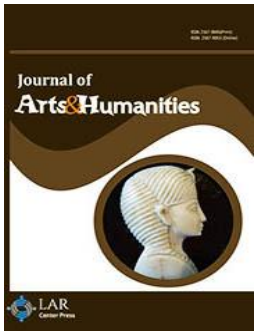

Journal of Arts & Humanities

Volume 09, Issue 01, 2020: 28-38
Article Received: 18-11-2019
Accepted: 21-12-2019
Available Online: 21-01-2020
ISSN: 2167-9045 (Print), 2167-9053 (Online)
DOI: http://dx.doi.org/10.18533/journal.v9i1.1799

Private Business Practices of Social Security Organizing Agency (BPJS) Health from the Perspective of Law Number 40 of 2004 Concerning National Social Security System

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ABSTRACT

Business Practices of the Social Security Organizing Agency (BPJS) in the Health Sector from the Perspective of Law Number 40 of 2004 Concerning the National Social Security System in improving public welfare is very important. This can be seen from the implementation of the Law on the National Social Security System (SJSN Law) and Law on Social Security Organizing Body (UU BPJS) both by the government and the community in general. This study used the juridical normative research method, which is based on theory and practice analysis. Findings reveal the government, among others, has made implementing regulations of the two laws mentioned above and has also continuously carried out all the laws and regulations. From the application of the two laws, there was an increase in the number of participants of the National Social Security System conducted by the Social Security Organizing Agency in 2015. Based on the data, it can be said that the government was successful in the implementation of the national social security system in realizing community welfare.

Keywords: Private Business Practices, Social Security Organizing Agency of Health, National Social Security System.

1. Introduction

The implementation of Social Security has been going on for a long time. However, the scope of implementation is still very low, and the services are limited and not integrated. The scope of its management has only been limited to formal workers with management institutions that are still partial, and the benefits are still limited to date. For example, health insurance coverage is still around 48 percent, with details of 18.7 percent health insurance for Civil Servants (PNS), TNI/POLRI workers in the formal sector, and private insurance for the able population and 29.3 percent of public health insurance or Jamkesmas. Jamkesmas' coverage for the poor continues to increase; this program has also increased the access to health services both at the Puskesmas and hospitals for the poor. However, this program has not been able to fully improve the health status of the poor, especially for those who live in remote areas.

Business Practices of the Social Security Organizing Agency (BPJS) from the Perspective of Law Number 40 of 2004 Concerning the National Social Security System in improving the welfare of the community are necessary to be discussed because the national social security system is a state program aimed at providing certainty of social protection and welfare for all people. In order to realize the goals of the national social security system, it is essential to establish an organizing body in the form of a legal entity based on the principles of mutual cooperation, non-profit, openness, prudence, accountability, portability, and mandatory participation.

Because of the importance of the National Social Security System, the concern is regulated in the Indonesian Constitution where in Article 34 Paragraph (2-4) of the 1945 Constitution. It is explained that "(2) the state develops a social security system for all people and empowers people who are weak and unable to comply with dignity humanity. (3) The State is responsible for the provision of adequate health service facilities and public service facilities. (4) Further provisions regarding the implementation of this article are regulated in the law.[1] Social security is also guaranteed in the United Nations Declaration on Human Rights of 1948 and is affirmed in ILO Convention No. 102/1952, which encourages all States to provide minimum protection for each workforce."[2]

In accordance with Law Number 40 of 2004 Concerning the National Social Security System, the government is obliged to provide comprehensive social security and develop the implementation of the Social Security System for the whole community. The benefits of the National social security program are quite comprehensive. According to Article 18 of Law Number 40 of 2004, the types of social security programs include health insurance, work accident insurance, old-age insurance, pension insurance and death insurance. The National Social Security System Act is expected to be a broad legal umbrella from the implementation of social security in Indonesia after the process of formation and discussion involved various elements of society. Article 1 paragraph (2) of Law Number 40 of 2004 Concerning the National Social Security System states that the National Social Security System is a procedure for the implementation of social security programs by several social security organizing bodies.

Social security is one of the nation's programs based on social security law aimed at the prevention and reduction of poverty. Therefore, in implementing social security, funding from various sources, such as the workforce, the community, employers and the government is needed. Social security is the main pillar of social protection for all citizens against socio-economic events that can ultimately lead to the loss of part or all of income. In a more specific sense, events to be faced by the community include illness/childbirth, work-related accidents, premature death, termination of employment and retirement. The five events are pure risks that will be experienced sooner or later by each workforce while social security for the wider community in the sense of outside labor includes illness/childbirth, premature death, and old age. For every worker who experiences the event, they can temporarily lose their income and even lose their jobs.[3]

The SJSN aims to fulfill the principle of justice in accordance with the nine SJSN principles, namely mutual cooperation, non-profit, transparency, conservative management, accountability, portability, mandatory membership, mandatory funds and investment fund results. These principles are used as much as possible for the interests of participants (Article 4 of the SJSN Law). Then Article 5 (1) of the SJSN Law mandates that the BPJS be formed by law. With the enactment of Law No. 24/20122 on the Social Security Organizing Agency which regulates changes in the form of legal entities as public legal entities, the procedures for administering the National Social Security System, participant fund

[1] Article 34 Paragraph (2-4) of the 1945 Constitution of the Republic of Indonesia.

