



The Application Of The Services Of The Social Security Administration Agency In Hospitals In The Perspective Of The National Social Security System

Wiwin Triyunarti¹, Rukmana Amanwinata², I Gde Pantja Astawa³

¹²³ Universitas Pasudan

e-mail: ¹yunarti.wiwin94@gmail.com

Article Info

Article history:

Received 29 08 2022

Revised 10 09 2022

Accepted 25 09 2022

Keyword:

Social Security, Hospital,
Universal Health Coverage

ABSTRACT

The relationship between the parties is a relationship based on law. Social security must cooperate with hospitals. Social security participants can use these hospitals under a tiered referral system, except in emergencies. This research examines the law conceptualized as norms or rules that apply in society by using a juridical approach through a statutory procedure, historical method, philosophical approach, and futuristic approach. Sources of data obtained using literature studies this literature study is carried out to find secondary data related to conceptions, theories, and opinions related to the problem under study. From the research, the state guarantees all cost difficulties, improves health services, and improves health status by implementing Universal Health Coverage. The ease of the treatment process using insurance is considered a significant benefit as a manifestation of the mandate of the Constitution. The guarantee of health costs for the community is realized in health financing. The government can also control the quality and cost of health organized by hospitals considering the impact received by the community as service recipients.



©2022 Authors. Published by Notariat UNPAS. This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
(<https://creativecommons.org/licenses/by-nc/4.0/>)

INTRODUCTION

In providing the service, social security makes cooperation agreements with hospitals in Indonesia, both government-owned hospitals and private-owned hospitals. The Cooperation Agreement between the Social Security Administrative Body (BPJS) for health and all hospitals in Indonesia regulates the rights and obligations of the hospital and the Social Security Administering Body (BPJS) itself. In addition, the agreement also regulates the rights of patients who use or use the Social Security Administration Agency (BPJS) at the hospital.

Apart from having an impact on patients, the new Social Security Administration Agency (BPJS) referral system also affects operations and the large number of drugs that are ultimately unused, thus impacting drug distributors who will lock up drug supplies to the hospital. A further impact is the need for optimal health services in health centers and hospitals. Share home hospital, this tiered referral system has caused the number of patients in the hospital to decrease by up to 40% and also decreased hospital income. Referring to PP No. 93 of 2015 concerning that patients from first-level health facilities (FKTP) can go directly to type B hospitals; however, the Health Social Security Administration Agency (BPJS), through the Director's Decree, must go through tiered referrals. However, on January 14, 2020, the Minister of Health of the Republic of Indonesia stipulated Minister of Health Regulation (PMK) No. 3 of 2020 concerning Hospital Classification and Licensing, which emphasized that the classification of hospital types focuses on bed capacity and the number and qualifications of human resources (HR) adjusted to the results of the analysis of workload, needs, and capabilities of hospital services. Based on the study of PMK, the mapping of referral pathways is no longer based on the type of hospital but on competence in disease management. Competency-based tiered referral system determined based on medical needs in disease and competence of hospital health service facilities.

Referrals from First Level Health Facilities (FKTP) can go directly to type A if the type B, C, and D hospitals are not competent to handle the disease in question. This system requires the involvement of the Provincial Health Office to develop competency maps and a referral system to be built. Each province has different competencies.

RESEARCH METHODS

This study applies the Analytical Descriptive method, a study that describes and analyzes a problem and is included in the type of library research method. So this research is understood as library research, namely research on secondary data. It is said that the term analysis means grouping, connecting, and giving meaning to aspects regarding the services of social security administering bodies in hospitals in the perspective of the national social security system according to the 1945 Constitution, which was obtained and researched through literature studies and analyzed qualitatively.

RESULTS AND DISCUSSION

The concept of health services by Social Security according to the 1945 Constitution

The implementation of JKN is a mandate of the law on the National Social Security System (UU SJSN) and Law Number 24 of 2011 concerning the National Social Security Administering Body (UU BPJS), where health insurance is a guarantee of health protection so that participants receive health care benefits and protection in meeting primary health needs provided to everyone who has paid contributions or whose contributions have been paid by the government. In simple terms, the national health insurance developed by the government is part of the national social security system, which is organized using a mandatory social health insurance mechanism based on the law on the national social security system. Therefore all Indonesian citizens are required to become health insurance participants. Managed by social security administering bodies, including foreigners who have worked for a minimum of 6 months in Indonesia and have paid premiums.

