

Additional Implications of Injury Costs of Health BPJS Patients as Community Empowerment Efforts

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Abstract—Based on data released by BPJS Kesehatan at the beginning of February 2018, the current population of Indonesia who became BPJS participants amounted to 192,029,645 people with the highest number of participants using central government funds, which amounted to 48.07%. The classification based on BPJS participant contributions results in the division of different inpatient classes for each registered participant. Each participant has the right to care according to class I care, class II care and class III care. Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2017 has stipulated the provisions that in the event that a national health insurance participant wishes to go up the inpatient service class above his class, he must pay the difference in cost between the hospital rate and the class he is entitled to. . This phenomenon is one of the considerations of the parties involved in providing services in health facilities to maximize their role according to the needs of participants. This paper is intended to examine the additional implications of the difference in cost of hospitalization for BPJS Health patients as an effort to empower the community associated with proper functions as a tool of social engineering (Social Engineering).

Keywords: Cost differences, Patients, community empowerment.

I. PRELIMINARY

A. Background

The Declaration of the Millennium Summit by 189 countries incorporated in the United Nations (UN) in New York in September 2000, has published the Millennium Development Goals (MDGs) that are committed to integrating the MDGs as part of the national development program in an effort to deal with the resolution of issues. Issues about human rights needs. (A / Ris / 55/2 United Nation Millennium Development Goals). Indonesia as one of the countries that signed the declaration together with the international community agreed on the eight goals to be achieved in the MDGs as a measurable package of goals for development and alleviating social problems that fulfill human rights as citizens. Outlined in the National Health Insurance Program which based on Law Number 24 of 2011 is regulated by the Social Security Organizing Agency (BPJS). Based on data released by BPJS Kesehatan at the

beginning of February 2018 the current population of Indonesia who is participants in the BPJS is 192,029,645 people with the following recapitulation as shown in Table 1.

TABLE I. NUMBER OF BPJS PARTICIPANTS FOR FEBRUARY 2018 PERIOD

No	Type of Participants Based on BPJS Amount	Amount (Soul)
1	State Expenditure Planning Budget	92,319,597
2	Regional Expenditure Planning Budget	23,612,099
3	Civil Servants	13,888,274
4	Indonesian Armed Forces	1,574,876
5	Indonesian National Police	1,250,156
6	Private	1,250,156
7	Independent Workers	25,925,818
8	Non-Employees	5,017,707

^a Source: Health Insurance Agency (BPJS) 2018

From Table 1, the highest number of participants used funds from the central government Contribution Assistance Program, which amounted to 48.07%. The classification based on BPJS participant contributions results in the division of different inpatient classes for each registered participant. Each participant has the right to care according to class I care, class II care and class III care. Of the Republic of Indonesia Minister of Health Regulation Number 4 of 2017 concerning the Second Amendment to the Regulation of the Minister of Health Number 52 of 2016 concerning Health Service Tariff Standards in the Implementation of Health Insurance Programs. In Article 25 paragraph 2 it is stated that national health insurance participants who want a class of inpatient services that are higher than their rights, must pay the difference in costs / additional costs for each episode of hospitalization. Thus the related parties that provide services in health facilities can maximize their role according to the needs of participants.

Based on this, the health facilities owned by BPJS are also targeted to reach all levels of Indonesian society. Table 2 presents the number of health facilities.

TABLE II. NUMBER OF BPJS HEALTH FACILITIES FOR FEBRUARY 2018 PERIOD

No	Type of Health Facilities	Amount (Unit)
1	Puskesmas	9813
2	TNI Clinic	711
3	POLRI Clinics	569
4	Klinik Pratama	3549
5	Doctors Practice	5649
6	Class D hospitals	13
7	Hospital	1807
8	Main Clinics	116
9	Pharmacy	1966
10	Optics	939

Muhammadiyah Hospital Palembang is one of the private hospitals that helped support the realization of a comprehensive BPJS Health program in the area of South Sumatra Province and its surroundings. At present with various facilities that have been carried out services for outpatients, inpatients and other medical support services shown in Table 3.

