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The Importance of BPJS Management as a Means of Community Admisntation

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ABSTRACT

Bpjs is a social institution formed for the welfare of the people in Indonesia. However, there are two existing BPJS, namely Bpjs in terms of employment and also Bpjs in terms of health. Indeed, it is given by the government for the welfare of the community but still the payment facility for payment is no later than 15 (fifteen) days since the documents from the claim received are complete. Programs carried out by the government to the community with the help of Bpjs must be with the flow and procedure of services, the correct population, as well as with the existing population census, for example, such as health Bpjs

Keywords: BPJS, Government, Society

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INTRODUCTION

BPJS is a social institution created to implement programs such as social insurance for Indonesian citizens. According to Law No. 24 of 2001, BPJS will replace several existing social insurance institutions, such as PT Akses Indonesia which will become BPJS Kesehatan. BPJS is a not-for-profit state legal entity that is accountable to the President. There are two parts to BPJS, namely BPJS Health and BPJS Employment. However, what will be discussed this time is BPJS Kesehatan. BPJS Kesehatan is required to pay fees for services provided to its participants no later than 15 days after the complete claim documents are received.

The amount of payment to health care providers is determined through an agreement between BPJS Kesehatan and the association of health care providers in the region, with reference to the tariff standards set by the Minister of Health. In case of disagreement on the payment rate, the Minister of Health will determine the payment rate for the JKN program provided. Under JKN, participants have the option to obtain additional benefits that are not medical in nature, such as better accommodation facilities, for example, participants can choose a higher class of care than has been determined by using additional health insurance, or pay the difference between the costs covered by BPJS Kesehatan and the costs required to upgrade the class of care, which is referred to as the additional cost contribution. However, this provision does not apply to participants who receive contribution assistance. Contribution payments are related to services and population data collection.

METHODS

This study uses a qualitative approach through the case study method. This approach was chosen to gain an in-depth understanding of BPJS management practices and their impact on community administration.

RESULTS

Role of BPJS as a Social Institution: BPJS is recognized as a crucial social institution established to enhance the welfare of the Indonesian population. It serves as a mechanism for providing social security benefits, particularly in the areas of employment and healthcare.

Existence of Two BPJS Entities: The study highlights the presence of two distinct BPJS entities: BPJS Ketenagakerjaan (Employment Social Security Agency) and BPJS Kesehatan (Health Social Security Agency). Each entity is responsible for administering social security programs related to employment and healthcare, respectively.

Timeliness of Payment Processing: Despite its overarching objective of promoting community welfare, the study underscores a challenge regarding payment processing timelines. Payments for benefits are expected to be disbursed within 15 days after receiving complete claim documents. Delays in payment processing may impact the timely delivery of benefits to beneficiaries.

Compliance with Service Procedures and Population Data: The study emphasizes the importance of adhering to established service procedures and ensuring accuracy in population data for effective program implementation. Programs facilitated by the government through BPJS must follow prescribed service protocols and target the correct population demographics based on existing population census data.

Overall, the study highlights the critical role of BPJS in advancing social welfare objectives in Indonesia. However, it also identifies areas for improvement, particularly in optimizing payment processing efficiency and ensuring program alignment with service protocols and population data accuracy. Addressing these challenges can enhance the effectiveness of BPJS in fulfilling its mandate of serving the welfare needs of the Indonesian community.

DISCUSSION

No	Population List
1	Population demographic data recording and regulation of the Population Identification Number (NIK)
2	Recording of population events
3	Registration of population at risk
4	Reporting of residents who need assistance in self-reporting

No	Population Documents
1	Biodata
2	KK
3	KTPID CARD
4	Certificate of residence
5	Act
6	Deed quotation

No	Civil Registration
1	Birth Records
2	Birth and Death Records
3	Death Records
4	Marriage annulment records
5	Divorce Records
6	Divorce annulment records
7	Death Records
8	Child validation and acknowledgment records
9	Record of Change of Name and Citizenship Status
10	Important Event Notes
11	Reporting of Residents who Need Assistance in Self-Reporting

In population registration, there are two important aspects that need to be considered: The provision of a Population Identification Number (NIK) to all Indonesian residents,The NIK serves as the identity of the population and is the key to accessing verification and validation of one's personal data needed to support public services, NIK is a unique, single, and inherent identity of every individual registered as a resident, Data collection of residents who are vulnerable to population administration.