[2] Widodo suryandono, et.al., laporan akhir tim analisis dan evaluasi undang-undang nomor 40 tahun 2004 tentang sistem jaminan sosial nasional, pusat perencanaan pembangunan hukum nasional badan pembinaan hukum nasional kementerian hukum dan hak asasi manusia ri 2011 [final report of analysis and evaluation team on law number 40 of 2004 concerning national social security system, national legal development planning, national board of legal development, ministry of law and human rights of the republic of indonesia 2011], p. 1.

[3] b. purwoko, implementasi uu no 24/2011 tentang badan penyelenggara jaminan sosial (bpjs) dalam perspektif manajemen pengawasan eksternal [implementation of law number 20 of 2011 concerning national social security (bpjs) from the perspective of external supervision management], A Paper Discussing the Operationalization of Social Insurance Administration Organization (BPJS) from the Perspective of Supervision of National Security Council (DJSN); a paper presented in Forum Komunikasi Sistem Jaminan Sosial tentang UU Badan Penyelenggara Jaminan Sosial (BPJS) No 24/2012 organized by DJSN in cooperation with Faculty of Social Sciences and Politics, Unas, Hotel Kawanua Aerotel, Jakarta, 25 April 2012, p. 1.

management and the authority of the Social Security Administering Bodies that can act legally against companies or communities that do not comply the SJSN Law.[4]

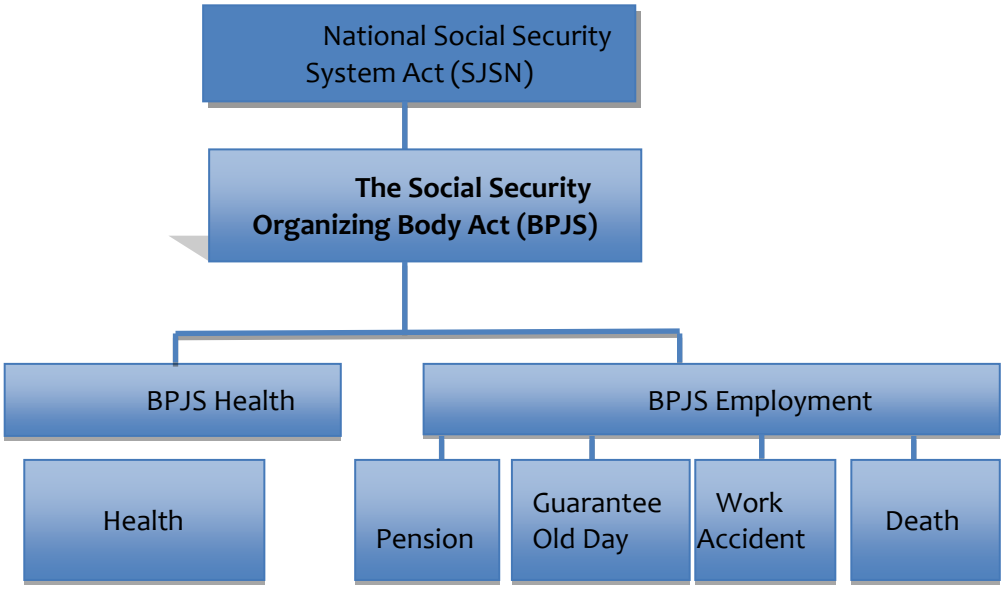
Why have the SJSN programs not been implemented yet? This is because the implementation of the BPJS Law is still needed follow-up PP and Perpres and is expected to be completed by the end of 2013. As a result, the implementation of the operationalization of the National Social Security System starts on January 1, 2014, to expand the universal membership of health insurance by the Health BPJS. Then, BPJS Employment began operating on July 1, 2015. The SJSN Law regulates mandatory membership, social security programs, recipients of contribution assistance for the poor, BPJS and the social security council (DJSN). The SJSN aims to fulfill the principle of justice in accordance with the nine SJSN principles, namely mutual cooperation, non-profit, transparency, conservative management, accountability, portability, mandatory membership, mandatory funds and investment fund results which are used as much as possible for the interests of participants (Article 4 of the SJSN Law). On top of that, Article 5 (1) of the SJSN Law mandates that the BPJS be formed with the enactment of the BPJS Law, then the two State-Owned Enterprises, namely PT Jamsostek and PT Askes will be transformed into BPJS in the form of public legal entities without liquidation as of 1 January 2014. Furthermore PT Taspen and PT Asabri remain as a state-owned enterprise but no longer carry out basic social security.[5]

To fulfill the good governance of the implementation of social security, the implementation of the National Social Security System and the governing body should implement the Social Security Law so the system is not justified in the Social Security Act, while the governing body is based on law outside social security. The government is obliged to implement social security as mandated in Articles 28-H and 34 Paragraph 2 of the 1945 Constitution. The implementation of the social security system associated with Law No. 19/2003 on SOEs and Law No. 40/2007 concerning Limited Liability Companies is a violation of Article 5 (1) SJSN Law.[6]

