

Legal Protection for Participants of the Health Social Security Organising Agency

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The Social Security Organising Agency (BPJS) as the Implementing Body is a public legal entity formed to organise a health insurance program for all Indonesians. But in fact, regarding services in fulfilling the rights of BPJS Health participants in the Teluk Kuantan District Hospital there were obstacles in 2016. BPJS services were stopped for approximately six months. The management of the Kuantan Bay Regional Hospital, Kuantan Singingi Regency, Riau Province has temporarily suspended health services for BPJS Health participant patients, because the supply of medicines for BPJS Health patients is problematic. The Regional Hospital does not have any medicine supplies because the Regional Hospital is in arrears in the amount of Rp. 2.6 billion to third parties; namely pharmacies as partners. The main problem in this study is how the legal protection of the participants of the Health Social Security Organising Agency in the Teluk Kuantan Regional Hospital in terms of the Regulation of the Health Social Security Organising Agency No. 1 of 2014 concerning the Implementation of Health Insurance. The method used in this study is included in the class of observational research conducted by survey. The information is collected from respondents using primary data and secondary data. This research is analytical descriptive, which provides a detailed, clear and systematic description of the main problems of the study. Legal protection related to BPJS of health participants who took medication at Teluk Kuantan Regional Hospital is based on a case that occurred in 2016, BPJS participant patients did not get legal protection because their rights were not fulfilled. In this case, it clearly violates the provisions of Article 25 Paragraph (1) letter d of the Regulation of the Social Security Organising Agency Number 1 of 2014 concerning Health Insurance Providers. In that article it is said that each participant has the right to obtain health insurance benefits. The intended health insurance is stated in Article 25 Paragraph (2) of the

Regulation of the Health Insurance Administering Agency Number 1 of 2014 concerning Health Insurance Providers. One of the benefits of health insurance is services medicine.

Key words: *Legal Protection, BPJS of Health.*

Introduction

The role of the government in carrying out health development is one part of national development aimed at optimally improving the health status of the community (Sandoyo, Journal of Health Law, Jakarta 2009:). Government attention to the health and health quality of its citizens can be seen in the 1945 Constitution Article 28 H Paragraph (1) which reads "Every person lives in prosperity physically and mentally, lives and has a good and healthy environment and is entitled to health services". The role of the government in the development of health is realised by placing health insurance in social protection in the amendment to the 1945 Constitution Article 34 paragraph (2) which states that, "The State is responsible for providing health care facilities and proper public service facilities".

Health is an important indicator for achieving a prosperous life for a community. Therefore, health services must be universally accessible to all people and this has also become the main pillar in the concept of a welfare state. This is because a healthy life is the basic condition for the community to be able to live a prosperous life, so that getting optimal health care is a basic need and right for all citizens (Setiyono, Journal of Political Science, 9.2, 2018: 38-40). Efforts to improve the quality of life and optimal health services for the community, the government and the private sector provide institutions for health services called hospitals. The hospital's role is to provide individual health services in a complete manner and to provide emergency, outpatient, and inpatient services.

Law Number 23 of 1992 concerning Health in Article 4 states that "Everyone has the same right in obtaining optimal health status". Therefore in providing health services there is no justification of the term discrimination by the Hospital. Article 5 also states that "Everyone has an obligation to participate in maintaining and improving the health status of his person, family and environment". Then in Article 65 it is stated that "The implementation of this health effort is funded by the government and or the community".

Indonesia is a dynamic legal state, also called a welfare state. There are legal principles in them which include the principle of holding public interests. Based on this principle, government officials are required to carry out activities in the administration of the public interest and provide legal protection for the community (Kansil, 2002:). Therefore, the government is organising the National Health Insurance Program (JKN). As mentioned in the



section considering the letter a of Law Number 24 of 2011 concerning the Social Security Organising Agency that "The national social security system is a program of the state which aims to provide certainty of social protection and welfare for all people".

The consequence of the concept of a Welfare State is a country that has the responsibility to create prosperity for all its people. In this case the state has the right to participate in the affairs of its citizens from the moment humans are born until humans die (from the cradle to the grave). There is not a single side of life in the lives of its citizens that are not handled by the government, such as government participation in the health sector, where the government has important role in realising the highest degree of health (Yustina, Unika Legal Scientific Journal, 14.1, 2015: 108).

