

GOVERNMENT POLICY IN INCREASING *BPJS KESEHATAN* CONTRIBUTION RATES TO INFORMAL WORKERS IN THE COVID-19 PANDEMIC ERA

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ABSTRACT

This study aims to find out how the government's policy is to increase the BPJS Kesehatan premium rate for informal workers in the Covid 19 pandemic era. BPJS Kesehatan (Health Social Security Agency) is a State-Owned Enterprise specially assigned by the government to provide health care insurance for all Indonesian people. The informal sector has the characteristics of small-scale business units, simple technology with wages that tend to be erratic, making it vulnerable to poverty. Informal sector workers are included in the Non-Wage Recipient Workers group, namely workers outside of an employment relationship or independent workers who bear all of their membership contributions. The increase in the BPJS Kesehatan contribution rate for informal workers affected by the COVID-19 pandemic which resulted in the problem of arrears in the payment of BPJS contributions. The government can make temporary releases or easing the time for paying BPJS Kesehatan contributions or easing the time for informal sector workers who are independent participants and cannot pay dues due to being affected by COVID-19.

Keywords: BPJS, Informal Workers

INTRODUCTION

The problem of poverty is a problem that always exists in every country, especially for developing countries. This is because developing countries are still experiencing backwardness problems in almost all sectors or fields of life, such as lack of access to the economic sector, health services that are still not optimal. Indonesia is also a developing country whose level of achievement of human development is still lagging behind its neighboring countries.

Discussing the problem of poverty, besides that, public health is also very important. Health is also defined as a state of complete physical, mental and social well-being that enables everyone to live socially and economically productive lives. According to the definition of health, it is clear that health is the main thing that is the right of every person. This is also reflected in the 1945 Constitution article 28 H paragraph (1) which states. Physically and mentally prosperous, have a place to live, and get a good and healthy living environment and have the right. Law No. 40 of 2004 concerning National Social Security states that social security is a form of service for the community to meet their daily needs so that health services such as the provision of basic treatment should be provided free of charge and to realize global commitments and the constitution on health, the government is responsible for implementing public health insurance through the National Health Insurance (JKN) for individual health. In 2004, Law No. 40 concerning the National Social Security System (SJSN) was issued. Law No. 40 of 2004 mandates that social security is mandatory for all residents, including the National Health Insurance (JKN) through a Health Social Security Agency (BPJS).

BPJS Kesehatan (Health Social Security Agency) is a State-Owned Enterprise specially assigned by the government to provide health care insurance for all Indonesian people, especially for civil servants, civil servant pension recipients, and TNI/POLRI, veterans, pioneers of independence and their families. and other Business Entities or ordinary people. The way BPJS works is by collecting contributions from people who have registered as members of the BPJS itself. The amount of contributions made is different for each region because each region has a different basic tariff.

BPJS Kesehatan is a legal entity created by the government with the aim of operating a program called JKN (National Health Insurance). All Indonesian people are encouraged to follow and become members of *BPJS Kesehatan*, as mandated by the law, but membership of *BPJS Kesehatan* itself is divided into two, namely:

Contribution assistance recipient

1. Contribution Assistance Recipients are participants who participate in the *BPJS Kesehatan* program based on assistance from the government, consisting of the poor, underprivileged, and people with total disabilities, both permanent and incapacitated.
2. Non-Recipient Contribution Assistance means the group of participants who are not included in the contribution assistance guarantee and the costs to become a member of JKN are borne by each participant, consisting of wage-earning workers, non-wage workers and non-workers.

