

LEGAL PROTECTION OF PARTICIPANTS OF INDEPENDENT SOCIAL SECURITY AGENCY OF HEALTH AFTER THE ENACTMENT OF STANDARD INPATIENT CLASS IN THE NATIONAL HEALTH INSURANCE PROGRAM

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Abstract: Provisions regarding the differences in BPJS class I, II, III contributions for BPJS Mandiri participants as well as provisions that prohibit class III BPJS participants from moving up to class give rise to injustice, confusion or legal uncertainty after the implementation of the standard inpatient class in the public health insurance program. This research aims to analyze legal protection for participants of the independent Social Security Administering Body after the enactment of KRIS in the national health insurance program and analyze the differences in justice values in Presidential Regulation Number 64 of 2020 Article 34 paragraph (1b)

(2) and (3) and the conflict of norms between the SJSN Law Article 23 paragraph (4) and its explanation and the legislation below. This research uses statutory, conceptual and comparative approaches. The research results show that the legal protection for BPJS Mandiri participants after the implementation of the KRIS JKN Program is unclear, giving rise to injustice and legal uncertainty, that there has been a conflict of norms between the SJSN Law and the Presidential Decree on health insurance and the issuance of the Minister of Health Regulation on Tariff Standards in the JKN Program. The resolution taken for this disharmony or conflict of norms is a judicial review of Presidential Regulation Number 64 of 2020 Article 34 paragraph (1b) (2) and (3) and Article 48 paragraph (8) of the Minister of Health Regulation on Tariff Standards in Health Insurance to the Supreme Court.

Keywords: Legal protection, health insurance, independent BPJS participants, differences in contributions, cost differences and conflicting norms.

I. INTRODUCTION

The Republic of Indonesia, which is based on Pancasila, has noble ideals in efforts to improve the welfare of all its people in accordance with the fifth principle of Pancasila, namely Social Justice for All Indonesian People. The Preamble to the 1945 Constitution of the Republic of Indonesia (hereinafter referred to as the 1945 Constitution) paragraph IV also states that the Government of the Republic of Indonesia promotes general welfare to create a healthy society physically and mentally (Simamora, 2014)

Social security as a shared awareness and constitutional mandate is contained in the Body of the 1945 Constitution Article 28 h paragraph (1) states Every person has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and the right to receive health services (Zahir, 2021) Furthermore, Article 34 paragraph (2) states that the State develops a social security system for all people and empowers weak and incapable people in accordance with their human dignity. Paragraph (3) The State is responsible for providing health service facilities and public service facilities that worthy.

The government formed laws to protect all Indonesian people so that they receive fair and equitable health services, namely Law Number 36 of 2009 concerning Health. (hereinafter referred to as the Health Law) Article 4 states that everyone has the right to health, paragraph (1) Everyone has the same right to obtain access to resources in the health sector, paragraph (2) Everyone has the right to obtain safe, quality health services, and affordable (Etika, 2007) The government in the same year issued a law whereby every hospital has the obligation to provide safe, high-quality, anti-discriminatory and effective health services by prioritizing the interests of patients in accordance with hospital service standards in accordance with Law no. 44 of 2009 (hereinafter referred to as the RS Law) is stated in Article 29 paragraph (1b).

Every person has the right to social security, fulfilling the basic needs of a decent life and increasing their dignity towards creating a just and prosperous society (Prasetyo, 2015). The President together with the House of Representatives issued Law Number 40 of 2004 concerning the National Social Security System (hereinafter referred to as the SJSN Law). SJSN aims to provide comprehensive social security for all Indonesian people. SJSN is basically a state program that provides certainty of social protection and welfare for all Indonesian people. National social security includes health insurance, work accident insurance, pension security, old age security and death security (Santoso, 2017) As mandated by Article 19 paragraph (1), it is stated that the organizers of the National Health Insurance System adhere to the principle of equity and Article 23 paragraph (4) of the SJSN Law states that in the event that National Health Insurance (JKN) participants require treatment services in hospitals, then the class of service provided based on standard class. Standard Inpatient Class (hereinafter referred to as KRIS) JKN provides a single benefit for JKN participants where the inpatient service package is the same as the medical benefits and non-medical (care class), there is no distinction as the embodiment of social justice for all people. (Kurniawati et al., 2021)

The implementation of SJSN must be integrated and cover the entire territory of the Republic of Indonesia. The government considers it necessary to form a body that specifically deals with the implementation of SJSN. For this reason, Law Number 24 of 2011

concerning Social Security Administering Bodies (hereinafter referred to as the BPJS Law) was issued. There are two BPJS that have been formed, namely: BPJS Health which provides health insurance and BPJS Employment which handles work accident insurance, pension insurance, old age insurance and death insurance.