The National Social Security System was formed as an embodiment and seriousness of the government as stipulated in the amendment to the 1945 Constitution and then followed up on Law Number 40 of 2004 concerning the National Social Security System (SJSN), hereinafter referred to as the SJSN Law. This law is evidence of the government and other stakeholders who have a great commitment to be able to realise social welfare for all Indonesian people (Sandoyo, Journal of Health Law, Jakarta 2009:).

The SJSN Law then mandates that a health insurance provider body be formed, so a PT. Askes (Persero) as a health insurance organising body for Civil Servants (PNS) as well as implementing the Community Health Insurance program (Jamkesmas). This is stated in the provisions of Article 5 paragraph (1) Jo Article 52 of the SJSN Law.

On January 1, 2014 a change was made from PT. Askes (Persero) who became the Social Security Organising Agency (BPJS) for Health as the executor of the Jamkesmas program. This is in accordance with the provisions of Law Number 24 of 2011 concerning the Social Security Organising Agency (Putri, 2012: 240).

BPJS is a legal entity that can organise a social security program. BPJS is divided into 2 types, namely BPJS Health and BPJS Employment. BPJS Health is demanded to be able to organise health insurance in the form of health protection so that participants receive health care benefits in their basic health needs. This health insurance must be given to everyone who has paid contributions, both those contributions personally and those contributions paid by the government.

The main task of BPJS Health is to organise National Health Insurance (JKN) for all Indonesian citizens. BPJS guarantees health services in the form of Promotive, Preventive, Curative, and Rehabilitative services. In addition, services for medicines and medical

materials are consumable according to medical needs needed (Yudithia, Fakhri, Kasmawati, *Pactum Law Journal*, 1.2, 2018: 164-169).

BPJS Health cooperates with health service providers as partners in serving BPJS Health participants, such as Government-owned Hospitals, Private Hospitals, Health Clinics, Doctor's Practices, Pharmacy, Optics, and so forth. The partnership between BPJS Health and the health service providers is then contained in the agreement text in the form of a Memorandum of Understanding (MoU) which contains the rights and obligations of each party.

Government programs to help people get health services have not been running optimally. Health services, as the main activity of the Hospital, places doctors and nurses as health workers who are most closely related to patients in handling illnesses. The relationship in the efforts of health services provided is the relationship between the hospital with doctors, nurses with patients, and the relationship between doctors and nurses and patients (Praptianingsih, 2006:). All people from various groups are entitled to benefit from adequate health services. Then, all people who are BPJS Health participants are entitled to get good medical treatment without discrimination in accordance with their respective provisions.

BPJS Health needs to pay attention to several things in health services in order to achieve the success of the program, namely the availability of personnel, infrastructure in adequate quality. BPJS Health participants often complain that they are not satisfied with the health services they receive. They say that the health services provided were different from those of other participants, both inpatient care and for treatments. Complaints that are often felt by participants who use BPJS Health are: unfriendly or 'bitchy' services, the examination is not optimal, less responsive to complaints of patients' illnesses and less responsive when giving medicines (Notoatmadjo, 2007).

Quoted by goriau.com, BPJS Health in running its program in Riau, it is still not optimal as expected by the Indonesian government. It is still found that inadequate services provided to patients who have BPJS card holders compared to other patients.

The problem occurred at the Kuantan District Hospital in 2016, when BPJS services were stopped for approximately six months. On Monday, March 21, 2016, the management of the Teluk Kuantan Hospital, Kuantan Singingi Regency, Riau Province, were forced to temporarily stop health services to patients participating in BPJS Health. This happened because the procurement of drugs was problematic for BPJS Health patients (<https://www.goriau.com/>, access 11 October 2018). The Regional Hospital cannot serve patients because they do not have a stock of drugs. The problem is that the RSUD is in arrears in medicine costs of Rp 2.6 billion. (<https://news.detik.com/>, access 11 October 2018).

At 16:15 WIB the absence of drug stocks in the Kuantan Bay Regional Hospital affected the rejection of BPJS patients.

Based on the background description above, the formulation of the problem of this research is how is legal protection implemented for the participants of the Health Social Security Organising Board in the Teluk Kuantan Regional Hospital in terms of the Health Social Security Organising Agency Regulation No. 1 of 2014 concerning Health Insurance?

There are several theories that will be used in this study. As for some of the theories in question are as follows :

First, about Role Theory. The role which is the implementation of rights and obligations in accordance with the position. Role and position of interdependence with each other. The role can determine what a person must do for society and what opportunities are given by the community to him. The role is also governed by applicable norms (Soekanto, 2005:).

