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Implementation of insurance policy through an organizing agency of health social security (OASS) in Indonesia

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Abstract
The Indonesian state guarantees the public health in accordance with the constitution regulated through some various legislations both at the national and local government levels. The barriers to health services in Indonesia are very complex given the existence of various laws and regulations related to the procedures of the service, structuring of medical personnel and financing. In order to be able to provide the satisfactory services to the people, various systematic and comprehensive efforts are seriously needed in accordance with the condition of the people diseases and the development of technology in the health sector. The Organizing Agency of Social Security, hereinafter abbreviated as OASS, is a legal entity formed to carry out social security programs. Social Security is a form of social protection to guarantee that all people can fulfill their basic needs to have a decent life.The existence of OASS is a form of public health insurance provided by the Indonesian government, and for the people who are classified as poor the insurance costs are borne by the government. It is really important to carry out an accreditation for the health care institutions, both primary health centers and hospitals, to guarantee the quality of health services. It is highly expected that the health workers have the competency to work according to the standards of profession, operating procedures, service, and professional ethics. They must respect the rights of patients, prioritize their interests and safety.

Keywords: health, poor, people, government, SSA

Introduction
The Declaration of Human Rights (DHR) or the Universal Independent of Human Right was initiated on December 10, 1948 and it consists of 30 articles. Article 25 paragraph 1 states that everyone has the right to have an adequate level of living for the health and well-being of himself and his family in accordance with the 2012-1019 Indonesian National Health Insurance Roadmap. The World Health Organization (WHO) states that there are three dimensions that must be absolutely considered, and they are: (1) how many percents of the population are guaranteed, (2) how complete the services are guaranteed, and (3) how much the direct costs are still borne by the population. (Amri Yusuf, 2016) [14]. The curative and rehabilitative services must have a high leverage for the health improvement and disease prevention for healthy people. Meeting the need for health services must be supported by various health facilities and institutions. The procurement of health facilities is carried out jointly by the government and the private sector by taking into account the factors of effectiveness and achievement for the poor and special groups such as infants, toddlers and pregnant women (Anoname, 2013) [1].

In order to be able to provide satisfactory services to the people, various systematic and comprehensive efforts are needed based on the condition and situation of community diseases and the development of the technology in the health sector. It is urgent to build and improve the capacity of health services in Indonesia. The right of the citizens to health is covered in the philosophy of the state, the five principles of Pancasila, and the 1945 Constitution articles 28H and 34, and it is also regulated in Act No. 23/1992 which was later replaced with Act 36/2009 concerning HealthIt is affirmed in Act 36/2009 that everyone has equal rights in gaining access to resources in the health sector and obtaining safe, qualified health services at affordable prices. Conversely, everyone also has an obligation to participate in the social health insurance program.

There are some barriers to health services such as complex bureaucracy, and the existence of various rules and regulations related to the service procedures, structuring of medical personnel, and financing. In 2004 Act No. 40 concerning the National Social Security System (NSSS) was issued to overcome the problems. Act 40/2004 mandates that the social security is mandatory for all residents including the National Health Insurance (NHI) through an Organizing Agency of Social Security (OASS).

Literature review
National Health Insurance System
It is stated in Article 28 H paragraphs (1) (2) (3) of the 1945 Constitution of the Republic of Indonesia that: (1) Every person has the right to have a good living physically and spiritually, live in and get a good and healthy environment and, and are entitled to health services. (2) Every person has the right to receive facilities and special treatment to obtain equal opportunities and benefits in order to achieve equality and justice. (3) Every person has the right to social security which enables him/her to reach a full development as a dignified human being. Furthermore, it is stated in Article 34 paragraphs (1), (2), (3) that: (1) The poor and waif or homeless children are taken care by the state. (2) The state develops a social security system for all people and

empowers the weak and incapable people in accordance with the human dignity. (3) The state is responsible for providing the adequate facilities of health care and public service.

