THE PUBLIC'S PERCEPTION TO THE SERVICE OF SOCIAL SECURITY BOARD
FOR HEALTH / BADAN PENELENGGARA JAMINAN SOSIAL KESEHATAN / BPJS KESEHATAN: A STUDY IN SLEMAN PUBLIC HOSPITAL – YOGYAKARTA SPECIAL REGION

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Abstract

Act No. 24 of 2011 has been implemented since January 1, 2014 in all local governments, including Sleman Regency. Special Region of Yogyakarta (DIY). However, the implementation of Social Security Board (Badan Penelenggaran Jaminan Sosial / BPJS) still faces many problems in the field. Many complaints from the health insurance members who feel lost of the facilities, especially in referral process, drugs, and other supporting services is one of the problems. The objective of this research is to know how the perception on the implementation of BPJS in Sleman Regency in managing National Health Insurance (JKN) policy in Sleman Regency. The type of this research was quantitative descriptive. The data collection techniques were using questionnaires and documentation. The total samples in this research were 100 respondents and the sample taking technique was using purposive sampling. The research results conclude that 1) there is no significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on the implementation and/or receiving the registration of BPJS for Health participants in Sleman, 2) there is no significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on the data management of BPJS for Health participants in Sleman, 3) there is significant difference in perception between Contribution Assistance Recipients (PBI) and non-PBI based on the provision of services of BPJS for Health services in Sleman, and 4) there is significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on the providing information of BPJS for Health Implementation in Sleman.

Key words: POLICY Implementation, Social Security Program, and Health Insurance Policy

INTRODUCTION

The Social Security Board (BPJS) has been established based on the Act No. 24 of 2011 about BPJS which is a transformation from four State-Owned Enterprises (BUMN), they are Askes, ASABRI, Jamsostek, and Telepen. Through this Act No. 24 of 2011, there established 2 (two) Social Security Agencies (BPJS), they are BPJS for Health and BPJS for Employment. BPJS for Health implements the health insurance program and BPJS for Employment implements the programs of Accident Insurance Program (Jaminan Kecelakaan Kerja), Annuities Insurance (Jaminan hari Tua), Pension Insurance (Jaminan Pensiun), and Death Benefit (Jaminan Kematian). With the establishment of both BPJSs, therefore, the range of membership of social security program will be expanded gradually (Qomaruddin, 2012).

Act of No. 24 of 2011/ Undang-Undang No 24 tahun 2011 obliges the government to provide five basic insurances for all Indonesian citizens which are health insurance, accident insurance, death benefit, pension, and annuities insurance. The referred insurances are financed by 1) individual, 2) employers, and/or 3) government. Therefore, the government will begin to implement Universal Health Coverage policy in term of providing
health service to the public, where previously the government (Central) only provided health service to Civil Servants, Indonesian Armed, and Polices (Janis, 2014).

The establishment of Act No. 24 of 2011 for the purpose of effective social security implementation for all Indonesian citizens, it turns out that the implementation still finds many obstacles. The first is the problems of drug provision. Before the BPJS for Health was implemented, the patients were given drugs for 30 days. But, after the BPJS for Health implemented, the patients are only given drugs for 7 days. Second, there are still many private hospitals which have not joined to BPJS for Health, especially in regions. The lack of socialization becomes the main cause of the private hospitals have not joined to be BPJS for Health network (www.beritasatu.com). Act No. 24 of 2011 has been implemented since January 1, 2014 by all the local governments, including Sleman Regency, DIY. Recently, Sleman Regency has had 25 primary service facilities, 25 Community Health Centers, 48 family physicians, 15 family dentists, and also the primary clinics which have signed agreement with BPJS. There are 26 hospitals as referral health facilities. Among those 26 hospitals, there are 17 ones that have cooperated with BPJS. However, the implementation of BPJS still meets many problems in the field. Too much public's participation has not been balanced by the appropriate system, so that there are still many problems in the field. Moreover, the lack of socialization by BPJS causes confusing information in the society. Besides that, there are many complaints from health insurance members who feel lost of the facilities, especially in the referral process, drugs, and other supporting services. www.slemanadi.go.id