TABLE III. TYPES OF HEALTH SERVICES AT MUHAMMADIYAH HOSPITAL PALEMBANG

No	Nature of Service	Type of Service
1	Outpatient	2
2	Inpatient	7
3	Supporting Services	9

Source: Medical Record of the 2018 Palembang Muhammadiyah Hospital

According to the observers' research, the Muhammadiyah Hospital in Palembang has problems related to the implementation of the BPJS Health program, from the initial observations the researcher's cases of complaints in the last two months, including in Table 4.

TABLE IV. CASES OF HEALTH BPJS PATIENT COMPLAINTS FOR THE JANUARY-FEBRUARY 2018 PERIOD

No	Complaint Cases	Frequency
1	2% fine for late payment of the participant's contributions	Moderate
2	Differences in the enforcement of the final diagnosis by specialist	Moderate
3	There is no choice of facilities for VIP classes for participants	High

Source: Section of Medical Record of Palembang Muhammadiyah Hospital 2018

The table above illustrates the level of cases of complaints that are often carried out by BPJS patients. The high frequency of complaints that occur every day especially for VIP facilities that are not available by BPJS shows dissatisfaction with the type of services provided, so BPJS patients tend to feel a gap between expected service and perceived service. If it is not managed properly, this gap will be even sharper and continue, causing patient satisfaction with the quality of BPJS services to be poor.

B. Formulation of the Problem

From this background, the problem is: What is the implementation of the additional difference in the cost of hospitalization for BPJS Health patients as an effort to empower the community?

C. Scope

The scope of this research is the Law of Health in particular which deals with the implementation of additional differences in the cost of hospitalization for BPJS Health patients as an effort to empower the community.

D. Purpose and Use of Research

1) *Research Objectives:* The purpose of this study is

a) To explain and analyze the implementation of additional differences in the cost of hospitalization for BPJS patients in Palembang Muhammadiyah Hospital

b) To explain and analyze the impact of the implementation of additional differences in the cost of hospitalization for BPJS patients at the Muhammadiyah Hospital in Palembang

2) *Usability of Research:* This research is useful both theoretically and practically,

a) Theoretically, this research is expected to provide: □

- A contribution of thought materials and scientific studies to the development of science in the field of Health Law, especially regarding the implementation of the difference in pay for BPJS Health patients hospitalized at the Hospital.
- A contribution of thought material and scientific studies to the development of science in the field of Health Law, especially regarding the impact of the implementation of the difference in the payment of national BPJS Health patients hospitalized at Muhammadiyah Hospital Palembang for patients.

b) Practically the results of this study are useful for hospital practitioners and patients/users of hospital facilities. □

II. LITERATURE REVIEW

A. Overview of the Hospital

According to the Decree of the Minister of Health of the Republic of Indonesia Number 1204 / MENKES / SK / X / 2004 concerning the requirements for hospital environments, it is stated that hospitals are a health service facility, a gathering place for sick people and healthy people, or can become a disease transmission area and enable environmental pollution and health problems. While based on the definition of the hospital according to the Regulation of the Minister of Health of the Republic of Indonesia No. 340 / MENKES / PER / III / 2010, a hospital is an institution that organizes individual health services in a comprehensive manner that provides inpatient, outpatient and emergency services.

Based on the Republic of Indonesia Law. No. 44 of 2009 concerning Hospitals, explaining that hospitals have the following functions: □

a) Implementation of health treatment and recovery services in accordance with hospital service standards.

b) Maintenance and improvement of personal health through second and third level plenary health services according to medical needs.

c) Organizing education and training in human resources in order to increase capacity in providing health services.

d) Organizing research and development and screening of health technology in order to improve health services by taking into account the scientific ethics of the health sector.

B. Overview of the Hospital

Based on the Republic of Indonesia Minister of Health Regulation Number 71 of 2013 concerning National Health Services referred to as Health BPJS, it is established to organize a Health Insurance program. Whereas according to Law Number 24 of 2011 concerning the Social Security Organizing Agency, BPJS Kesehatan is an implementing body which is a public legal entity formed to organize Health Insurance Programs for all Indonesian people. The aim of implementing the National Health Insurance Program is to meet the appropriate public health needs given to everyone who pays contributions or contributions are paid by the Government.