Constitutionally, every citizen has the right to a decent living and social security to enhance human dignity. Social security is the fundamental pillar for people's welfare. The state and social security are integral components of the social protection system. The components of the state, which include the people, government, parliament, and the judiciary in principle, require a social security system to achieve socio-economic security, namely a condition for fulfilling the needs for education, employment opportunities, and infrastructure for self-employment to support the effective implementation of the national social security system.

The national health insurance policy by BPJS Health should be able to increase access to health services and quality health services for all Indonesian citizens based on justice. However, in its implementation, there are still many problems faced by BPJS participants when using health facilities. Some things that the BPJS participant community complains about include that BPJS Health participants can only get services at registered hospitals and cooperate with BPJS Health. If the participant refers to a hospital, not on the list, health services using BPJS cannot be applied. Implementing the national health insurance program entrusted to BPJS Health is still far from the meaning of justice. The implementation of BPJS for health still needs to improve in many ways. The poor service for health BPJS participants provided by the hospital creates a sense of injustice in optimal health services. Sometimes hospitals do not provide safe, quality services and are more discriminatory towards BPJS participant patients. Safe services of poor quality are compounded by not providing facilities and services for the poor, especially patients who receive full assistance from the government. Rights the patient has been violated where the patient's right to get health services quickly, even though the patient is a BPJS patient.

All the problems faced by members of the social security administering agency are increasingly complex when fines and sanctions for participants who are late in paying the contributions of the health social security administering body who do not want to become participants in the health social security administering body, especially for mediocre families for middle-class families. Upwards this is fine. Families who cannot afford it are not a problem because they are under the government's responsibility. The impact of people who do not participate in the health social security administering body will not get public services such as driving licenses, STNK, and land certificates. Sanctions imposed for people

who violate regulations related to social security administering bodies are in the form of administration, fines, and criminal penalties.

The success of the government's efforts in the concept of a national social security system, especially in national health insurance, includes the supply and demand conditions of health services. In general, demand in the health economy, demand for health services is defined as goods or services purchased (realized use) by patients. Health services are the main priority of the organizers because it is one of the fundamental rights of the community, and its provision must be administered by the government, as stipulated in Article 28H paragraph (1) of the 1945 Constitution and Article 34 paragraph (3) are still the same law. The government should provide proper health services according to the community's needs. Health services that can be obtained consist of all health facilities, namely first-level health facilities, advanced-level health facilities, and other health facilities that work together with social security administering bodies. One of the health facilities that comply with the regulations of the social security administering body is a hospital.

As stipulated in the law on the national social security system, the benefits package (guaranteed health services) will start with a comprehensive package. The comprehensive principle is that all treatments for diseases that occur naturally will be guaranteed. In contrast, diseases caused intentionally due to drug use or cosmetic nature are not guaranteed. The guarantee also covers a certain amount of equipment, such as glasses or mobility aids. Looking at the health service side, the level of availability and several problems that still impede the implementation of the national social security system have been identified. Presently, there are 85,000 general practice doctors and more than 25,000 specialist practicing doctors, and even that doesn't include dentists. Nationally, this amount is considered sufficient to serve all people based on the ratio of one general practitioner serving 3,000 people. A sufficient number of midwives, nurses, and beds in government and private hospitals also support health services. However, the availability of these services is constrained by their much more focused deployment in big cities.

Health services also include drugs and medical consumables, which should follow market mechanisms. Currently, the number of drug factories in Indonesia far exceeds the need. To ensure that doctors and hospitals are in a quality position, the social security administering body also develops the selection (credentialing) of contracted doctors and health facilities. Facilities that do not meet the standards will not be renewed. This affects the fulfillment of standards that apply to health facilities so that participant satisfaction is met. Participants are free to choose a doctor/facility that will serve them. Then all health facilities will compete to provide quality and satisfying services. In developing the system and monitoring participant satisfaction, it is hoped that participants will be satisfied with quality health services.