The President then issued regulations to implement special social security in the health sector. The regulation in question is Presidential Regulation of the Republic of Indonesia Number 82 of 2018 concerning health insurance (hereinafter referred to as the Presidential Decree on Health Insurance) which is followed by Health Guarantee which is a guarantee in the form of health protection so that participants receive health care benefits. Health insurance also provides protection in meeting basic health needs provided to BPJS participants. A BPJS participant is anyone who has paid BPJS contributions or whose health insurance has been paid by the central government or regional government. Participants are everyone, including foreigners, who have worked for at least 6 (six) months in Indonesia, who have paid Health Insurance contributions.

Follow-up regulations for implementing standard inpatient classes in National Health Insurance were followed up with the issuance of Presidential Regulation of the Republic of Indonesia Number 64 of 2020 concerning the second amendment to Presidential Regulation Number 82 of 2018. Article 54A which reads "For the continuity of Health Insurance funding, the Minister together with the ministries/ "Relevant institutions, professional organizations and health facility associations will conduct a review of Health Insurance benefits according to basic health needs and standard class inpatient care no later than December 2020." and Article 54B "The benefits as intended in Article 54A are implemented in stages until no later than 2022 and the implementation is carried out continuously to improve Health Insurance governance."

The provisions for the minimum number of beds for KRIS services are contained in Article 18 of the Government Regulation of the Republic of Indonesia number 47 of 2021 concerning the Implementation of the Medical and Hospital Sector as follows letter a. "60% (sixty percent) of all hospital beds belong to the Central Government and Regional Government; and letter b. "40% (forty percent) of all beds for private hospitals" and Article 84 letter a. "Hospitals can still provide inpatient services according to the class of care they have until standard class inpatient services are provided" and letter b. "Standard class inpatient services as referred to in letter a will be implemented no later than January 1 2023."

The KRIS JKN policy began to be discussed by the Government, in this case led by the Minister of Finance together with the Minister of Health, Chair of the National Social Security Council (DJSN), Chair of the Supervisory Board and Main Director of BPJS Health since 2019. In 2020, a KRIS Policy Formulation Team was formed in the JKN Program based on DJSN Decree Number 60/DJSN/VII/2020 with DJSN membership, Ministry of Health, Ministry Finance, BPJS Health and Experts. The team has held intensive meetings, hearings with the DPR, carried out a series of public consultations and self-assessments of several hospitals regarding readiness to implement KRIS JKN (Kurniawati et al., 2021).

The basic philosophy of the concept of implementing KRIS JKN is that the current policy of different classes of inpatient care (class 1, class 2 and class 3) gives rise to a polemic regarding the charging of different inpatient costs according to membership class

(Sulistiyorini & Huda, 2022) Inequality The burden of services in each segment is a burden for the financial sustainability of BPJS Health. The classification based on class, namely 1, 2 and 3 which is currently in effect will disappear. If someone was previously registered in class 3 of non-contribution assistance recipients (hereinafter referred to as PBI) then he or she will have to pay more to get KRIS services, while class 1 and class participants 2 Non-PBI or so-called Mandiri BPJS participants will automatically enter Class B/Non-PBI with the consequence of having a larger number of beds. Most participants with treatment class rights in class II are willing to accept the policy of one class of care (standard class) with the consequence of paying additional contributions, while some class III patients are not willing to pay additional contributions if their benefits are increased in class II (Mz et al., 2023).

