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**THE HEALTHCARE SERVICE SYSTEM OF BPJS PARTICIPANTS IN  
TANGERANG REGENCY**

**Rully Syahrul Mucharom**

rully\_sm@yahoo.co.id

Universitas Sultan Ageng Tirtayasa

**Rilla Kusumaningsih**

Universitas Sultan Ageng Tirtayasa

**ABSTRACT**

*Healthcare service has become the main priority of executors as it is one of the basic rights of the people, and that its service must be established by the government. As mentioned in the Republic of Indonesia's 1945 Constitution Article 28H paragraph (1) and Article 34 paragraph (3), the government has the obligation to provide proper and worthy healthcare services which suit the needs of the people.*

*A state is an instrument which may give protection for all its citizens through a system built by that state. Economic gaps tend to bring out problems such as poverty and social gaps. Both of them are the central issues of social policies and of the welfare development.*

*In early 2014, right on January 1<sup>st</sup>, the government of Indonesia through the Ministry of Health has operated the National Healthcare Security Program (Program Jaminan Kesehatan Nasional/JKN). The JKN program has also been applied in Tangerang. One of the focuses of the regional government and the BPJS (Badan Penyelenggara Jaminan Sosial/Social Security Administering Body) in Tangerang Regency is establishing social welfare for its citizens and to start a system of Healthcare Social Security.*

**Keywords:** *Healthcare, BPJS, Participant, Tangerang*

**A. Background**

Healthcare services becomes the main priority of establishers as it is one of the basic rights of the people, and that its provision must be established by the government.<sup>1</sup> As mentioned in the Republic of Indonesia's 1945 Constitution Article 28H paragraph (1) and Article 34 paragraph (3) the government has the obligation to provide proper and worthy healthcare services which suit the needs of the people. With that constitution, thus the

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<sup>1</sup> Rizki Redhika dan Kasyful Mahalli, *Analisis Potensi Dan Kendala Pengembangan Asuransi Syariah Di Kota Medan*, Jurnal Ekonomi dan Keuangan Vol.2 No.5, hlm. 323.

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BPJS (*Badan Penyelenggara Jaminan Sosial*/Social Security Administering Body) is formed. One of the programs of BPJS is BPJS Kesehatan (BPJS Health).

Healthcare services which may be accessed include all healthcare facilities, which are the first level healthcare facilities, advanced-level healthcare facilities, and other healthcare facilities which work together with BPJS Health. One of the first-level healthcare facility is *Puskesmas* (*Pusat Kesehatan Masyarakat*/Community Health Center) as mentioned in the Regulation of BPJS No.1 Year 2014 regarding the Establishment of Healthcare Security. Puskesmas as a Regional Technical Implementation Unit (*Unit Pelaksana Teknis Daerah*/UPTD) has an operational task in the development of health in its area.

The routine task of Puskesmas is establishing healthcare promotions for the people, including giving services for the participants of BPJS Health. The service of Puskesmas significantly helps the people, including the BPJS patients<sup>2</sup>. Because of that, the presence of BPJS Health is one of the important factors for giving the citizens healthcare services<sup>3</sup>.

Tangerang Regency is one of the areas which has a large number of population, based on the data of BPS. Because of that, the healthcare social security in the form of BPJS Health is needed as an effort to protect the people of Tangerang Regency. One of the existing systems is in the form of premium, where the BPJS Health offers three choices of classes with independent premiums, and various contribution fees. The difference of the classes is on the treatment rooms, thus there needs to be the compliance of the Tangerang Regency citizens who participate in the independent contributions. Yet the other coverages are the same. The BPJS premiums depend on the classes. There are 3 classes, the contribution fee of the first class is Rp 80.000, the second class is Rp.51.000, and the third class is Rp. 25.500.

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<sup>2</sup> Sopia Weni Anggriani, *Kualitas Pelayanan Bagi Peserta Bpjs Kesehatan Dan Non Bpjs Kesehatan*, JISIP: Jurnal Ilmu Sosial dan Ilmu Politik, Vol. 5, No. 2 (2016), hlm. 80.