Regulation of the Minister of Home Affairs No. 11/2010 on guidelines for data collection and structuring of population documents for population groups that are vulnerable to population administration, as well as circular letter of the Minister of Home Affairs No. 470/41/MD in 2010 on instructions for updating population data for groups that are vulnerable to population administration. The Population and Civil Registration Office, together with the Social Affairs Office, registers individuals who are neglected and live in institutions and shelters managed by the social affairs office, and provides replacement of population administration documents. This service can be utilized by vulnerable groups through the social services in their area.

Benefits refer to the benefits of insurance that participants and their family members are entitled to. The National Health Insurance (JKN) consists of two types of benefits, namely medical benefits that cover health services without being related to the amount of contributions paid, and non-medical benefits that include accommodation and ambulance services. Ambulance services are only provided to patients referred from health facilities with certain conditions regulated by BPJS Kesehatan.

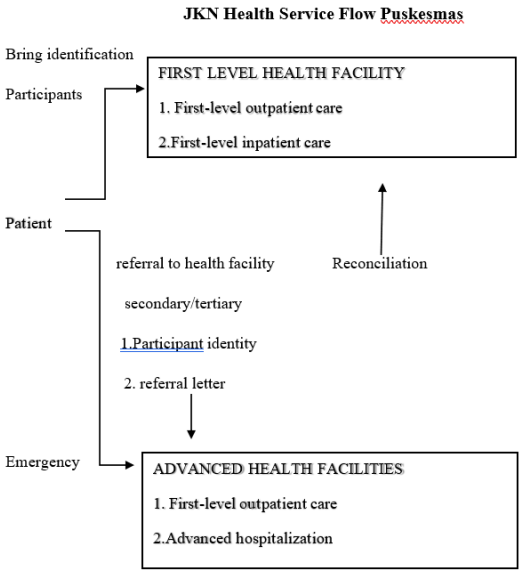
The benefits of JKN cover a wide range of health services that are promotive, preventive, curative, and rehabilitative, including medicine and medical care services in accordance with individual medical needs. Preventive and promotive services include individual health counseling, basic immunization, family planning programs, and health screening.

Although JKN covers a comprehensive range of services, there are still some services that are not covered, such as: services outside of established medical procedures, services at health facilities that do not cooperate with BPJS, cosmetic services, general check-ups or alternative medicine, treatment for fertility, health services during disasters, and treatment for intentionally caused conditions such as drug use.

Meanwhile, guaranteed health services include: first-level health services, which include non-specialist services such as health administration, promotive and preventive services, medical consultations, non-specialist medical actions, provision of drugs and medical equipment, blood transfusions as needed, first-level laboratory diagnostic examinations, and hospitalization as indicated.

Advanced referral health services include outpatient services consisting of: administrative services, examination, treatment, and consultation of specialists and subspecialists by expert doctors, special medical actions according to medical needs, provision of drugs and medical equipment, necessary medical equipment services, advanced diagnostic examinations according to medical indications, medical rehabilitation, blood transfusion services, services from forensic doctors, and funeral services at health facilities.For inpatient care, services include non-intensive care, care in the intensive care unit, and other health services determined by the Minister. The basis for receiving benefits is that the difference in contribution size will not affect the receipt of medical services, including medicines. The only difference is the class or room in the inpatient facility.

The health service referral system in JKN is a process of health service delivery that involves a reciprocal division of tasks and responsibilities, both vertically and horizontally, which must be followed by health insurance participants and all facilities.



Based on the service flow chart, the participant will be examined at the first-level service facility. If necessary, participants will be given a referral letter to a secondary or tertiary level service facility, depending on the type of service needed. However, in an emergency, participants can go directly to the hospital or secondary or tertiary level health services. The referral system procedure can be described as follows:

1.The health service referral system will take place in stages according to medical needs, which include: Starting from the first-level health facility, If necessary, the patient will be referred to a second-level health facility, If necessary and services are not available at a secondary level health facility, the patient will be referred to a tertiary level health facility.

2.Services at primary health facilities that can directly refer to tertiary-level health facilities only apply to cases that have a definite diagnosis and a clear treatment plan. In addition, this service is only available at tertiary-level health facilities.

3.There are exceptions to the stepwise referral procedure under the following conditions: Life-threatening medical emergencies.