Second, theories about the Social Security Organising Agency (BPJS). BPJS is an institution formed to carry out social security programs in Indonesia according to the provisions of Law Number 40 of 2004 concerning SJSN and Law Number 24 of 2011 concerning BPJS. In Law Number 40 of 2004 concerning the National Social Security System, the Social Security Administering Body is a non-profit legal entity. Health services using recipient aid cards from the government can only be served by government-owned hospitals. Whereas private hospitals throughout Indonesia number around 2,000 according to the Ministry of Health records (Widada, Pramusinto, and Lazuardi, National Resilience Journal, 2, August 2017: 201-202).

Third, theories about health services which are services by health institutions or health workers to their patients. The quality of health services refers to the ability of hospitals to provide services that are in accordance with health professional standards and can be accepted by their patients which in turn will encourage health workers to improve the quality of health services (Tjiptono, 2017: 33).

Service is an activity or series of tools that are invisible (cannot be touched), which occur as a result of interactions between consumers and employees or other things provided by the service providers intended to solve consumer problems (Ratminto and Winarsih, 2005: 45).

Utilisation of health services is the use of service facilities provided in the form of outpatient care, hospitalisation, home visits by health workers or other forms of utilisation of these services based on service availability and continuity, community acceptance and fairness, easily reached by the community, affordable and quality (Azwar, 1999:).

This research is analytical descriptive research with descriptive explanation. The location of this research is located in Teluk Kuantan Regional Hospital, Kuantan Singingi Regency, Riau Province.

The informants in this study were the Director of the Kuantan Bay Regional General Hospital, the Head of the Media Center Team of the Riau Provincial Health Service, the Head of Medical Services and Support at the Teluk Kuantan Regional Hospital.

Discussion

The law was created as a means or instrument to regulate the rights and obligations of legal subjects. The law also functions as an instrument of protection for legal subjects. According to Sudikno Mertokusumo the function of law is to protect human interests. As SF Marbun said, the state must be based on good and fair law. Democratic law, which occurs based on the will of the people and in accordance with the awareness of the people's law, is a good example of a law. While a fair law is a law that is suitable and fulfils the aims and objectives of each law, including in the health sector (Santoso, Journal of Legal Studies, V.1, 2015: 96-125). Legal protection is a protection that is both a preventive and a repressive nature, both oral and written, which is given to legal subjects, namely persons or legal entities. (<http://tesishukum.com>, access 14 February 2019).

The definition of legal protection by Satjipto Raharjo is an effort to protect the interest of someone by giving power to that person to take action to meet their interests (Raharjo, Kompas Newspaper, 2003). Meanwhile, Philip M. Hadjon (2011:) argues that legal protection is an act to protect or provide assistance from legal instruments to legal subjects.

Legal protection is always associated with the concept of *rechtsaat* or the concept of rule of law, because the birth of these concepts cannot be separated from the desire to provide recognition and protection of human rights. The concept of *rechtsaat* emerged in the 19th century which was first coined by Julius Stahl. At almost the same time, the concept of the rule of law emerged, which was pioneered by A.V Dickey, who mentioned that there were three important characteristics of the rule of law called the 'rule of law', namely: (Kurdie, 2005)

- a. Supremacy of law, meaning that someone can only get punishment if someone violates the law, and there can be no arbitrariness here. Equal position before the law, without exception both government officials and ordinary people must get the same position before the law without any difference.
- b. Guaranteed human rights in laws or court decisions.

So, if a country ignores and violates human rights intentionally, and causes suffering that cannot be dealt with fairly, then the country cannot be said to be a state of law in the real sense (Zulham, 2013). Thus, a protection can be said as legal protection if it contains the following elements:

- a. the government is guiding its citizens;
- b. there is guaranteed legal certainty;
- c. it relates to the rights of citizens; and,
- d. there are legal sanctions for violating parties.