In the Presidential Regulation of the Republic of Indonesia Number 72 of 2012 concerning the National Health System (NHS) Article 1 number 2 it is stated that National Health System (NHS) is the management of health which is carried out in a mutually supporting manner by all components of the Indonesian nation to ensure the highest level of public health. It is stated in Article 4 that (1) NHS is carried out by the government, regional government, and/or community (2) NHS is carried out in a sustainable, systematic, directed, integrated, comprehensive, and responsive manner towards any changes by maintaining the national progress, unity and resilience. Article 6 states that (1) the implementation of NHS is emphasized on improving the behavior and independence of the people, the professionalism of the human resources of health, and promotive and preventive efforts without overriding the curative and rehabilitative efforts. (2) The professionalism of human resources of health, as referred to paragraph 1, fostered by the Minister is only for health and supporting/health supporting workers involved, working and devoting themselves to any efforts and health management. (3) The implementation of NHS as referred to paragraph 1 must pay some attentions to: a. qualified, fair and equitable health service coverage b. provision of health services favoring the people; c. policies of public health to improve and protect the health of the people; d. leadership and professionalism in health development; e. innovation or breakthrough in science and technology that is ethical and proven to be beneficial in the implementation of health development, including strengthening the referral system; f. a global approach by considering such systematic, sustainable, orderly health policies and responsive to gender and children's rights; g. family and population dynamics; h. desires of the people; i. epidemiology of disease; j. ecological and environmental changes; and k. globalization, democratization and decentralization in the spirit of national unity and partnership and cooperation across sector.

Presidential Regulation of the Republic of Indonesia Number 12 of 2013 concerning Health Insurance. Article 1 of this Presidential Regulation describes what is meant by: 1. Health Insurance is a guarantee in the form of health protection so that the participants get some benefits from the health care and protection in meeting the basic needs of health given to everyone who has already paid some contributions or the fees are paid by the government. 2. The Health Social Security Organizing Agency, hereinafter abbreviated as HSSOA, is a legal entity formed to carry out the Health Insurance program. 3. The Recipients of Contribution Assistance of Health Insurance, hereinafter referred to as RCA of Health Insurance, are poor people as participants of the Health Insurance program.

The National Health Insurance (NHI) developed in Indonesia is a part of the national social security system which is carried out by applying the mechanism of the mandatory social health insurance based on Act No. 40 of 2004 concerning the National Social Security System with the aim of meeting the basic needs of public health, and it must be in accordance with the following principles: (1) The principle of mutual cooperation. It is highly expected that the social justice for the entire Indonesian people can be fostered. (2) The principle of non-profit. The management of the trust fund is not intended to get some profits (non-profit) from its development, and the surplus of the budget will be used and allocated for the benefit of the participants. (3) The principles of openness, (4) prudence, accountability, efficiency and effectiveness. (5) The principle of management is applied and it underlies the management activities of all fund originating from the participant contributions and the results of their development. (6) The principle of portability. It is intended to provide the ongoing guarantees even if the participants change their work or residence within the territory of the Unitary State of the Republic of Indonesia. (7) The mandatory principle of participation. It is a mandatory for the people to be the participants so that they can be protected. Even though it is compulsory for all people to participate, its application is still adapted to the economic capacity of the people and the government, and the feasibility of implementing the program. The first stage starts from the workers of the formal sector. They are obliged to take part and be the participants while the ones of the informal sector can become independent participants so that in the end the National Social Security System can cover all people (8) Principle of trust funds. Funds collected from the contributions of the participant are entrusted to the organizing agency to be well managed in order to optimize the funds for the welfare of the participants. (9) The principle of the result management of the Social Security Fund. All the results are used entirely for the development of the program and for the greatest interest of the participants.