The concept of implementing KRIS must prioritize criteria to meet infection prevention and control standards and patient safety which refers to 12 criteria, namely: (1) Building materials that do not have high porosity (2) Air ventilation (3) Room lighting (4) Bed equipment (5) Available 1 nightstand per bed (6) Maintaining a room temperature of 20-260 C (7) Rooms have been divided into gender, age, type of disease (infectious, non-infectious, maternity) (8) Density of treatment rooms and quality of the place sleeping for KRIS JKN (9) Rail curtains/partitions embedded or attached to the ceiling and non-porous material (10) Bathroom in the room (11) Bathroom in accordance with accessibility standards (12) Oxygen outlet.

The public is currently highlighting the unfairness of the implementation of KRIS JKN which was declared effective January 1 2023 according to Government Regulation Number 47 of 2021 concerning the implementation of the Medical and Medical Sector. Article 84b "standard class inpatient services as referred to in letter a shall be implemented no later than January 1 2023." There are differences in class I, II, III contributions for BPJS Mandiri participants according to Presidential Regulation of the Republic of Indonesia Number 64 of 2020 concerning the second amendment to Presidential Regulation Number 82 of 2018. Article 34 (1b) Amount of contribution for Non-Wage Recipient Worker Participants (hereinafter referred to as PBPU) and Non-Working Participants (hereinafter referred to as BP) with class III service room benefits equal to the amount of the PBI Health Insurance Participant Contribution stated in letter b point 1, namely IDR. 35,000.00 (thirty five thousand rupiah) per person, Article 34 Paragraph (2) Contribution for PBPU Participants and BP Participants with class II service benefits is Rp. 100,000.00 (one hundred thousand rupiah) and Article 34 paragraph (3) Contribution for PBPU Participants and BP Participants with class I service benefits is Rp. 150,000.00 (one hundred and fifty thousand rupiah) per month paid by PBPU and PB participants or other parties on behalf of the Participants.

The current community will also be disadvantaged, especially class III BPJS Mandiri participants who will receive KRIS JKN services who are prohibited from being promoted to class as stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2023 concerning Health Service Tariff Standards in the Implementation of the Health Insurance Program (hereinafter referred to as the Minister of Health Regulation concerning Health Service Tariff Standards in JKN). In Article 48 paragraph (8) of this Minister of Health Regulation, it is stated that Paragraph (2) Participants who want executive outpatient services must pay the difference in the cost of the outpatient and executive service

packages in accordance with the provisions of statutory regulations. Paragraph (3) Participants who want executive outpatient or inpatient services that are higher than their rights must pay the difference in costs for each executive outpatient episode. Paragraph (8) The provisions as intended in paragraph (1), paragraph (2) and paragraph (3) are excluded for: point b non-wage worker participants in class 3; point c. Class 3 Non-Working participants.

The SJSN Law and the Presidential Decree on Health Insurance previously regulated increasing treatment classes. Article 51 paragraph (1) of the Presidential Decree on Health Insurance and the explanation of Article 23 paragraph (4) of the SJSN Law states that JKN participants who are not Contribution Assistance Recipients (hereinafter referred to as JKN Mandiri participants) can increase the treatment room higher than their rights by paying the difference between costs borne by BPJS with costs that must be paid due to an increase in service class.

From the description above, there are several laws and regulations that regulate BPJS Mandiri participants in the implementation of KRIS JKN. If you pay attention, it appears that there is an injustice between Article 34 (1) of the Presidential Regulation of the Republic of Indonesia Number 64 of 2020 concerning the amount of contributions for BPJS Mandiri Participants and Article 84b of Government Regulation Number 47 of 2021 concerning the implementation of the Manufacturing Sector, and there is a conflict (conflict of norms) between the explanation of Article 23 paragraph (4) of the SJSN Law and Article 51 paragraph (1) of the Presidential Decree on Health Insurance with Article 48 paragraph (3) point b and point c of the Minister of Health Regulation concerning Health Service Tariff Standards. Based on this, the author is interested in studying this problem for research.

Based on the problem formulation presented, the aim of the research is to analyze the legal protection of BPJS Health Mandiri participants with BPJS Health after the implementation of KRIS in the JKN Program and to analyze the justice value of BPJS Health Mandiri participants after the implementation of KRIS in the JKN Program.