<sup>3</sup> Arief Budiono et al, *The Anachronism of the Indonesian Social Security Policy in Health*, Volume 19, No. 2. Page 230

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*Sistem Jaminan Sosial Nasional* (SJSN/The National Social Security System), especially the Healthcare Security in Indonesia entered a new era after the issuing of the Constitution No. 24 Year 2011 on the Social Security Administering Body (*Penyelenggara Jaminan Sosial/BPJS*), continued with the issuing of the Presidential Decree No. 12 year 2013 regarding the Healthcare Security, which is changed to the Presidential Decree No. 111 year 2013 regarding the Change of the Presidential Decree No. 12 year 2013 regarding Healthcare Security. Principally, the National Healthcare Security Program is one form of the application of the Constitutional Mandate No. 40 year 2004 regarding the National Security System.

The government, as the holder of the people's mandate, have a full responsibility for the prosperity and the welfare of the people. To achieve prosperity and welfare, the government issues some policies with different programs. If a government is unable to fulfill the basic need of its citizens, thus they will sprinkle the seeds of destruction through social anxiety and unstable politics<sup>4</sup>. On early 2014, right on January 1<sup>st</sup>, the Indonesian government, through the Ministry of Health, operates the National Healthcare Security Program (*Program Jaminan Kesehatan Nasional/JKN*)<sup>5</sup>.

This program is established by BPJS (*Badan Penyelenggara Jaminan Sosial/Social Security Administering Body*) Health, which is a body formed based on the Constitution No. 24 year 2011 regarding the *Badan Penyelenggara Jaminan Sosial/Social Security Administering Body* as mandated in the Constitution No. 40 year 2004 regarding the National Social Security System (*Sistem Jaminan Sosial Nasional/SJSN*). This JKN (*Jaminan Kesehatan Nasional/National Healthcare Security*) becomes the government's effort to protect the grassroots which have had difficulties in receiving

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<sup>4</sup> Umer Capra, *Al-Qur'an Menuju Sistem Moneter Yang Adil*, Yogyakarta: PT Dana Bakti Prima Yasa, 1997, hlm 57, dalam Didi Sukardi, *Pengelolaan Dana Badan Penyelenggara Jaminan Sosial (Bpjs) Kesehatan Dalam Perspektif Hukum Islam*, Mahkamah: Jurnal Kajian Hukum Islam, Vol. 1, No. 1, Juni 2016, hlm. 97.

<sup>5</sup> Arief Budiono, Absori, Ayesha Hendriana N dan Heru Santoso Wahito Nugroho, Pseudo National Security System of Health in Indonesia. *Indian Journal of Public Health Research and Development*. Volume 9. No. 10, 2016, Page 556

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healthcare services<sup>6</sup>. This service is in the model of cross subsidy, and its execution is the responsibility of the state.

For the establishment of the healthcare social security, to obtain it, the society must be registered as BPJS participants. The registering process may be done by coming directly to the office of BPJS Health or by registering online. After having fulfilled the registration documents, the registered persons or institutions will have a Virtual Account. The first contribution fee can be paid 14 work days since the formation of that Virtual Account. After the participant has payed the contribution fee for the first time, thus the participant may use and enjoy the healthcare service benefits. They may access first class and advanced level healthcare facilities.<sup>7</sup> This developed system is tiered based on the classes and the amount of contribution fees paid.

## B. Research Method

A research is a scientific activity which is related to analysis and construction, which is done methodologically, systematically, and consistently.<sup>8</sup> According to Robert Bogdan and Steven J. Taylor, (1975), methodology is:<sup>9</sup>

*“.....the process, principles, and procedures by which we approach problems and seek answers. In the social sciences the term applies to how one conduct research”*

Substantially, the method in a research is crucial to achieve validity. Because of that, in this research, which discusses the National Healthcare Security Service System of BPJS in Tangerang Regency, uses the normative-juridical method through literature review. Through the use of this method, it is hoped that the writer may obtain abundant information and wholistic data.

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<sup>6</sup> Didi Sukardi, *Ibid.*,

<sup>7</sup> Muhammad Irvan Nur Iva, *Implementasi Kebijakan Jaminan Kesehatan Nasional Melalui Badan Penyelenggara Jaminan Sosial (Bpjs) Kesehatan Di Kota Makassar*, [JAKPP, Jurnal Analisis kebijakan dan Pelayanan Publik, Volume 1 Number 2, Desember 2015](#).

<sup>8</sup> Soerjono Soekanto, *Pengantar Penelitian Hukum*, Jakarta: UI Press, 1981, hlm. 42.

<sup>9</sup> Soerjono Soekanto, *Ibid.*, hlm. 46.