President Susilo Bambang Yudhoyono officially launched the Social Security Organizing Agency (BPJS) in the field of health and employment as well as the National Health Insurance Program (JKN) at Istana Bogor, Tuesday (12/31/2013). In his remarks, the President said that the BPJS, which took effect on January 1, 2014, is an important step for the government to provide better health services especially for the grassroots. "Through this BPJS health and BPJS employment, I do not want to hear that there are unprotected workers. I also do not want to hear reports that people are less able to be rejected by hospitals and cannot seek treatment for financial reasons," said the President. The President was accompanied by First Lady Ani Yudhoyono, Vice President Boediono along with his wife, and Coordinating Minister for People's Welfare, Agung Laksono. Some ministers of Kabinet Indonesia Bersatu II, including Coordinating Minister Hatta Rajasa, Coordinating Minister for Politics, Law and Security Djoko Suyanto, Minister of Health Nafsiah Mboi, Minister of Home Affairs Gamawan Fauzi, Minister of Law and Human Rights Amir Syamsuddin, Minister of State Secretary Sudi Sudi Silalahi, and Minister of BUMN Dahlan Iskan were also present during the inauguration. The government, according to the President, guarantees poor people get health protection. The poor, he said, could be treated and treated for free at puskesmas (community health centers) and hospitals. "Once again I emphasize, the poor are free to seek treatment and guaranteed BPJS," continued the President. The government will cover the insurance costs for the poor and vulnerable population of around 86.4 million. To that end, the government has allocated Rp 19.93 trillion in the 2014 State Budget. It is expected that BPJS health will be able to fulfill the rights of all Indonesians in terms of accessing healthcare services. At present, around 121 million citizens or around 48 percent of the total population of Indonesia have registered as BPJS participants. The details are 86.4 million Jamkesmas recipients; 11 million for regional health insurance; 16 million Askes (a specific health insurance program) participants; 7 million Social Security participants; and 1.2 million participants from the TNI and Polri elements. "God willing, in the second stage, no later than January 1, 2019, all Indonesian people have become BPJS health participants," said the President. The symbolic launch of the BPJS and JKN was done by pressing the siren button by the President accompanied by Boediono and Agung Laksono. In addition, the Minister of Health gave JKN cards symbolically to the President, First Lady, Vice President, and his wife.[7]

[4] B. Purwoko, Ibid. p. 2.
[5] Ibid.
[6] Ibid. p. 2-3.
[7] Public Relations of BPJS, Presiden: Saya Tak Mau Dengar RS Tolak Rakyat Miskin, Wednesday, 01 January 2014.

The new social protection program will cover all Indonesians, including formal and informal sector workers, with five benefits, namely health, retirement, old-age insurance, life insurance and work accident insurance, as well as providing the same benefits for everyone. The BPJS Law requires the establishment of the Health BPJS and the Employment BPJS by transforming the current organizers, PT Askes and PT Jamsostek, from state-owned enterprises (SOEs) into public legal entities.[8]



Source: Processed under the SJSN Law and BPJS Law. See also The World Bank (World Bank, Bappenas, Australian Aid)

2. Formulation of the problem

Based on the background above, the formulation of the problems in this study are as follows:

1. How is the Business Practices of SOCIAL SECURITY IN IMPROVING COMMUNITY WELFARE?
2. WHAT ARE THE OBSTACLES DURING THE IMPLEMENTATION OF SOCIAL SECURITY TO IMPROVE COMMUNITY WELFARE?
3. Efforts must be made so that the Social Security Organizing Body can improve the welfare of the community.

3. Research methods

Approach Method. The approach method used in this problem-solving analysis is comprehensive, integral, holistic, and systematic to investigate various facts or facts relating to the implementation of the law or law enforcement of the Social Security Organizing Agency (BPJS) in Indonesia based on Law No. 24 of 2011. More specifically, the method used in this study was the normative legal research method. According to Soerjono Soekanto and Sri Mamuji, "normative legal research is legal research carried out by examining mere literature or secondary data. Normative legal research includes research on the principles of law, research on systematic law, research on vertical and horizontal synchronization, comparison of law, and history of law ".[9]

Data collection technique. In this research, data collection techniques encompassed: a. the observation technique conducted by directly observing the laws and regulations concerning the Social Security Organizing Agency (BPJS). b. The literature technique was to collect data from books or written material relevant to this research.

[8] The World Bank, Bappenas (National Development Planning Agency), Australian Aid, Catatan Kebijakan SJSN, IMPLIKASI PROGRAM DAN KEBIJAKAN [Policy Note of National Social Security System, IMPLICATIONS OF THE PROGRAM AND POLICY], Pelaksanaan BPJS Ketenagakerjaan, May, 2012, p. 1.

[9] Soerjono Soekanto and Sri Mamuji, *Normative Law Research*, Jakarta: Rajawali, 1985, p. 15.

Data analysis method. In this study, the data were analyzed using descriptive methods, in which the data are collected, compiled, interpreted, and analyzed to provide a complete description of the problems encountered. The study was also conducted using the comparative method. This was to compare the existing theories with the practices found in the community and draw conclusions. The final step used in analyzing data was to display the results of comparisons that have been made.