II. RESEARCH METHOD

This research was researched using library materials (secondary materials) or library legal research which is generally aimed at: research on legal principles, research on legal systematics, research on legal synchronization, research on legal history, and research on comparative law.

The approach used in this research is to use a statutory approach, a conceptual approach and a comparative approach. These three approaches will be used to analyze the research problems that have been formulated. Primary Legal Materials are laws and regulations related to research, such as: Consumer Protection Law, SJSN Law, Health Law, Hospital Law BPJS Law, Law on the Establishment of Legislative Regulations, Presidential Decree Health Insurance, Presidential Decree on Field Implementation Hospitals and Minister of Health Regulation on Health Service Tariff Standards in the Implementation of Health Insurance Programs. Meanwhile, secondary legal materials are legal materials that explain primary legal materials, such as thesis research reports, dissertations, journals, books. Next are Tertiary Legal Materials, for example: dictionaries.

The collection and processing of legal materials is carried out through a series of processes, namely editing, classifying and organizing relevant legal materials. Next, an analysis of the legal materials is carried out by analyzing according to problem groups and theoretically the legal materials. The deductive method of analyzing legal materials is also used in this research, namely a research method based on general concepts or theories applied to explain a set of existing legal facts which are then researched and analyzed.

III. DISCUSSION

Legal Relationship between BPJS Health Mandiri Participants and BPJS Health After the Implementation of KRIS in the JKN Program

1. Legal Norms Regulating Participation in BPJS Health Mandiri after the enactment of KRIS.

Legal norms are a series of rules shown to members of society containing provisions, orders, obligations and prohibitions, so that in society there is order and justice, social rules made by certain institutions, for example the government, so that they can strictly prohibit and enforce people to be able to behave in accordance with the wishes of the rule makers themselves (Kahfi, 2016). Violations of this norm include fines to physical punishment (imprisonment, death penalty). Legal norms have a compelling nature to protect interests in social life in society. Legal norms also complement other norms with firm and real sanctions.

2. Legal Relations of BPJS Mandiri Participants

Participants are everyone, including foreigners, who have worked for at least 6 (six) months in Indonesia and have paid health insurance contributions (BPJS Law, Article 1 number 4). Contributions are an amount of money paid regularly by participants, employers, for health insurance to obtain social security benefits which are the rights of participants and/or their family members (Jumarni & Satrianingsih, 2023). Meanwhile, Mandiri BPJS participants are BPJS participants who pay their own contributions. A patient is every person who consults about their health problems to obtain necessary health services either directly or indirectly at a hospital (Hospital Law, Article 1 number 4).

BPJS health participants who have registered and paid contributions are entitled to health insurance benefits as stated in Presidential Decree Number 12 of 2013 concerning Health Insurance. BPJS Health is an individual health service, covering promotive, preventive, curative and rehabilitative services, including drug services and consumable medical materials as needed. BPJS establishes service procedures with a tiered referral system.

A hospital is a health service institution that provides comprehensive individual health services that provide inpatient, outpatient and emergency services (Hospital Law Article 1 number 1). The health service collaboration agreement for BPJS participants in the JKN program is an agreement between BPJS Health and Hospitals to mutually bind themselves to each other regarding the implementation of health services in the JKN program.

3. Legal Relationship with BPJS.

National health insurance is one of the social security programs provided by the state to the Indonesian people to provide financial certainty for the community when they need health services. JKN is part of the SJSN which is implemented using a mandatory social health insurance mechanism based on the SJSN Law with the aim of meeting the basic needs of adequate public health which is provided to everyone who has paid contributions or whose contributions are paid by the Government.

According to Law No.24 of 2011 concerning BPJS states that:

BPJS's authority includes, among other things, collecting contribution payments, placing social security funds for short-term and long-term investments by considering aspects of liquidity, solvency, prudence, security of funds and adequate results, supervising and checking the compliance of participants and employers in fulfilling obligations in accordance with the provisions of national social security laws and regulations, make an agreement with health facilities regarding the amount of payment for health facilities which refers to standard rates set by the government, make or terminate work contracts with health facilities, impose administrative sanctions on participants or employers who does not fulfill its obligations, reports the employer to the competent authority regarding its non-compliance in paying contributions or in fulfilling other obligations in accordance with the provisions of laws and regulations, collaborates with other parties in the context of administering the social security program.