## **C. RESULTS AND DISCUSSION**

### **a. The System of Healthcare Service for BPJS Participants in Tangerang Regency**

A state is an instrument which may give protection for each and every one of its citizens through a system built by itself. Economic gaps tend to produce problems such as poverty and social gaps. Both of them are central issues in social policies and welfare development. Poverty and social gaps are multidimensional problems, and each country has their own different systems, strategies, and approaches in handling them. Because of that, the state has a position as the regeling. The establisher of the regeling must be able to give protection for its citizens.

In the dimension of governmental responsibility, the social welfare is the right of everyone, and its fulfillment is protected by the constitution and the constitutional regulations which apply. Its establishment is especially related to the government's efforts in eliminating poverty, which is done progressively according to the abilities of the state, of private sectors, and of the society in funding it. One of the methods in social security payment is by involving the participants themselves, through the obligation to pay for the contribution fees, which is called social insurance.

The definition of social security is broader than that of social insurance. Social security consists of both social insurance and other social securities which do not apply the insurance method in it. Thus, social insurance is a method of establishing social security. The amount of compensation determined by the constitutional regulations are based on the social adequacy. Specifically regarding the social security in health or health social insurance, further regulations are stated in Article 19 paragraph (2) UUSJSN (Constitution on the National Social Security System) which states that the healthcare security is established with the aim of protecting the participants, so that they may receive benefits of healthcare and protection in fulfilling the basic health needs. It is then stated that its establishment is done with the principles of insurance and equity.

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If the society wishes to receive healthcare services, BPJS Health has applied a tiered referral system for healthcare services for the participants of the National Healthcare Security. If the people wishes to obtain healthcare services, they must first of all visit the first-level healthcare facilities. If they require further care, thus they will be referred to the advanced-level healthcare facilities. In emergency situations, it is possible to obtain immediate healthcare services in a referral advanced-level healthcare facility (Hospitals). Because of that, the participation and the contribution fee payment from the society encourages the establishment of the social healthcare security system which is initiated by the government.

The increase of the society's welfare is the essence of national development. The society's welfare level reflects the living quality of a family. A family with higher level of welfare means that they have better quality of living, thus in the end, that family will be able to create better conditions to increase their welfare<sup>10</sup>. If we reflect on the Indonesian health policy achievements in the past, Indonesia is included in one of the first group of countries, and are seen to be successful in executing the global health policies.<sup>11</sup>

The development of the social security system in Indonesia has developed significantly. This started with the pattern of the social security system, built by the government, by involving all stakeholders and the formation of the basic instruments in the execution of the social security system in Indonesia<sup>12</sup>. To strengthen the social security system, thus there exist several basic principles of JKN BPJS (*Jaminan Kesehatan Nasional Badan Penyelenggara Jaminan Sosial*/National Healthcare Security, Social Security Administering Body).

The mentioned principles are the mutual cooperation principle, the non-profit principle, the portability principle, the obligatory participation principle, the mandated budget principle, and the management results

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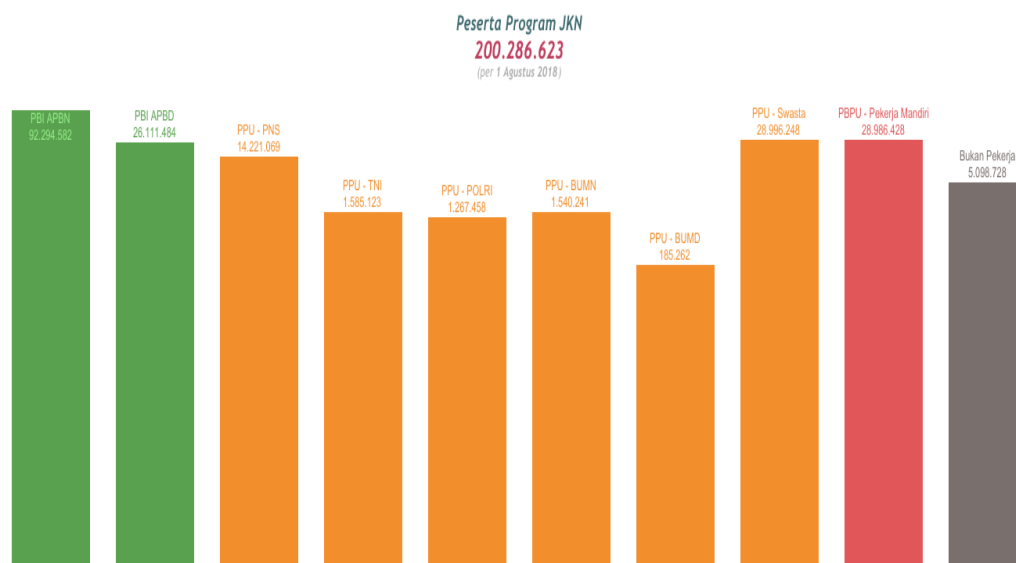
<sup>10</sup> Rosni, *Analisis Tingkat Kesejahteraan Masyarakat Nelayan Di Desa Dahari Selebar Kecamatan Talawi Kabupaten Batubara*, Jurnal Geografi Vol 9 No. 1 – 2017, hlm. 53.

