

Principal Fairness and Equity within Healthcare Services based on *BPJS Kesehatan*

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Abstract

Health services are the right of all Indonesian citizens. The health service system in Indonesia refers to the class system because based on the Law on BPJS itself it explains that the Indonesian public health service is in accordance with the premiums paid. The class system often triggers differences in services that are not the same equity and risk discrimination against health services. BPJS is a Universal Health Coverage (UHC) system in Indonesia. UHC system abroad, the health service is not based on classes, premium payment is the same. Comparison to other countries is not a wise view but it can be a benchmark of the progress or value of the service system in our country. Gradually, non-class based health services must be implemented to equalize and prevent discrimination in health services so that a conducive, fair and patient-based service environment can be created.

Keywords: *BPJS, fairness, universal health coverage, healthcare*

Introduction

Declaration of Human Rights Article 25 explicitly stipulates that every citizen has the right to get protection if he/she reaches old age, is sick, disabled, unemployed and dies.⁽¹⁾ Health financing in Indonesia, only around 2.2% of the Gross Domestic Product (GDP), is very risky in administering state health with a high morbidity rate. The funding is very far compared to the WHO's recommendation (5% of GDP/year). Moreover, it is found out that around 70% of Indonesian people pay for health services independently which can affect family/individual finances.⁽²⁾

WHO shows that nearly 89 countries have formed a legal unit that regulates the implementation of UHC and on average it has imposed UHC financing on the tax sectors. Such sectors include the cigarette tax and liquor tax which were indeed enhanced for one of them subsidizing national health financing in several countries.⁽³⁾

WHO itself conducts research on UHC in general. That is because related research is caused by the uneven prevalence of advice given by UHC to recipients of health services. For example, there are many patients who have HIV-AIDS throughout the world who have not been covered for antiretroviral therapy. Aspects to be investigated by WHO include among others concerning maternal and child health, infectious diseases, services and available health systems.⁽⁴⁾

In the framework of organizing national health insurance that can reach all levels of society, in Indonesia Law No.24-2011 concerning the Social Security Organizing Agency (BPJS) which on January 1, 2014, began to organize social health insurance for all Indonesian. In Article 3 of Law No.24-2011 concerning BPJS, the National Social Security System aims to provide guarantees for meeting the basic needs of a decent life for each participant and/or family member.⁽⁵⁾

The implementation of the Social Security System (SJS) in Indonesia refers to the operationalization of Workers' Social Security (Jamsostek) under Law No.3-1992 because it is a permanent program that is mandatory and is open to all workers. Therefore, Jamsostek was reformed into the National Social Security System (SJSN) based on Law No.40/2004. The operationalization of

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Jamsostek for >20 years is still exclusive in the sense that it has not yet reached the entire membership of workers including informal sector workers. Problems arise related to the Social Security program membership target at the end of 2013 which only reached 25% of the workforce. If the Jamsostek program is continued, there will be human rights violations that can be addressed to the Government, because of its attachment to the UN Universal Declaration of Human Right dated December 10, 1948, so that Indonesia as a UN Member needs to comply with the UN-Declaration.⁽⁶⁾

In its implementation, the National Social Security System implements a law to guarantee the rights of all citizens in Indonesia to obtain equal health services. It is expected that with the existence of SJSN, all citizens will later register as JKN-KIS participants which incidentally aims to ease health financing for the Indonesian people in general.⁽⁶⁾

BPJS which is categorized as social insurance applies the equity principle, which is the similarity in obtaining services in accordance with its medical needs that are not bound by the number of contributions paid. BPJS also has the authority to collect payment of participant contributions and provide administrative sanctions for participants who do not fulfil their obligations.⁽⁷⁾

There are fundamental problems, namely the premiums that must be paid by participants are not in accordance with the counts of experts or do not match the actual counts commonly used in programs like this. This condition creates an underfunded program situation that structurally will affect the sustainability of the health insurance program. The challenges facing the implementation of the JKN-KIS program today are faced with the issue of the financial soundness of the Social Security Fund (DJS), which is experiencing a deficit due to inadequate contribution rates compared to the extent of the benefits stipulated.⁽⁸⁾

Basically, social security is carried out in line with the principles of the welfare state (Welfare state) that is developing widely in Western European countries, the United States, Australia and New Zealand. This system is implemented as an alternative to overcome poverty and multidimensional inequality. This paper intends to compare the differences in the health care system in Indonesia with other countries and then look at the justice side of the health services received by each citizen. Later this comparison will provide input that is

expected to be a reference to improve the UHC system in the future for Indonesia.