To avoid discrimination in the implementation of the BPJS Health, the government makes regulations that can protect BPJS Health participants in obtaining appropriate health services without discrimination, here are some regulations made by the government that are expected to protect BPJS Health participants:

1. Presidential Regulation Number 12 of 2013 concerning Health Insurance, in Article 1 number 1 states "Health Insurance is a guarantee in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs provided to everyone who has paid their contributions or contributions. Paid by the government."
2. Law Number 40 of 2004 concerning the National Social Security System. In article 2 states "the national social security system is implemented based on the principle of humanity, the principle of benefits, and the principle of social justice for all Indonesian people" in article 16 states: "Every participant is entitled to receive benefits and information about the implementation of the social security program that was followed".
3. Law Number 24 of 2011 concerning the Social Security Organising Body. In the weighing section it states that the national social security system is a state program aimed at providing certainty of protection and social welfare for all people.
4. Law Number 44 of 2009 concerning Hospitals. Article 32 letter c states that "Patients are entitled to obtain services that are humane, fair, honest and without discrimination".
5. Law Number 36 of 2009 concerning Health. This law was established to protect the health rights of every human being, all matters concerning the implementation of health are required to apply the principle of non-discrimination.
6. Health Social Security Organising Agency Regulation No. 1 of 2014 concerning the Implementation of Health Insurance. This regulation was formed to implement the provisions of Article 15, Article 17 paragraph (7), Article 17 A paragraph (6), Article 26 paragraph (3), Article 31, Article 40 paragraph (5), and Article 42 paragraph (3) of the Regulation President Number 12 of 2013 concerning Health Insurance as amended by Presidential Regulation Number 111 of 2013 concerning Amendment to Presidential Regulation Number 12 of 2013 concerning Health Insurance.

As stated in Law Number 24 Year 2011 concerning BPJS, Article 9 paragraph (1) states that: "BPJS Health as referred to in Article 5 paragraph (2) letter a has the function of organising a health insurance program". Article 10 of Law Number 24 Year 2011 concerning BPJS states: In carrying out the functions referred to in Article 9, BPJS has the duty to:

- a. conduct and / or accept participant registration;
- b. collect and collect contributions from participants and employers;
- c. receive contributions from the government;
- d. manage social security funds for the benefit of participants;
- e. collect and manage data on social security program participants;
- f. pay benefits and / or finance health services in accordance with the provisions of the social security program; and
- g. provide information about the implementation of social security programs to participants and the community.

Health services are essentially an effort to help prepare everything that is needed by others, and can provide satisfaction as expected by patients as consumers of health services (Tutik, 2010:). Every community that has been registered as a participant in the Health BPJS has the same rights in obtaining health services, both First Level Outpatient (RJTP) health services and First Level Inpatient health services (RITP).

Whereas the right for health BPJS participants is regulated in BPJS Health Regulation No. 1 of 2014, Article 25 states that:

(1) Every participant has the right to:

- a. get the participant's identity;
- b. get a Virtual Account Number;
- c. choose a first-level health facility in collaboration with the Health BPJS;
- d. obtain health insurance benefits;
- e. submit complaints to Health Facilities and / or Health BPJS that collaborates;
- f. get information on health services; and
- g. join an additional health insurance program.

Furthermore, Article 25 of BPJS Health Regulation Number 1 of 2014 paragraph (2) states that: Health Insurance Benefits as referred to in paragraph (1) letter d cover promotive, preventive, curative, and rehabilitative services including drug services, medical devices and materials medical consumables in accordance with the medical needs needed and carried out by health service providers in collaboration with BPJS Health.

Health as part of the basic needs of every human cause the community to have the right to get a healthy life, because health is part of the needs towards a prosperous life. Basic rights in general and rights in health services in particular can be distinguished in basic social rights

and individual basic rights (Yustina, Scientific Journal of Unika Law, 14 (1), 2015:). The right to health care or the right to health care is a basic right which includes basic social rights as well as individual basic rights.

Legal Protection of Participants in the Health Social Security Organising Agency in Teluk Kuantan District Hospital Based on the Health Regulation of the Social Security Organising Agency Number 1 of 2014 concerning the Implementation of Health Insurance

To examine the legal protection of BPJS Health participants who receive treatments in hospitals, the authors conducted research directly at one hospital, namely the Teluk Kuantan Hospital. This is a case of health BPJS that occurred at the Teluk Kuantan Hospital in 2016, namely: the Management of Teluk Kuantan Regional Hospital, Kuantan Singingi Regency, Riau Province, starting on Monday March 21 2016 will temporarily stop the hospital operational services. This must be done because the procurement of medicines for patients participating in BPJS Health is in a state of trouble. As the author's interview with the Director of Teluk Kuantan Hospital, namely, Dr. David Oloan Napitulu MArS, in his statement, Sunday March 20 2016 is as follows:

This policy has to be carried out even though this policy is not desirable to occur, because the procurement of drugs for BPJS Health patients has no solution, even though this problem has been conveyed to the relevant officials. Teluk Kuantan Hospital was forced to temporarily stop services for BPJS Health patients, because if patients participating in BPJS Health come for treatment and continue to be served as usual, patients will not receive medication after treatment, because there is no drug stock. Moreover, if BPJS Health participants buy general medicines, of course the price will be more expensive which in turn will cause a new problem which is protesting against the patient's objection even though they have already paid the dues, so the operational of the Regional Hospital is decided to be temporarily stopped. But health services for general patients, serious emergency, outpatient and inpatient stay open.