The total of health insurance membership in Sleman Regency who can be integrated directly with JKN is more or less 43.2% from the total citizens of Sleman Regency which has the total of 1,059,383 citizens. Excluding those 40%, there are still more or less 26.7% who also have health insurance including local health insurance (Jamkesda) of Contribution Assistance Recipients (PBI) from Budget and Expenditure (APBD) of Sleman Regency, that amounted to 143,191 people and of Jamkesda for village officials, permanent employees, and health workers amounted to 11,327 people, independent Jamkesda amounted to 10,479 people, the member of Social Health Insurance (Jamkesos) for Poor amounted to 19,000 people, and Jamkesos for Cadres amounted to 9,000 people with the contribution assistance from Province APBD and 10% of predicted citizens who have other commercial health insurances. (www.slemanadi.go.id)

After the enactment of Act No. 24 of 2011, then the next step is the implementation of that Act. According to Gaffar (2009), implementation is a series of activities in order to deliver the policy to the public so that policy can bring the expected results. Rftitan (2010) added that policy implementation in the context of public policy is the implementation of a particular decision stipulated by the act, government regulation, or local regulation to achieve goals and objectives together in the social life. Therefore, implementation is needed from the Act No. 24 of 2011 so that the policy that has been developed can be perceived directly by the society.

Article 10 of Act No. 24 of 2011 states that BPJS has several duties, i.e. 1) conducting and/or receiving participant registration, 2) picking up and collecting contribution from the Participants and Employers, 3) Receiving contribution assistance from government, 4) managing Social Security Fund for the participants' benefits, 5) collecting and managing the 'participants' data of Social Security program, 6) financing benefits and/or financing the health services in accordance with the provision of Social Security program; and 7) providing information about the Social Security program to the participants and society.

Based on the above description, it shows that Sleman Regency has begun to implement Act No. 24 of 2011. It is proved by the government of Sleman Regency preparation who have provided referral health facilities. Among 26 hospitals 17 of those have cooperated with BPJS. This preparation shows that Sleman Regency has been ready to implement Act No. 24 of 2011 about BPJS. Therefore, the background problem above, so the research questions which become the focus in this research are as follows:

1. How is the public's perception to the services of BPJS in RSUD Morangan Sleman DIY?
2. Are there any differences between Contribution Assistance Recipients (PBI) and non-PBI in: the implementation and or receiving the participants' registration of BPJS for Health in Sleman Regency, data management of the participants of BPJS for Health in Sleman Regency, financing benefits or financing the health services of BPJS for Health in Sleman Regency, providing information about the implementation of BPJS for Health in Sleman Regency.

THEORETICAL FRAMEWORKS

1. Public Policy
Suharto (2007) in his book titled "Kebijakan Sosial Sebagai Kebijakan Publik" mentioned that policy is a government instrument, not only 'government' term related to state apparatus, but also 'governance' term that touches the management of public resources. Policy is essentially decisions or choices of action that directly regulates the management and distribution of natural resources, financial and people in the public interests, they are the people, residents, community or citizen. Policy is the result of the synergy, compromise or even competition among the various ideas, theories, ideologies, and interests representing the political system of a country.

Bridgeman and Davis (2004) explains that public policy has at least three dimensions that are interconnected, they are as Objective, as the choice of legal action (Authoritative Choice), and as Hypothesis.

a. Public Policy as Objective
A policy is a means to an end (a means to achieve a purpose). Public policy ultimately concerns the achievement of a public purpose. It means public policy is a set of government actions designed to achieve certain results expected by the public as a government constituent. Therefore, a good policy would avoid this trap by way of formulating it explicitly:
1) The official statement regarding the choices of action to be performed.
2) The cause and effect modes underlying the policy.
3) The results that will be achieved within a certain time.

b. Public policy as Authoritative Choice
Choice of action in the policy is legal or authoritative because it is made by institutions that have legitimacy in the government system. The decision is binding on civil servants to prepare law drafts or government regulations to be considered by parliament or allocate budget to implement the specific program.