Findings and Discussion

In the framework of organizing national health insurance that can reach all levels of society, in Indonesia has been passed Law No.24-2011 concerning the Social Security Organizing Agency (BPJS) of Health which on January 1, 2014, began to organize social health insurance for all Indonesians, able communities or unable. In accordance with Article 3 of Law Number 24 of 2011 concerning BPJS, the National Social Security System aims to provide guarantees for meeting the basic needs of a decent life for each participant and / or family member.⁽⁹⁾

BPJS according to the BPJS Law No.24-2011 About BPJS is a public legal entity formed to carry out social security programs that are accountable to the president. BPJS funding sources are from the government (Recipient Contribution Assistance (PBI) and participants who pay contributions. BPJS membership according to Article 16 paragraph (1) explains that all citizens (other than Employers, Workers and PBI) are required to register themselves and their family members as Participants to BPJS. So the organizer of the JKN BPJS is the government and social security program participants, including foreigners who work for a minimum of 6 (six) months in Indonesia.⁽⁹⁾

Problems often arise in the implementation of the Health BPJS. These problems include the low premiums paid, under-standard premium calculations, differences in claims of INA-CBGs with real costs, indications of fraud by health service providers, differences in perception of coding in hospitals, BPJS claims arrears to hospitals, and BPJS socialization to the community is still quite low.⁽¹⁰⁾

These various forms of problems have the risk of causing discriminatory services to the community. Coupled with the provisions of the class system, which distinguishes the amount of premium to be paid for BPJS membership every month. If we look at developed countries, one of which is Finland, the health care system is different. The Local Government Health Service System in Finland regulates almost the majority of all health services in the country.⁽¹¹⁾

This system applies to all Finnish residents who are registered as permanent residents. Every citizen has the

right to receive all types of health services desired, according to the level of specialization needed. The services provided include holistic services from promotive, preventive, curative and rehabilitative.