Data source. The material used to conduct normative legal research is from literature or secondary data, which includes primary, secondary and tertiary law.

a. Primary Legal Material consists of laws and regulations relating to the Social Security Organizing Agency (BPJS), including Law No. 24 of 2011;

b. Secondary Legal Material, namely materials in the form of books about the Social Security Organizing Agency (BPJS), as well as other writings relating to the research of the Social Security Organizing Agency (BPJS);

c. Tertiary Legal Materials, namely materials in the form of a legal dictionary (dictionary of law), encyclopedias, the internet and other materials that explain primary legal materials and secondary legal materials above.

4. Research result

4.1 Business practices for organizing social security in the health sector in 2015

Provided in the following figures are the practices of the implementation of Social Security in the Health Sector carried out by BPJS Health in 2015.

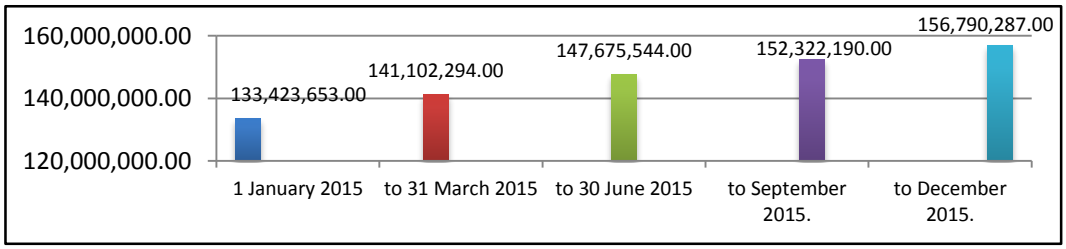


Figure 1. Number of Participants in the 2015 Social Security Program in Health
Source: Processed from BPJS Health, 2015 Program Management Report & 2015 Financial Report (Audited)

Figure 1 shows that the number of participants in the 2015 Social Security Program on January 1, 2015, totaled 133,423,653, while on 31 December 2015 it increased to 156,790,287.

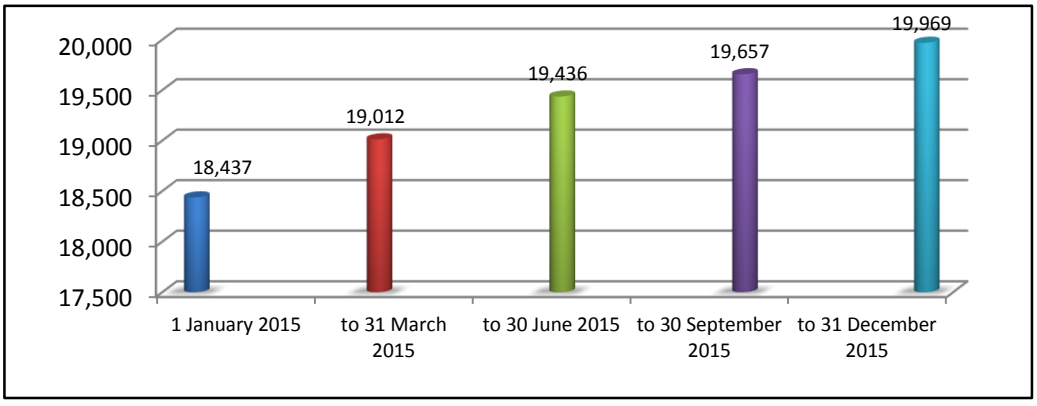


Figure 2. Number of First-Level Health Facilities
Source: Processed from BPJS Health, 2015 Program Management Report & 2015 Financial Report (Audited)

Figure 2 shows that the Number of First-Level Health Facilities on January 1, 2015 was 18,437, while on December 31, 2015 it increased to 19,969.

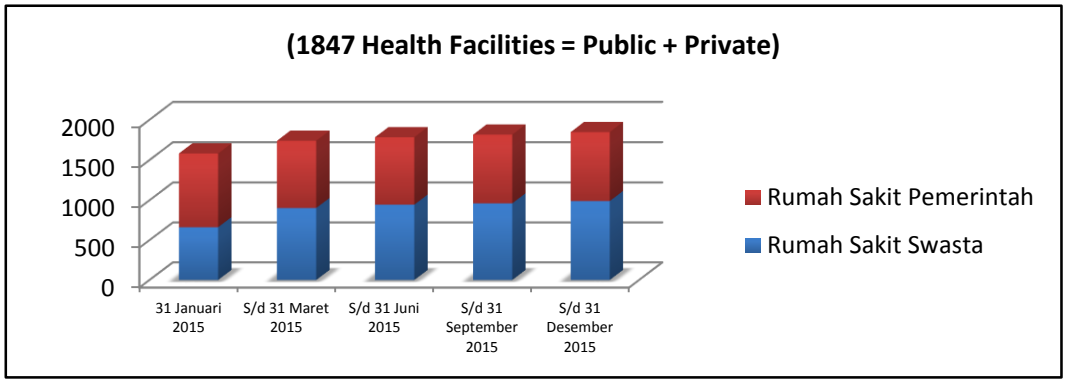


Figure 3. Number of Advanced Referral Health Facilities. Source: Processed from BPJS Health, 2015 Program Management Report & 2015 Financial Report (Audited)

Description:

Rumah Sakit Pemerintah : Public Hospital

Rumah Sakit Swasta : Private Hospital

Figure 3 shows that the Number of Advanced Referral Health Facilities as of 1 January 2015 was 1581, while on 31 D ecember 2015 it increased to 1847.

