

THE ISLAMIC LAW REVIEW ON MANAGEMENT OF THE SOCIAL SECURITY  
ORGANIZING AGENCY (BPJS)

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**Abstract:**

The Social Security Organizing Agency (BPJS) is a legal entity formed in the aspect of a health insurance program. BPJS is part of the JKN (National Health Insurance) which has the aim of ensuring the health of the entire citizen. To measure whether the BPJS for health has been able to realize its goals, it is necessary to discuss this matter through this journal. With the journal method, the descriptive type method, and the data collection technique used is library research. Then the data is analyzed by descriptive analysis method and associated with the facts. Data shows that the BPJS is a mutual assistance guarantee program, participation is mandatory for all citizens and is not selective, as well as the existence of a contribution system. Facilities provided include First Level Health Facilities (FKTP), Advanced Level Referral Health Facilities (FKRTL), supporting health facilities, all of which are provided to address health problems since the level of minor illness. However, in the development of the implementation of the BPJS program, several problems emerged, which eventually affected the level of public health. The results of the Bahtsul Masail of PBNU in the Bahtsul Masail commission session at the Bahrul Ulum Nahdatul Ulama Islamic Boarding School, decided that the Social Security Organizing Agency (BPJS) was halal and could be used for all groups in the framework of health insurance in Indonesia.

**Keywords:** BPJS and Public Health, JKN, health problems

**Abstrak:**

*Badan Penyelenggara Jaminan Sosial (BPJS) kesehatan adalah badan hukum yang dibentuk dalam aspek sebagai program jaminan for health. BPJS merupakan bagian dari JKN (Jaminan For health Nasional) yang mempunyai tujuan untuk menjamin kesehatan seluruh masyarakat. Untuk mengukur apakah BPJS kesehatan sudah mampu mewujudkan tujuannya, perlu adanya pembahasan mengenai hal tersebut melalui jurnal ini. Dengan metode jurnal yaitu metode jenis deskriptif, dan teknik pengumpulan data yang digunakan adalah studi kepustakaan. Kemudian teori dianalisis dengan metode analisis deskriptif dan dikaitkan dengan fakta yang ada. Teori menunjukkan bahwa prograam BPJS adalah progam jaminan yang bersifat gotongroyong, kepesertaan bersifat wajib bagi semua masyarakat dan tidak bersifat selektif, serta adanya sistem iuran. Fasilitas yang disediakan meliputi: Fasilitas For health Tingkat Pertama (FKTP), Fasilitas For health Rujukan Tingkat Lanjutan (FKRTL), Fasilitas For health Penunjang. Semua disediakan untuk mengatasi masalah for health pada masyarakat dari tingkat penyakit yang paling ringan. Namun dalam perkembangan pelaksanaan program BPJS muncul beberapa permasalahan, yang akhirnya akan berimbas terhadap tingkat for health masyarakat. Adapun hasil Bahtsul Masail PBNU dalam sidang komisi Bahtsul Masail di Ponpes Bahrul Ulum Nahdatul Ulama memutuskan Badan Penyelenggara Jaminan Sosial (BPJS) adalah halal dan bisa dipergunakan untuk semua kalangan dalam rangka jaminan kesehatan di Indonesia*

**Kata Kunci:** BPJS dan Kesehatan Masyarakat, JKN, masalah kesehatan

## PREFACE

Health is an important part of human right. Health is also one of the basic human needs, besides food, clothing, and shelter. In life, humans are said to be healthy if a person feels normal both physically and mentally which is a condition that is free from various types of diseases.

The concept of health is a normal condition which can be correlated to standards based on certain criteria, according to gender and the surrounding citizen. To get health, of course we need a specific way and the existence of health services. Every human being needs health services to support the quality of their health, in extreme point of view it can be said that health services cannot be separated from human life.

