

Pseudo National Security System of Health in Indonesia

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ABSTRACT

Indonesia's national health insurance program requires participants to contribute every month. After paying, participants have the right to obtain a single identity and benefit from health services. The service of the Health of Social Insurance Administration Organization still has some problems that are experienced by Health BPJS participants. The problem were rejected by the hospital, the claim value of BPJS was lower than the real value of health care costs, limited medicines and also the JKN system which was still limited in benefits. The concept and implementation of JKN itself is an effort to move the burden of JKN financing which is the state's obligation to citizens with sanctions. JKN actually becomes an additional burden for citizens and the state should take the largest portion of JKN financing. The Indonesian JKN system itself is a pseudo social security.

Keywords: Health insurance, Pseudo national security system

INTRODUCTION

The implementation of social security for all Indonesians is actually the state's obligation. National Social Security System (SJSN) brings new hope for the realization of social welfare for all Indonesian people⁽¹⁾. Law Number 40 concerns on SJSN which contains the concepts that is in line with the constitution that compulsory social security for all residents including National Health Insurance (JKN). This means that every citizen has the right for social security when they are sick⁽²⁾. The implementation of national health insurance as part of the national social security system is managed by a government agency called the Social Security Administering Agency (BPJS)⁽³⁾.

BPJS has a representative office in the Province and branch offices in the districts. BPJS is responsible for receiving registration and managing data of JKN, collecting JKN contributions, managing JKN funds, financing the health services and paying JKN claims⁽⁴⁾.

SJSN that is held should be a form of the role of the state in overcoming various problems faced by the community⁽⁵⁾. The state in this case precisely delegates the role of organizing the national social security system to a public agency, namely BPJS. BPJS is a legal entity formed to organize a health insurance program specifically commissioned by the government⁽⁶⁾.

Health services are entitled to all citizens. Indeed, any disturbance, intervention or injustice, indifference, whatever its form, which results in an insecurity of the human agency, its psyche, natural environment and social environment, its regulation and laws, and the injustices in social management that they receive, are violations of their rights, human rights⁽⁷⁾.

The social security program prioritized to cover the entire population first is a health insurance⁽⁸⁾. The principle of the health insurance program in Indonesia formulated by Law Number 40 of 2004 concerning SJSN. One of social insurance principle is a compulsory fund collection mechanism that comes from contributions to provide protection for the socio-economic risks that happened in participants and or their family members. As for the principle of equity, each participant who pays contributions will receive health services comparable to the contributions paid⁽⁹⁾.

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Indonesia's national health insurance program requires participants to contribute every month. After paying, participants have the right to obtain a single identity and benefit from health services⁽¹⁰⁾.

The obligation to join JKN as explained in Article 16 paragraph (1), at the same time followed by the threat of sanctions for those who violate. Article 17 paragraph 1-3 of the BPJS Law states "(1) ... Every person who does not implement the provisions referred to in Article 16 is being the subject of administrative sanctions (2). Administrative sanctions as referred to in paragraph (1) can be in the form of: a. written warning; b. fine; and / or c. do not get certain public services. (3) Imposition of sanctions as referred to in paragraph (2) letters (a) and (b) are carried out by BPJS. (4) Imposition of sanctions as referred to in paragraph (2) letter (c) shall be carried out by the Government or regional government at the request of the BPJS. (5) Further provisions concerning the procedure for imposing administrative sanctions are regulated by Government Regulation⁽¹¹⁾.

Sanctions do not get certain public services for citizens who do not attend JKN explained in the explanation of the BPJS Law. The explanation is on Article 17 Letter (c). The BPJS Law states that, "What is meant by" certain public services "include processing business licenses, building permits, proof of ownership of land and building rights."

Social Insurance Administration Organization Participants who are in arrears in payment are being the subject of 2% of fine for late payment which then complies with the new regulation in the Perpres number 28 of 2016 which is changed into 2.5%. Important to remember, JKN participants can benefit from JKN having to fulfill their obligations first. Participants who do not pay regularly (delinquent) will also be subject to sanctions. The new National Social Security System in the health sector can be active after the people are forced to pay dues⁽¹²⁾.

The problem is "Why is the Indonesian National Health Insurance referred to as the national pseudo social security?"

MATERIALS AND METHOD

This study used a mixed method⁽¹³⁾ with a connected normative or doctrinal juridical approach. The approach in this study were: conceptual, statute, comparative and

socio-legal approach. Tashakkori & Teddlie as quoted by Susanto stated that a diverse paradigm approach can serve as a basis for carrying out research. Dialectic means rejecting the selection/prioritization of one paradigm above another paradigm. This dialectic means not favoring another paradigm, but rather looking at research with mixed methods or approaches as intentional involvement/application of various devices and their assumptions. According to this view all paradigms are valuable world views, but only partially so there is no problem using multi methods or mixed methods⁽¹⁴⁾.

FINDINGS AND DISCUSSION

Indonesia's national social security system is a social security program that affects hundreds of millions of Indonesians. The national social security system implemented by BPJS cannot be said to be a real social security because of some quite fundamental problems. Researchers have a proposition that JKN as part of SJSN that is managed by BPJS which is not a real social security system, but a pseudo social security system.