In the context of national health insurance for individual health services, BPJS Health will purchase health services from public and private health facilities at prices that are negotiated at the regional level. The provisions on how to pay and the amount of negotiated tariffs between BPJS and health facility associations illustrate that the health system chosen by Indonesia is based on public funding and services by the private sector (Publicly funded, privately delivered). This is the most widely applied model in the world, which guarantees the realization of social justice (equity) at a high-efficiency level. The role of the local government, as stipulated in Law 32/2004 article 22, is the provision of health facilities, both at the primary level (general practice doctors) and secondary-tertiary by specialist doctors in hospitals. Local governments are obliged to provide health service facilities because only in some areas the private sector is interested in providing health service facilities because not in all areas the private sector is interested in providing health facilities due to inadequate market and environmental conditions. As stipulated by the 1945 Constitution article 34, paragraph 3, the state (delegated to regional governments based on Law 32/2004) is responsible for providing health service facilities so that the private sector can establish health facilities. With BPJS Kesehatan as the sole buyer of health services, one day, the private sector will be willing to provide health facilities in the regions. Thus, equal access to health services will be realized after BPJS Health plays an optimal role.

CONCLUSION

The flow of health services is based on the mechanism of the Social Security Administering Body (BPJS), which has been going on so far and uses a tiered system where patients take specific steps that must be taken when taking treatment. There are two categories of BPJS participant patients: emergency patients and non-emergency patients. Patients in an emergency must immediately get medical help because if not helped, it will threaten the patient's safety. So patients with this category can start with something other than the first-level health facility. Patients can come directly to the nearest health facility. Then for the second category, namely BPJS participant patients who are not in emergency departments, if the patient does treatment, must come for the first time to the first-level health facility according to what is stated on the BPJS card, so if you do not take the procedure, the patient will be charged independently. Suppose the patient is not treated at the first-level health facility. In that case, he will be referred to the level above, namely the second level health facility, by bringing a referral letter from the doctor at the first level health facility. Likewise, if it cannot be handled at a second-level facility, the patient will be referred by a specialist at the second level to a level 3 health facility. This creates a problem with long queues at several first or primary-level health facilities. There is a queue because if the patient does not experience an emergency, he must take referrals in stages. It is common for patients to feel that referrals are time-consuming and referral hospitals are not to the patient's wishes. In contrast, if the patient wants to travel independently to the expected hospital without going through a referral, the costs are not borne by BPJS.

The concept of health services by the National Social Security System (SJSN) according to the 1945 Constitution originates from Article 28 H of the 1945 Constitution in paragraph (1) that everyone has the right to live in physical and spiritual prosperity, to have a place to live and to have a good and healthy living environment and has the right to obtain health services, then paragraph (2) where everyone has the right to get the same opportunities and benefits in achieving equality and justice, and finally in paragraph (3) everyone has the right to social security. Then still in the 1945 Constitution, in Article 34, paragraph (1), where the poor and neglected children are cared for by the state, paragraph (2), the state develops a social security system for all people, and paragraph (3), the state is responsible for providing health service facilities and good public service. Based on the mandate of the 1945 Constitution, Law No. 40 of 2004 concerning the National Social Security System. With the emergence of SJSN, it aims to guarantee human life that has the potential to experience risks that can be overcome without any financial constraints where the implementation uses social health insurance mechanisms that are national, mandatory, non-profit, cooperation, equity, etc., and are considered as a way out to overcome possible risks. Happens in human life. If all citizens have become BPJS participants, the financial obstacles to health financing will have been overcome. The SJSN concept with the following advantages can reduce health costs, can control the cost and quality of health services, membership is mandatory for the entire population, payment is a prospective system, there is a certainty of sustainable health service financing, comprehensive health service benefits (promotive, preventive, curative and rehabilitative) and national portability, namely participants still get sustainable health insurance even if participants change their place of residence or place of work within the territory of the Republic of Indonesia.