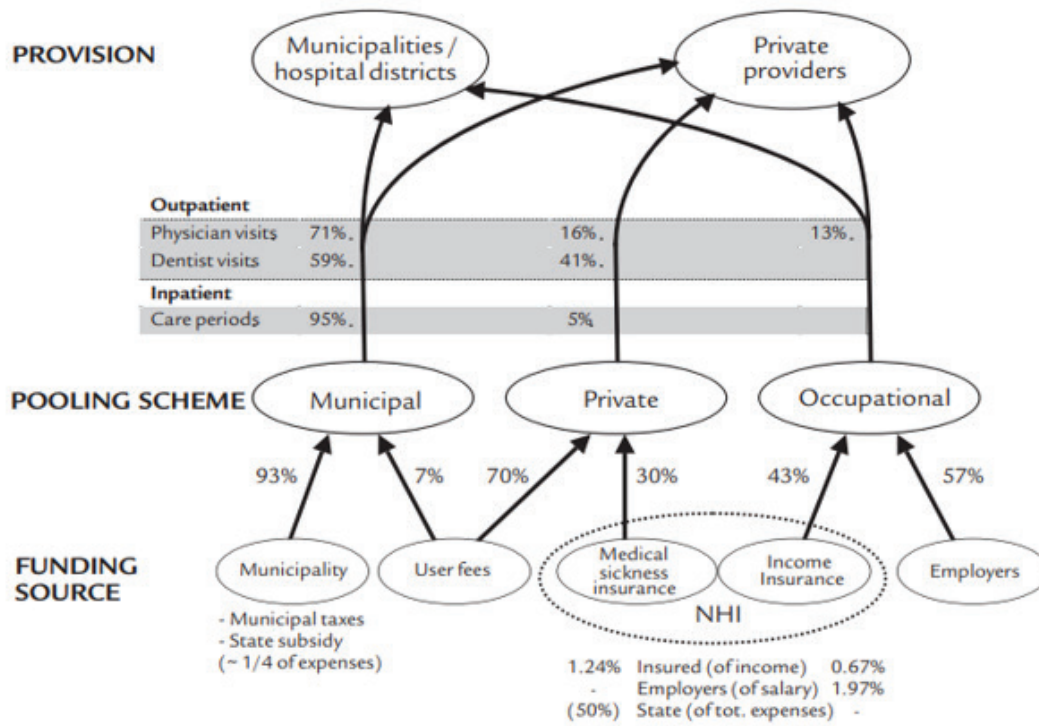


Figure 1. Finland's Health Financing System

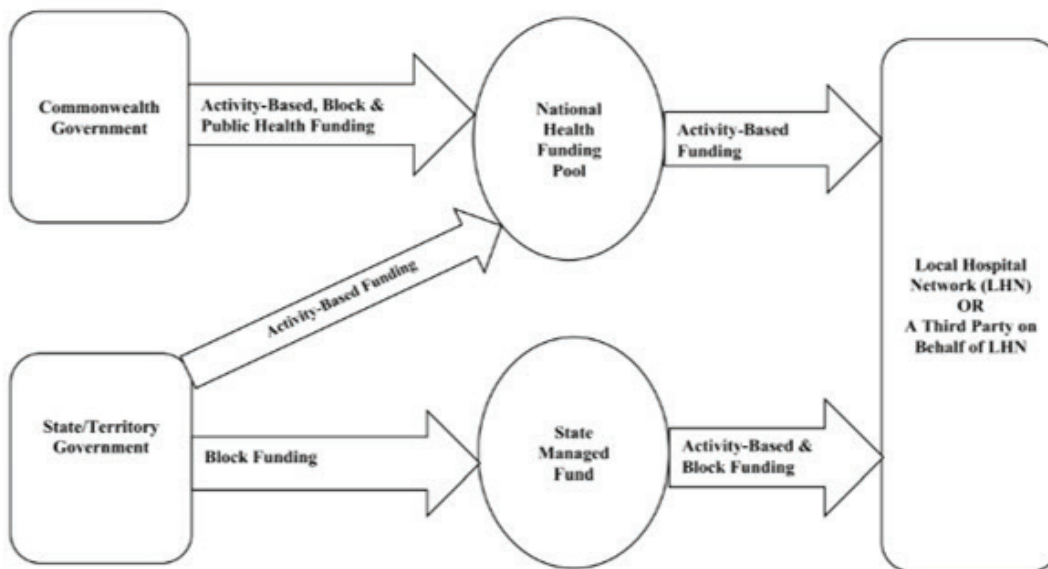


Figure 2. Health Financing System of Australia

Then the health financing system in other countries can also be used as an example, namely Australia. In Australia, the health financing system is called Medicare, which is funded by Medibank, funded by the government through state agreements. States have an obligation to maintain the health of the population included in their area. The medicare financing itself comes from the income tax of Australian residents and there is income from people who can contribute to health through⁽¹²⁾

Comparison of the two types of health services in developed countries implies the absence of a class system in the payment of health contributions. The absence of such a class system can also reduce discrimination in health services. The principles of equality in services that promote justice based on effective and efficient services have been listed in some regulations.

Some of these regulations are reflected in one of them the 1945 Constitution which explains explicitly that each health service must not be treated differently from one another, in accordance with article 28 I paragraph (2).⁽¹³⁾

In addition, Act 36 of 2009 concerning Health, articles 4-7 states that every citizen has the right to health services that are equitable, safe, affordable and the community has the right to independently determine the best health services for themselves. Article 9-13 explicitly describes the government's obligation to fulfil equitable access to health services for the community.⁽¹⁴⁾

