
Obstacles in Fulfilling Health Service Rights for BPJS Assistance Recipients in Bone Bolango District

Rian Suryanto Kasim, Mutia Cherawaty Thalib , Nuvazria Achir

¹ Faculty of Law, Universitas Negeri Gorontalo, Indonesia. E-mail: ryasuryanto058@gmail.com

² Faculty of Law, Universitas Negeri Gorontalo, Indonesia. E-mail: mutia.thalib@ung.ac.id

³ Faculty of Law, Universitas Negeri Gorontalo, Indonesia. E-mail: ulfa@ung.ac.id

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ABSTRACT

The purpose of writing to be achieved in this study is to find out the obstacles related to the implementation of the fulfillment of the right to health services, especially for BPJS participants for assistance in obtaining health services. As with several incidents in the field, especially in the Toto Kabila Hospital, which is still far away and has not been monitored at all regarding the case regarding the fulfillment of health service rights to BPJS Health patients themselves and causes patients to feel disadvantaged and their rights are not fulfilled properly. In public health services, it is the role of receiving the right to health services itself, but based on the facts in the field found by researchers that are obstacles in fulfilling the rights to health services, namely the implementation of programs that aim to enforce the rights of public health services through the BPJS program, it does not run according to with expectations. Based on the results of the study, there are some people's health rights that have been fulfilled but some have not, including the lack of transparency from the Toto Kabila Hospital for BPJS patients, especially class III regarding the existing inpatient rooms, lack of clarity in BPJS regulations regarding what drugs or treatments are not included in BPJS financing. At the Polyclinic service, the lack of human resources at the Toto Kabila Hospital, causing long queues for patients who want to check their health at the existing polyclinic. The complicated and tiered BPJS Health service system makes many patients feel confused about the system, and not all types of treatment are facilitated by BPJS Health

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INTRODUCTION

Background

The social security administration body has been regulated by Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS), which consists of BPJS Kesehatan and BPJS Ketenagakerjaan. For the Health Insurance program organized by BPJS Kesehatan, the implementation has started on January 1, 2014. The program is hereinafter referred to as the National Health Insurance (JKN).¹

The government is responsible for the implementation of public health insurance through the National Health Insurance Program (JKN). As a form of responsibility, the government has implemented several forms of social security in the health sector, including through PT Askes (Persero) and PT Jamsostek (Persero) which serve, among others, civil servants, pension recipients, veterans, and private employees. For the poor and underprivileged, the government provides guarantees through the Public Health Insurance (Jamkesmas) and Regional Health Insurance Schemes (Jamkesda).²

The ratification of Law Number 24 of 2011 concerning the Social Security Administering Body in November 2011 became a provision towards a social security system for the people of Indonesia. The law mandates the transformation of four organizing bodies, namely PT ASKES (Persero) to transform into BPJS Kesehatan and PT JAMSOSTEK to transform into BPJS Ketenagakerjaan.

BPJS is a public legal entity and is directly responsible to the President. BPJS is domiciled and headquartered in the State Capital by establishing representative offices in the Province and Regency/City. BPJS is divided into 2 types, namely

¹JamsosIndonesia, *Transformasi BPJS*, <http://www.jamsosindonesia.com/cetak/printout/387>, accessed on June 19, 2021 At 18.33

² BPJS Kesehatan, 2014, *regulasi yang sudah terbit dalam faskes primer BPJS Kesehatan*, Jakarta, p. 8

BPJS Kesehatan and BPJS Ketenagakerjaan. BPJS Kesehatan organizes health insurance programs and BPJS Ketenagakerjaan provides work accident insurance, old-age insurance, pension benefits, and death benefits. With the formation of the two BPJS, the range of participation in the social security program will be gradually expanded.³

There are several legal bases for BPJS Health as follows :

- Law of the Republic of Indonesia Number 24 of 2011 concerning Badan Penyelenggara Jaminan Sosial
- Government Regulation of the Republic of Indonesia Number 101 of 2012 concerning Recipients of Health Insurance Contribution Assistance
- Regulation of the Minister of Health Number 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program

For the type of membership, BPJS Health is divided into two groups, namely BPJS Participants who are Contribution Assistance Recipients (PBI) and BPJS Participants who are not Contribution Assistance Recipients (Non-PBI). BPJS PBI covers people who are classified as poor and underprivileged according to data from the Social Service. Monthly fees are fully borne by the government. Meanwhile, BPJS Non-PBI is people who can afford and are not classified as poor. BPJS Non-PBI participants are obliged to pay their monthly dues.