Policy of the Organizing Agency of Social Security (OASS)

One of the goals of health development in Indonesia is an effort to improve the quality of health services. The qualified health service must be implemented in both government and private health service facilities. Through the quality of health service, it is expected that the people will be more interested in utilizing health care facilities starting from the levels of Puskesmas or Primary Health Cares, hospitals and other health care facilities (Pohan IS, 2002). There are many influencing aspects related to the improvement of the quality of health services such as: 1. Reliability. The accuracy and the examination of service are in accordance with the procedures. The schedule of the service is on time, and the procedures are not complicated; 2. Responsiveness; 3. Assurance. The knowledge of health workers about the diseases is good, the officers are very skillful in handling any complaints of the client; 4. Empathy. The officers give some special attention to the clients; 5. Physical evidence (tangibles) such as cleanliness of the room, exterior arrangement of PPK, neatness and cleanliness of the officers, cleanliness and readiness of the equipment used. (Nizwardi Azkha, 2007: 71)

The mechanism of OASS service is generally divided into two: (1) Emergency patient services; (2) Ordinary patient services (Filu Marwati Santoso Putri, 2014) There are several methods that can be used to avoid the accumulation of patients for the services of officers at the Puskesmas or Primary Health Cares and they are as follows: (a). Queue at Puskesmas or Primary Health Cares, (b). Doctors practices, in the ranks of primary health care for patients to reduce the focus of primary care in Puskesmas or Primary Health

Cares, (Syahdat Nurkholiq, 2011) [10] The dissatisfaction with the health services of OASS occurs in a. the implementation of health services of OASS patients in primary health care facilities; b. the implementation of health services of OASS patients in secondary health care facilities c. the implementation of health services of OASS patients in emergency cases d. the occurances of disputes of OAHSS health service in primary health care (Filu Marwati Santoso putri. 2014; 17) The management of facilities and human resources at Puskesmas or Primary Health Cares and hospitals is still not able to meet the needs of the people for the health referral services. Networking in the referral process is still done partially and there is no integrated communication network system for all Puskesmas or Primary Health Cares and hospitals. (Ignasius Luti, et al, March 2012: 33)

A research (Hadi, 2015) [13] suggests that to be able to improve the health services for the poor, the synergy of all parties involved in the health services is necessary, especially related to the relationships between the central and the regional governments, among the institutions in the regions, the improvement of the competence of the apparatus or officers in both quantity and quality, and hard skill and soft skill especially in health services at the primary level. The problems that often arise in implementing OASS for health, among others, include: the first is lack of transparency in hospital management in the distribution of packages from OAHSS for health workers (doctors) and drugs. Second, the government should also provide incentives to the private hospitals related to OASS services. Third, OASS for Health should map the areas that are densely and not densely populated (Okky Asokawati, 2016: 4) [3]

Research Methods

This research was carried out comprehensively and holistically to study the problems and to achieve the goal, and a Socio Legal qualitative approach is implemented (Afdol, 2008: 11) [2] It took into account the normative aspects and also the field research. It took place in Sidoarjo regency as a buffer area of Surabaya City, the provincial capital. It is expected that results of this research can also be used as Prototype of other areas.

The main sources of information in this study were District Health Office, PHC Manager, Medical and administrative Personnel of PHC, SHIP participants, who were the patients of PHC, and SHIP as the organizer of public health insurance. The source of information was determined purposively based on the class of the rank of PHC staff while the patients were based on the SHIP membership class. Snowball technique was applied to obtain some complete, deep, and comprehensive information.

Legal Materials. Collecting some primary and secondary legal materials related to the research topic was the first imporatnt priority to do. They were obtained through literature studies, books, articles, legal journals, internet, seminar results and others. Furthermore, the primary legal materials were used to explain the legal issues that became the subject of the discussion with the starting point of the theories, concepts and principles of law as the basis of research. These collected research materials were carefully studied to obtain the essence inside them, either in the form of ideas, proposals and arguments, as well as related provisions.