The concept of the national social security system is managed by the government⁽¹⁵⁾ through BPJS has been in accordance with the conception of the social security system that is actually desired by the constitution. The state develops a social security system for all people and empowers people who are weak and unable to meet the dignity of humanity⁽¹⁶⁾. The practice of JKN turns out to regulate an insurance scheme that requires all citizens to take part in social security on the health insurance aspect.

The constitution has ordered that the National Social Security system is an obligation of the state and as such, essentially the implementation of JKN in Indonesia by the BPJS transfers the burden from the government to citizens⁽¹⁷⁾. In the National Social Security System in the field of health and employment which is applied in the empirical praxis of citizens, it is given an additional burden in the form of compulsory contributions. Fees are paid by each person every month. The contribution system applied in JKN is a real effort to move the burden of implementing JKN to citizens.

The low state budget for Indonesia's health is one indicator of the government's low commitment and the weakness of the health policy. This low commitment with a limited budget is certainly not strong enough to cover the implementation of the social security system

that is the duty of the state so that a solution is needed to cover it. The solution is to move the burden by requiring people to join the BPJS with the insurance paradigm (paying regular premiums).

The application of JKN has an insurance paradigm is a real effort from the government to move the burden of the social security system to citizens. In an ideal condition of citizens are still given an additional burden to pay health social security contributions with the threat of sanctions.

The philosophy of social security must not be mixed with insurance principles. The provisions of the SJSN Law and BPJS Law say about the obligation to pay contributions to the participants. This is being a consideration form of social insurance which is required by the state. According to Salamuddin Daeng, a researcher from the Indonesian Political Economy Association (AEPI) stated that "If social security should not use contributions.

The application of the paradigm and insurance system in the social security policy implementation of the social sector is the answer to the low allocation of government health funds which is only worth less than 5%.

The government does not seem to distinguish between the social insurance system and the social security system. The application of the paradigm and insurance system in national social security is certainly not in accordance with the concept of a social security system which essentially aims to provide protection and social welfare for all Indonesians.

Another problem is that it takes a few days before the benefit package has been paid and they got a Health BPJS card. This makes citizens not think that they do not get full benefits, especially regarding the benefits of being a Health BPJS participant. They cannot access benefits from JKN in the event of health problems. Participants should not have to wait seven days to be served with a benefit package through health services. The sickness cannot be limited to seven days after becoming a participant. Citizens also need services at any time if they are sick⁽¹⁸⁾.

It is very clear that in activating this benefit of BPJS actually does not suitable with human principles. Citizens who get sick but have not become BPJS participants yet

are having difficulties with this policy. They will not be able to access JKN unless after the activation period. It is very possible in case of emergency they will die first or not handled well before the JKN activation period. The JKN activation policy a few days after registration actually violates the law as well as being unfair in this case because it should be registered so that you can immediately access JKN. This kind of pattern is not a characteristic or principle of social security that should be.

The principle that characterizes the social security system is, first, the social security program grows and develops in line with the economic growth of a country. This is related to increasing community needs. It is in line with increasing demands in the welfare sector. Social security programs develop first in formal groups, then non-formal. In many countries, the implementation of social security is carried out centrally by the state. The reason is that social security is a non-private public domain. Some countries that practice this include America, Britain, Australia, Malaysia, the Philippines and others. Some indicators show that the social security system is a public domain that must be implemented by the state⁽¹⁹⁾.

Why does the state choose to impose the implementation of JKN on citizens by charging. The transfer of the burden is through a mandatory contribution paid by the citizen even though it should be the responsibility of the state. The state budget allocation in the APBN to be compared with other countries, spending on social security in Indonesia is very small. The field of social security that is implemented is also still very limited⁽²⁰⁾.

Social insurance is a different thing because there is a role for participants to participate in financing through either social insurance or savings mechanisms. This is despite for the fact that the contribution fee can be a burden for the giver and recipient of work (for formal workers), and of the participants themselves for groups that are independent and capable⁽²¹⁾.

The social insurance mechanism is the backbone of social security funding in almost all countries. The amount of the contribution is associated with the income level to ensure that all participants are able to contribute⁽²²⁾.

The concept of JKN is a pseudo social security

(in the legislation is referred to social security). JKN implementation is referred to social insurance so that the state can impose its financing on citizens. The state only provides two trillion rupiah for the establishment of BPJS⁽²³⁾. From this point of view, it is actually seen that through the Social Insurance Administration Organization, the Government intends to release its responsibilities as a national health insurance provider.

The concept of social security, social insurance is really overturned in the implementation of Indonesia's national health insurance. Social security is a macro policy tool to correct inequality distribution by providing assistance to a weak economy or disadvantaged people⁽²⁴⁾. Social security should not be enough. It is only the rhetoric of social rights but it is a legal right in basic legal instruments⁽²⁵⁾.

CONCLUSION

JKN implementation in Indonesia can be called a pseudo national health insurance. In real terms the guarantee is carried out by citizens, for citizens and funded by citizens with the BPJS as a mere implementing agency. The state was not present in financing and JKN in Indonesia and chose to form BPJS as the state's representative in the implementation of BPJS. The burden of implementing JKN is fully charged to citizens while the state is free from hand, even though the juridical development of the social security system is the implementation of the social service function of the state.

ADDITIONAL INFORMATIONS

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