What a sad fate of the Kuantan Bay Regional Hospital in Kuantan Singingi Regency, Riau. The past month has been unable to serve patients because it does not have a stock of drugs. The problem is that the Hospital is in arrears in medicine costs of Rp 2.6 billion. This was confirmed based on the author's interview with the Head of the Media Center Team, Riau Provincial Health Office, Rozita as follows:

Right, in this month the local hospital can't handle the patients. This is because they are out of stock of medicines and medicines are used up. This happened because of an error in the Budget Work Plan (RKT) resulting in the accumulation of drug debt to third parties. The problem of debt to a third party with one of the pharmacies was

started since the 2015 crew. In the 2015 APBD budget, the hospital should have paid a third party. But the problem is, the nomenclature in the 2015 APBD is written for the payment of goods and services. Errors of nomenclature make funds that cannot be sought and become a local regional Silpa.

Based on the results of the study, the absence of drug stock in the Teluk Kuantan Regional Hospital, affected the patient's care, this includes the BPJS participant patients from the local community. Conditions like that have been going on for the past month. Not only that, in 2016 an error occurred again by the Regional Government of Kuansing District. As the interview with Head of the Media Center Team, Riau Provincial Health Office, Mrs. Rozita, stated:

In 2016, the local government re-budgeted to pay off the increasing drug debt. At the beginning of 2016, hospital debt for drug costs reached Rp 2.6 billion. Unfortunately, in the pure 2016 APBD budget, again there was a nomenclature error, which was supposed to pay for medicines, in the written balance sheet for the payment of doctor's incentive funds. Due to repeated mistakes with a total debt of drug costs reaching Rp 2.6 billion, the pharmacy decided not to supply. This is because the pharmacy is also delinquent to the drug distributor. Finally, the supply to the hospital was stopped.

With this incident, the Teluk Kuantan Regional Hospital announced an operational halt to BPJS Health services so that the community could understand it and take a position to look for another hospital for a while. This was also done to avoid the difficulty of doctors from visiting patients who still want to take medication, because the stock of medicine in the Teluk Kuantan Regional Hospital is still problematic.

The efforts made by Dr. David Oloan in overcoming this incident will provide administrative assistance to patients who will later be referred to other hospitals. As stated in the interview with Dr. David Oloan:

This medicine problem is being addressed by the management of the Kuantan Teluk Hospital together with the Kuantan Singingi District Government, BPJS Health, and also the Kuantan Singingi DPRD but have not yet found a solution. Kuantan can again serve BPJS Health patients.

In addition, the status of Taluk Kuantan Hospital is not yet at the level of the Regional Public Service Agency (BLUD). The BLUD status is that the hospital is given the authority to manage its own finances from the results of patient treatment costs. With the status that has not yet been BLUD, the funds obtained from patient services will go to the regional treasury into Regional Original Revenue (PAD). This was conveyed by the Head of the Media Center Team, Riau Provincial Health Office, Rozita as follows:

We are also confused, why the hospital's status is not yet BLUD. Even in the same Puskesmas class, many BLUD statuses are given the authority to manage their own finances.

In overcoming the problems that occurred, the Kuansing District Health Office, asked for help from the Riau Health Office to supply medicine. From the Provincial Health Office, we tried to bridge the problem. A number of medicines have been supplied, but certainly cannot be maximised.

The 2016 Health BPJS case in the Teluk Kuantan District Hospital above violated the provisions of Article 25 paragraph (1) and Article 25 paragraph (2) of BPJS Health Regulation No. 1 of 2014 concerning the Implementation of Health Insurance. The provisions of Article 25 paragraph (1) that are violated are regarding the right for BPJS Health participants, who said that "every participant has the right to":

- a. get the participant's identity;
- b. get a virtual account number;
- c. choose a first-level health facility in collaboration with the Health BPJS;
- d. obtain health insurance benefits;
- e. submit complaints to Health Facilities and / or Health BPJS that collaborate;
- f. get information on health services; and
- g. join an additional health insurance program.