The current phenomenon is that there are many obstacles related to the implementation of the fulfillment of membership rights, especially for BPJS participants for assistance to obtain health services, as are some events in the field, especially in Bone Bolango Regency which is still far away and has not been monitored at all regarding the case regarding the fulfillment of BPJS membership rights itself.

³ Jamsosindonesia, *Transformasi BPJS*, <http://www.jamsosindonesia.com/cetak/printout/187>, accessed on November 16, 2021 at 20:37

According to the explanation from the Head of the BPJS office, Bone Bolango Regency ⁴ explained that in Bone Bolango Regency itself, the number of BPJS Health recipients is around 19,000 more per month according to the proposal from the social service itself. The number of recipients is divided into 2 groups, namely, Independent Participants and Assistance Recipient Participants who are divided into several sub-districts, especially in Bone Bolango Regency itself. He also explained that the recipients of the health insurance contribution assistance (PBI) were the poor and the underprivileged, with the determination of participants under the provisions of the legislation. For participants receiving assistance, he explained that the Office of Social Services is in charge of the participants receiving the BPJS assistance itself.

The explanation from the Head of the Social Service, in this case, was represented by the Head of LINJAMSOS, the Social Service of Bone Bolango Regency, he explained that the participation of the local government, especially the Social Service itself regarding the participants who received BPJS Assistance, was indeed the responsibility of the Social Service of Bone Bolango Regency. He also explained that there are still several case studies at Regional Hospitals regarding BPJS cards from people who receive BPJS Assistance.⁵

The following is data on the number of BPJS Health Contribution Assistance Recipients in Bone Bolango Regency from data from the Bone Bolango Regency Social Service for 2019-2021;

Table 1, Number of Recipients of BPJS Kesehatan Contribution Assistance in Bone Bolango Regency in 2019-2021.

| Month | Year |
|-------|------|
|-------|------|

⁴ Hasil Wawancara dilakukan pada Rabu, 23 Juni 2021

⁵ The interview was conducted on Thursday, June 24, 2021

| | 2019 | 2020 | 2021 |
|-----------|--------------|--------------|--------------|
| January | 26.609 Souls | 13.245 Souls | 19.817 Souls |
| February | 26.095 Souls | 13.212 Souls | 19.760 Souls |
| March | 25.291 Souls | 13.255 Souls | 19.649 Souls |
| April | 25.760 Souls | - | 19.534 Souls |
| May | 26.319 Souls | - | 19.633 Souls |
| June | 26.440 Souls | 14.064 Souls | |
| July | 26.532 Souls | 19.119 Souls | |
| Agustus | 26.710 Souls | 19.347 Souls | |
| September | 26.669 Souls | 19.352 Souls | |
| October | 26.691 Souls | 19.423 Souls | |
| November | 26.775 Souls | 19.488 Souls | |
| December | 26.651 Souls | 20.063 Souls | |

Source: a direct interview with the head of public relations LINJAMSOS, Bone Bolango Regency, 2021.

One of the cases regarding the BPJS card from the PBI community which is no longer active and the lack of information to the public regarding the active time limit of the card from the Contribution Assistance Recipient. He also explained that the lack of socialization between BPJS and the community about the importance of BPJS Kesehatan membership status, more specifically to the people who received assistance from the BPJS office itself. This is because it is only dependent on the list of names allocated as recipients of contribution assistance (PBI) from the center directly as recipients of BPJS assistance.