Participants are obliged to pay contributions using the mechanism. Participants who are not workers and are not recipients of contribution assistance are obliged to pay and deposit contributions for which they are responsible to BPJS, employers are obliged to collect contributions that are the burden of participants from their work and deposit them to BPJS, employers are obliged to pay and deposit contributions which is its responsibility to BPJS, the Government pays and deposits contributions for recipients of contribution assistance to BPJS.

4. Legal Relationship with Hospitals

A hospital is a health service institution that provides complete individual health services providing inpatient, outpatient and emergency services (Hospital Law Article 1 number 1). The health service collaboration agreement for BPJS participants in the JKN program is an agreement between BPJS Health and Hospitals to mutually bind themselves to each other regarding the implementation of health services in the JKN program.

Presidential Regulation Number 12 of 2013 also explains about Health Insurance, namely in Article 36 paragraph (1) which reads "Service providers

Health includes all Health Facilities that collaborate with BPJS Health." So basically the provision of health services includes all Health Facilities that collaborate with BPJS Health, whether the health facilities are owned by the Government, Regional Government or privately owned, even if they have met the requirements to collaborate with BPJS. Article 24 paragraph (1) of Law Number 40 of 2004 concerning SJSN has explained the regulation of

costs related to health insurance which reads as follows: "The amount of payment to health facilities for each region is determined based on an agreement between BPJS and the health facility association in that region ". In Article 11 of the BPJS Law, it is stated regarding the authority of BPJS to make agreements on the amount of payment referring to standard tariffs set by the government, in this case the Ministry of Health.

Another participant's right is the right to be heard and receive compensation if the services they receive are not as they should be. The public can convey their complaints to the hospital as an effort to improve the hospital's services. Participant rights are the personal rights that BPJS participants have as patients, including as intended

In Article 32 of the Hospital Law, it consists of:

1. Obtain information regarding the rules and regulations that apply at the Hospital;
2. Obtain information about the patient's rights and obligations;
3. obtain services that are humane, fair, honest and without discrimination;
4. obtain quality health services in accordance with professional standards and standard operational procedures;
5. obtain effective and efficient services so that patients avoid physical and material losses;
6. submit a complaint regarding the quality of service obtained;
7. choose a doctor, dentist and treatment class according to his wishes and the regulations applicable at the Hospital;
8. request a consultation regarding the illness he is suffering from from another doctor who has a license to practice both inside and outside the hospital;
9. obtain privacy and confidentiality of the disease suffered, including medical data;
10. obtain information that includes the diagnosis and procedures for medical procedures, the purpose of medical procedures, alternative procedures, risks and complications that may occur, and the prognosis for the procedures carried out as well as estimated treatment costs;
11. give approval or reject the action to be taken by health workers regarding the disease they are suffering from;
12. Accompanied by his family in critical condition;
13. carry out worship according to the religion or belief he adheres to as long as it does not disturb other patients;
14. obtain security and safety for himself while undergoing treatment at the hospital;

15. submit proposals, suggestions, improvements to the Hospital's treatment of him;
 16. refuse spiritual guidance services that are not in accordance with the religion and beliefs held;
 17. sue and/or sue the Hospital if the Hospital is suspected of providing services that do not comply with standards either civilly or criminally; And
 18. complain about hospital services that do not comply with service standards via print and electronic media in accordance with statutory provisions.
5. Impact of the Implementation of KRIS for BPJS Mandiri Participants in the JKN Program.

Standard Inpatient Classes in National Health Insurance were followed up with the issuance of Presidential Regulation of the Republic of Indonesia Number 64 of 2020 concerning the second amendment to Presidential Regulation Number 82 of 2018. Article 54A which reads "For the continuity of Health Insurance funding, the Minister together with related ministries/institutions, organizations professions, and health facility associations will conduct a review of Health Insurance Benefits according to basic health needs and standard class inpatient care no later than December 2020." and Article 54B "The benefits as intended in Article 54A are implemented in stages until no later than 2022 and the implementation is carried out continuously to improve Health Insurance governance."