REFERENCES

Books :

- Amirudin dan Zainal Asikin (2010), *Pengantar Metode Penelitian Hukum*, PT Raja Grafindo, Jakarta.
- Anita kamilah, Bangun Serah (2012) (*Build Operate and Transfer/BOT*) *Membangun Tanpa Harus Memiliki Tanah (Perspektif Hukum Agraria, Hukum Perjanjian dan Hukum Publik)*, Kencana Media, Bandung
- Arief Sidharta (2001), *Meuwissen tentang Pengembangan Hukum, Ilmu Hukum, Teori Hukum dan Filsafat Hukum*, PT. Rafika Aditama, Bandung

- Bitner, Mary Jo, Zeithaml, Valerie A (1996), *Services Marketing*, Edisi 1, Boston, McGraw Hill
- E. Sumaryono (1993), *Hermeneutik Sebuah Metode Filsafat*, Penerbit Kanisius, Yogyakarta
- Hermin Hadiati Koeswadji (2002), *Hukum Utuk Perumah Sakitan*, Bandung, Citra Aditya Bakti
- Johannes Gunawan (2015), *bahkan kuliah Metodologi Penelitian Hukum*, Doktor Ilmu Hukum Universitas Parahyangan, Bandung
- Peter Muhammad Marzuki (2007), *Penelitian Hukum*, Kencana, Jakarta
- Ph. Visser't Hoft (2001), *Penemuan Hukum (Judul Asli Rechtsvinding)*, Penerjemah B Arife Shidarta, Bandung: Laboratorium Hukum FH Universitas Parahiyangan
- Purnomo Hari (2002), *Pengukuran kualitas pelanggan*, Yogyakarta, Graha Ilmu
- S. Supriyanto dan Emawati (2010), *Pemasaran Industri Jasa Kesehatan*, Yogyakarta, CV. Andi Offset
- Soerjono Soekanto dan Sri Mamudji (1985), *Penelitian Hukum Normatif Suatu Tinjauan Singkat*, Raja Grafindo Persada, Jakarta
- Soerjono Soekanto (2006), *Pengantar Penelitian Hukum*, Grafndo, Jakarta
- Thabrany, H. Setiawan (2016), *E. Report of the Study on Refferal Care*, Jakarta, Universitas Indonesia
- Titk Triwulan Tutik dan Shita Febriana (2010), *perlindungan Hukum Bagi Pasien*, Cetakan pertama, PT. Prestasi Pustakarya, Jakarta

Journal :

- Puspitaningtyas, A., Indarwati., Kartikasari, D, *Pelaksanaan Sistem Rujukan di RSUD Banyudono*, Jurnal, Internet, 2014
- Darmawan, RI, Thabrany, H, *Refleksi Implementasi jaminan Kesehatan nasional pada Pelayanan Dokter Gigi di fasilitas Kesehatan Tingkat Pertama Kota Tangerang Tahun 2017*, Jurnal Kebijakan Kesehatan Indonesia, Volume 06, Nomor 04, desember 2017
- Dahlan M. Setyopranoto, I, Trisnantoro, L, *Evaluasi Implementasi Program Jaminan Kesehatan Nasional Terhadap Pasien Stroke di RSUP Dr. Sardjito*, Jurnal Kebijakan Kesehatan Indonesia, Volume 06, Nomor 02 juni 2017

Legislation :

- Undang-undang Nomor 44 tahun 2009 tentang Rumah Sakit
- Undang-undang Nomor 32 Tahun 2009 tentang Perlindungan dan Pengelolaan Lingkungan Hidup
- Peraturan Pemerintah Republik Indonesia Nomor 101 Tahun 2012 Tentang Penerima bantuan Iuran jaminan Kesehatan
- Peraturan Presiden Nomor 12 Tahun 2013 tentang Pelayanan Kesehatan
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 001 tahun 2012 tentang Sistem Rujukan Pelayanan Kesehatan Perorangan
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 27 tahun 2014 tentang Petunjuk Teknis Sistem Pembayaran Case Base Groups (INA-CBGs)
- PMK Nomor 3 Tahun 2020 tentang KUalifikasi dan Perizinan Rumah Sakit

Dictionary/Encyclopedia – online :

- Dirjen BUK Kementerian Kesehatan Republik Indonesia, *Pedoman Sistem Rujukan Nasional*, Jakarta, Dirjen Kementerian Kesehatan Republik Indonesia
- Ashar, Robby, Wijayanegara, Hidayat, Sutadipura, Nugraha, *Penilaian Rujukan Pasien Bersalin Peserta BPJS Kesehatan di RSUP. Dr. hasan Sadikin Berdasarkan Sistem Jaminan Kesehatan Nasional Periode 1 Oktober – 31 Desember 2016*, Prosiding Pendidika Dokter, 2014