The Indonesian government makes effort to improve the citizens health by issuing a health insurance policy for all citizens through the Social Security Organizing Agency (BPJS) so that every citizen gets health services. The Social Security Administering Body (BPJS) for Health is a legal entity established in the aspect of a health insurance program, with the aim of protecting the health of whole citizens at affordable premium and with wider coverage for whole citizens.<sup>1</sup>

<sup>1</sup>Abidin, *Pengaruh Kualitas Pelayanan BPJS kesehatan Terhadap Kepuasan Pasien di Puskesmas Cempae Kota Parapare*, Jurnal MKMI, Vol. 12 No. 2, Juni 2016

<sup>2</sup> Ade Irma Suryani, Agung Suharyanto, *Implementasi Program Badan Penyelenggara*

BPJS is a State-Owned Enterprise (BUMN) which is transformed into a Public Legal Entity that is specially assigned by the government to administer the National Health Insurance (JKN) for all Indonesian. BPJS for health together with BPJS Employment (Jamsostek) is a government program within the National Health Insurance (JKN) which was inaugurated on December 31<sup>st</sup>, 2013. BPJS for health began operating on January 1<sup>st</sup>, 2014, while BPJS Employment began operating on July 1<sup>st</sup>, 2014. BPJS for health previously named Askes (Health Insurance), which is managed by PT Askes Indonesia (Persero), but according to Law no. 24 of 2011 concerning BPJS, PT. Askes Indonesia converted to BPJS For health since January 1<sup>st</sup>, 2014.<sup>2</sup>

Meanwhile, the National Health Insurance (JKN) is a guarantee in the form of health protection so people can get benefit from health care and protection in fulfilling basic health needs. The National Health Insurance Program (JKN) is a government program that aims to provide comprehensive health insurance assurance for every Indonesian in order to live a healthy, productive and prosperous life. Operationally the implementation of the National Health Insurance is outlined in government

*Jaminan Keesehatan (BPJS) dalam Meningkatkan Pelayanan Administrasi kesehatan di Rumah Sakit Umum Sibuhuan Kabupaten Padang Lawas*, Jurnal Ilmu Administrasi Publik 4 (1) (2016): 86- 99

regulation no 101 of 2012 concerning aid recipients. dues (PBI) and Presidential regulation no 12 of 2013 on health insurance and the National Health Insurance road map.

BPJS for health as one of the administrator of the National Health Insurance, functions to reduce the risk of the public covering health costs from their own money, in amounts that are difficult to predict and sometimes require large costs. The citizens need a guarantee in the form of National Health Insurance by giving a fixed premium per month. Thus, health financing is jointly shared by all BPJS for health participants, so that it is not kind of individual burden.<sup>3</sup> The existence of the BPJS for national health insurance program is significantly helpful for the citizens to reduce medical costs, so that at this time many people who take advantage of BPJS for health services, the optimization needs to be carried out for the sake of citizen satisfaction.

Law number 24 of 2011 concerning the Social Security Administration (BPJS) has mandated BPJS for health as the organizer of the National Health Insurance (JKN) program to always provide information to the participants and always convey to the public about the procedures for obtaining this BPJS service. Information regarding rights and obligations, so that participants know what BPJS will provide

them and what obligations it will carry out if they join the program. Following are the rights and obligations of BPJS for health participants:

#### Participants' Rights:

1. Get the participant cards as participant identity to obtain health services
2. Receive benefits and information on rights and obligations as well as health service procedures in accordance with applicable regulations
3. Deliver complaints, criticism and suggestions verbally or sincerely to BPJS for health.

#### Participants' Obligations:

1. Register himself and his family members as BPJS for health participants
2. Pay dues
3. Provide complete and correct data for himself and his family members
4. Report changes in the data of himself and his family members, including changes in class, rank or amount of salary, marriage, divorce, death, birth, change of address or move to first level health facilities
5. Maintain participant cards so that they are not damaged, lost or used by unauthorized persons
6. Obey all the provisions and procedures for health services.

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<sup>3</sup>Debra S. S. Rumengan, *Faktor-Faktor Yang Berhubungan Dengan Pemanfaatan Pelayanan Kesehatan Pada Peserta BPJS kesehatan*

The implementation of health programs continues to increase, therefore services and facilities continue to be improved because the number of BPJS For health participants continues to increase. BPJS for health partners or health facilities such as hospitals, health centers, clinics and doctors continue to grow. This improvement is also aimed at realizing satisfaction in the citizen and for the realization of the BPJS goal, namely "Realizing the implementation of the provision of proper health insurance for every participant and / or family member as a means of fulfilling the basic needs of life for the Indonesian population" (Law No. 24 of 2011 Article 3).<sup>4</sup>

The existence of BPJS for health with all of its existing facilities, whether the existence of BPJS really has a big impact on the level of public health at this time. For this reason, it is a need to conduct a study on "BPJS and its implications for the level of public health" to determine the extent to which BPJS is able to realize JKN's goals, to provide comprehensive health insurance assurance for all Indonesian in order to live healthy, productive and prosperous.