<sup>11</sup> Ibid., hlm. 368.

<sup>12</sup> Hlm. 367-368.

principle. The National Healthcare Security Budget in the Constitution is a result of dividends from the stakeholders which are given back for the interest of the social security participants.<sup>13</sup>

Apart from that, for the sake of establishing the social security system, there must be categorization of the social security participants. For example, for independent participants of the social security, they must pay an obligatory fee for their participation. This has certainly been promised in the clausals made by many parties, which includes BPJS as an institution and the person who participated in the security system with independent contribution fees.<sup>14</sup> Generally, the number of BPJS participants in Indonesia on 2018 are as follows:



Source: BPJS Health, August 2018

<sup>13</sup> Undang-Undang Republik Indonesia Nomor 40 Tahun 2004 Tentang Sistem Jaminan Sosial Nasional.

<sup>14</sup> Dalam buku ke III B.W. berjudul “Prihal Perikatan” perkataan perikatan (Verbinteniss) mempunyai arti yang lebih luas dari perikatan “Perjanjian” sebab dalam Buku Ke III itu, datur juga hubungan hukum yang sama sekali tidak bersumber pada suatu persetujuan atau perjanjian, yaitu perihal perikatan yang timbul dari perbuatan yang melanggar hukum (onrechtmatige daad) dan prihal perikatan yang timbul dari pengurusan kepentingan yang tidak berdasarkan persetujuan (zaakwaarneming). Adapaun yang dimaksud perikatan oleh Buku Ke III B.W. ialah: suatu hubungan hukum antara dua orang yang memberi hak pada yang satu untuk menuntut barang suatu dari dari yang lainnya. Lihat Subekti, *Pokok-Pokok Hukum Perdata*, Bandung: Penerbit PT. Intermasa, 1982, hlm. 122-123.

One of the things which become the focus of the regional government and the BPJS in Tangerang Regency in giving social security for people of the Tangerang Regency is by starting a healthcare social security system. Based on the accumulative sum, the management of BPJS in Tangerang Regency was specially done by the BPJS office of Tangerang Regency on year 2018, with the recapitulation as follows:

Rekapitulasi Kepesertaan by Data TIGABAKSA  
7 September 2018

TIGABAKSA									
KAB. TANGERANG									
LAIN- LAIN LIAR N.									
Grand Total									
PBI									
PBI APBN									
1 AMR	2 Proses	3	4 Proses	1 AMR	8	949.945			
107.571	Adm	Non-Adm	Musi						
949.937									
PBI APBD									
107.571									
107.571									
Total									
107.571									
PBI-ES ASSES									
65.931	4.327		491	10	70.759				
PBI-TIN									
6.856	232		28		7.116				
PBI-POLRI									
5.933	243		24		6.200				
PBI-ELMD									
44	1				45				
PBI-Swasta									
640.930	9.921	5.046	62.431		718.328				
PBI-WMA									
1.621	3	35	331		1.990				
PBI-WMA									
246.051		212.167	2.150		460.438				
PBI-WMA									
100		10	36		146				
PBI-PP Pemerintah									
15.781	756		80		16.617				
PBI-Veteran									
1.470	27		1		1.498				
PBI-Pemris Kemerdekaan									
62	5				67				
PBI-PP Swasta									
21		11			32				
PBI-Bulan Penerima Lainnya									
2.528	1.579		10		4.117				
Total									
989.328	15.515	218.868	65.630	10	1.209.351				
2.046.836	15.515	218.868	72.754	18	2.354.021				
Grand Total									