Health cases that require specialization : Consideration of geographical factors. The down-referral service program provided by BPJS provides services for patients with chronic diseases that are controlled or stable but still require long-term treatment or care.Participants who are entitled to receive PRB drugs (down-referral program). Participants with chronic diseases that have been determined to be in a stable condition by a specialist doctor and have registered to become a referral participant, The procedure for registering participants for the down-referral service is as follows: Participants come to the PRB corner officer and submit: BPJS health participant identity card, referral letter and specialist doctor, participant eligibility letter from BPJS Health and prescription or copy of prescription, Participants fill out the registration form for the reverse referral service, Participants receive a control book for the mutual referral service.Financing of insurance contributions.

Health premiums are a number of payments made periodically by participants, employers, or the government for health insurance programs, in accordance with Presidential Regulation No. 12/2013 on health insurance. Each participant is required to pay contributions, which can vary based on a percentage of income (for wage earners) or a certain nominal amount (for non-wage earners and contributory assistance recipients). Similar to JKN's service mechanism, there are two categories of systems that are covered or not, namely: guaranteed services and non- guaranteed services.

No	**Level I or Basic Health Services**
1	Services that promote and prevent disease
2	Medical examination, treatment and consultation
3	Non-specialized medical procedures, whether or not they require surgery
4	Provision of drugs and consumable medical equipment
5	Blood transfusion according to medical needs
6	Laboratory diagnostic examination at the initial level
7	Hospitalization at the initial level according to medical reasons

No	**Level II or Basic Health Services** Health services provided
1	Specialist examination, treatment and consultation by specialists and subspecialists.
2	Specialized medical measures according to medical needs.
3	Provision of medicine and consumable medical equipment.
4	Implantable medical device service.
5	Medically necessary blood transfusions.
6	Medical services from forensic doctors.
7	Funeral services at health facilities.
8	Hospitalization includes a. non-intensive hospitalization, b. hospitalization in the intensive care unit

NO	**Services that are not guaranteed**
1	Health services that are carried out without following the procedures that have beenregulated in the applicable regulations.
2	Health services performed at health facilities that do not cooperate with BPJSKesehatan, except in emergencies.
3	Health services that are already covered by the accident insurance program against illness or injury due to work accidents.
4	Healthcare services performed overseas.
5	Health services intended for cosmetic or aesthetic purposes.
6	Services to achieve pregnancy.
7	Services for tooth alignment.
8	Health problems or illness due to drug or alcohol dependence.
9	Health problems caused by intentional self-harm.
10	Alternative, complementary and traditional medicine.
11	Treatments and medical procedures that are considered experimental.
12	Contraceptives, cosmetic products, baby food and milk.
13	Household items.
14	Disaster-related services.

Payments to health facilities are regulated as follows: BPJS Kesehatan makes payments to first-level health facilities using a capitation payment system, in which the fund manager pays primary health providers based on capacity, not based on the number or type of services provided, but based on the number of patients; For advanced referral health facilities, BPJS pays using the INA CBG's system (package system); If an area does not allow payment based on capacity, BPJS Kesehatan has the authority to use alternative payment mechanisms that are more effective; Emergency services provided by health facilities that do not cooperate with BPJS Kesehatan will be paid by reimbursing the costs directly billed by the health facility, in accordance with the applicable tariff in the region; BPJS Kesehatan has an obligation to pay health facilities for services provided to participants within a maximum of 15 days after receiving complete claim documents.

Social security organizing agency hereinafter referred to as BPJS, BPJS is a legal entity formed to organize social security programs. The social security organizing agency, hereinafter referred to as

BPJS, is a legal entity formed to organize social security programs. The social security organizing body (BPJS) is a legal entity established by law to organize social security programs. According to Law No. 40/2004 on the National Social Security System, BPJS is a transformation of the current social security organizing body and it is possible to establish a new organizing body in accordance with the dynamics of social security development.

BPJS Kesehatan is a public legal entity based on the BPJS Law. There are three criteria used to determine that BPJS is a public legal entity: The establishment of the legal entity is carried out through public law construction, which means that it is established by the government (state) in accordance with the Law; Its working environment is public, which means that in carrying out its duties, the legal entity interacts with the general public and operates in a position that is equal to the general public; The legal entity is authorized by the government to make decisions, decrees, or regulations that are generally binding.

BPJS Kesehatan is a legal institution established specifically by the Indonesian government to regulate the national health insurance system. Law number 24 of 2011 on social security organizing agencies, known as the BPJS Law, states that BPJS Kesehatan is tasked with administering the health insurance program. Health insurance, as stipulated in the National Social Security System (SJSN) Law, is organized nationally with the principles of social insurance and the principles of justice, with the aim of ensuring that participants receive health protection and maintenance benefits to meet basic health needs.