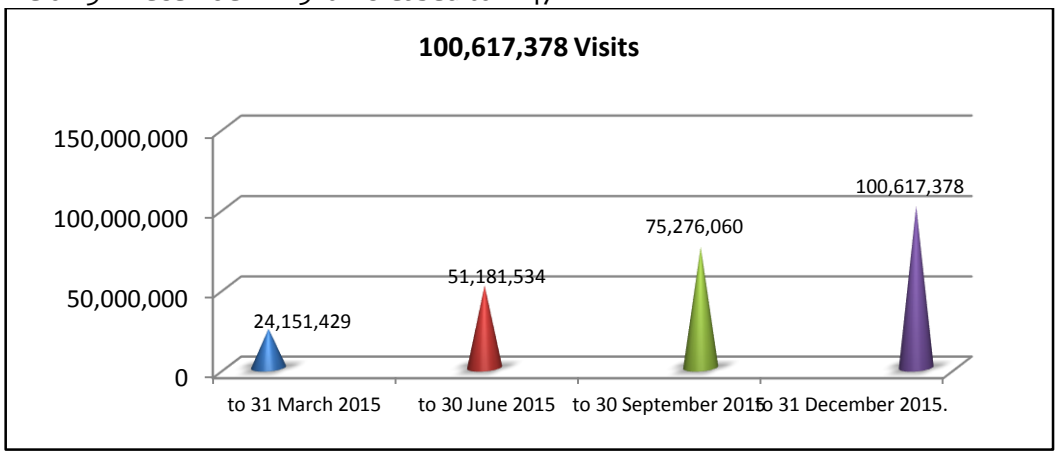


Figure 4. Number of first-level outpatient visits. Source: Processed from BPJS Health, 2015 Program Management Report & 2015 Financial Report (Audited)

Figure 4 shows that the number of first-level outpatient visits to 31 March 2015 was 24,151,429, while on 31 December 2015 it increased to 100,617,378.

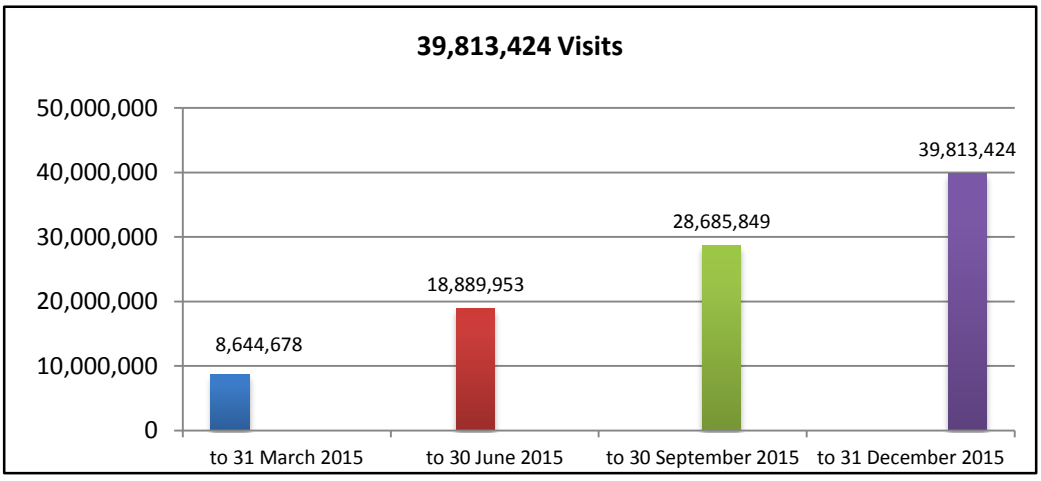


Figure 5. Number of Advanced Outpatient Visits. Source: Processed from BPJS Health, 2015 Program Management Report & 2015 Financial Report (Audited)

The data Figure 5 above shows that the number of outpatient visits to the level of 31 March 2015 was 8,644,678, while on 31 December 2015, it increased to 39,813,424 visits.