Source: BPJS Office of Tangerang Regency, September 2018

Generally, the execution of BPJS, related to the contribution fees, are divided into three parts, which are PBI APBN (*Penerima Bantuan Iuran Anggaran Pendapatan dan Belanja Negara*/Contribution Fee Aid Receiver of the State Budget) and Non-PBI (Non-Receiver of the Contribution Fee Aid), basically, based on the data, there are 949.937 participants of PBI APBN, 107.571 participants of PBI APBD (*Penerima Bantuan Iuran Anggaran Pendapatan dan Belanja Daerah*/Contribution Fee Aid Receiver of the Regional Budget) in Tangerang Regency. For Non-PBI, there are 989.328 participants. Generally, people who are included as Non-PBI are independent participants, the government



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and the private sectors. There are 218.868 inactive Non-PBI participants, which means that 20% of the Non-PBI participants are inactive in Tangerang Regency. Based on the BPJS Health Regulation No. 2 year 2015 regarding the Determination Norms of the Capitation Amount and the Capitation Payment based on the Commitment Service Fulfillment towards the First-Level Health Facilities, the Determination Norms of the Capitation Tariff, BPJS Health undergoes payment to the FKTP as a pre-effort based on the capitation of the participants' amount as registered in the FKTP. The Capitation Tariff Rate as mentioned in paragraph (1) is paid to the FKTP in a certain area as determined by the agreement of the BPJS Health and the Healthcare Facility Association in the local area by referring to the standard capitation tariff as determined by the Ministry of Health. The standard of the capitation tariffs are as follows: <sup>15</sup>

- a. community health centers or Puskesmas (*Pusat Kesehatan Masyarakat*) or health facilities which are equal to Rp.3.000,00 (three thousand rupiah) until Rp.6.000,00 (six thousand rupiah);
- b. D pratama-class hospitals, pratama clinics, doctor's practice, or other health facilities which are equal to Rp.8.000,00 (eight thousand rupiah) until Rp.10.000,00 (ten thousand rupiah);
- c. singular dentist's practice, as much as Rp.2.000,00 (two thousand rupiah); and
- d. the BPJS Health and the Public Health Office determine the magnitude of capitation for all FKTP based on the selection and the credentialing with the consideration of: <sup>16</sup>
  1. human resources;
  2. complete facilities and infrastructure;
  3. the scope of service; and
  4. the commitment of service.

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<sup>15</sup> Lihat Pasal 4 Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 2 Tahun 2015 Tentang Norma Penetapan Besaran Kapitasi Dan Pembayaran Kapitasi Berbasis Pemenuhan Komitmen Pelayanan Pada Fasilitas Kesehatan Tingkat Pertama, Norma Penetapan Besaran Tariff Kapitasi.

<sup>16</sup> *Ibid.*,

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In giving services, one of the things which is given attention is consideration of human resources, which consist of:

- a. the availability of doctors based on the comparison ratio between the doctors and the number of participants registered; and
- b. the availability of dentists, nurses, midwives, including the midwife network and administration staff.

Then, the consideration of the completeness of facilities and infrastructure consist of: a. the completeness of the FKTP facilities and infrastructure needed to give service; and b. the time of service at FKTP. Considerations of the scope of service consist of: a. first-level outpatient services according to the constitutional regulations; b. medicinal service; and c. first-level laboratory service.

Part Two. The Norms of the Capitation Tariff Amount Determination for Community Health Center (*Puskesmas*) or Similar Health Facilities

The provision of health services, Community Health Center (*Puskesmas*) or similar health facilities which work together with BPJS Health must fulfill the following requirements<sup>17</sup>. meanwhile, healthcare services which are maximum by the government, thys the capitation fee payment are as follows:

- a. *Puskesmas* (Community health centers) or the similar health facilities which fulfill the requirements will receive payments with the amount of capitation tariffs based on the number of doctors, the ratio of the doctors and the amount of participants, the availability of dentists, and the time of service. Apart from that, *Puskesmas* or other similar healthcare facilities will receive capitation as much as Rp.3.000,00 (three thousand rupiah) if there are no doctors available, no dentists available, and if the duration of service is less 24 hours in a day.

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<sup>17</sup> Lihat Pasal 5 Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 2 Tahun 2015 Tentang Norma Penetapan Besaran Kapitasi Dan Pembayaran Kapitasi Berbasis Pemenuhan Komitmen Pelayanan Pada Fasilitas Kesehatan Tingkat Pertama , Norma Penetapan Besaran Tariff Kapitasi.