The case that occurred at the Teluk Kuantan District Hospital related to the rejection of the Health BPJS above was proven to have violated the provisions of Article 25 paragraph (1) letter d of the Health BPJS Regulation No. 1 of 2014 concerning the Implementation of Health Insurance. Article 25 paragraph (1) letter d states that BPJS Health participants are entitled to receive health insurance benefits. How is it that BPJS Health participants can get their rights to receive health insurance benefits while operational services for BPJS Health participant patients are totally stopped by Teluk Kuantan Hospital?

Furthermore, the health insurance benefits referred to are explained in Article 25 paragraph (2) of BPJS Health Regulation No. 1 of 2014 concerning the Implementation of Health Insurance, which states: "Health Insurance Benefits as referred to in paragraph (1) letter d include promotive, preventive services, curative, rehabilitative services including medicine, medical devices and medical consumables in accordance with the medical needs needed and carried out by health service providers in collaboration with BPJS Health".

The absence of medicine stock in Kuantan Hospital in 2016, which finally caused BPJS services to stop completely for about six months, of course, had violated the provisions of Article 25 paragraph (2) above. Because BPJS health participants certainly cannot get their

rights to obtain health insurance benefits in terms of medicine services.

If it is reviewed again, the 2016 BPJS health case in the Teluk Kuantan Hospital has included a rejection in the health sector, because with the dismissal of the BPJS Health service it means the same as the rejection of BPJS Health patients. Whereas the act of refusal is an act that has violated Law Number 36 Year 2009 regarding Health Article 32 paragraph (2), which states that "in an emergency, health care facilities both government and private are prohibited from rejecting patients and / or asking for advances". Based on the provisions of this article, there should be no reason for health facilities to refuse patients, because BPJS Health patients have the right to obtain optimal health services and obtain legal protection for the health insurance they receive.

Furthermore, if a patient participating in the Health BPJS feels disadvantaged because of the BPJS Health case mentioned above, in accordance with Article 58 paragraph (1) of Law Number 36 Year 2009 concerning Health which states: "Everyone has the right to claim compensation for a person, health worker, and / or health providers that cause losses due to errors or negligence in the health services they receive".

After the writer conducted an interview with Dr. Diny Ayu Lestari as Head of Medical Services and Support in Teluk Kuantan Hospital, the BPJS health case that occurred in 2016 did indeed make the service for BPJS participants to stop completely. The hospital does not accept patients who are BPJS participants at all. Another solution provided by the Teluk Kuantan Regional Hospital at that time only provided a referral so that patients participating in the BPJS health were treated at a hospital or other clinic. (Dr. Lestari, interview, 14 November 2018). This is because the hospital cannot provide services, especially in terms of drug services, due to the supply of drugs to the hospital being stopped. The health BPJS at the Kuantan District Hospital began operating again in early October 2016, after a leadership transition from the previous director of the Teluk Kuantan Hospital, Dr. David Oloan was later replaced by Dr. Fahdiansyah. But at that time the status of Dr. Fahdiansyah is still a PLT, and was only officially inaugurated in January 2017. After the Health BPJS re-operated in October after the case in March, in an interview with the author, Dr. Diny Ayu Lestari (November 14, 2018) who said that BPJS health services at the District Hospital ran smoothly.

Conclusion

Legal protection related to health BPJS participants who take medication at Teluk Kuantan Hospital is based on a case that occurred in 2016. Patients participating in BPJS health did not receive protection because their rights were not fulfilled. It is said to be unprotected because the case violates the provisions of Article 25 paragraph (1) letter d of the Regulation



of the Social Security Organising Agency Number 1 of 2014 concerning the Implementation of Health Insurance; because in that article it is said that each participant is entitled to receive health insurance benefits. Health insurance referred to is explained in Article 25 paragraph (2) of the Social Security Organising Agency Regulation No. 1 of 2014 concerning the Implementation of Health Insurance. One of the benefits of health insurance is the medicine service.

Suggestions

The suggestion that can be delivered is, to facilitate the process of health BPJS participants in getting services from the hospital, the hospital should conduct periodic outreach either through hospital bulletin boards, brochures or directly socialised by officers in the waiting room for patient registration. As for the socialisation outside the hospital, the local government and the health BPJS through the village head should be more responsive to villagers.



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