## METHOD

The method used in this research is descriptive method, which aims to provide a systematic, factual, accurate description of

the facts, phenomena and characteristics that occur regarding the life of a social group and individuals, an object, a certain population and an event that occurs. . The data used are secondary data, data obtained indirectly through official documents, books, journals, and other literature relevant to the discussion of the journal. The data collection technique used is literature study. Then the data were analyzed using descriptive analysis method in accordance with the existing facts.

## THEORY

We have to know that several factors that can affect the degree of public health. Various factors that will later affect how to obtain public health and can be used as a reference in overcoming public health problems, these factors include:

### 1. Environment

This environment includes the physical environment such as garbage, water, air, housing, and socio-culture (economy, education, work, etc.).

### 2. Heredity

Some diseases that are difficult to heal or prevent due to genetic factors, for example: diabetes mellitus, bronchial asthma, epilepsy, hypertension mental retardation and color blindness.

### 3. Health Services

<sup>4</sup>Monica Pertiwi, Herbasuki Nurcahyanto, *Efektivitas Program BPJS Di Kota Semarang (Studi Kasus pada Pasien Pengguna Jasa BPJS Kesehatan di Puskesmas Srandol*

With health services, people will receive health recovery services, disease prevention, treatment and care.

#### 4. Behavior

Human behavior strongly affects their health. Because after all, being healthy is also very much determined by how a person can manage his life in addition to other factors.

After knowing the factors above, here is the responsibility of BPJS For health to fulfill public health. BPJS for health is a legal entity established to administer the JKN program. The BPJS is directly responsible to the President. To reach the people of BPJS domiciled in the capital city of the Republic of Indonesia. BPJS also has representative offices in the provinces and branch offices in districts / cities. BPJS is charged several items, they are: accepting registration for JKN participants, collecting contributions from JKN participants, managing participant funds and data, financing health services, providing information on the implementation of JKN. In terms of service, BPJS provides the following benefits and services:

1. First Level Health Facilities (FKTP), including:
  - a. Puskesmas or equivalent
  - b. Individual practice general practitioner
  - c. Private practice dentist

- d. Primary Clinic or equivalent including first level health facilities belonging to the TNI / Polri

- e. Primary D class hospital or equivalent.

#### 2. 2. Advanced Level Referral Health Facilities (FKRTL), including:

- a. Primary Clinic or equivalent
- b. health centers
- c. General Hospital
- d. Special Hospital

#### 3. 3. Supporting health facilities include:

- a. Health Laboratory
- b. Pharmacy
- c. Optics<sup>5</sup>

Guaranteed health services:

#### 1. First Level Health Services

- a. First Level Outpatient includes;
  - 1) Service administration
  - 2) Promotional and preventive services
  - 3) Examination, treatment, and medical consultation
  - 4) Non-specialized medical action, both operative and non-operative
  - 5) Medical services and consumable medical materials
  - 6) First level laboratory diagnostic support

<sup>5</sup> Buku Panduan BPJS Layanan Bagi peserta BPJS Kesehatan tahun 2015

- 7) Examination of pregnant women, postpartum, nursing mothers and babies
  - 8) Efforts to cure the side effects of contraception, including handling complications of postpartum family planning
  - 9) Basic medical rehabilitation
- b. Dental services
  - c. First degree hospitalization according to medical indications
  - d. Blood service according to medical indications
2. Advanced level referral health services, including outpatient and inpatient health services, which include:
- a. Service administration
  - b. Examination, treatment, and consultation for specialists and sub specialists
  - c. Specialized medical action, both operative (surgical) and non-operative according to medical indications
  - d. Medical services and consumable medical materials
  - e. Medical equipment services
  - f. Advanced diagnostic support services according to medical indications
  - g. Medic rehabilitation
  - h. Blood service
  - i. Clinical forensic medical services include making a visum et repertum or medical certificate based on a forensic examination of a living person and a forensic psychiatric examination
- j. The corpse service is limited to participants who die after being admitted to health facilities in collaboration with BPJS for health where the patient is treated in the form of corpses and does not include coffins, shrouds or funeral equipment and hearses.
3. Maternity and Neonatal Services
- a. The coverage of midwifery and new birth services includes services for after birth care, childbirth, post-delivery and newborn examinations, as well as family planning services.
  - b. BPJS for health guaranteed delivery does not limit the number of pregnancies / deliveries
  - c. Delivery services are billed by the health facility that provides the service
  - d. Midwifery and before birth services are served by the FKTP and can be referred to the FKRTL for medical indications
  - e. Claims for childbirth services are billed by health facilities and cannot be billed individually as a participant.
4. Emergency Service
- Emergency services that can be guaranteed are in accordance with the applicable emergency criteria. Emergency services claims are billed by



health facilities and cannot be billed individually by the patient.