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b. The payment of *Puskesmas* or other similar health facilities receives capitation as much as Rp.3.250,00 (three thousand two hundred and fifty rupiah) if: <sup>18</sup>

1. there are no doctors available, having at least one dentist, and the duration of service is less than 24 (twenty-four) hours in a day;
2. having one doctor, having or not having a dentist, and the service hours is less than 24 hours in a day; or c. having two doctors, with the ratio of one doctor compared to at least 5,001 (five thousand and one) participants, having or not having a dentist, and opening service hours for less than 24 (twenty-four) hours a day.

b. *Puskesmas* or equal health facilities receives capitation as much as Rp.3.500,00 (three thousand five hundred rupiah) if: <sup>19</sup>

1. Having 2 (two) doctors, with the comparison ratio of 1 (one) doctor compared to the maximum of 5,000 (five thousand participants, having or not having a dentist, and opening service hours less than 24 hours a day;
2. Having at least 3 (three) doctors, having or not having a dentist, and opening service hours of less than 24 (twenty-four) hours a day ;
3. Having 1 (one) doctors with the comparison of 1 (one) doctor compared to at least 5,001 (five thousand and one) participants, having or not having a dentist, and opening service hours of 24 (twenty four) hours a day ; or
4. Having 2 (two) doctors with the comparison ratio of 1 (one) doctor compared to at least 15,001 (fifteen thousand and one) participants, having or not having a dentist, and having the service hours for 24 (twenty-four hours) everyday.

c. *Puskesmas* or other similar health facilities will receive a capitation of as much as Rp.4.500,00 (four thousand five hundred) if: <sup>20</sup>

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<sup>18</sup> Lihat Pasal 7 Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 2 Tahun 2015 Tentang Norma Penetapan Besaran Kapitasi Dan Pembayaran Kapitasi Berbasis Pemenuhan Komitmen Pelayanan Pada Fasilitas Kesehatan Tingkat Pertama , Norma Penetapan Besaran Tariff Kapitasi.

<sup>19</sup> Lihat Pasal 9 Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 2 Tahun 2015 Tentang Norma Penetapan Besaran Kapitasi Dan Pembayaran Kapitasi Berbasis Pemenuhan Komitmen Pelayanan Pada Fasilitas Kesehatan Tingkat Pertama , Norma Penetapan Besaran Tariff Kapitasi.

<sup>20</sup> Lihat Pasal 11, Ibid.,

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1. Having 2 (two) doctors with the comparison of 1 (one) doctor compared to the maximum of 5,000 (five thousand) participants, having or not having a dentist, and having the service hours opened for 24 (twenty-four) hours each day;
  2. Having at least 3 (three) doctors, with the comparison of 1 (one) doctor compared to at least 5,001 (five thousand and one) until the maximum of 15,000 (fifteen thousand) participants, not having a dentist, and having the service hours opened for 24 (twenty-four) hours each day; or,
  3. Having at least three doctors, with the comparison of 1 (one) doctor compared to at least 15,001 (fifteen thousand and one) until the maximum of 20,000 (twenty thousand) participants, having at least 1 (one) dentist, and opening the service hours for 24 (twenty-four) hours each day.
- d. *Puskesmas* or similar health facilities will receive a capitation as much as Rp.5.000,00 (five thousand rupiah) if:<sup>21</sup>
1. Having at least 3 (three) doctors with the comparison ratio of 1 (one) doctor compared to the maximum of 5,000 (five thousand) participants, not having a dentist, and having the service hours opened for 24 (twenty-four) hours each day; or
  2. Having at least 3 (three) doctors with the comparison of 1 (one) doctor compared to at least 5,001 (five thousand and one) until the maximum of 15,000 (fifteen thousand) participants, having at least 1 (one) dentist, and having the service hours opened for 24 (twenty-four) hours each day.
- BPJS Health, including that which is applied in Tangerang undergoes healthcare service payment based on the INA CBG and the non-INA CBG tariff to FKRTL. The INA CBG tariff above is charged to the FKRTL which undergoes:
- a. Advanced-level outpatient; or
  - b. Advanced-level inpatient (3) The Non-INA CBG tariff is charged to the FKRTL.
- a. medicine for chronic diseases and chemotherapy medicine;
  - b. health aids which include:

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<sup>21</sup> Lihat Pasal 12, *Ibid.*,

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1. glasses;
  2. hearing aid;
  3. motion prosthesis
  4. teeth prosthesis;
  5. spine corset;
  6. neck collar; and
  7. crutch;
- c. the ambulance service which are given are:
1. transfer to Secondary Referral Health Facilities;
  2. from the secondary health facility to the tertiary health facility;
  3. transfer from the secondary health facility and the tertiary health facility;
- or
4. rereferral to a lower-type health facility.
- e. Continuous Ambulatory Peritoneal Dialysis (CAPD).