The JKN program has a comprehensive national coverage target in 2019 or Universal Health Coverage (UHC). This means that to achieve this target all citizens are required to become members of *BPJS Kesehatan*, including those who work in the informal sector. The informal sector has the characteristics of small-scale business units, simple technology with wages that tend to be erratic, making it vulnerable to poverty.¹ However, based on *BPJS Kesehatan* membership, informal sector workers are included in the Non-Wage Recipient Workers group, i.e. workers outside of an employment relationship or independent workers who bear all of their membership dues. This condition makes it difficult for informal sector workers to pay contributions. Although this has

¹ Hadiwidjaja, G., Yumna, A., Warda, N., & Suryahadi (2014). Coping with the Economic Consequences of Health in Indonesia. *Health Economics*, 23, 719-728 <http://doi.org/10.1002/hec>

been anticipated by the government by including around 54 percent of informal sector workers in the Recipient Contribution Assistance scheme, which means contributions are paid by the government. However, this also shows that there are still 46 percent of informal sector workers who have to pay independently or have not even become members of *BPJS Kesehatan*

In the era of the Covid-19 pandemic, the Government issued a presidential regulation as the legal basis for increasing the premium rate for the National Health Insurance Program for the Healthy Indonesia Card (JKN-KIS) managed by *BPJS Kesehatan*. The President's decision to increase *BPJS Kesehatan* premium rates is contained in Presidential Regulation (Perpres) Number 64 of 2020 concerning the Second Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance, in Article 34 of the signed Presidential Regulation it is written that *BPJS Kesehatan* 2020 rates, JKN-KIS contributions for Class I participants increased from IDR 80,000 to IDR 150,000 per month The premium for class II participants increased from IDR 51,000 to IDR 100,000 per month and the premium for class III participants for the non-wage worker and non-employee segments was IDR 42.000 per month.²

PROBLEMS

From the description of the background above, a problem arises, how is the government's policy in increasing the *BPJS Kesehatan* contribution rate for informal workers in the COVID-19 Pandemic era?

DISCUSSION

Currently the world is being hit by the COVID-19 pandemic which has an impact on various aspects of human life, including workers in the informal sector. The COVID-19 pandemic has caused the informal sector to slump. This condition is different from the conditions during the economic crisis in 1997-1998, at that time the informal sector was the most resilient sector to the crisis and even accommodated workers in the formal sector who were laid off.

The COVID-19 pandemic has prevented workers in the informal sector from doing business as usual. Restrictions on interaction between humans to break the chain of the spread of this virus through social distancing, physical distancing and large-scale social restrictions have caused the income of informal sector workers such as street vendors, hawkers, scavengers and so on which has decreased and some have not. can work and lose their source of livelihood. This of course has an impact on the difficulty of meeting their daily needs, especially to pay *BPJS Kesehatan* contributions if they become independent BPJS participants. Even though they also need access to health services when they are sick, including in this COVID-19 pandemic era.

The increase in BPJS contributions when the community is facing the Covid-19 pandemic is certainly burdensome. At this time it is possible that some people have lost their jobs and or reduced income during the Corona virus pandemic. The increase was also stated in the policy of Presidential Regulation Number 64 of 2020, the increase was previously the Supreme Court had canceled the Presidential Regulation Number 75 of 2019 concerning Health Insurance which regulated the increase in BPJS contributions in January 2020. The regulation is now being re-enacted with the new Presidential Regulation (Perpres number 64 of 2020), thus the rules for increasing BPJS contributions as stipulated in Presidential Regulation number 64 of 2020 in article 34 come into force on July 1, 2020. The amount of the increase is; Class I independent participant fees increased to Rp. 150,000, which is currently Rp. 80,000. Class II independent participant fees increased to Rp 100,000 which is currently Rp 51,000 and class III increased from Rp. 25,000 to Rp. 42,000 with a government subsidy of Rp. 16,500, so they still paid Rp. 25,000.³

The implementation of social security is nothing but a form of embodiment of the government's role to be involved in realizing welfare for its people as confirmed in the preamble to the 1945 Constitution of the Republic of Indonesia, and Article 34 paragraph (2) that "The State develops a social security system for all people and empowering the weak and underprivileged in accordance with human dignity", which is further regulated by Law Number 40 of 2004 concerning the National Social Security System, so that the government's share in the implementation of this program certainly has a larger share, including the supply of financial ammunition. to support the sustainability of the program The implementation of social security is nothing but a form of embodiment of the government's role to be involved in realizing welfare for its people as confirmed in the preamble to the 1945 Constitution of the Republic of Indonesia, and Article 34 paragraph (2) of the 1945 Constitution of the Republic of Indonesia. hwa "The state develops a social security system for all the people and empowers the weak and underprivileged in accordance with human dignity", which is further regulated by Law Number 40 of 2004 concerning the National Social Security System, so that the government's role in implementing this program is certainly have a larger share including in terms of supply of financial ammunition to support the sustainability of the program.