In-depth interview technique was used to collect the data (Heru Irianto, 2001) [7]. They were deep and comprehensive information which were very important for the research. After conducting in-depth interviews, the results were then discussed in Focus Group Discussion - FGD (Bungin, 2001: 172) [5, 7]. FGD was used to gather the information from various parties directly involved related to the role of PHC. Through FGD, it is expected to obtain any information from some various parties related to the various laws/acts and regulations, problems faced by each party and to find some solutions together so that a more comprehensive and holistic model design could be developed.

Results and discussion

Agency of Social Security - OASS for Health

In the Republic of Indonesia Presidential Regulation Number 12 of 2013 concerning Health Insurance, Article 1 states that what is referred to as Health Insurance is a guarantee in the form of health protection so that the participants receive health care and protection benefits in meeting the basic needs of health given to everyone who has paid some contributions or the fees are paid by government. 2. The Organizing Agency of Social Security, hereinafter abbreviated as OASS, is a legal entity formed to carry out the Health Insurance program. 3. The Recipients of Contribution Assistance (RCA) for Health are the poor and they are the participants of the Health Insurance program. 4. The participants are everyone, including foreigners, who work for a minimum of 6 (six) months in Indonesia, have already paid the contributions. 5. Benefits are the merits of the social security that become the right of the Participant and/or his family members. Paragraph 14. Health facilities are health service facilities that are used to carry out some individual health services for promotive, preventive, curative and rehabilitative services carried out by the Government, Regional Government, and/or the Community.

Social Security is a form of social protection to guarantee that all people can fulfill the basic needs of a decent life. OASS itself is divided into two types, namely OASS for Health and OASS for for Employment. OASS for Health began operating the health insurance program on January 1, 2014. The Organizing Agency of Social Security, hereinafter abbreviated as OASS, is a legal entity established to implement the Health Insurance program. Whereas based on the Minister of Health Regulation of the Republic of Indonesia Number 75 of 2014 the Public Health Center, hereinafter referred to as Puskesmas or Primary Health Care, is a health service facility that organizes the public health efforts and first-rate individual health efforts, prioritizing promotive and preventive efforts, to achieve the highest level of public health in the working area. (Rahmat Hidayatullah, 2016, 5040- 5041) [6]

The Presidential Regulation of the Republic of Indonesia Number 72 of 2012 is related to the National Health System (NHS). Article 1 number 2 states that the NHS is the management of health carried out in a mutually supporting manner by all components of the Indonesian nation in order to ensure the highest level of public health. Article 4 (1) states that NHS is carried out by the government, regional government, and/or community (2) NHS is carried out in a sustainable, systematic, directed, integrated, comprehensive, and responsive manner to any changes by maintaining the national progress, unity and resilience. Article 6 (1) states that the implementation of the NHS is emphasized on

improving the behavior and independence of the people, the professionalism of the human resources of health, and promotive and preventive efforts without overriding curative and rehabilitative efforts. (2) The professionalism of health human resources as referred to paragraph (1) fostered by the Minister is only for health workers and supporting/health supporting workers involved and working and devoting themselves to any efforts and health management. (3) The implementation of the NHS as referred to paragraph (1) must pay some special attentions to: a. qualified, fair, and equitable health service coverage; b. provision of health services favoring the people; c. public health policies to improve and protect the health of the people; d. leadership and professionalism in the development of health; e. innovation or breakthrough in science and technology that is ethical and proven to be beneficial in the implementation of broad health development, including strengthening the referral system; f. a global approach by considering such systematic, sustainable, orderly health policies and responsive to gender and children's rights; g. family dynamics and population; h. desires of the people; i. epidemiology of disease; j. ecological and environmental changes; and k. globalization, democratization and decentralization in the spirit of national unity and partnership and cooperation across sectors.