Article 2 of the BPJS Law, states that BPJS organizes a social security system based on the principles of: Humanity; Benefits, and; Social justice for all Indonesian people. In the explanation of article 2 of the BPJS Law, it explains: What is meant by the principle of humanity is the principle related to respect for human dignity; What is meant by the principle of benefits is an operational principle that describes efficient and effective management.

Article 3 of the BPJS Law states that the purpose of BPJS is to ensure that each participant and his/her family members obtain sufficient insurance to meet the basic needs of a decent life. In the elucidation of article 3 of Law number 24 of 2011 concerning social security organizing agencies, "basic needs of life" refers to the essential needs of each individual to lead a decent life, which aims to achieve social welfare for all Indonesian citizens. With membership in BPJS Kesehatan, participants are considered consumers of health services. Therefore, when discussing BPJS Kesehatan participants, it cannot be separated from the concept of consumers, which means individuals who use health services. When discussing consumers in the context of rights and obligations related to medical care and services, patients are considered as consumers of these services.

According to Article 1.4 of Law No. 24/2011 on Social Security Organizing Agency, participants are identified as individuals, including foreigners who have worked in Indonesia for six months and have paid contributions. Article 4 of the Health Social Security Organizer Regulation number 1 of 2014 regarding the implementation of health insurance divides BPJS Health participants into two groups, namely contributing participants (PBI) and non-PBI participants (non-PBI). The criteria for these two groups of BPJS Kesehatan participants are set out in Article 6, Article 7, Article 8, and Article 9 of the regulation. Recipients of health insurance contribution assistance (PBI) include individuals who fall into the category of the poor and those who cannot afford it, who are determined as participants in accordance with the provisions in the legislation. Non-recipients of health insurance contributions (non-PBI) consist of two groups, namely wage earners and their family members, as well as civil servants.

Obligations of BPJS Participants, The rights and responsibilities of BPJS Kesehatan participants are no different from the rights and responsibilities of consumers in general. Basic consumer rights, first expressed by US President J.F. Kennedy before Congress on March 15, 1962, include: Right to security, Right to information, Right to be heard. When talking about patients as consumers in the context of medical services, there is a relationship between health workers as service providers and patients as consumers of these services.

According to Law No. 8 of 199 on consumer protection, article 1 paragraph (2) states that consumers are: "every person who uses goods and or services available in the community, both for the benefit of themselves, their families, other people, and other living things and not for trade". Consumers

not only refer to individuals (people), but also to companies that are the buyers or final users of a product or service. In general, consumers are the final users of goods and services.

Services are all forms of services in the form of work or performance results that are provided for use by the community. Thus, patients as consumers are individuals who use services, in this case services in the form of work or performance results provided for use by the community in the context of health. People who use these services are those who expect care provided by health workers.
In the context of health services, health workers and consumers cannot be separated. Patients are considered as recipients of health services, while hospitals or health facilities are considered as providers of health services in the field of health care.

From a sociological point of view, patients and health workers have specific roles in society. For example, doctors have an important role in relation to patients and society in general. Patient rights and obligations, as explained, are formed from the pattern of relationships between health workers and patients, which results in rights and obligations for patients. Rights are the ability to demand individual freedom in their exercise, while obligations are restrictions and responsibilities.

Rights can generally be explained as follows: Rights in the general sense refer to a person's claim to something that is considered a personal need, in line with the principles of justice, morality and legality; Rights are interests that are protected by law, while interests are demands of individuals or groups that must be met.

Rights consist of 4 important elements, which are as follows: Legal subject: everything that can acquire rights and be burdened with obligations; Legal object: everything that is the focus or purpose of the legal relationship; Legal relationship: a relationship that is established due to legal relations; Legal protection: everything that regulates and determines the rights and obligations of each party to a legal relationship.

Legal protection for patients as consumers is related to the definition of consumer protection, which is all efforts to ensure legal certainty in order to provide protection to consumers (according to Article 1 paragraph (1) of Law number 8 of 1999 concerning consumer protection). The legal protection of patients as consumers is related to the services provided by health workers. The service is any form of work or achievement provided to be utilized by the public as consumers. Hospitals are the main place for the provision of health services to the community, as they provide various types of health services. The role of hospitals is vital in rapidly improving the level of public health. Therefore, hospitals are expected to provide quality services in accordance with established standards, and be accessible to all levels of society. As part of the health infrastructure, hospitals are also very important assets in supporting the delivery of health services.