BPJS Kesehatan is one form of public service that has the goal of prospering the community through government programs.

Public service is a series of activities to fulfill the service needs of every citizen for goods, services, and/or administrative services provided by public service providers.⁴ Public services carried out are based on public interest, legal certainty, equal rights, balance of rights and obligations, and others. In the implementation of public services, community participation is needed in the form of cooperation, fulfillment of rights and obligations as well as playing an active role in the formulation of public service policies. The community can also form a public service supervisory agency with the procedures regulated in government regulations.

² <https://jogja.tribunnews.com/2020/05/14/pengamat-kebijakan-publik-ugm-minta-pemerintah-tunda-kenaikan-tarif-bpjs-kesehatan>

³ <https://manado.tribunnews.com/2020/05/15/pengamat-kebijakan-publik-sebut-penyesuaian-kenaikan-iuran-bpjs-harus-tepat-sasaran>.

⁴ Publik, P., & Indonesia, P. R. ". *UU Nomor 25 Tahun 2009 Tentang "Pelayanan Publik"2009*

Quality public services should be the right of every citizen, where citizens are also entitled to protection of their rights, their voices are heard, and their values and preferences are respected. The breadth of public services with the complexity of the problems requires the participation of all elements of society to realize improvements. The community must actively intervene and demand quality public services which are their right.⁵ Where the community is indeed entitled to public services as stated in the Preamble to the 1945 Constitution of the Republic of Indonesia.⁶ Thus, they can have the power to judge, reject and demand political responsibility for the provision of public services they receive. This concept is The New Public Service which was developed by Janet V. Denhardt and Robert B. Denhardt in 2003.⁷

Community demands for improving the quality of public services continue to grow along with the increasing awareness that citizens have the right to be served, while the government's obligation is to serve the community.⁸

The increase in *BPJS Kesehatan* contributions should be rationalized in the form of guarantees for the improvement of *BPJS Kesehatan* facilities which have been an acute problem in the community. Simply put, *BPJS Kesehatan* and the government should be able to ensure that with this increase in *BPJS Kesehatan* contributions, there will be no practice of refusing patients from hospitals on the grounds that the rooms are full. The community must also get guarantees, with the increase in *BPJS Kesehatan* contributions, they no longer encounter a lack of medicine when seeking treatment at hospitals with *BPJS Kesehatan* facilities.

With the increase in *BPJS Kesehatan*'s contribution rates, it will be followed up as a public policy, then the next thing that must be a concern for BPJS is the improvement of service quality. Among them, the practice of separating counters in health care institutions is becoming increasingly questionable, because it gives the impression of a class in providing services to patients from the public route, commercial insurance, with BPJS which is a government program. In the future, it is hoped that each counter at the service provider can serve BPJS participants without any more counter separations which have an impact on the accumulation of queues of service users. It is not a simple matter, this accumulation can lead to potential maladministration in the form of brokers' practices that contradict procedures and discrimination that is contrary to the principles of public service delivery.

Another thing that needs to be targeted for improvement is the commitment to providing easy access to services, for example in the condition that *BPJS Kesehatan* participants when accessing services do not carry a BPJS card, they should show proof of membership on the mobile JKN, considering that each participant has a Card Number that cannot be the same as one other aspects, and several other aspects that are expected to continue to improve services. Finally, the hope for improving the quality of health services is an important task that awaits real action from all *BPJS Kesehatan* Parties

In carrying out public services *BPJS Kesehatan* has several shortcomings, namely:

a. The tiered method when making a claim

BPJS applies a service flow with tiered referrals. Prior to going to a hospital or specialist doctor, participants must first go to a designated level I health facility, namely a puskesmas, family doctor or clinic, to obtain a referral letter. Except for the emergency department, participants cannot go directly to the hospital or specialist doctor.