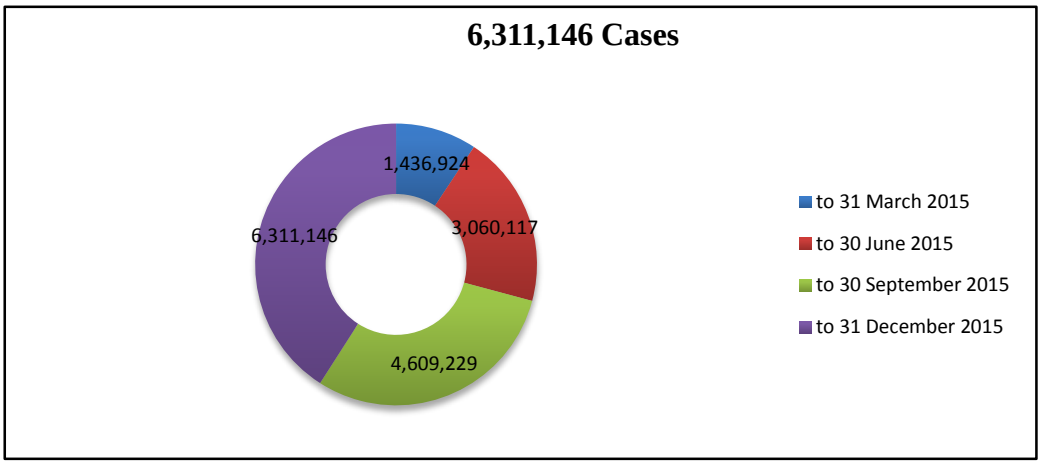


Figure 6. Number of Advanced Inpatient Cases. Source: Processed from BPJS Health, 2015 Program Management Report & 2015 Financial Report (Audited)

Figure 6 above shows that the number of cases of hospitalization for advanced level up to 31 March 2015 was 1,436,924, while on 31 December 2015, it increased to 6,311,146 cases.

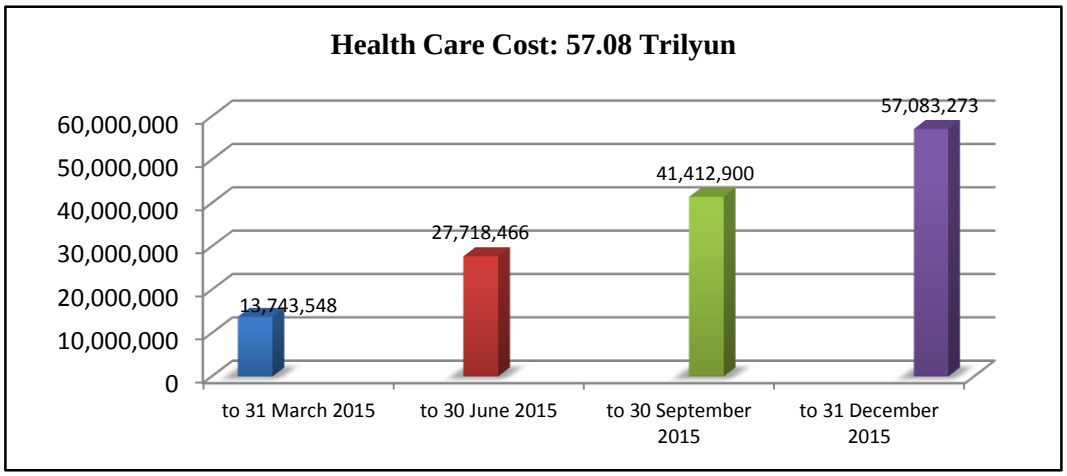


Figure 7. Health Care Costs. Source: Processed from BPJS Health, 2015 Program Management Report & 2015 Financial Report (Audited)

Figure 7 above shows that the cost of health services as of March 31, 2015, is Rp13.74 trillion, while on December 31, 2015 it increased to 57.08 trillion.

Table 1.

BPJS Health Service & HR Points

Service Point	2014	2015
Branch Office	119	124
Regional/City Office	389	394
Liaison Office	34	34
BPJS Center	1237	1497
Number of Human Resources	5602	6265

Source: Processed from BPJS Health, 2015 Program Management Report & 2015 Financial Report (Audited)

Table 1 shows that the number of human resources (HR) Health BPJS in 2014 was 5602 people, while in 2015, it increased to 6265.

4.2 Obstacles in the implementation of social security in the health sector

The National Social Security Board (DJSN) has conducted monitoring and evaluation of the implementation of the JKN/KIS program organized by BPJS Health in the first semester of 2016. As a

result, the DJSN found eight issues that hinder the implementation of the National Health Insurance (JKN) and Indonesia Health Card (KIS) program.[10]

1. Membership aspect, i.e., the use of the ID number as a condition for registering JKN / KIS participants. This is regulated in BPJS Health Regulation No. 1 of 2014 and Circular Letter (SE) of BPJS Health No. 17 of 2016. Member of DJSN, Zaenal Abidin, argues that improvement is essential in the registration mechanism because of Presidential Regulation (Perpres) No. 19 of 2016, which has been changed to Perpres No. 28 of 2016. The new regulation states that NIK is not a mandatory requirement for membership. The condition for membership is identity. If NIK cannot be provided by the responsible agency, BPJS should provide a temporary identity for participants who do not have an ID number or identity card yet (NIK). "BPJS Health policy that considers NIK as an absolute requirement for registration of these participants can inhibit the expansion of membership."

2. Issues in terms of portability. The principle of portability in the JKN/KIS program is yet optimal. Portability means that each participant can experience sustainable health services throughout Indonesia. However, several participants from other provinces, for example West Java, who want to access the health services in a hospital in other cities, such as Jakarta, are unable to access the facilities due to the BPJS Health policy. Participants can get service in the FKTP three times at maximum. FKTP also refuses to help the participants from other regions FKTP because the payment mechanism for portability is unclear. The participants should contact the service in their province. DJSN monitoring shows that portability in emergency cases is relatively ongoing. However, the same thing is not found in the portability of non-emergency services. DJSN recommends that the three times service restriction be addressed to participants registered in the health facilities within one district/city, providing call center officers in the regions for portability services, and developing special payment patterns to FKTP who provide services to participants from other regional FKTPs.