##### 5. Ambulance Service

Ambulance services are provided for land and water transportation, for participants with certain conditions between health facilities, accompanied by efforts or activities to maintain the stability of the patient's condition with the aim of saving the patient's life in accordance with statutory provisions.<sup>6</sup>

From the explanation of all the facilities provided by BPJS, the following is an explanation of how to obtain facilities. The principle of JKN social insurance is mutual cooperation, membership is mandatory and not selective. A JKN participant is any person, including foreigners who have worked in Indonesia for at least six months in Indonesia, and have registered themselves and have paid contributions. Contributions are based on a percentage of wages, and are managed on a non-profit basis.<sup>7</sup> JKN in BPJS for health has an equity principle, it is equality in obtaining services according to medical needs that are not related to the amount of contributions that have been paid.

Participants have rights to JKN benefits. To receive health service insurance

continuously, participants are required to pay JKN contributions regularly and continuously until the end of their lives. JKN participants are divided into two main groups, the Contribution Aid Recipients and Non-Contribution Assistance Recipients. Recipients of Contribution Assistance receive subsidies for JKN contributions from the Government. Non-Contribution Assistance Recipients are required to pay JKN contributions by themselves or together with their employers.<sup>8</sup> Meanwhile, Contribution Assistance recipients are not required to pay all costs borne by the government.

From the above theory there are also facts the development of the implementation of the National Health Insurance (JKN) program, several problems arise including:

1. Socialization: Many people who still do not know the procedure for getting health insurance.
2. Health Facilities: The designated service facilities are inadequate, many facilities do not meet standards, and the number of doctors is less than ideal.
3. Data availability: There are still doubts about the security of the BPJS participant data system.<sup>9</sup>

<sup>6</sup>Buku Panduan BPJS Layanan Bagi peserta BPJS Kesehatan tahun 2015

<sup>7</sup>UU SJSN Penjelasan Pasal 19 ayat 1

<sup>8</sup>Nurul Widiastuti, *Implementasi Program Jaminan Kesehatan Nasional Pada BPJS Kesehatan*, Publikasi Ilmiah 2018

<sup>9</sup> Hubaib Alif Khariza, *Program Jaminan Kesehatan Nasional: Studi Deskriptif Tentang Faktor-Faktor Yang Dapat Mempengaruhi Keberhasilan Implementasi Program Jaminan Kesehatan Nasional Di Rumah Sakit Jiwa Menur Surabaya*, Volume 3, Nomor 1, Januari – April 2015

**Proof is allowed to participate in the BPJS  
Program**

First, to be understood that the main purpose of holding the National Social Security (JSN) is for purpose of *ta'awun* practice (help each other). The law of doing help through the form of funds to others, the law is *sunnah* because the sole intention is to seek blessing from Allah SWT. As mentioned in the Qur'an *surat al Maidah* verse 2:

وَتَعَاوَنُوا عَلَى الْبِرِّ وَالتَّقْوَىٰ ۖ وَلَا تَعَاوَنُوا عَلَى  
الْإِثْمِ وَالْعُدْوَانِ ۖ وَاتَّقُوا اللَّهَ ۖ إِنَّ اللَّهَ شَدِيدُ  
الْعِقَابِ

Meaning: "... and help one another in (doing) virtue and piety, and do not help one another in committing sins and transgressions. And keep your duty to Allah. Allah is severe in punishment." (al-Mâidah 5:2)

As an example of helping each other in goodness and piety, Rasulullah Shallallahu 'alaihi wa sallam said:

انصُرْ أَهْلَكَ ظَالِمًا أَوْ مَظْلُومًا قَالُوا يَا رَسُولَ اللَّهِ  
هَذَا نَنْصُرُهُ مَظْلُومًا فَكَيْفَ نَنْصُرُهُ ظَالِمًا قَالَ تَأْخُذُ  
فَوْقَ يَدَيْهِ

Meaning: "Help your brothers, whether in a state of being unjust or being persecuted. Some asked: "O Messenger of Allah, we will help the persecuted. How to help people who are doing injustice?" he replied: "By preventing him from committing

tyranny. That is the form of your help to him."  
" [HR. al-Bukhâri.