From the description above, the author concludes that the Health BPJS is the realization of the Health Program carried out by the government through public legal entities to meet the health needs of the Indonesian people who are run by certain rules in accordance with the mandate of the current legislation. In the Minister of Health Regulation Number 71 Year 2013, procedures and procedures for participants of the National Health Insurance are regulated as follows:

a) Participants must have an identity as Participants in the BPJS Health

b) Participants must be registered in 1 (one) first level Health Facility

c) For the first time, each participant is registered by BPJS Kesehatan at a first-level Health Facility determined by BPJS Health after receiving a recommendation from the local District / City Health Office. If there is no recommendation from the local District / City Health Office, the first level Health Facility is determined by the Minister

d) Participants must obtain health services at the first level of Health Facilities where participants register, except in certain circumstances, namely:

- located outside the first level Health Facility area where participants register; or
- in a state of a medical emergency □

e) Participants must show the valid identity of the participant to get service

f) If in accordance with medical indications the participant needs advanced referral health services, participants must bring a referral letter from the Puskesmas or other first-level Health Facility in collaboration with BPJS Health, emergency situations, disasters, specific health problems, and geographic considerations. □

g) All Health Facilities, both at the first and advanced levels, are obliged to examine the validity of the participant's identity and use.

h) Basic and advanced level Health Facilities that work together or do not work together that have provided services are obliged to make proof of service that must be signed by the service provider and participants or family members.

i) Participants must approve the use of information about health and health services received by BPJS Kesehatan for the benefit of the administration of payment of health services.

III. DISCUSSION

A. Additional Implementation of Difference in Costs of Hospitalization for Health BPJS Patients in Hospitals

The difference in costs is allowed for BPJS Health patients who want a class of inpatient services that are higher than their rights. As stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2017 concerning the Second Amendment to the Regulation of the Minister of Health Number 52 of 2016 concerning Standard of Health Service Rates in the Implementation of Health Insurance Programs. In Article 25 paragraph 2 it is stated that national health insurance participants who want a class of inpatient services that are higher than their rights, must pay the difference in costs / additional costs for each episode of hospitalization.

As one of the legal products of the Republic of Indonesia Minister of Health Regulation Number 4 of 2017 concerning the Second Amendment to Minister of Health Regulation Number 52 of 2016 concerning Health Service Tariff Standards in the Implementation of Health Insurance Programs, it must be applied as one of the law enforcement frameworks. In this case, law enforcement is an effort to realize legal ideas and concepts that people expect to become a reality. Law enforcement is a process that involves many things.

Concrete law enforcement is the enforcement of positive law in practice as it should be obeyed. Therefore giving justice in a matter means deciding the law in concreto in maintaining and guaranteeing the obedience of material law by using procedural methods determined by formal law. According to Soerjono Soekanto, law enforcement is an activity that harmonizes the value of values that are expressed in the values and values that are solid and manifest and act as a series of final stages of the translation of values to create, maintain and maintain peace in social life.

In practice law enforcement is divided into two, namely:

1) *Viewed from the point of the subject:* In a broad sense, the law enforcement process involves all legal subjects in every legal relationship. Anyone who runs a normative rule or does something or does not do something based on the norms or laws that apply means he enforces the rule of law. In a narrow sense, law enforcement is only interpreted as an attempt by certain law enforcement agencies to guarantee and ensure that the rule of law runs as it should. □

2) *Judging from the point of the object:* In a broad sense, law enforcement includes the values of justice which contain the formal rules and values of justice in the community. In a narrow sense, law enforcement only concerns formal and written regulations. Aside from being a law enforcement effort, the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2017 must also actualize its legal substance. The legal substance is the rules, norms, and patterns of real human behavior that is in the system that is related to the applicable laws and regulations and has binding rules and become guidelines for law enforcement officers. In this case, if we relate to the process of how the law should work, the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2017 has stipulated the following provisions:

a) To increase the class of inpatient services from grade 3 to grade 2, from grade 3 to grade 1, and from class 2 to grade 1, you must pay the difference in costs between the INA-CBG rates in the higher inpatient class chosen at the INA-rate. CBG in inpatient classes that match the rights of participants;

b) To increase the class of inpatient services to the VIP class with the facilities of 1 (one) level above class 1, the additional payment of fees is determined as follows:

- To go up to a class from class 1 to VIP class, payment of an additional fee of no more than 75% (seventy-five percent) of the INA CBG class 1 tariff.
- To move from class 2 to VIP class is the difference in class 1 INA CBG fare with class 2 INA CBG tariff plus payment of additional fees from class 1 to VIP class of no more than 75% (seventy-five percent) of the INA CBG tariff class 1;
- To move from class 3 to VIP class is the difference in INA CBG class 1 fare with class 3 INA CBG tariff plus payment of additional fees from class 1 to VIP at a maximum of 75% (forty-five percent) of INA CBG class 1 rate.