3. Concerning Referral Regionalization. Services in the JKN/KIS program are carried out in stages starting from the FKTP to the advanced level referral health facilities (FKRTL). Some provinces, such as South Sumatra and Jakarta regulate these references based on administrative regions of regional governments. DJSN considers that the regionalization of referrals is incorrect because it causes participants to be hampered in accessing health services. Participants must travel a great distance with a high cost to reach a health facility. Referral problems were also experienced by participants because FKTP only allowed the participants to refer to type C hospitals first. In fact, not all type C hospitals have sufficient facilities and human. Such a problem gives the impression that service to participants is complicated. This problem can also worsen the condition of the participants who are in need of immediate health care assistance. To overcome the problem of referral, DJSN proposes that the regionalization of referrals should be regulated based on the 'concept of outreach' and 'capabilities' of the health facilities.

4. Question of Emergency Criteria. During the two years of the JKN / KIS program, emergency criteria became an obstacle to the implementation of health services. There are no detailed regulations that determine whether or not specific conditions are categorized as emergency situations. "For example, a stroke is considered an emergency, what conditions are considered to be still emergency? Stable criteria, what is considered a stable stroke? Is decreasing awareness considered stable? "DJSN recommends BPJS Health, Indonesian Medical association IDI and professional associations to determine the category of emergency and stable criteria. BPJS Health is demanded to be able to gather information about the ability and availability of rooms.

5. Regarding the division of care classes. The division of inpatient care classes currently assessed by the DJSN is not in accordance with the mandate of the SJSN Law and the BPJS Law. The regulation clearly mentions a class of care for participants who need to be admitted to a standard class without any class division. The current division of classes I, II, and III has an impact on service discrimination because the rates paid differ depending on the class of care. This discrimination contrasts with humanitarian principles as mandated by the SJSN Law and the BPJS Law.

[10] Achmad, A.T.D. (2016). Masalah Penghambat Jaminan Kesehatan Nasional [Problems Inhibiting the Conduct of National Health Insurance]. Hukum Online, Jakarta, Retrieved May 23, 2016, from https://www.hukumonline.com/berita/baca/lt57bd0ba444be5/8-masalah-penghambat-jaminan-kesehatan-nasional/

6. Questioning the Procurement of Medicines. DJSN believes that drug items in the e-catalog cannot fulfill the needs. Therefore, e-catalog is not the only way to procure drugs in the JKN/KIS program. Drug items that are not in the e-catalog can refer to market prices. This regulation states that the submission of claims for the drugs referral program, drugs for chronic diseases and chemotherapy as well as pharmaceutical service costs refers to the basic price of drugs according to e-catalog. DJSN recommended that the Permenkes be reviewed.

7. INA-CBGs Tariff Classification. Article 24 paragraph (1) of Law No. 40 of 2004 concerning the National Social Security System has stipulated that the amount of payment to the health facilities for each region is determined based on an agreement between the BPJS and the health facilities association in the region. Zaenal said that the provision was not fulfilled because the INA-CBGs tariff had been set on a regional basis so that it closed the agreement space between the BPJS Health and the health facilities association to determine the tariff. DJSN assessed that the distribution of INA-CBG rates based on the type of hospital had an impact on the quality of services in remote areas. As a result, the equity principle was not realized as mandated by the SJSN Law even though the lowest to the highest type of hospital provides the same service standards. Payment based on classes at the hospital contrasts with the DJSN principle as stated in article 19 paragraph (1) of the SJSN Law. To fix the problem of INA-CBGs tariff classification, DJSN recommends that the Ministry of Health establish a tariff range as a space for agreement between the BPJS Health and the health facilities association. This should be followed by designing a reference rate according to the ability of the hospital. BPJS needs to negotiate a tariff for each health facility based on the value of credentials.

8. Distribution of Medical Services in Government Hospitals. At the moment, the arrangement of the distribution of medical services in public hospitals with the status of a public service agency (BLU) only lists the maximum percentage. It is feared that this will be misused by hospital management as it can negatively impact the medical staff. These conditions also backfire motivation of implementing staff so that it affects the quality of JKN / KIS participant services. The Head of Public Relations BPJS Health, Irfan Humaidi said the point is that BPJS Health receives input from various parties, including DJSN. However, there are several things that need to be responded. Among which is about NIK, BPJS Health accepts participants who have or do not yet have a NIK. According to Irfan, referring to the laws and regulations, BPJS Health can issue membership identity. It was published for participants who already have NIK or not. For participants who already have a NIK, the benefits are that when the membership card is lost, and they want to get health services, they only need to show their ID card to the health facility. He said that BPJS Health had synchronized JKN / KIS membership data with the NIK database managed by the Ministry of Home Affairs. With the membership numbering system used by BPJS Health, Irfan is sure that no one will be able to have a dual membership card because there is a deterrent. Irfan explained that participants who traveled to other areas did not need to worry about getting access to health services as these are guaranteed by BPJS Health. If in the destination area requires health services, participants only need to visit the nearest BPJS Health branch office to find information about FKTP who can perform services. This will make it easier for BPJS Health officers to communicate with the FKTP referred to ensure service to participants. "In the past there were rules that restricted health services for participants who went to other areas. However, the regulation no longer exists.