In another hadith the Prophet said:

عن ابن عمر رضي الله عنهما: أَنَّ رَسُولَ اللَّهِ -  
صلى الله عليه وسلم - قَالَ: «المُسْلِمُ أَخُو  
المُسْلِمِ، لَا يَظْلِمُهُ، وَلَا يُسْلِمُهُ. مَنْ كَانَ فِي حَاجَةِ  
أَخِيهِ، كَانَ اللَّهُ فِي حَاجَتِهِ، وَمَنْ فَرَّجَ عَنْ مُسْلِمٍ  
كُرْبَةً، فَرَّجَ اللَّهُ عَنْهُ بِهَا كُرْبَةً مِنْ كَرْبِ يَوْمِ الْقِيَامَةِ،  
وَمَنْ سَتَرَ مُسْلِمًا سَتَرَهُ اللَّهُ يَوْمَ الْقِيَامَةِ». مُتَّفَقٌ  
عَلَيْهِ.

Meaning: "From Ibn Umar radhiyallahu 'anhuma that Rasulullah S.A.W. said: "A Muslim is the brother of other Muslims, let him not persecute his brothers, do not surrender him to the enemy. Whoever gives help to the wishes of his brother, then Allah always gives help to the wishes. And whoever opens up to a Muslim will one hardship, then Allah will ease for him a hardship from so many hardships on the Day of Judgment. And whoever covers the blemishes of a Muslim then Allah will cover his blemishes on the Day of Judgment". (Muttafaq 'alaih).

**DISCUSSION**

Based on Law Number 40 of 2004 concerning the National Social Security System in line with the JKN-KIS program, it is hoped that on January 1<sup>st</sup>, 2019 all Indonesian will be registered in JKN-KIS program or Universal Health Coverage. The government has determined that in order to



say Universal Health Coverage, at least 95% of the population has been registered in the JKN-KIS program.<sup>10</sup> But in fact, until now the end of December 2018 this program has not covered all people yet. It is necessary to understand what causes this condition. From the existing workshop, BPJS for health has arranged what is given and how to position itself in society. However, for its implementation, it also needs to be considered, starting from how the citizen can find out about the existence of BPJS for health as part of JKN, how people can use it, and the quality of health services provided. It is because closely related to how BPJS for health works with the number of people who join this program. Thus, the level of public health that BPJS for health has covered, can be measured in order to achieve the goals of JKN. The following is an explanation of various factors:

### **BPJS and Fulfillment Obtaining Method of Public Health**

Based on the theory above, it can be explained as follows:

*First:* JKN participation is mandatory and not selective, it means JKN participants should be all Indonesians. BPJS as one of the JKN programs should also be followed by all Indonesian without exception. And BPJS openly does not differentiate among people

who want to register as a participant. This shows that the BPJS is very responsible for the health of the entire citizen in order to create a healthy and prosperous society. However, in practice, the citizen has not entirely registered as BPJS participants.

*Second:* based on the theory that JKN participants are divided into two main groups, the Contribution Assistance Recipients and Non-Contribution Assistance Recipients. It can be seen that JKN has provided a solution to the economic problem to who are unable to pay their own dues because of the necessities of life. In the end they cannot set aside a portion of their income to participate in BPJS. This assistance is in the form of providing contribution assistance to poor people through regional level government, by selecting people who are indeed in economic difficulty. However, in reality the poor have not entirely received this assistance, in fact there are still cases of Contribution Aid Recipients who are mis-targeted.