Article 29 of the Republic of Indonesia Presidential Regulation Number 12 of 2013 states that: (1) For the first time each Participant is registered by OASS for Health at a first-level Health Facility determined by OASS for Health after receiving some recommendations from the local district/city health office. (2) Within a period of at least 3 (three) months, the Participant has the right to choose the desired first-rate Health Facility. (3) Participant must obtain any health services at the first level of Health Facilities where he is registered. (4) In certain circumstances, the provisions referred to paragraph (3) do not apply to the participant who: a. is outside the first level Health Facility area where he is registered; or b. in the event of a medical emergency. (5) In the event that the Participant requires any further level health services, the first level Health Facility must refer to the closest referral health facility with the higher level in accordance with the referral system stipulated in the provisions of the statutory regulations. (6) Further provisions regarding the first-level health services and advanced level referral health services are regulated by a Ministerial Regulation.

The Regulation of Health Minister of the Republic of Indonesia Number 71 of 2013 concerning Health Services at National Health Insurance states that (1) The Government and Regional Government are responsible for the availability of Health Facilities and the provisions of health services for the implementation of the Health Insurance program. (2) The Government and Regional Government can provide some opportunities for the private sectors to play a role and fulfill the availability of Health Facilities and the provisions of health services. Article 36 (1) states that Health service providers include all Health Facilities that establish some cooperations with OASS for Health BPJS Kesehatan. (2) Health facilities owned by the Government and Regional Governments that meet the requirements must cooperate with OASS for Health. (3) Private-owned Health Facilities that meet the requirements can establish some cooperations with OASS for Health BPJS Kesehatan. (4) Cooperations as referred to paragraphs (2) and (3) are carried out by making a written agreement. (5) The requirements referred to paragraphs (2) and (3) are regulated by a Ministerial Regulation.

Implementation of OASS Policy Related to the National Health Insurance

The implementation of health services in the National Health Insurance (NHI) JKN includes all health facilities in collaboration with the Organizing Agency of Social Security (OASS) in the form of First Level Health Facilities (FLHF) (FKTP) and Advanced Level Referral Health Facilities (ALRHF) (FKRTL), where FLHF is in the form of Primary Health Cares or Puskesmas or equivalent, doctors, dental practice, primary clinic or equivalent and Primary D class hospital or equivalent, which must provide comprehensive health services (Ministry of Health, 2013).

The procedures of Health service in NHI, specially the services for patients, are carried out in stages, starting from FLHF held by FLHF where participants are registered. First Level Health Facilities (FLHF) of NHI participants consist of Primary Health Cares or Puskesmas, doctors, dentists, primary clinics and Primary Class D Hospitals in collaboration with OASS for Health (Ministry of Health, 2014b). Practicing doctors, both general practitioners and dentists, are included in the first-level health facilities on the NHI program by collaborating with OASS for Health and fulfilling the stipulated requirements.

Primary Health Cares or Puskesmas must be established in each sub-district, in certain conditions, however, in one sub-district, one or more Primary Health Cares or Puskesmas can be established based on the consideration of service needs, population and accessibility. Health care is an effort provided by the Primary Health Cares or Puskesmas for the people, and it includes planning, implementing, evaluating, recording, reporting, and it is stated in a system. OASS for Health, in determining the choice of health facilities, carries out selection, credentialing and recredentialing with the technical criteria which include the human resources, facilities and infrastructure, service scope and service commitment (Ministry of Health, 2013).

The technical criteria are used to determine the collaboration with the OASS for Health, the amount of capitation and the number of participants that can be served. All FLHFs that are in collaboration with OASS for Health, in the transition period are declared as primary clinics and within two years must meet the requirements as primary clinics based on Permenkes or the regulation of the Minister of Health No. 71 of 2013, and FLHFs in collaboration with OASS for Health are excluded from the accredited obligations and must adjust to the provisions within a period of five years.

