized hospital and a centralized BPJS.

In the author's findings, it is known that in this collaboration, the data on health and financial services at the Kupang Branch of BPJS Kesehatan has never been used by Prof.Dr.W.Z. Johannes Regional Public Hospital Kupang because the data of BPJS Kupang Branch is difficult to access, even though this data is very useful for Prof.Dr.W.Z. Johannes Regional Public Hospital Kupang for health development

planning, monitoring the quality of purchased health services, disease prevention programs, coordination between local governments and BPJS for Health in formulating policies or programs with local content and negotiating tariffs so that one of the basic protocol designs and rules the basis for collaboration is aligning aspects of policy and service delivery as well as principles of openness and inclusion (Burger et al. 2001; Chrislip and Larson 1994; Gray 1989; Gunton and Day 2003; Margerum 2002; Murdock, Wiessner, and Sexton 2005; Reilly, 2001).

Findings related to institutional design that have not been effective in the collaboration between BPJS Kupang Branch and Prof. Dr. WZ Johannes Regional Public Hospital Kupang also contradicts Article 22 letter h of Law Number 32 of 2014 concerning Regional Government which states that the development of the national social security system is one of the affairs that is decentralized to the Regional Government through health facilities such as Prof. Dr. WZ Johannes Regional Public Hospital Kupang. The relationship between BPJS and the Regional Government is established, among others, in the implementation of policies for implementing social security programs in the era of decentralization and regional autonomy, integrating regional civil servants data with Social Security Participation data, and administering regional health systems.

In line with this, the collaboration policy between BPJS Kupang Branch and Prof. Dr. WZ Johannes Regional Public Hospital Kupang at the institutional level and the established structure needs to adapt to the dynamics of changing conditions that are uncertain and fast (dynamic), so that the policies that have been set can remain relevant and effective in achieving long-term development (Neo and Chen, 2007). :13). Dynamism essentially refers to the condition of the existence of various new ideas, new perceptions, continuous improvement, rapid response, flexible adjustments and creative innovations (Neo & Chen, 2007: 1) in health services, especially in health services. implementation of the JKN policy by BPJS Kupang Branch and Prof. Dr. WZ Johannes Regional Public Hospital Kupang.

This collaboration function becomes more reliable to adapt in the face of various changes (Jenkins, 2006:77). This collaboration must go through a pattern of relations between interdependent actors in the public policy-making process. Interdependence is needed in collaboration because substantially organizations cannot fulfill resources and achieve goals alone but through other actors in the interaction process.

4. Collaboration Process

The collaborative governance process model sometimes describes collaboration as a gradual development (Ansell and Gash, 2007). Or for example, Susskind and Cruikshank (1987:95) describe the consensus building process as having a pre-negotiation phase, a negotiation phase, and an implementation phase; Gray (1989) defines a collaborative process as consisting of three steps, namely: (1) problem setting (2) direction setting, and (3) implementation; and Edelenbos (2005:118) identify a three-step process that includes preparation, policy development, and decision making, with each step having several stages. Collaboration at an early stage can positively or negatively affect further collaboration. However, because communication is at the core of collaboration, (Ansell and Gash, 2007) start with:

a. Face To Face Dialogue

In the results of the author's research regarding the dimensions of face to face dialogue, it is known that interface dialogue activities at the Hospital level are only carried out at the upper level between the Hospital and BPJS while at the lower level of collaboration (networks) this is not involved in each of these dialogues and findings contradicts the main goal of collaboration which according to Koiman (2002) as; (1) the way stakeholders interact with each other to influence policy outcomes, (2) the patterns or structures that emerge in the socio-political system as the output of the intervention efforts of all actors involved, therefore BPJS Kesehatan is one of the elements in this collaboration must run according to a broader concept related to collaborative governance where BPJS can adjust properly and adaptively with other institutions and factors (Habibie et al, 20170) while (Kismartini & Pujiyono, 2020) find that each organization has different interests- Differences that have an impact on the emergence of conflicts of interest and at lower levels are characterized by the presence of sectoral egos, no full transparency between stakeholders, not intense communication and dominance in activities.

Woldesenbet and Wassihun (2020) state that multi-stakeholder dialogue processes are often hampered by a lack of experience of collaboration, asymmetric communication and stakeholder representation by individuals who do not have the necessary experience or expertise and a lack of willingness among stakeholders to engage in the dialogue process especially in this collaboration the dominant tendency lies with BPJS Kupang Branch while Provan (2008) states that the network managed by actors must imply decision making through regular member meetings or through frequent informal interactions and this does not happen in collaboration between Prof. Dr. WZ Johannes Regional Public Hospital Kupang and BPJS Kesehatan Kupang Branch while collaborative human resource management is described as a configuration that focuses on porous work structures and personal networks, team development and group incentives and emphasizes collaboration, information sharing and knowledge transfer (Youndt & Snell 2004).). Collaborative governance requires an understanding of how stakeholders and their interactions evolve over time Ulibarri et al (2020). In their research, Hakiki & Utomo, (2013), Rahman, et al (2013), Mohamad, et al (2014), Nordin, et al (2014), Maki, (2015) state that communication is important in collaboration, both it is direct or indirect communication.