*Third:* based on the theory that BPJS has representative offices in the province and branch offices in districts or cities. Which can make it easier for participants to list from any region even from the lowest region. This shows that BPJS has actually reached the citizen from the lowest level of the region. Each region is given a policy for this program

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<sup>10</sup>Wenny Andita, *Implementasi Kebijakan Badan Penyelenggara Jaminan Sosial Di Badan Layanan Umum Daerah*, 2016

to disseminate BPJS to the citizen, in order to achieve overall public health. However, the case is in remote areas where there are few health facilities such as health centers, hospitals and pharmacies. It is questionable how would BPJS be able to reach such areas, if in practice BPJS cooperates with these supporting health agencies. The problem, that the health program has not yet reached the whole citizen.<sup>11</sup>

### ***BPJS and Fulfillment of Public Health Based on the Method of Socialization***

In welcoming the implementation of the National Social Security System (SJSN) based on the mandate of Law No. 24/2011 concerning Health Insurance Administering Bodies, the role of government hospitals is very important. All socialization is carried out to achieve indicators of socialization success. These indicators of success include that the public knows about the National Health Insurance and its procedures, and the public's understanding of the BPJS can increase, so that only few of them don't know about the government's new program known as the National Health Insurance. From several studies many people who do not know health insurance and the procedures for administering BPJS for health.

The BPJS for health program should be not only should be understood by the implementing party, but also the citizen as

the recipients of BPJS for health services. One of the efforts to provide an understanding of this program that has been carried out by the government is by providing counseling or outreach to the regions using several methods, as follow:

*First:* direct socialization from BPJS for health and from regional officials. In socialization, facilities and infrastructure are very important because they are useful for supporting the implementation of the socialization process, both directly and indirectly. The facilities and infrastructure used include a place or room for socialization, and socialization media. The media used in the socialization of the JKN Program are: laptops, LCDs, power points, posters, banners, and leaflets. The use of facilities and infrastructure and the media will certainly greatly affect the results to be achieved in socialization and create a comfortable atmosphere for the people.

*Second:* BPJS for health also opens up for people who want to know about BPJS For health by coming directly to the BPJS offices in their respective areas where BPJS offices are already available.

*Third:* BPJS for health has also issued a service manual for BPJS participants for someone who has registered with BPJS for health. However, some problems still with the provision of pocket books, one of which

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<sup>11</sup>Yogi Bhakti Marhenta, *Pengaruh Tingkat Kualitas Pelayanan BPJS*, JMPF Vol.8 No.1, Februari 2018

is the problem with the element of application, especially in the aspect of referral. Most of the citizens do not understand the referral system.<sup>12</sup>

Of the several forms of socialization carried out, the citizen still does not know or fully understand BPJS for health . This is because the provision of socialization is there but not optimal. The socialization program by BPJS has been carried out but there are still people who don't know about it. Based on these problems, it can be seen that in terms of socialization, BPJS is still not effective. As a result, the public's understanding of the JKN program is little, and this is one of the consequences of not joining the BPJS program. People considerably don't know about the BPJS program because of several things:

1. People are reluctant to attend socialization events
2. BPJS for health provides information about the JKN program at inappropriate times, for example providing socialization during working hours for most people.
3. Parties from BPJS inform. There are JKN programs that have not come face to face with the citizen . Only through advertising and so on.<sup>13</sup>

From the above factors that cause the effectiveness of BPJS socialization, the fault is not only in entirely the BPJS but also in the citizen itself, starting from the lack of curiosity to know BPJS for health , the level of public understanding of what is being discussed in the socialization, and the time factor.

### **BPJS and Fulfillment of Public Health Based on Health Services**

It is important in building public perceptions regarding the JKN Program by BPJS Health so that this program can be carried out optimally, and can be utilized by BPJS participants properly. A good program needs to disseminate its functions and benefits both by the manager and by the service provider, namely the *Puskesmas*. And all health workers also need to increase their awareness in providing services to the citizen . The existence of good communication between patients or the citizen and health workers will encourage awareness of their respective rights and obligations and support the results for the same goal, it is to improve the degree of public health.

Public perceptions of good services from *Puskesmas* give a deep impression and generate motivation to be able to take advantage of the health services provided by the government. If the citizen knows that

<sup>12</sup>Monica Pertiwi, Herbasuki Nurcahyanto, *Efektivitas Program BPJS Di Kota Semarang (Studi Kasus pada Pasien Pengguna Jasa BPJS Kesehatan di Puskesmas Srandol*

<sup>13</sup>Rika Rejeki, Ayun Sriatmi, *Sosialisasi Program Kesehatan Nasional oleh TIM Jaminan Sosial*, Jurnal Kesehatan Masyarakat, Vol.3 No.1, Januari 2015

service delivery is as expected, trust and satisfaction will increase.