Referring to the description above, the authors are interested in researching the existence of the problem in question, with the title research **“Obstacles in Fulfilling Health Service Rights for BPJS Assistance Recipients in Bone Bolango District”**.

Research Questions

This study will answer one of the questions as the formulation of the second problem, namely, What are the obstacles in fulfilling the right to health services for BPJS assistance recipients in Bone Bolango Regency?

Research Method

this type of research writing this research uses the type of empirical juridical research, in other words, is the type of sociological legal research or often called the type of field research, namely examining applicable legal provisions and observing what happens in social reality.⁶ In other words, it is research conducted on the actual situation or real conditions that occur among the community with the intent and purpose of knowing and finding the facts and data needed by the researcher, then the data that has been collected which then leads to the identification of a problem. which then ultimately refers to problem-solving. Some of the points used in the research method in question are::

- 1. Approach**, quantitative/qualitative by using population and samples with the type of data in the form of primary data and secondary data.
- 2. Data collection methods** were carried out through observation, interviews, and documentation.
- 3. Data Analysis Techniques**. In analyzing the data, the writer uses a qualitative descriptive analysis, which is an analysis that describes or explains the obstacles to fulfilling the rights of health services to BPJS Assistance recipients,

⁶ Bambang Waluyo, *Penelitian hukum dalam praktek*, (Jakarta: Rineka Cipta, 2002), hlm 126.

then relates them to the conditions that occur in the community, and will eventually become a conclusion.

DISCUSSION

Obstacles in Fulfilling Health Service Rights for BPJS Assistance Recipients in Bone Bolango District

In Indonesia, health law develops along with the dynamics of human life, it regulates more legal relations in health services, and more specifically health law regulates the health services of doctors, hospitals, health centers, and other health workers with patients. Because it is a basic right that must be fulfilled, a health law regulation is carried out, which in Indonesia made a rule regarding the law, namely with the ratification of Law Number 36 the Year 2009 concerning Health.⁷ Every legal subject in the health sector must understand health law. Lack of understanding of health law results in being often trapped in the legal actions that they do.⁸ Health Law is not only based on written law but also jurisprudence, treaties, conventions, doctrines, consensus, and opinions of legal and medical experts. Written law, treaties, conventions, or jurisprudence have binding authority, but doctrine, consensus, or expert opinions do not have binding power, but can be taken into consideration by judges in exercising their authority, namely finding new laws.⁹

Currently, health law can be divided into 2 (two) parts, namely public health law and medical law. Public health law focuses more on public health services or includes hospital health services, while medical law, prefers or regulates health

⁷ Zaeni Asyhadie, 2017, *Aspek-Aspek Hukum Kesehatan di Indonesia*, Rajawali Pers, Depok, hlm. 7-8.

⁸ *Ibid.* p. 25

⁹ Muctar Masrudi, 2016, *Etika Profesi dan Hukum Kesehatan*, Pustaka Baru Pres, Yogyakarta, hlm.147-148

services for individuals or only one person, but all of them are related to health services.¹⁰

Health law is a rule or legal regulation that regulates the rights and obligations of health workers, individuals, and communities in implementing health efforts, aspects of health organization, and aspects of health facilities.¹¹ In addition, health law can also be defined as all legal provisions or regulations that are directly related to health care and services. In addition, health law can also be defined as all legal provisions or regulations that are directly related to health care and services.

People's views on the diverse law have given rise to various perceptions about the law. Law in the sense of statutory regulations which are known by the public as laws is generally given the understanding as regulators. Therefore the rules in the field of health are known as health law, although health law may be broader in scope than that.¹²

The health law has a role to strive for a balance of order in health implementation efforts carried out by the government and the community as well as providing legal certainty guarantees following applicable health law. Since ancient Greece, the science of law has touched almost all aspects of human life, except the field of medicine. Health workers who existed at that time set their way of working

¹⁰ *Ibid.* p. 10

¹¹ Muctar Masrudi, 2016, *Etika Profesi dan Hukum Kesehatan* , Pustaka Baru Pres, Yogyakarta, p.135