As long as the participant's health problems can be handled by health facility I, the participant does not need to be referred to a hospital or specialist doctor. The decision to refer to a hospital is the authority of health facilities I.

b. Complicated registration process

The registration process is complicated because:

- Tiered method

The weakness of *BPJS Kesehatan* is that there is a tiered method when making claims. In BPJS, outside of an emergency, participants are required to check their illness to health facility 1 first, namely at the Puskesmas or clinic. After going through health facility 1 and the patient is deemed to have been referred to a hospital, then the patient or BPJS participant can only go to a hospital that works with BPJS. While in other insurance, you can directly check your illness to a hospital that has cooperated. This aspect is a process that is quite complicated and needs to be understood by all participants of this health insurance.

- Must be ready to queue

If you are going to register or change your data at the BPJS office, then you have to be prepared with a long queue. Not only in terms of registering and making changes to data, when participants will also seek treatment at the hospital,

⁵ Hardiansyah, *Kualitas Pelayanan Publik Menuju Good Local Governance*. <https://doi.org/10.1016/j.jhsa>.

⁶ Larasati, E. *Konstruksi Pelayanan Publik di Indonesia*. *Forum*. 2010.

⁷ Kurniawan, R. C. (2017). *Inovasi Kualitas Pelayanan Publik Pemerintah Daerah*. *Fiat Justisia*. <https://doi.org/10.25041/fiatjustisia.v10no3.794>

⁸ Pratama, M. H. (2015). *Strategi Meningkatkan Kualitas Pelayanan Publik (Studi Deskriptif tentang Strategi UPTD Pengujian Kendaraan Bermotor Tandes Kota Surabaya dalam Meningkatkan Kualitas Pelayanan Pengujian Kendaraan Bermotor)*. *Jurnal Kebijakan Dan Manajemen Publik*.

participants must also face long queues. Well, this is what sometimes makes BPJS participants think twice before registering for this one health insurance.

- Payment of dues is sometimes complicated

This obstacle is quite often encountered by several BPJS users who want to pay BPJS contributions. They have to walk to the official payment counter or to the BPJS office which may be quite a distance away. Not to mention that you still have to queue when you are going to pay the dues. It must be very difficult for those who live in rural areas or remote areas that are far from the BPJS counters.

- Limited Quota

The last weakness of *BPJS Kesehatan* is the lack of opportunity to get Class 1 facilities. Even though participants have registered for Class 1 and 2, in reality on the ground, unexpected things do happen. These *BPJS Kesehatan* participants often get Class 3 facilities.

CONCLUSION

In overcoming the problem of increasing *BPJS Kesehatan* contribution rates for informal workers affected by the COVID-19 pandemic which resulted in the problem of arrears in payment of BPJS contributions, namely: the government can make temporary releases or easing the time for paying *BPJS Kesehatan* contributions or easing the time for informal sector workers who are independent participants and unable to pay dues due to being affected by COVID-19. This is enforced until conditions allow them to return to paying contributions, shifting the participation of informal sector workers whose income has been affected by COVID-19 to become PBI participants whose contributions are borne by the government. From the results of research conducted by the LIPI Population Research Center (2019), it can be seen that the policy of changing the membership scheme from PBPU Mandiri participants to PBI has been implemented by several cities. The change in the scheme is intended for residents who work in the informal sector who are in arrears in contributions. Of course, this requires validation and updating of population data in synergy by involving the active role of all components of society so that the policy is right on target.

The management of *BPJS Kesehatan* becomes a State-Owned Enterprise (BUMN) or a Limited Liability Company (PT) on an open basis (Tbk). This is another solution that needs to be studied by the Government so that the funds through the payment of collected contributions can be managed better and can grow. That way, it will minimize problems such as deficits, fraud and so on. It is time for the Government to conduct comparative studies with private insurance companies that have developed well and rapidly and have even become giant companies.

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LAW AND REGULATION

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