Basically, the level of satisfaction seems difficult to measure because services have a variety of different characteristics depending on the level of social, economic, education and knowledge, life experience and expectations that they want to achieve. And depending on the citizen itself how he assesses the level of service provided. Some problems regarding health services based on the theory above can be explained as follows:

*First:* according to the theory above regarding health services, in which to continue to receive health service insurance, participants are required to pay contributions regularly and continuously until the end of their lives. From this, some people do not want to register as BPJS participants. Because their mindset will be burdened with continuous payments until the end of their lives. Some of them feel afraid of being burdened with costs, while their income is not fit there. This is what happens to people whose income is random in quantity. And the mindset of those who sometimes surrender their lives to God. In fact, they prefer to take medication as they are, with traditional treatments which are much cheaper and affordable than to be burdened with debt to the BPJS.

*Second:* based on the theory above, the health services provided by BPJS starting from the first level of service to the advanced level are considerably effective because

starting from the health center services to the hospital and supporting facilities such as optics are already available. This means that it has reached the health facilities needed by the citizen. More details that the BPJS has been effective in reaching public health are as follows: First Level Outpatient Care alone includes:

1. Service administration, however, the public often complains that the BPJS administration process is thoughtfully complicated and long-tailed.
2. Promotional and preventive services
3. Examination, treatment, and medical consultation
4. Non-specialized medical action, both operative and non-operative
5. Medicines and consumable medical materials services
6. First-level laboratory diagnostic investigations
7. Examination of pregnant women, childbirth, nursing mothers and babies
8. Efforts to cure the side effects of contraception, including handling complications of postpartum family planning
9. Basic medical rehabilitation

*Third:* based on factors that affect public health, as follow:

1. Environmental factors (conditions, economy, education, profession)
2. Heredity factor
3. Health Services

4. Behavior factors<sup>14</sup>

BPJS only addresses public health problems on the economic and health service side. It is because the BPJS as described above is a guarantee provides bailouts for the citizens to get health facilities. From the above highlighting, public health is determined by several factors that BPJS does not based on the problem, but BPJS can provide food due to several factors, it is educational factors, hereditary diseases, and human behavior factors. As it can be explained as follows: from the problem of public education whose knowledge is little, it causes in ignorance of the BPJS program, then BPJS as a public health program that must serve all the citizen provides outreach, which can help the citizen know that there is a BPJS program to improve health quality. This means that the BPJS is indeed the right way to achieve public health because of several factors that affect existing health, the BPJS is able to overcome it.

*Fourth:* the quality of the provision of health facilities designated are still lacking compared to the number of the citizens. It can be observed from several sides including:

1. Long service
2. Long queues
3. Drugs that are less effective for healing

<sup>14</sup>Debra S. S. Rumengan, *Faktor-Faktor yang Berhubungan Dengan Pemanfaatan Pelayanan Kesehatan pada Peserta BPJS Kesehatan*

<sup>15</sup>Monica Pertiwi, Herbasuki Nurcahyanto, *Efektivitas Program BPJS Di Kota Semarang (Studi Kasus pada Pasien Pengguna Jasa BPJS Kesehatan di Puskesmas Srandol*

4. Long administration system<sup>15</sup>

5. When they need health services, according to the citizen , BPJS participants tend to be number two from those who don't. This is what causes people to be able to afford them to choose to pay for medical expenses themselves instead of having to be numbered two.

6. The experienced doctors

Efforts to increase professionalism in health services. Professional Service in the BPJS is not only determined by hospital staff but also by employees of the BPJS itself (verifier). This is done through various trainings which are conducted regularly. The training program held is not only aimed at increasing competence but also developing characteristics that support the smooth running of the BPJS program itself.

7. The unskilled officers

The results obtained indicate that the responsiveness of health workers has an effect on patient satisfaction, especially BPJS participant patients.<sup>16</sup> It was shown that several memnag had been resolved by BPJS, but for some other service problems had not been resolved. Because the BPJS is still making improvements.

<sup>16</sup>Abidin, *Pengaruh Kualitas Pelayanan BPJS Kesehatan Terhadap Kepuasan Pasien Di Puskesmas Cempae Kota Parapare*, Jurnal MKMI, Vol. 12 No. 2, Juni 2016

Patient satisfaction is an abstract thing and the results vary widely because it depends on each individual perception. Patient satisfaction is influenced by several factors such as the participation of patients who are registered in BPJS members, the services obtained and the costs incurred by patients at the First Level Health Facilities. Patient satisfaction will be fulfilled when the services provided are in accordance with their expectations. Good service quality will affect patient satisfaction and result in patients coming back to use these services. Patients can be key in measuring the quality of service based on their satisfaction.