4.3 Efforts that can be done by the social security organizing agency (BPJS) in organizing social security in the health sector

1. The Need to establish the Regulations for the BPJS Law. From the above discussion, the implementing regulations for the National Social Security System Act and the Social Security Organizing Agency (BPJS) Act seem to be unfinished. Therefore, the effort that needs to be done is to complete the regulations.

2. Need for Improvement of Participants' Education, Employment and Economic Levels. As described above, National Health Insurance Participants in BPJS have differences in education levels, mobility, professions, and income levels. The poverty that struck the Indonesian nation has occurred since the past even before the nation’s independence. Such an issue is far more complex. Poverty and health are two things that are closely related. The relationship between the two can now be examined. In society, these aspects can be distinguished. The existence of this classification also has an impact on

issues of life aspects, including the health aspect. Currently, the provision of health services is determined by one's social status. Those who are rich will get different health services compared to those who are poor. This is because the capitalization in the health sector. It is not a problem for family with middle to high socioeconomic status, but it impacts people with lower socioeconomic status. The difference in the provision of health services for each social status is visible. Health is very important for people. The impact of poverty can be associated with various aspects. One of which is health and disease. Poverty affects health, so that poor people become vulnerable to various diseases. Other contributing factors are poor knowledge, poor health behavior, and poor residential environment. Those who are from lower socio-economic status often find it difficult to get health insurance. This issue blames the lack of economic capacity because health costs are expensive. As explained above, there are a number of examples of poverty alleviation programs carried out by the government. One of which is aimed at providing social protection for the community in basic services, especially health and education. To ensure the health access for the poor, efforts based on the 1945 Constitution has been attempted since 2005 to overcome these obstacles. One of the examples is the implementation of the Maintenance Guarantee Program policy of Poor Health through the JAMKESMAS program. Although such programs have been implemented, problems are still inevitable. Of the most notable issues is the administrative fee to get access to health facilities. The government should responds this problem as getting health services is the right of every citizen. An appropriate economic evaluation must be carried out to regulate healthcare policies. One solution that can be done is through a health economics approach. This approach emphasizes economic principles on the phenomena and problems of health and health financing. Health economics focuses on two factors, namely the use of funds and efficient health spending. In its application, health economics requires full support from the government, academics, researchers, and other media communities to overcome health problems, especially the use of drugs. Currently, those who are from low socio-economic status level are given the ease of getting proper health services by reducing the cost of health care. With a large number of Indonesians still living on the poverty line and needing health insurance, the government through the health department initiated JAMKESMAS (Community Health Insurance) program.

3. The Need to Improve Health Services. From the above discussion, it is necessary to improve health services, such as emergency services for obstetric patients in hospitals.

4. The need to improve health facilities and health workers. By improving some health facilities, it is expected that public welfare will be guaranteed. Problems in health facilities be solved by distributing facilities in other provinces, depending on the needs of certain area. The problem in informal sector workers can be solved by involving regional government or non-government institutions. It is very important for the government to strengthen regulations in terms of financing (i.e., revenue collection and pooling), as well as in the provision and use of health services (i.e., purchasing).

5. Socialization should also be carried out to remote areas. The targets for the socialization of the JKN Program include hospital management, health service providers, and of course the community as JKN Members.

5. Conclusions

5.1 Conclusions

1. Business Practices of the Social Security Organizing Agency (BPJS) in the Health Sector from the Perspective of Law Number 40 of 2004 Concerning the National Social Security System in improving public welfare is very important, this can be seen from the implementation of the Law on the National Social Security System (SJSN Law) and Law on Social Security Organizing Body (UU BPJS) both by the government and the community in general.

2. Even though the government has succeeded in implementing a national social security system, it cannot be denied that in the implementation of the national social security system there are still obstacles encountered, including the issuance of implementing regulations from the National Social Security System Law and the Agency Law Social Security Provider. Also, the low level of education, employment and economic participants, low health services, lack of health facilities and health workers, and lack of socialization.

3. To overcome the obstacles mentioned above, efforts need to be made to implement the national social security system, among others, it is necessary to make implementing regulations of the National Social Security System Act and the Social Security Organizing Agency Act, the need for improvement of education, employment and economic participation of participants, the need to improve health services, the importance of adding health facilities and health workers and the need for socialization

5.2 Suggestions

1. It is expected that the government can implement a continuous national social security system properly and correctly. This is to ensure people's welfare.
2. It is also recommended that obstacles in the implementation of the national social security system encompass the issuance of implementing regulations from the National Social Security System Act and the Social Security Organizing Agency Act. Also, the low level of education, employment and economic participants, poor health services, lack of health facilities and healthcare assistants, and lack of socialization can be solved to promote society's welfare
3. It is also expected that the improvement must be made in the implementation of the national social security system.

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