Policy, then, can be viewed as a response or official response to public issues or problems. This means that public policy covers:
1) Objective/Purpose. Public policy always involves the achievement of government objectives through the implementation of public sources.
2) Decision. Decisions making an consequences testing.
3) Structure. Structured with the performers and the steps are clear and measurable.
4) Action. Political actions that express the selection of priority programs or the executives.
c. Public policy as hypothesis
Policy is made based on theories, models or hypotheses about cause and effect. Policies always rely on assumptions about the behavior. Policy always contains incentives that encourage people not to do something. Policy should be able to refute the estimates (projections) on the success to be achieved and mechanisms to overcome failure that may occur.

2. Policy Implementation
Zuidema and Kromhout (1996) noted...
that the implementation of policy is strongly influenced by the nature and formulation of the policy issues, diversity issues handled by the government, the size of the target groups, and the expected level of the behavior change. According to Birgman and Davis as quoted by Subarto (2007), a lot of literatures indicate a prerequisite for the successful implementation of policies, they are:

a. Based on the theories and scientific principles about how the program and regulation operate.

b. Having steps that are not too numerous and complex. The more numerous and more complex the steps of a policy, the greater the difficulties faced by the policy as cause of many misunderstandings and conflicts that arise.

c. Having clear accountability procedures. A competent person or institution should be entrusted with clear responsibilities to control and ensure the successful implementation of a program.

d. The party which is responsible for providing services should be involved in the formulation of policy design. The bureaucrats in execution level should have complete information about the nature, the model and the philosophical foundation on the policy that underly a program.

e. Involving monitoring and regular evaluation. The supervision and evaluation is strongly needed in order to effective policy implementation.

f. The policy makers must give earnest attention to the implementation as well as the formulation of policy. It means the policy makers do not feel that the task has been completed when a policy has been formulated successfully. Rather, they should work continuously until the policy has been able to be applied through a series of programs that is beneficial for the society.

Implementation function according to Suwiti (2008) in her book titled 'Konsep Dasar Kebijakan Publik' mentioned that an effort that allows the objectives or public policy goals can be realized as an outcome or result of government activity. Therefore, implementation is related to the creativity of the policy implementation to design and find special devices that are designed and found for the sake to achieve the goal. The objective of public policy is translated in the action programs which can achieve the goals.

3. Universal Health Coverage (UHC) by Mundharno (2012) is based on the perspective of health insurance, ‘universal coverage’ term has several dimensions. First, dimension of membership coverage. From this dimension, universal coverage can be defined as ‘through membership’, in term that all the citizens are covered to be the health insurance participants. By becoming the participants of health insurance, they can have access to the health services. But, not all the people who have become the participants of health insurance can necessarily access the health insurance. If the area where they are living does not provide health facilities, they will find it difficult to reach the health services. Therefore, the second dimension of universal health coverage is equitable access for all citizens to obtain health services. Implicitly, this definition implies that it is necessary to provide the facilities and health workers so that the people who participate in health insurance really can obtain health services.

Third, universal health coverage also means that the proportion of the costs incurred directly by the people (out-of-pocket payment) become smaller so it does not disrupt the participants financial (financial catastrophic) that causes the participants become poor.

WHO formulates three dimensions in the achievement of universal coverage that is described through the cube picture below:


Those three dimensions of universal coverage according to WHO are (1) how much the percentage of citizens guaranteed; (2) how complete the guaranteed service is; and (3) how large a proportion of direct costs that are still borne by the citizens. The first dimension is the total of guaranteed citizens. The second dimension is the guaranteed health services, for example: whether it is only the services in the hospitals or including the outpatient services. The third dimension is the proportion of guaranteed health cost. The more provided funds, the more people are served, the more comprehensive the service package is, and also the less the proportion of cost that should be borne by the citizens. The limited allocation or fund collection affects the comprehensiveness of the guaranteed services and the proportion of guaranteed cost for treatment/care (Mundharno, 2012).