In addition, based on Article 24 (1), on the Social Security Administering Body Regulation Number 3 Year 2017 Regarding Administrative Management of Health Facility Claims in the Implementation of National Health Insurance, that Health Facilities submit a collective and a complete claim to BPJS no later than the 10<sup>th</sup> (tenth) of the following month, if the 10<sup>th</sup> falls on the day off, then the said claim can be submitted on the next working day. If there is a lack of completeness of the claim file, the BPJS Health would return the claim to the Health Facility to be completed by attaching Claim Return Official Record. The returned claim can be re-submitted by the Health Facility on the following month.

BPJS Health participants in Tangerang Regency are divided into two groups, Contribution Beneficiary Participants (*Peserta Penerima Bantuan Iuran/PBI*) and Contribution Non-Beneficiary Participants (*Peserta Bukan Penerima Bantuan Iuran/Non-PBI*), as follows :

A. Participation in PBI (Perpres No. 101 Year 2011)

a. PBI Participant Criteria, as follows:

- PBI Health Insurance includes the people who are classified as poor.

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- The Poor Criteria is determined by ministers of the social sector after coordinating with ministers and/or the leader of relevant agencies.
  - The Poor Criteria as intended become the basis for institutions which administer government affairs in the field of statistics to implement data collection.
  - The Poor Data which has been verified and validated as intended, before being stipulated as integrated data by the Minister in the social sector, has been coordinated beforehand with the minister who organizes governmental affairs in the financial sector and minister and/or leader of the relevant institutions.
  - The integrated data stipulated by the Minister is specified by the province and the regency/city.
  - The integrated data becomes the basis on determining the national number of PBI Health insurance.
  - The integrated data as intended, submitted by the Minister in the social field to the minister who administers government affairs in the health section and DJSN.
4. Change in PBI Participant Data, as follows:
- Elimination of data on the poor listed as PBI Health Insurance as no longer meet the criteria
  - Addition of data of the Poor to be classify as PBI Health Insurance as they meet the Poor criteria
  - Verification and validation regarding the change of PBI Health Insurance data is proceeded each 6 (six) months within the current fiscal year.
  - Residents who are no longer classified as the Poor, are obliged to be the participant of Health Insurance by paying contributions.

**B. Contribution Non-Beneficiary Participants (Non-PBI)**

Non-PBI Health Insurance participants are the participants who are not classified as poor which includes (according to Perpres No 12 Year 2013):

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a. Wage Recipient Workers and their family members, 2. Non-Wage Recipient Workers and their family members, includes workers with no work relation and self-employed workers.

3. Non-Worker and their family.

a. Investor;

b. Employer;

c. Pension Recipients;

d. Veteran;

e. Pioneer of Independence; and

f. Non-Worker who are not classified from a to e who are capable to pay contributions.

#### **D. Conclusion**

Based on the discussion above, we may conclude:

1. In order to provide services for BPJS participants in Tangerang Regency, by applying law standards as follows: 1. Law No. 40 Year 2004 regarding the National Social Security System (*Sistem Jaminan Sosial Nasional/SJSN*); 2. Law No. 24 Year 2011 regarding Social Security Administering Body; 3. Government Regulation No. 101 Year 2012 regarding Contribution Beneficiary Health Insurance Recipient; 4. Presidential Regulation No. 12 Year 2013 regarding Health Insurance; 5. Presidential Regulation No. 111 Year 2013 regarding Presidential Regulation Amendment Number 12 Year 2013 regarding Health Insurance; 6. BPJS Health Regulation No. 1 Year 2013 regarding the Implementation of Health Insurances; 7. Circular Letter of the Ministry of Health of the Republic of Indonesia No. HK/Menkes/31/I/2014 regarding the Implementation of Health Service Tariff Standards at First and Advanced Levels Health Facilities in the Implementation of Health Insurance; and 8. Circular Letter of the Minister of Health of the Republic of Indonesia No. HK/Menkes/32/I/2014 regarding the Implementation of Health Service at First and Advanced Levels Health Facilities in the Implementation of Health Insurance Programs.

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