

CHAPTER ONE

INTRODUCTION

A. Background

Indonesia is a country that has a fairly large and dense population. Where health is one of the most important elements in a person's life because if someone is sick, there are various activities that are hampered, some even say that health is everything without health life is meaningless. Therefore, health is one of the basic needs and rights for every Indonesian citizen which is protected by the 1945 Constitution. In the Preamble to the 1945 Constitution of the Republic of Indonesia, it is mandated that the aim of the state is to improve people's welfare. In the Fourth Amendment to the 1945 Constitution of the Republic of Indonesia, this goal is further emphasized by developing a social security system for the welfare of all people.¹

The health development of a nation has a very large investment value, especially in human resources. If the health of the population of a country is well maintained, the country will have optimal human resources for the development of a country. One of the efforts to improve the health of the community is by providing equitable health service facilities.

In Indonesia, the philosophy and foundation of the state, Pancasila, especially the 5th precept, also recognizes citizens' human rights to health. This right is also included in Article 28H and Article 34 of the 1945 Constitution, and is regulated in Law No. 23 of 1992 which was later replaced by Law No.

¹ Putu Yogi Indra Permana, "Implementation of Law Number 24 of 2011 concerning Social Security Administering Bodies Regarding Registration of Participants in the Employment Social Security Program", *Journal of Legal Studies*, Vol, 15 No 3 (2017), page 23.

36 of 2009 on Health. In Law No. 36 of 2009 it is emphasized that everyone has the same rights in obtaining access to resources in the health sector and obtaining health services that are safe, quality, and affordable. On the other hand, everyone also has the obligation to participate in the Social Health Insurance Program.²

The government has actually initiated efforts in this direction by organizing 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 (Jamkesda) schemes which then become BPJS Health participants. However, these schemes are still fragmented, divided. Health costs and service quality are difficult to control.

With the enactment of Law Number 40 of 2004 concerning the National Social Security System, the Indonesian nation has had a social security system for all Indonesian people. In order to realize the objectives of the national social security system, it is necessary to establish an administrative body in the form of a public legal entity based on the principles of mutual cooperation, non-profit, openness, prudence, accountability, portability, mandatory participation, mandated funds, and the results of the management of the Social Security Fund

² Ris Arta Lina Tampubolon, "Implementation of Law Number 24 of 2011 concerning BPJS Health at Imelda Hospital Medan", *LPPM Journal*, Vol, 9 No 2 (2018), page 45.

are used entirely for program development. and for the maximum benefit of the Participant.³

Support the BPJS Health program in providing health insurance through health services, including Government Hospitals, Public Health Centers and family doctor practices. The Puskesmas is one of the FKTP (First Level Health Facilities) which is then followed by the Hospital as an Advanced Level Health Facility where the community can receive better health services and more complete facilities. After the establishment of BPJS Health on January 1, 2014, a number of problems occurred in various regions. Until the inauguration of BPJS Health, there were still many people who did not understand the program organized by BPJS Health, namely the National Health Insurance Program (JKN). Not only participants, but also many health service providers who do not understand the new program. Problems also occurred in Pekanbaru, Riau related to the collection of Contribution Assistance Recipients (PBI).⁴ Pekanbaru DPRD said that currently there are still poor people who have not been included in BPJS Health insurance. The residents who were included in the Contribution Assistance Recipient (PBI) category were missed because they had not been included in the public health insurance database.

The phenomenon that is often raised by the community is "Poor people are prohibited from getting sick and poor people if they get sick, it becomes more difficult to get sick and rich people also have sadikin disease, sick a little

³ Gezwar Nurhayani, "Readiness of Stakeholders in the Implementation of the National Health Insurance Program in Gowa Regency", *Journal of Economics*, Vol, 2 No 1 (2014), page 98.

⁴ Qomarudin, "BPJS Public Legal Entity and Its Transformation according to Law Number 24 of 2011 concerning BPJS", *Journal Indonesian Legislation*, Vol, 9 No 4 (2012), page 94.

become poor". This is also commonly found at Petala Bumi Pekanbaru Hospital in health services, including refusal of patients participating in BPJS (Askes, Jamkesmas, Jamsostek) by hospital managers, or delays in handling patient services at the hospital due to the absence of a participant card, and the convoluted service process, while Jamkesmas participants who need services do not incur any costs when seeking treatment.

Hospitals as health facilities also have an important role in the implementation of the Health Social Security Administrative Body (BPJS) for the community. Where the officers and health workers (doctors and nurses) have a fairly large role and responsibility in the health service for the community.⁵ However, there are things that are interesting to writers who, like we often hear that some hospitals neglect or do not take care of patients participating in BPJS Health, there are also those who get services that are not according to BPJS Health class 1 participants but receive treatment at class 3 facilities. These problems can be sourced from several factors that influence the implementation of BPJS Health. Meanwhile, there are still problems related to membership, such as membership registration which is still complicated and there is only one registration office in each city and district, the lack of socialization of BPJS Health in the community and the distribution of cards (Jamkesmas) is not right on target.

⁵ Merry Martha Mahayu Prana, "Quality of Health Services for Jamkesmas Recipients at RSUD Ibnu Sina Gresik", *Journal of Public Policy and Management*, Vol, 1 No 1 (2013), page 35.

Based on the above background, the author is interested in discussing "IMPLEMENTATION OF HEALTH SOCIAL SECURITY IMPLEMENTING AGENCY (BPJS) AT PETALA BUMI PEKANBARU HOSPITAL".

B. Problem Formulation

1. How is the implementation of the Health Social Security Administrative Body (BPJS) at Petala Bumi Hospital, Pekanbaru?
2. What are the inhibiting factors for implementing the Health Social Security Administrative Body (BPJS) in services at the Petala Bumi Pekanbaru Hospital?

C. Research Objectives

The purpose of this research is to answer the formulation of the problems that have been stated previously, namely to:

1. Knowing the implementation of the Health Social Security Administrative Body (BPJS) Health at Petala Bumi Hospital Pekanbaru.
2. Knowing the obstacles that exist in the process of implementing the Health Social Security Administrative Body (BPJS) at Petala Bumi Hospital Pekanbaru.

D. Benefit of Research

The benefits of this research are:

1. Scientific benefits

The results of this research are expected to develop knowledge and evaluate the implementation and factors that hinder the implementation of the Health Social Security Administrative Body (BPJS) Health at Petala Bumi Hospital Pekanbaru.

2. Practical benefits

This research is expected to be an input for the government or other institutions with an interest in the implementation of the Health Social Security Administrative Body (BPJS) for Health.