RESEARCH METHODOLOGY

In this research, the writer used quantitative descriptive research. According to Submadinata, descriptive research aims at describing the events in the present moment as it is. Descriptive research is a research methodology that aims at describing the phenomena exist, that happen in the present moment or in the past. This research does not conduct the manipulation or alteration of variables but describes a condition as it is (Submadinata, 2011). While quantitative research according to Sugiyono (2003) is a research by obtaining data in the form of numbers or numerical qualitative data. Based on the BPJS data in RSUD Morangan from January-September 2014, it was obtained that the numbers of BPJS for Health participants in Sleman Regency were 54,707. To determine the numbers of research samples, it was determined by using Slovin’s formulation below:

$$N = \frac{N \times e^2}{1 + (N \times e^2)}$$

$$n = \text{Sample size}$$

$$e = \text{Error Percentage (in this research is the expected error rate of 10%)}$$

Based on the Slovin’s formulation above, so the total research samples were 99,817, or it was rounded to be 100 research respondents.

The technique used to analyze the data in this research was descriptive analysis technique. The analysis of quantitative data is a measurement used in a research that can be calculated with a certain number of numerical quantitative and the form of units or described in numbers. This analysis consisted of data processing, data organizing, and research results. In this research, the analysis of quantitative data was used as analysis of index number. Besides, using index analysis, this research also used independent sample t test analysis. This test was conducted to get to know the difference in perception of BPJS for Health service in RSUD Morangan, Sleman, DIY between Contribution Assistance Recipients (PBI) from the government and non-PBI beneficiaries. Is the analysis of independent sample t test, the writer used SPSS 21 software.

RESEARCH RESULTS AND DISCUSSION

1. The Public’s perception to the BPJS for Health services in RSUD Morangan Sleman, DIY

In this research, the people's perception to the BPJS for Health services in RSUI Morangan, Sleman, DIY is viewed from indicators below:

a. The People’s Perception to the Registration Reception of BPJS for Health Participants

After the research conducted toward 100 respondents, the public’s perception toward the registration reception of BPJS for Health participants, the index result was obtained as follows:

[Diagram of perception to the registration reception of BPJS for Health Participants]
The table above provides information that the average variable performing and on receiving the registration of BPJS participants in Sleman Regency is 3.19, which includes into good category. But, in the registration requirements, BPJS for Health has the lowest index, that is 2.78. It shows that the people consider that the registration requirements of BPJS for Health is still considered difficult by the public.

b. Public’s Perception Towards The Contribution Collection of BPJS for Health in Sleman

After the research done to 100 respondents, the public’s perception toward the dues collection of BPJS for Health, it is obtained the index result as follows:

Table 1.2 Public’s Perception towards Contribution Collection of BPJS for Health in Sleman

<table>
<thead>
<tr>
<th>No</th>
<th>Indicators</th>
<th>Index Value</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Depositing mechanism</td>
<td>3.06</td>
<td>Good</td>
</tr>
<tr>
<td>2</td>
<td>The participant’s ability to pay contribution</td>
<td>3.04</td>
<td>Good</td>
</tr>
<tr>
<td>3</td>
<td>Dues billing mechanism</td>
<td>3.00</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Information about contribution payment</td>
<td>2.60</td>
<td>Good</td>
</tr>
<tr>
<td>5</td>
<td>Penalty for late contribution payment</td>
<td>2.62</td>
<td>Good</td>
</tr>
<tr>
<td>6</td>
<td>Penalty for employers who do not register their employees</td>
<td>2.94</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td>Average Index Value</td>
<td>2.95</td>
<td>Good</td>
</tr>
</tbody>
</table>

Source: Processed data (2014)

The table above provides information that overall, the BPJS for Health in Sleman Regency do participants’ dues collection, having index 2.95 that belongs to good category. But, in the implementation, the penalty for late contribution payment has the lowest index, that is 2.62. The low index on the implementation of penalty for late contribution payment shows most of the society still consider that BPJS for Health in Sleman Regency has not applied penalty for BPJS participants who are late in paying contribution.