Collaboration as a process in which joint work (joint working) among all parties involved is willing to respond to a common problem in which they each do not have sufficient resources to control the problem individually or resource interdependence (interdependence of resources) and based on a mutually beneficial (mutual) orientation in responding to existing issues, but on the dimensions of the face-to-face dialogue between Prof. Dr. WZ Johannes Regional Public Hospital Kupang and BPJS Kupang Branch according to the authors' findings, it can be concluded that they are not effective because they do not touch the lowest level of service providers.

b. Trust Building

Lack of trust among stakeholders is a common starting point for collaborative governance (Weech-Maldonado and Merrill 2000). The literature strongly suggests that the collaborative process is not only about face-to-face dialogue but also about trust building among stakeholders (Glasbergen and Driessen 2005; Imperial 2005; Murdock, Wiessner, and Sexton 2005; Short and Winter 1999; Tett, Crowther, and

O'Hara 2003 ;). In fact, when in a collaborative setting there is conflict between actors, we find that trust building is often the most prominent aspect of the initial collaborative process and can be very difficult to do (Murdock, Wiessner, and Sexton 2005).

Based on the results of the authors' findings when conducting research, it is known that although in this trust building dimension the Hospital often suffers losses due to delayed or unpaid claims so that it has an impact on building trust in collaboration (trust building) but the Hospital cannot cancel this collaboration because it has been bound with the Cooperation Agreement between the Health Social Security Administering Body of the Kupang Branch and Prof. Dr. WZ Johannes Regional Public Hospital Kupang Regarding Advanced Referral Health Services for Participants in the Health Insurance Program Number 269/KTR/XI-04/1220/18 YEAR 2020.

Poor trust between stakeholders is common at the beginning of the collaboration process because building trust takes a long time; this is because collaboration requires intensive (continuous) communication and adjustments to current conditions from the re-emergence of past conflicts (prehistoric antagonism). Ansell and Gash put forward their argument as follows: “If the prehistory is highly-antagonistic, then policy makers should budget time for effective remedial trust building. If they cannot justify the necessary time and cost, then they should not embark on a collaboration strategy (Ansell and Gash, 2007: 559)” Policy makers or stakeholders must allocate time to effectively remedial building trust. If not, then collaboration should not be done.

Building trust is a time-consuming process that requires a long-term commitment to achieve the results of the collaborative process. Added by Gitsham and Page (2014: 19) that as part of the collaboration process, it is necessary to build a strong and trusting relationship between the collaboration participants.

Therefore, in building this trust, leaders are needed who are able to realize the importance of collaboration. Poor trust between stakeholders is common at the beginning of the collaboration process because building trust takes a long time; this is because collaboration requires intensive (continuous) communication and adjustments to current conditions from the re-emergence of past conflicts (prehistoric antagonism). Ansell and Gash put forward their argument as follows: “If the prehistory is highly-antagonistic, then policy mekers or stakeholders should budget time for effective remedial trust building. If they cannot justify the necessary time and cost, then they should not embark on a collaboration strategy (Ansell and Gash, 2007: 559)” Policy makers or stakeholders must allocate time to effectively remedial building trust. If not, then collaboration should not be done.

The goal should be the completion of a mutual understanding between the Kupang Branch Health Social Security Administering Body and Prof. Dr. WZ Johannes Regional Public Hospital Kupang when the interests between the two parties are regulated in a mutual agreement and implemented properly by every interested stakeholder and not just one party as emphasized by Whitman and Wolf (2010:106) the completeness of the agreement affects the outcomes in conflict resolution, the agreement made is expected to accommodate and resolve any problem points.

c. Commitment To The Process

Although the terminology used varies somewhat in the literature, case studies show that the level of stakeholder commitment to collaboration is an important variable in explaining success or failure (Alexander, Comfort, and Weiner 1998; Gunton and Day 2003; Margerum 2001; Tett, Crowther, and O. 'Hara 2003). In a survey of the American and Australian Collaboration Groups, Margerum (2002) found that "commitment" was an important factor in facilitating collaboration. Weak commitment of public institutions to collaborate, especially at the head office level, is often seen as a problem (Yaffee and Wondolleck 2003). Commitment is closely related to motivation to participate in collaborative governance (Ansel and Gash, 2007). Commitment also poses a complicated dilemma. Commitment to a collaborative process requires an initial willingness to comply with the results of the deliberations, even if they are not fully supported by stakeholders (Ansel and Gash, 2007).