The provisions for the minimum number of beds for KRIS services are contained in Article

18 Republic of Indonesia Government Regulation number 47 of 2021 concerning the Implementation of the Medical and Medical Services Sector as follows letter a. "60% (sixty percent) of all hospital beds are selected by the Central Government and Regional Government; and letter b. "40% (forty percent) of all beds for hospitals are privately owned" as well as Article 84 letter a. "Hospitals can still provide inpatient services according to the class of care they have until standard class inpatient services are provided" and letter b. "standard class inpatient services as referred to in letter a will be implemented no later than January 1 2023."

1.2. Legal Protection for BPJS Mandiri Participants After the Implementation of Standard Inpatient Classes in the JKN Program.

The definition of legal protection is all efforts to fulfill rights and provide assistance to provide a person's sense of security. The scope of legal protection that will be discussed is the protection provided by the government through its legal instruments such as policies and statutory regulations. Legal protection is intended to provide certainty, justice and legal benefits for society. One form of legal protection for the community is by creating regulations and policies that suit their needs, based on the basic rights mandated by the 1945 Constitution.

The author believes that health insurance should be free because it is the state's obligation to implement health insurance (according to the laws and regulations above).

Because it is free, there should be no distinction between membership classes and JKN patient care classes. If the state is unable to provide free health insurance for financial reasons, the state is obliged to subsidize it, and make the JKN contribution rate (single contribution rate) uniform. Basic considerations for elimination

The distinction between participation/treatment classes is to realize justice for all Indonesian people.

BPJS participants are advised to participate in additional commercial insurance. Citizens who are financially capable are advised to participate as additional commercial health insurance participants. This aims to get additional benefits apart from JKN benefits, for example upgrading to treatment class and so on. By becoming a participant in additional commercial health insurance, BPJS participants can move up to a class of care above their rights, where the difference in costs incurred will be paid by the commercial insurance. In addition, additional commercial insurance can also be used for medical benefits that are not covered by JKN.

Material review of Article 34 paragraph (1b) of Presidential Regulation of the Republic of Indonesia Number 64 of 2020 concerning the second amendment to Presidential Regulation Number 82 of 2018 concerning JKN and Article 48 Paragraph (8) of Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2023 concerning Standard Health Service Tariffs in JKN.

The presence of the Presidential Regulation on JKN above causes injustice in the form of differences in contributions for BPJS participants after the implementation of the Standard Inpatient Class as stated in Article 34 (1b) Contribution amounts for Non-Wage Recipient Worker Participants (hereinafter referred to as PBPU) and Non-Worker Participants (hereinafter referred to as BP) with benefits in class III service rooms equal to the amount of the PBI Health Insurance Participant Contribution stated in letter b point 1, namely IDR. 35,000.00 (thirty five thousand rupiah) per person, Article 34 Paragraph (2) Contribution for PBPU Participants and BP Participants with class II service benefits is Rp. 100,000.00 (one hundred thousand rupiah) and Article 34 paragraph (3) Contribution for PBPU Participants and BP Participants with class I service benefits is Rp. 150,000.00 (one hundred and fifty thousand rupiah) per month paid by PBPU and BP participants or other parties on behalf of the participants. Therefore, the author believes that a material test will be carried out on Article 34 paragraph (1b) of the JKN Presidential Decree.

The existence of Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2023 concerning Health Service Tariff Standards in the Implementation of Health Insurance Programs also causes more harm than benefits. In Article 48 paragraph (8) of this Minister of Health Regulation, it is stated that Paragraph (2) Participants who want executive outpatient services must pay the difference in the cost of the outpatient and executive service packages in accordance with the provisions of statutory regulations. Paragraph (3) Participants who want executive outpatient or inpatient services that are higher than their rights must pay the difference in costs for each executive outpatient episode. Paragraph (8) The provisions as intended in paragraph (1), paragraph (2) and paragraph (3) are excluded for: point b non-wage worker participants in class 3; point c. Non-Working class participants

3. Restrictions on promotion, especially the prohibition on promotion to class 3 independent BPJS participants as regulated in this article, give rise to problems of legal certainty, problems for independent BPJS participants, problems for hospitals and problems for doctors and other health workers. Therefore, the author believes that a material test will be carried out on Article 48 paragraph (8).