¹² Muctar Masrudi, 2016, *Etika Profesi dan Hukum Kesehatan* , Pustaka Baru Pres, Yogyakarta, p.136-

with a code of ethics and professional oaths that were firmly rooted in tradition and had a strong influence on society.¹³

In general, it is in public health services that have a role to receive the right to health services themselves, but based on the facts in the field found by researchers that are obstacles in fulfilling the rights to health services, namely the implementation of programs that aim to enforce the rights of public health services through the BPJS program. running as expected. Based on the results of the study, there are some health rights from the community that has been fulfilled but some have not, including the lack of transparency from the Toto Kabila Hospital for BPJS patients, especially class III regarding the existing inpatient rooms, then the lack of clarity in BPJS regulations regarding drugs or treatments. what is not included in BPJS financing? At the Polyclinic service, the lack of human resources at the Toto Kabila Hospital, causing long queues for patients who want to check their health at the existing polyclinic. The convoluted and tiered BPJS Kesehatan service system makes many patients feel confused about the system, then not all treatment is facilitated by BPJS Kesehatan, and there is no notification to patients from the BPJS Kesehatan program, causing an imbalance in the health services provided and the rights they get patient.

The following are some of the obstacles in fulfilling the right to health services based on Law Number 24 of 2011 concerning the Social Security Administering Body based on the results of research by researchers, as follows:

1. Patients or Society

In the results of interviews conducted by researchers with patients/communities, some patients/communities have a deficiency, namely personal awareness to

¹³ Muctar Masrudi, 2016, *Etika Profesi dan Hukum Kesehatan* , Pustaka Baru Pres, Yogyakarta, p.144

register themselves as BPJS participants. It is realized in some patients that they only register themselves as BPJS user participants if they are in an urgent situation, in the sense that they are sick. BPJS registration takes a long time, and service activation also takes at least 7 days after registration before BPJS can be used. Many of these things are not known by the public, which of course is very detrimental to the patient, especially when the patient needs treatment as soon as possible, but it is hampered because the BPJS owned cannot be used.

2. Health Facilities owned by the Hospital

In terms of room facilities, there is an imbalance, namely where the inpatient room owned is not able to accommodate a large number of patients. Especially for BPJS PBI participant patients who are in Class III. To get an inpatient room they have to wait indefinitely, and some patients have to be willing to be treated in class II because their illness is quite serious, after there is an empty room in class III then they are transferred. Thus the rights that are not fulfilled in health facilities are Inpatient Room Service (RANAP), especially Class III for BPJS users who are Contribution Assistance Recipients (PBI). In the results of interviews with Toto Kabila Hospital staff, if the room is full, the patient will be referred to another hospital, but it still makes services hampered. The non-fulfillment of space facilities for BPJS users is not only the responsibility of the hospital but is the most important responsibility of the government.¹⁴

3. Lack of Human Resources (HR)

Lack of Human Resources (HR) in health services at the Toto Kabila Hospital, namely at the polyclinic service there is only one specialist doctor who practices so that causes patients to queue up from the morning so that they can check the disease they are suffering from at the polyclinic concerned and accordingly, then things This also causes health services to the community to be served slowly.

¹⁴ Interview conducted on 19 October 2021

4. A Gradual and Convolutd Process or Bureaucracy

In interviews conducted by researchers, patients still complain about the BPJS handling process which takes a lot of time and is complicated. This happens to patients who want to register themselves as participants, where the community must complete many requirements ranging from photocopies of files such as ID cards, KMS, KK, and so on, then have to go to the family office, sub-district, BPJS office. It is felt that there are too many steps that must be done to become a member of BPJS and it is very difficult.

Then for examination BPJS PBI participants cannot go directly to the hospital, the patient must first carry out a first-level examination, such as Pukesmas, Health Clinics, Midwives then ask for a referral to a hospital. This is not enough, after the patient registers at the hospital, the patient must also complete the mandatory requirements and if it is not complete then the patient must return to re-complete or be given the option of becoming a general patient without insurance or BPJS.