Based on the results of interviews and observations of the authors, it is known that the commitment to this collaboration process is still low. This is reinforced by the authors' findings when conducting research, namely the BPJS Health system in hospital services has also used applications related to data collection of referral patients and input of service results data through supporting applications for INA CBGs. This system is managed by the hospital itself, because there are no BPJS Health officers stationed at the hospital. The problem is that during the application update process or application version change, it takes time to adjust so that data is not lost. In addition, the use of application support for the service system for JKN participants provided by BPJS Kesehatan Kupang Branch is also constrained by the availability of experts who can operate it properly in the area. Hospitals, in fact, are still found to have irregular habits in service documentation so that service data input and the claim submission process are sometimes late.

There are also complaints about BPJS Health services, namely information about the rules for accessing services. Some patients participating in JKN through BPJS Health do not understand well about the types of services and drugs covered by BPJS Health, including the terms or conditions of payment when upgrading to a treatment class. This can happen because the BPJS does not place its officers in the hospital, so there are often misunderstandings between patients and health care workers. This also has an impact on the difficulty of BPJS Health patients to consult regarding medical actions or purchasing drugs and medical needs that are considered odd. However, according to BPJS, the delivery of information is not only the responsibility of BPJS, but is the responsibility of all elements, including the health service providers.

Another thing is the constraint in service commitment-based capitation (KBKP), namely how to calculate service indicators and use applications in calculating service indicator achievements, which sometimes causes discrepancies between hospital calculations and BPJS Health calculations. The application used by BPJS in determining the fulfillment of the KBKP indicators cannot be accessed openly by hospitals; as a result there are differences in the calculation of the results of the KBKP indicators.

There is also a delay in disbursing claim funds from the Kupang Health BPJS to the Hospital. Information obtained from the Hospital and informants from the NTT Ombudsman that the process of disbursing funds is often late because the verifier staff owned by BPJS Kupang Branch is quite minimal. The existing verifier staff, usually 1 person handles claims from 2 to 3 hospitals in Kupang City, so that sometimes it

is quite hampered. This situation was experienced in 2015 where claims for BPJS Health patient services were made by the Prof. Dr. WZ Johannes Regional Public Hospital Kupang for all types of services worth IDR 2.7 billion in 2015 was late paid, and only realized in early 2016.

The BPJS Kupang Branch stated that the postponement process was due to incomplete data so that it needed to be completed for verification and the submission was made at the end of the year. This condition needs to be paid attention to by BPJS Health, because delays in disbursement will have an impact on service delivery at health facilities.

According to Prof. Dr. WZ Johannes Regional Public Hospital Kupang that indirectly has an impact on the operations and presence of medical personnel, but fortunately because FKTP belongs to the government so there is still support from the Regional Budget and other findings in this collaboration process are that several patients have been found using JKN participant cards (BPJS which does not belong to him) for use in the Hospital.

d. Shared Understanding

At some point in the collaborative process, stakeholders must develop a common understanding of what they can collectively achieve together (Tett, Crowther, and O'Hara 2003). Shared understanding is variously described in the literature as “shared mission” (Alexander, Comfort, and Weiner 1998; Roussos and Fawcett 2000), “commonness” (Yaffee and Wondolleck, 2000), “common goal” (Tett, Crowther, and O'Hara 2003), "common goals" (Padilla and Daigle 1998), "shared vision" (Manring and Pearsall 2004; Walter and Petr 2000; Yaffee and Wondolleck, 2000), "ideology shared” (Waage 2001), “clear goals” (Glasbergen and Driessen 2005; Roberston and Lawes 2005), “clear and strategic direction” (Margerum 2002), or “alignment of core values” ' (Heikkila and Gerlak 2005). Shared understanding can also imply agreement on the definition of the problem (Bentrup 2001; North 2000; Pahl-Wostl and Hare 2004).

Based on these findings, it is known that the shared understanding in collaboration between BPJS Kupang Branch and Prof. Dr. WZ Johannes Regional Public Hospital Kupang often occurs, such as mutual understanding when the claim file requirements cannot be fulfilled by the hospital, then with an explanation from BPJS the hospital will understand, besides that mutual understanding also occurs in the service package payment scheme where even though BPJS uses the INA- CBGs are set by the Minister of Health as a reference for claim payments and hospitals serve based on service rates set by the Governor's Regulation but each has a common understanding that the payments given must continue to use the INA-CBGs package payment, even sometimes hospitals ask for policies to speed up the credentialing process by BPJS because the credentialing process takes a long time and hospitals already have to serve patients so this activity is carried out quickly, besides that BPJS also provides opportunities for nurses who have not met SNARS (National Standard for Hospital Accreditation) to serve patients en for optimal patient care and this shared understanding has implications for the collaboration process to be stronger and minimize the occurrence of misunderstandings between actors.