In-Law No.24-2011 concerning BPJS itself, it explains in article 2 that the principle of administering BPJS is to provide health care guarantees based on social justice for all Indonesian people.⁽¹⁵⁾ Each country agrees and recognize the right of everyone to get health services with good standards which include: efforts to improve children's health by reducing infant mortality; improvement of aspects of industrial health services; and comprehensive holistic management for any endemic, pandemic or other diseases that require treatment.⁽¹⁶⁾

In the Doctor's Oath Pledge, which is listed in Government Regulation No.26-1960 Article-1, explicitly explains that a doctor must carry out the medical profession without observing differences in ethnicity, religion, race, culture and social position.⁽¹⁷⁾

Most of the regulations that describe health services mandate health service providers not to discriminate or discriminate against health services. The BPJS class

classification itself, whose nominal fee is different, in the technical field has a significant impact, especially when compared to the service of no BPJS participants who use public facilities (without insurance costs from BPJS).

However, justice in health services from the perspective of the theory also clearly states that the theory of justice proclaimed by Aristoteles divides justice from two different sides. Justice for Aristotle is a form of ownership of goods. The goods must be owned by every living thing, equally, without exception.⁽¹⁸⁾ The corrective action is aimed at giving birth to new regulations that can later meet the demands of the community for something to be "more" just than before.⁽¹⁹⁾

The government's obligation to protect the rights of the public to obtain health services has been fulfilled, but the fulfilment of government obligations to health services that are equitable, fair and without discrimination is not yet fully visible. Frictions that arise in handling BPJS patients due to BPJS compensation in the payment of monthly claims are not in accordance with the INA CBGs Package and there is a delay in disbursement of funds, which can delay (even unpaid) medical and non-medical services for months. These conditions can trigger a decrease in the quality of health services due to rights that have not been fulfilled.⁽²⁰⁾

Judging from sociological jurisprudence, according to the theory put forward by Roscoe Pound, the orientation of the view is on the "legal reality" rather than the position and function of law in society. Sociological Jurisprudence reflects a careful blend of written law as the needs of the legal community for the creation of legal certainty (positivism law) and living law.⁽²¹⁾

So that the legislation can run as it should, the legislation that was formed in accordance with what is at the core of the Jurisprudence sociological school that is good law should be in accordance with the law that lives in society.⁽²²⁾ Yet what we have to realize is, the law was made and fully enforced for the benefit of the public interest in society, especially health services. The regulations made did not reflect equality in service.

The Health System in Indonesia, which is now run by BPJS, payment of contributions are divided by class. When referring to the explanation of the article contained in the BPJS Law, it clearly states that the principles of health administration are equal, but in reality, according

to Permenkes-59-2014, it is attached that financing all types of diseases, has a package (maximum) of financing. The bigger the class, the greater the nominal money package allocated by BPJS.

The difference in tariff will inevitably trigger an efficiency on the part of the health provider. Moreover, BPJS has delayed the payment of claims due to (again) underfunded BPJS Health financing. IN the community, BPJS patient services for each class are not entirely good. A striking difference is seen in BPJS Class I participants, who can advance to special classes (VIPs) while for Class II and III the maximum will only rise to one level above each.⁽²²⁾

Compared to developed countries in Finland, Australia and Singapore, most of them attract health funding from taxes. Then there is no known class payment system (I, II, and III). All premiums are the same, depending on the income tax. All citizens are entitled to health services and do not need to worry about the class system. In these countries, all types of services are guaranteed, from promotive to rehabilitative. Even though it is in a state far from the city centre, the community still gets maximum health services, if for example there can also be a supporting examination.⁽²²⁾

All types of service based on class violate the principle of justice, which prioritizes the principle of equal treatment with one another. In addition, the government also guarantees that it will be responsible for the implementation of health services that are equitable, affordable and safe (prioritizing patient safety). The difference in services can lead to discrimination and the most dangerous is when the act can physically harm the patient.

Conclusion

The class system in the health insurance system in Indonesia can trigger discrimination related to health services enjoyed by the community. The system limits the number of claim payments which causes demands to reduce the quality of health services. These things certainly violate regulations/policies regulated in the laws and regulations of the minister of health, including violating human rights. Reference to the health financing system in other countries can be used as an example to improve the health financing system in Indonesia.

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