c. Public’s Perception Towards Contribution Assistance from Government

After the research done to 100 respondents about public’s perception towards contribution assistance from government, and it was obtained the index result as follows:

Table 1.3 Public’s Perception towards Contribution Assistance from Government

<table>
<thead>
<tr>
<th>No</th>
<th>Indicators</th>
<th>Index Value</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Feasibility to obtain contribution assistance</td>
<td>3.08</td>
<td>Good</td>
</tr>
<tr>
<td>2</td>
<td>Documenting contribution assistance recipients</td>
<td>3.06</td>
<td>Good</td>
</tr>
<tr>
<td>3</td>
<td>Mechanism of contribution reception from government</td>
<td>3.08</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Contribution assistance to fulfill the need of health payment</td>
<td>3.43</td>
<td>Very Good</td>
</tr>
</tbody>
</table>

Average Index Value: 3.15, Good

Source: Processed Data (2014)

The table above provides information that overall, Health BPJS in Sleman Regency has implemented their duty related to the dues aid reception from government well. It is because from those four indicators, the average index value obtained is 2.15 which belongs to good category. The table above also provides information that from those four indicators, all the society have considered that BPJS for Health in Sleman Regency have conducted assessment about the feasibility to obtain contribution assistance, documenting the beneficiaries, mechanism of contribution acceptance from government, and contribution assistance in fulfilling it need of health payment is in good category with index value above 3.

d. Public’s Perception towards Participant Data Management

After the research done to 100 respondents about public’s perception towards the participant data management, it was obtained the index result as follows:

Table 1.4 Public’s Perception towards Participant Data Management

<table>
<thead>
<tr>
<th>No</th>
<th>Indicators</th>
<th>Index Value</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Documenting BPJS for Health participants in Sleman</td>
<td>2.94</td>
<td>Good</td>
</tr>
<tr>
<td>2</td>
<td>Checking back the contribution assistance recipients</td>
<td>2.80</td>
<td>Good</td>
</tr>
<tr>
<td>3</td>
<td>BPJS card usage</td>
<td>2.12</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Information as BPJS for Health participants in Sleman</td>
<td>2.81</td>
<td>Good</td>
</tr>
</tbody>
</table>

Average Index Value: 2.91, Good

Source: Processed Data (2014)

The table above provides information that overall, BPJS for Health of Sleman Regency has done the participant documenting well. It is because of those four indicators with index values, it is obtained the average of 2.91 that includes in good category. The table above also provides information that from those four indicators, the indicator about information as BPJS for Health participants in Sleman is the lowest index. This illustrates that if in the case of information as BPJS for Health participants in Sleman, not all people obtain information on whether they have been registered as BPJS members or not. This is because the people assume to be actively looking for information, not BPJS.

e. Public’s Perception Towards the BPJS for Health Advantages in Sleman

After the research conducted to 10 respondents about public’s perception to the BPJS for Health advantages in Sleman, it is obtained the index value as follows:
Table 1.6 Public’s Perception towards BPJS for Health Advantages in Sleman

<table>
<thead>
<tr>
<th>No</th>
<th>Variables</th>
<th>Sig</th>
<th>Standardized</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The implementation or receiving the participant registration</td>
<td>0.182</td>
<td>0.05</td>
<td>There is no difference between the Contribution Assistance Recipients (PBI) and non-PBI based on the implementation and/or receiving participant registration</td>
</tr>
<tr>
<td>2</td>
<td>Management of BPJS for Health participants</td>
<td>0.270</td>
<td>0.05</td>
<td>There is no difference between the Contribution Assistance Recipients (PBI) and non-PBI based on participant data management.</td>
</tr>
<tr>
<td>3</td>
<td>Benefit financing or financing health services</td>
<td>0.097</td>
<td>0.05</td>
<td>There is a significant difference between the Contribution Assistance Recipients (PBI) and non-PBI based on benefit financing or financing health service.</td>
</tr>
<tr>
<td>4</td>
<td>Providing information about BPJS for Health Implementation</td>
<td>0.000</td>
<td>0.05</td>
<td>There is significant difference between the Contribution Assistance Recipients (PBI) and non-PBI based on the providing information about BPJS for Health implementation.</td>
</tr>
</tbody>
</table>