In paragraph (3) it is stated that in the event that the national health insurance participant wants to go up to the inpatient service class above the VIP class as referred to in paragraph (2) letter b, he must pay the difference in cost between the hospital rate and the INA CBG rate. On the class that is his right. □

In paragraph (4) it is stated that the payment of the difference in costs / additional costs as referred to in paragraph (2) and paragraph (3) can be made by: □

- Participant;
- Employer; and/or □
- Additional health insurance

From these three things, we can understand that legal culture plays a role as one of the factors that support the implementation of the rule of law. Legal culture can be interpreted as an atmosphere of social thought and social power that determines how the law is used, avoided or misused. The higher the legal awareness of the community

will create a good legal culture and can change people's thinking patterns regarding a policy.

From the above concept, based on the Law Enforcement Theory combined with Edward III Implementation Theory, the proposed approach is first to put forward two main questions, namely what factors support the implementation of policies and what factors hinder the implementation of the policy. □

Law which is a command requires several components to be implemented including: communication (Law), resources (Officers and Facilities), disposition, and bureaucratic structure. Is a development of law enforcement theory in order to be able to analyze in more detail the implementation of the additional difference in the cost of hospitalization for patients of the Health Social Security Organizing Agency at the Muhammadiyah Hospital in Palembang.

B. Impact of Additional Implementation of Difference in Costs for Hospitalization for BPJS Patients Health at Muhammadiyah Hospital Palembang

Technically, the policy to take additional costs of hospitalization to BPJS in line with Article 25 Republic of Indonesia Presidential Regulation Number 19 of 2016 concerning health services that are not guaranteed and guaranteed services are as Table 5.

TABLE V. TYPES OF SERVICES GUARANTEED AND NOT GUARANTEED HEALTH BPJS

No	Guaranteed Service	No Service Guaranteed
1	Administration	Service is not according to a procedure
2	Examination, consultation by a specialist / sub-specialist	Services is not in a health facility that does not cooperate with BPJS
3	Medical measures according to indications	Accident insurance services borne by raharja services
4	Services for medicines and medical materials	Disposable services due to drug dependence or alcohol
5	Supporting continued diagnostics	Services carried out abroad
6	Medical rehabilitation	Health services for aesthetic purposes
7	Blood services	Health services for infertility
8	Clinical forensic medicine	Service of tooth leveling (orthodension)
9	Services for corpse	Services due to personal harm
10	Non-intensive hospitalization	Complementary services
11	Inpatient intensive care	Traditional non-tech services
12	Medical acupuncture	Services due to outbreaks natural disasters

Source: Data processed by Writer 2018

Based on the table above, the condition of patients going up to the care class above their nursing rights is one type of service that is not in accordance with the procedure, so that at this stage there is a process of legal authority. From the results of observations in the field, the impact of the implementation of additional costs of hospitalization in BPJS Health patients in the review of the theory of legal authority is as follows:

1) *Attribution:* In this stage, the attribution is carried out by the Hospital caring for BPJS Health patients. This is

related to the application of the Minister of Health Regulation of the Republic of Indonesia Number 4 of 2017 concerning Standard of Health Service Rates in the Implementation of Health Insurance Programs. In Article 25 paragraph 2 it is stated that national health insurance participants who want a class of inpatient services that are higher than their rights, must pay the difference in costs / additional costs for each episode of hospitalization.