Based on the Law of the Republic of Indonesia number 44 of 2009 concerning hospitals, a hospital is a health care institution that provides comprehensive health services to individuals, which includes inpatient, outpatient, and emergency services. Hospitals as one of the health facilities can be clarified as follows: According to the origin of organization and ownership, hospitals can be classified as government-owned hospitals and private hospitals. Government hospitals are owned and operated by government agencies such as the health department, local government, military/police, and state-owned enterprises. Private hospitals are operated by foundations that have been authorized as legal entities or other institutions with social purposes; Based on the type of service, hospitals can be divided into general hospitals (RSU) and specialized hospitals. RSUs provide services for various types of illnesses ranging from simple to specialized. Specialty hospitals are health institutions that specialize in providing treatment for certain types of diseases or disciplines, such as heart disease; Classification of hospitals is based on their healthcare capabilities, human resources, and equipment available.

Local government-owned public hospitals are categorized as follows: Class A hospitals offer medical facilities and services with broad and narrow specialties; Class B RSUs have medical facilities and services limited to specialties and subspecialties; Class C RSUs provide basic medical facilities and services with limited specialties; Class D RSUs offer basic medical facilities and services.

Article 4 of Indonesian Law No. 44 of 2009 concerning hospitals emphasizes that hospitals have the responsibility to provide comprehensive health services to individuals. This comprehensive health service includes promotive, preventive, and rehabilitative efforts.

Article 5 of the Law of the Republic of Indonesia number 44 of 2009 concerning hospitals outlines the functions of hospitals as follows: Provide medical and health recovery services in

accordance with established standards; To maintain and improve individual health through second and third level health services in accordance with medical needs; Organizing education and training for human resources in order to improve the ability to provide health services. Carry out research, development, and improvement of technology in the field of health with due regard to scientific ethics in an effort to improve health services

CONCLUSION

In light of these observations, it is imperative for BPJS to address these challenges to enhance its effectiveness in fulfilling its welfare objectives. Streamlining payment processing procedures, improving data management practices, and ensuring strict adherence to service protocols are essential steps toward optimizing the impact of BPJS programs on the welfare of the Indonesian population.

Furthermore, ongoing monitoring, evaluation, and continuous improvement initiatives should be implemented to address any emerging issues and uphold the integrity and efficiency of BPJS operations. By addressing these challenges and bolstering its operational effectiveness, BPJS can better serve as a reliable instrument for promoting the welfare and social security of the Indonesian people.

REFERENCES

Ardianti, A. D. (2015). Pro Kontra BPJS di Masyarakat.

Bakarudin Fachru Nofrian , *Penjaminan Kesehatan di Indonesia Sejarah dan Transformasi BPJS Kesehatan*, BPJS Kesehatan, Jakarta, 2020, hal. 614

Bhirawa. (2014). Masyarakat mulai Merasakan Manfaat BPJS

Fimela. (2016). BPJS Kesehatan: Hal Positif dan Negatif yang Perlu Kamu Ketahui

Hasbullah Thabarany, *Badan Penyelenggara Jaminan Sosial (BPJS)*, Raja Grafindo Persada, Jakarta, 2014, hal. 145

Putri Ashi Eka, *Badan Penyelenggara Jaminan Sosial, Indonesia: Friedrich-Elbert-Stifung*, Jakarta , 2014, hal. 62

Kementrian Kesehatan Republik Indonesia, *Buku Pegangan Sosialisasi Jaminan Kesehatan Nasional (JKN) dalam Sistem Jaminan Nasional*, Jakarta

Maulana, M. (2018). Di Balik Defisit BPJS Kesehatan.

Suryani, A. I., & Suharyanto, A. (2016). *Implementasi Program Badan Penyelenggara Jaminan Kesehatan (BPJS) Dalam Meningkatkan Pelayanan Administrasi Kesehatan di Rumah Sakit Umum Sibuhuan. Publikauma*: Jurnal Administrasi Publik Universitas Medan Area, 4(1), 86–99.

Yusriadi, Sahid, A., Amirullah, I., Azis, A., & Rachman, A. A. (2019). *Bureaucratic Reform to the Human Resouces: A Case Study on the One-Stop Integrated Service*. The Journal of Social Sciences Research.