In the Act of the Republic of Indonesia Number 36 of 2009 concerning Health Article 54 it is stated that (1) The implementation of health services is carried out in a responsible, safe, qualified, and equal and non-discriminatory manner. (2) The Government and regional governments are responsible for the implementation of health services as referred to paragraph 1. (3) Supervision of the implementation of health services as referred to paragraph (1) shall be carried out by the Government, regional government, and the community. Article 55 states that (1) The government is obliged to set quality standards for health services. (2) The quality standards of the health service as referred to paragraph (1) are regulated by

Government Regulations. Act of the Republic of Indonesia Number 29 of 2004 concerning the Medical Practice, Article 49 states that (1) Every doctor or dentist in carrying out the medical or dental practices are obliged to perform some quality and cost controls. (2) In the context of implementing activities as referred to paragraph (1) a medical audit can be held. (3) Guidance and supervision of the provisions referred to paragraphs (1) and (2) are carried out by professional organizations. The Presidential Regulation of the Republic of Indonesia Number 72 of 2012 concerning the National Health System (NHS) Article 4 (1) states that NHS is implemented by the Government, Regional Government, and/or the community. (2) NHS is carried out in a sustainable, systematic, directed, integrated, comprehensive, and responsive manner to any changes by maintaining the national progress, unity and resilience.

Ensuring the quality of health services is described in the Decree of the Minister of Health No. 52 of 2015 concerning the Strategic Plan of the Ministry of Health of the Republic of Indonesia for 2015-2019 which has been revised by Decree of the Minister of Health No.HK.01.07/MENKES/422/2017 concerning the Revision of the Strategic Plan of the Ministry of Health of the Republic of Indonesia in 2015-2019, the Directorate General of Health Services implemented a health service development program. The strategic objectives and the goals of the program/activity to be achieved over a period of 5 years are as follows (Lakip Dirjen Yan 2017: 18)

The results of this study indicated that the implementation of the policy of OASS for Health program in Pandan Arang General Hospital has been carried out quite well although in the initial stages of the implementation of the relatively recent program was a bit confusing for the people. The obstacle experienced by the Office of OASS for Health in running the program is the lack of awareness of the people in activating the OASS for Health program and in paying the premium contributions on time. (Yudi Prasetyo, 2016)

The Decree of the Minister of Administrative Reform No. 63 of 2003 describes the general guidelines for the implementation of public services, the standards of the service quality including Service Procedures, Time of Settlement, Service Costs, Service Products, Facilities and Infrastructures, Competencies of Public Service Providers to maintain the service quality, and there must be an attachment 1 of the regulation of the health minister number 46 of 2015. In the Regulation of the Minister of Health of the Republic of Indonesia No. 9 of 2014 concerning Clinics Article 14 it is stated that Every health worker working in the Clinic must work according to the standards of profession, operating procedures, service, professional ethics, respect for the patient rights, and prioritizing the patient interests and safety. Permenkes or the Regulation of the Minister of Health No. 75 of 2014 concerning Puskesmas Article 39 paragraph 1 states that: In an effort to improve the quality of services, Primary Health Care or Puskesmas must be accredited periodically at least once in 3 (three) years. The Regulation of Health Minister number 71 of 2013 concerning health services at the National Health Insurance states that first-level health facilities must be accredited and hospitals must have the certificates of the accreditation. The policy of the central government must be supported by the local governments, especially related to the financing and availability of human resources. It is very important to increase the public health insurance. Such policies of the central and local governments must be synchronized for the better achievemnet.

Conclusion

The state guarantees the public health in accordance with the constitution in Indonesia, and the public health is regulated by some various acts and regulations both at the local and national levels of government to ensure the health of the people, especially of the poor, is well maintained. To ensure the public health, an implementing body was formed as an organizer of health insurance financing with a health insurance system so that none of the people, when experiencing illness, could not find any treatments due to the lack of funds. The insurance costs, for the people who are classified as poor, are borne by the government. When people experience pain; then they can find some treatments at the health services, doctors, Primary Health Care or puskesmas services, hospitals organized by the the government and private sectors in collaboration with OASS. The accreditation is carried out for the health care institutions, both health centers and hospitals, to guarantee the quality of health services. It is expected that every health worker must be able to work according to the standards of profession, operating procedures, service, professional ethics, respect for the patient rights, and prioritizing the patient interests and safety.

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