Also made by doctors who treat BPJS Health patients. This relates to the application of Article 25 of the Presidential Regulation of the Republic of Indonesia Number 19 Year 2016 concerning health services that are not guaranteed and guaranteed services. For example, in certain conditions patients need drugs that are not borne by the BPJS, the doctor is given the authority to prescribe drugs outside the formulary as described in the following information:

"It could happen that the patient cannot take certain drugs because of an allergic reaction so that the treating doctor will prescribe alternative medicines that are suitable for the patient's needs at that time." This decision can be medically justified by the doctor concerned and has a legal umbrella issued by the Hospital in the form of a Director's Decree in the form of a circular letter. The circular letter that is in the law enforcement process can be thought of as a command / legal component that must be carried out by each related party such as a room nurse, payment officer, and patient as part of the legal community.

IV. CONCLUSION

A. Conclusion

After analysis and discussion about the implementation of additional costs of hospitalization in patients of the Health Social Security Agency (BPJS) at the Muhammadiyah Hospital in Palembang, it can be concluded as follows:

1) Implementation of additional costs of hospitalization in patients of the Social Security Organizing Agency (BPJS) Health in Muhammadiyah Palembang Hospital has been going well. Laws in the form of orders are carried out well even though it is still very simple to use circulars distributed to the relevant units. The existence of repetition in each time to exchange service time and information from nurses to financial officers is a good method to facilitate the communication process. The staff and facilities owned have been maximally pursued, staff, information, authority and supporting facilities are sufficient to support this implementation. The disposition has also gone well, although it has no positive impact on the incentives received by staff. The bureaucratic structure is not yet comprehensive, standard operating procedures are only found in the registration section. The implementation of additional costs of hospitalization in BPJS patients results in a loss of opportunity to get higher income on cash flow. The Muhammadiyah Hospital in Palembang only takes 60% of INA CBG's rates which are set far below the maximum provisions of the government which stipulates 75%.

2) Impact of the implementation of additional differences in the cost of hospitalization for BPJS patients. From the patient's side, the positive impact is that patients

have the opportunity to get better quality services than their right to care, patients can experience services with higher and more comfortable facilities than those offered by BPJS, patients can benefit from the small number of additional care payments, especially to diagnose chronic diseases with long care days while the negative impact for the Muhammadiyah Hospital as a private agency serving BPJS patients is the loss of the opportunity to obtain greater income due to the payment system based on the diagnostic package.

B. Suggestion

Based on the results of the analysis and discussion, some suggestions and inputs that can be recommended are as follows:

1) Muhammadiyah Hospital Palembang: Standard operating procedures are suggested to the medical services section to be made on all existing units starting from registration, outpatient care, inpatient care and supporting parts so that transmission can run smoothly. To minimize operational costs, it is suggested that the public relations department try to develop cooperation with companies that can make a fee for the services payment system and serve other patients whose payment systems do not go through claims, this is important in order to increase inpatient income and open up greater opportunities for possible fresh money. For the finance department, it is recommended to reevaluate the additional tariffs for hospitalization for BPJS Health patients who go up to VIP class, especially for patients with long care days because the number of diagnoses with patients with long care days is two groups of diseases that have the highest mortality rate, namely blood high and diabetes so that these two cases will often be encountered, besides that the finance department is also advised to prepare a reserve fund in anticipation if there is a delay in payment can use other sources so that operations are not disrupted.

2) Health BPJS patients must always follow the rules and policies related to the rights and obligations of BPJS Health participants so that they can make the most of BPJS Health facilities because in the technical implementation the commitment to exercise equal rights and obligations is legally mandated to the family so that they can get only the possibility of miscommunication in understanding the matters of information that has been mutually agreed upon between the officer and the patient's family.

REFERENCES

- [1] Dellyana, Shant, 1988, Concept of Law Enforcement, Yogyakarta, Liberty
- [2] Soerjono Soekanto, 2004, Factors Affecting Law Enforcement, Jakarta, Raja Grafindo
- [3] The Republic of Indonesia Law. No. 44 of 2009 concerning Hospitals
- [4] Law Number 24 of 2011 concerning the Social Security Organizing Agency
- [5] Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2017 concerning the Second Amendment to the Regulation of the Minister of Health Number 52 of 2016 concerning Standard of Health Service Rates in the Implementation of Health Insurance Programs

- [6] Decree of the Minister of Health of the Republic of Indonesia
Number 1204 / MENKES / SK / X / 2004 concerning
Hospital Environmental Requirements