The difference test results show that there is a significant difference between the Contribution Assistance Recipients (PBI) and non-PBI based on financing benefit or financing the health services of BPJS for Health in Sleman. This difference lies in two things, they are the provision of social health program financing and the mechanism of health service financing by BPJS. The PBIs will not pay BPJS dues every month, while the non-PBIs are obliged to pay contribution every month. Next is the payment mechanism for PBI who do not need to pay, so they do not need to think how the payment mechanism is. While for the non-PBI, they have to obey the payment procedures which have been set by the government.

The other variable which has a difference is the variable of providing information of BPJS for Health of Sleman implementation. On the above difference test, it is known that there is a significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on the information provision of BPJS for Health of Sleman implementation. This difference lies on, first, information about procedures to be BPJS for Health participants.

For the PBI, information about procedures is not really important, so they consider information about procedures to be BPJS for Health participants have been quite good, while for non-beneficiaries, they need information on how to get the information, so they consider the information is very important. However, the information about procedures is a perceived lack for non-PBI of BPJS for Health in Sleman Regency. The second difference is information about procedures to obtain financing. For the PBI, that information about the procedures to obtain financing because they automatically become the participant with the help from government. While for non-PBI, that information is still needed because they think that some of them deserve to receive contribution assistance, but they are not listed.

CONCLUSION
Based on the research result, it can be concluded that public’s perception towards the service of Social Security Board (BPJ) for Health in RSUD Morangan Sleman C according to Article 10 of Act No. 24 of 20 which contains of 1) Conducting and

The table above provides information about orocedures to be BPJS in Sleman, 2.92. Because from four indicators, the indicator about the ease in withdrawal cost has the lowest index of 3.19. It illustrates that in term of withdrawal cost, people still consider there are few difficulties. These difficulties are related to the requirements that should be fulfilled in withdrawal cost.

2. Difference Test of the Implementation of BPJS of Sleman Regency in Managing National Health Insurance (JKN) in Sleman Regency

Table 1.6 Public’s Perception towards BPJS for Health Advantages in Sleman

<table>
<thead>
<tr>
<th>No</th>
<th>Indicators</th>
<th>Index Value</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The advantages to be BPJS for Health participants</td>
<td>3.39</td>
<td>Very Good</td>
</tr>
<tr>
<td>2</td>
<td>The provision of social health program financing</td>
<td>3.91</td>
<td>Very Good</td>
</tr>
<tr>
<td>3</td>
<td>The mechanism of financing of health services by BPJS</td>
<td>3.24</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Ease in withdrawal the cost</td>
<td>3.19</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td>Average Index Value</td>
<td>3.28</td>
<td>Very Good</td>
</tr>
</tbody>
</table>

Source: Processed Data (2014)
receiving the participant registration, 2) Picking up and collecting dues from participants and employers, 3) Receiving dues aid from government, 4) Collecting and managing the data of Social Security program participants, 5) Financing benefits and/or financing health services in accordance with the provision of Social Security program, and 6) Providing information about the implementation of Social Security program to the participants and public which has been good with the range of index of 2.78 to 3.43.

The research results also concludes that 1) there is no significant difference in perception between the Contribution Assistance Recipients (PBI) and non-PBI based on the implementation and or receiving the BPJS for Health participant registration in Sleman. 2) There is no significant difference in perception between Contribution Assistance Participants (PBI) and non-PBI based on data management of BPJS for Health participants in Sleman. 3) There is significant difference in perception between the Contribution Assistance Participants (PBI) and non-PBI based on financing benefit or financing health services of BPJS for Health in Sleman, and 4) there is significant difference in perception between Contribution Assistance Participants (PBI) and non-PBI based on providing information of BPJS for Health implementation in Sleman.

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