### **The Islamic Law Review On Management Of The Social Security Organizing Agency (BPJS)**

Bahtsul Masail PBNU in the Bahtsul Masail commission session at the Bahrul Ulum Nahdatul Ulama Islamic Boarding School decided that the Social Security Organizing Agency (BPJS) is halal and can be used for all groups in the framework of health insurance in Indonesia.

The decision was stated in the decision of the Bahtsul Masail Waq'iyah Commission (contemporary issue) at the 33<sup>rd</sup> NU Congress at the Tambak Beras Ponpes Jombang, Tuesday (4/8/2015).

"After thoroughly examining all the arguments in the Quran and interpretations,

the Commission agrees that BPJS for health is halal," KH Abdul Ghofur Maimoen, Secretary of the Bahtsul Masail Waq'iyah Commission, told reporters.

At the Commission hearing which was attended by around 200 delegates from PWNU and PCNU throughout Indonesia, there were many debates regarding the legal status of the BPJS.

They use the arguments of the book according to their beliefs. However, from the results of long discussions, they finally came to a conclusion that BPJS can be used for the wider community.

The debate occurred, according to Ghofur, when he kept it in a conventional bank. However, it is firmly stated that NU has issued a fatwa stating that saving at a Conventional Bank is a kind of fault (*Khilaf*), it could be haram, halal or subhat. "We have Gus Dur's experience in establishing Bank Summa. This means that even though at a Conventional Bank it is okay because the law is a mistake".

Regarding the fine in question. Ghofur stated that the fine in the Fiqh principle is called Taqzier (sanction), as long as it is for the benefit of many people. "As long as it is for the benefit of the BPJS system, Taqzier is not questioned by some scholars. This is for the benefit of many people".

Previously, the Indonesian Ulema Council had issued a fatwa stating that the Health Social Security Administration



(BPJS) currently enjoyed by the public is not in accordance with sharia, or it is haram.

The head of the MUI's Fatwa Division, KH Ma'ruf Amin, said that the element that makes BPJS for health not in accordance with sharia is interest. "Yes, using interest, the indicator is interest," said Kiai Ma'ruf Amin, explaining the results of the 2015 Ijtima Ulama Fatwa Commission for Indonesia in Tegal, Central Java, "It must be made in sharia. There must be a *sharia* BPJS, which passes (the conditions) in sharia," he explained.

In this position, he continued, MUI will participate in carrying out its role in helping the government produce BPJS for health and its products that are in accordance with sharia.

## CLOSING

### Conclusion

BPJS for health as part of JKN, and as part of the implementation of work to realize JKN goals, the ensuring the health of all people, is closely related to how the BPJS operates. Starting from how to obtain BPJS, socialization of BPJS, and services provided by BPJS. All affect the response of the citizen, so it can be measured how many people have been covered by BPJS for health. From here it can be measured which people have received proper health facilities and which have not, with the ultimate goal of measuring BPJS and its implementation on overall public health.

From several factors such as the way to obtain BPJS, socialization, and services, actually BPJS and the government have provided facilities, contribution assistance and opened up for all people to register themselves as BPJS participants, without any exceptions. BPJS for health is also open to provide information to the entire public regarding the BPJS program.

However, in practice the BPJS still has a number of shortcomings so that the citizen does not participate in the BPJS. The drawbacks are, among others, the socialization that has not been maximized, the target of providing contribution assistance and services as well as facilities that are still unsatisfactory according to the citizen, thus causing in people do not want to join BPJS. So that the impact on the overall public health insurance is not optimal. However, apart from factors from the work of the BPJS, which can affect the level of public health comes from external factors, the citizen itself. Many people who still do not register themselves due to several factors, such as from an economic problem and knowledge of the BPJS. So that BPJS as part of JKN has not been able to fulfill the integrity of the citizen as a whole.

Legal BPJS is permitted. What may be questionable is the distribution of investment funds, which absolutely must go to areas clearly justified by sharia. Not allowed to channel investment funds to channel that are prohibited by syara'. As a result, in general,

it is permissible to follow BPJS for health. As it has also been decided by the results of the 33<sup>rd</sup> NU Congress in Jombang regarding BPJS for health.

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