Based on the results of data analysis, it is known that both parties agree on all the rules that are used as the basis for collaboration, even several stages of the basic protocol of cooperation that are mutually

agreed upon are accelerated in order to achieve better health services. This is important, because by accommodating the interests of each party in the collaboration agreement between the BPJS Kupang Branch and Prof. Dr. WZ Johannes Regional Public Hospital Kupang will have an impact on the continuity of health services. When these interests are regulated in a mutual agreement and implemented properly by each interested stakeholder (Tett et al, 2003). So that it can affect the outcomes in the collaboration of Whitman and Wolf (2010:106) and is expected to accommodate and resolve any problem points (Brown, 2002).

Although the protocol is rigid, flexibility in its implementation is also needed (Andranovich, 1995) because the differences in values held between stakeholders can hinder the collaborative process (Gray, 1989). But in this health service, of course, that value should not be contrary to what has been regulated in the law (Andranovich, 1995). So that understanding common values together will be a way to facilitate the collaborative governance process (Alexander, Comfort, and Weiner 1998; Roussos and Fawcett 2000), differences in values between stakeholders do not rule out the possibility of stakeholders being reluctant to continue in the collaborative process by because it requires "commonality" (Wondolleck and Yaffee 2000), "common goals" (Tett, Crowther, and O'Hara 2003) perceptions. There needs to be good faith from each actor to synergize the different values between these two institutions.

e. Intermediate Outcomes

A number of case studies suggest that collaboration is more likely to occur when the possible goals and benefits of collaboration are relatively real and when “win-win solutions” of collaboration are possible (Chrislip and Larson 1994; Roussos and Fawcett, 2000; Warner 2006; Weech-Maldonado and Merrill). 2000). The outcome of this process is an important process for building momentum that can lead to successful collaboration (Ansell and Gash, 2007). These small victories can feed back into the collaborative process, fostering a virtuous cycle of building trust and commitment (Rogers et al. 1993).

The results of data analysis show that the temporary impact is an increase in-patient visits, an extraordinary demand for the impact of collaboration. These small victories can provide feedback into the collaborative process, encouraging a good cycle of building trust and commitment (Rogers et al. 1993) although initially there was resistance related to the requirements for the standards provided by BPJS for services that must be carried out by hospitals but collaboration this is also not problem-free in its implementation where there is still negative feedback from the collaboration between Prof. Dr. WZ Johannes Regional Public Hospital Kupang and BPJS Kesehatan Kupang Branch in particular felt by the Hospital when a pending claim occurred which was later not resolved, of course the Hospital suffered a loss because in fact the service had been given the resources had been issued and the claim process did not go well and was not even paid so there is an aspect of loss that causes the temporary impact to be ineffective because “win-win solutions” from collaboration are not possible (Chrislip and Larson 1994; Roussos and Fawcett, 2000; Warner 2006; Weech-Maldonado and Merrill 2000). While this process is an important process to build momentum that can lead to successful collaboration (Ansell and Gash, 2007) and sustainable processes encourage a virtuous cycle to build trust and commitment (Rogers et al 1993) in collaboration.

CONCLUSION

Collaboration between BPJS and Prof. Dr.W.Z. Johannes Regional Public Hospital Kupang in outpatient and inpatient health services, the researchers used the theory of Ansell and Gash (2007:558-561) as an analytical tool to dissect this collaboration problem where Ansell and Gash (2007) saw collaborative governance in a process perspective consists of 4 (four) dimensions or important aspects, namely; (1) the "starting condition" dimension or this initial condition is related to unbalanced power/resources, incentives and constraints from the participation process in collaboration as well as the unbalanced background of cooperation and conflict between actors which tends to make the collaboration process lean towards stronger actors. , (2) the dimensions of the collaboration process through face-to-face dialogue which is only carried out at the upper level between the hospital and BPJS while at the lower level of collaboration (networks) this is not involved in every dialogue, building trust (trust building) which, although still considered detrimental, is still attempted to exist, the same thing is also attempted to be done in the dimensions of commitment to the collaboration process (commitment to the process) and shared understanding as well as temporary impacts (intermediate outcomes). While for (3) the facilitative leadership dimension (facilitative leadership) is di found positive at the hospital level, while for the Kupang Branch of BPJS for Health, this has not been done because of the tendency of leaders to be closed, especially in terms of communication regarding collaboration, and (4) on the institutional design dimension (institutional design) there are still problems with basic protocols and ground rules for collaboration.

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