From the description above, as mandated by Article 19 paragraph (1), it is stated that JKN organizers through BPJS adhere to the principle of equity where every BPJS participant has the same rights and obligations in obtaining services according to their medical needs and Article 23 paragraph (4) of the SJSN Law states that In the event that a JKN participant requires treatment services at a hospital, the class of service provided is based on the standard class. Mandate Article 2 of the Hospital Law also explains that hospital administration is based on Pancasila and is based on human, ethical and professional values, benefits, justice, equal rights and anti-discrimination, equality, patient protection and safety, and has a social function. The author is of the opinion that the JKN Standard Inpatient Class (KRIS) provides a single benefit for JKN participants where the inpatient service package is the same between medical and non-medical benefits (treatment class), there is no differentiation of rights and obligations in this case the BPJS participant's contribution is a single one, there is no difference. distinguish it as the embodiment of social justice for all people.

The implementation of KRIS JKN should have an adjustment in the amount of the single tariff contribution which does not differentiate into classes I, II, III and standard treatment classes are applied to all hospitals that implement the KRIS JKN policy. A single rate has three meanings, namely: 1) A single standard class rate, where hospitals generally want to set a single rate in class I or class II. 2) Single rate for all hospital classes, which refers to rates for type A hospitals or

B. 3) Single tariff for all INA-CBGs (Indonesia Case Base Groups) regional tariffs,

if there was a single tariff for all of Indonesia.

The regulations regarding upgrading the inpatient class can be described as follows: according to the SJSN Law (explanation of Article 23 paragraph (4)) and the Presidential Decree on Health Insurance (Article 51 paragraph (1)), there are no restrictions on upgrading the inpatient class for independent BPJS patients, may be from the lowest class III or more than one level, according to Article 4 of the Consumer Protection Law, independent BPJS patients (consumers) may choose the desired inpatient class in an effort to obtain comfort in health care services. The presence of the Minister of Health Regulation on Health Service Tariff Standards in JKN above creates disharmony and legal uncertainty, so it is necessary to revoke Article 48 paragraph (8) of the Minister of Health Regulation concerning Tariff Standards in Health Insurance. The public can carry out a judicial review or material test of Article 48 paragraph (8) of the Minister of Health Regulation at the Supreme Court.

IV. CONCLUSION

Based on the findings in this study, the author can conclude that the legal protection of BPJS Mandiri participants after the implementation of the standard inpatient class in the national health insurance program has become unclear and has given rise to injustice or legal uncertainty. There are differences in class I, II, III contributions for BPJS Mandiri participants according to Presidential Regulation of the Republic of Indonesia Number 64 of 2020 concerning the second amendment to Presidential Regulation Number 82 of 2018

Article 34 (1), (2) and (3). Regulations regarding the increase in inpatient class according to the Law.

The SJSN Law (explanation of Article 23 paragraph (4)) and the Presidential Decree on Health Insurance for BPJS Mandiri patients Article 51 paragraph (1), there are no restrictions on upgrading to inpatient class for BPJS Mandiri patients, it may be more than one level contrary to the Minister of Health Regulation on Tariff Standards in JKN Article 48 paragraph (8) which prohibits class III BPJS independent participants from moving up to class. Comparative results of health insurance systems in Malaysia, the Philippines and Thailand showed no differentiation in membership and treatment classes between participants. Secondly, there is unfairness in the obligation for BPJS participant contribution amounts to be differentiated from classes I, II and III in accordance with Presidential Decree 64 of 2020 Article 34 paragraphs (1), (2) (3) and conflicting norms of the SJSN Law, explanation of Article 23 paragraph (4) and Presidential Decree on Health Insurance Article 51 paragraph

(1)with the issuance of the Minister of Health Regulation concerning Tariff Standards in the JKN Program Article 48 paragraph (8).

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