5. A Time-consuming Form of Health Service

Polyclinic services can be said to belong because of the large number of patients so patients have to queue first. The registration process takes time because the existing requirements must be completed first, if it is not complete then the patient must repeat or return to a stage that is still lacking, things like this are what make time delayed.

6. Inappropriate Socialization of BPJS

Health insurance has been in place for a long time since the start of the national health insurance in 2014, then after that, the promotion and socialization of BPJS was intensified. It has been running for 6 years, but until now there are still

people who are confused about the registration procedure, then the flow or method of claiming BPJS health that is applied to hospitals. The socialization carried out is not evenly distributed to rural areas or remote areas of the country and is not balanced, so that people living in rural areas find it difficult and left behind regarding the information on BPJS Health that is implemented. This is based on interviews conducted with patients because it is felt that patients still do not understand the registration flow and the forms of services available.

7. Unpaid BPJS Claims

It is undeniable that hospitals also need costs for the continuity and empowerment of hospitals. So far, BPJS services, especially PBI, are increasingly booming, resulting in many claims that have not been paid and have not been submitted by BPJS to the Toto Kabila Hospital, thus causing uncertainty in the financial administration of BPJS, especially on BPJS claims that have not been fully disbursed.

This happens due to BPJS claims from hospitals that cannot be disbursed. This gives rise to two different opinions between BPJS and the Hospital. So no synchronization was found for this problem. Both parties blame each other regarding claims for health care costs against patients. This requires the government's role to justify or resolve problems in the bureaucracy, causing existing claims to have not been submitted or paid to the hospital.

8. Unknown BPJS membership card inactivity

One of the cases regarding the BPJS card from the PBI community which is no longer active and the lack of information to the public regarding the active time limit of the card from the Contribution Assistance Recipient. Several things were also explained earlier, such as the lack of socialization between the BPJS and the community about the importance of BPJS Health membership status, more specifically to the people who receive assistance from the BPJS office itself. This

is because it is only dependent on the list of names allocated as recipients of contribution assistance (PBI) from the center directly as recipients of BPJS assistance.

CONCLUSION

Conclusion

From the description above it can be concluded that:

Based on the results of research in the field, researchers found several obstacles in fulfilling the right to health services at Toto Kabila Hospital, such as a complicated and time-consuming process that makes it difficult for patients to immediately get treatment services, the process of claiming medicines that are not included in BPJS Health claims is not yet known. by the patient so that it requires the patient to incur additional costs, obtain information services about payments outside of the financing claims that have been borne by BPJS Kesehatan, lack of supporting facilities in hospitals, lack of experts (doctors) and human resources (nurses) in hospitals which are still considered unfavorable so that the complicated and slow service takes a long time to get medical services, the inactivity of the BPJS membership card that the patient does not know, and the absence of notification to the patient of the full BPJS Kesehatan program, causing an imbalance of information. the health service organization provided by the hospital and the rights obtained by the patient.

Suggestion

1. The government should cooperate with the Hospital to make changes to the existing system at BPJS Health, these changes are related to the complicated and tiered BPJS registration and service system. Toto Kabila Hospital should add inpatient room service facilities for BPJS patients, especially Class III for BPJS PBI users so that BPJS PBI patients can be accommodated properly. Not only that, but RSUD Toto Kabila should also increase the number of health

- service human resources, especially for Polyclinic Doctors and Nurses who work in the ER, so that there are no queues that make patients wait too long and the handlers can be resolved quickly.
2. Standard Operating Procedures should be prepared by the hospital should pay attention to the effectiveness of health services and not complicate and complicate the patient. Therefore, the Toto Kabila Hospital should provide information services regarding the rules for cooperation services between the hospital and BPJS Health to patients, so that they can be clearly understood and health services to patients can be fulfilled properly.
 3. It is hoped that the community, especially in Bone Bolango Regency, will take a role in terms of standard operating procedures for Hospitals and BPJS to be known and understood carefully so that things do not happen that can harm the community itself.

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Results of interviews with Toto Kabila Hospital patients on October 19, 2021