



Research Paper

Implementation of Health Insurance for Aceh Residents

Saiful Bahri¹, Fazzan², Azhari³, Dollar⁴

¹(Abulyatama University, Faculty of Laws)

²(Abulyatama University, Faculty of Laws)

³(Abulyatama University, Faculty of Laws)

⁴(Abulyatama University, Faculty of Laws)

ABSTRACT: Health is one of the basic needs that humans need, the quality of social security for public health must be supported by the government's role in providing health services, various demands from the community regarding the need for health services, cheap and affordable health costs for all levels of society where the government must be able to realizing every policy and program implemented. The issues raised are: 1). What are the legal regulations for implementing health insurance for the people of Aceh 2). How to implement health insurance for the people of Aceh. 3). What are the obstacles and obstacles in implementing health insurance for the people of Aceh. The research method used is empirical jurisdic research with a qualitative approach with descriptive analysis research specifications. This research uses primary and secondary data as the main research material, which was obtained through interviews, observations and documents. The data obtained will be analyzed normatively qualitatively with several stages, namely data redaction, data presentation and data calculation. Research results: 1). Legal reference for the implementation of health insurance for the people of Aceh Law Number 11 of 2006 concerning Aceh Government Articles 224 to 226 of the Aceh Government Law and Aceh Governor Regulation Number 40 of 2022 concerning Amendments to Aceh Governor Regulation Number 13 of 2022 2018 concerning Aceh Health Insurance. 2). Implementation of health insurance for the people of Aceh by integrating the Aceh Health Insurance funded by the Aceh government with the National Health Insurance program funded by the central government. 3). Obstacles and obstacles in implementing health insurance for the people of Aceh include regulatory obstacles, obstacles from the hospital in the form of slow claims for participants' health costs, obstacles in human resources where there is still a lack of professional staff at the Regional General Hospital. The Aceh Government and the Regional General Hospital must carry out a review of complaints from the public in order to provide a guarantee with better quality than the previous health insurance. Apart from that, the Social Health Security Administering Body is also expected to provide clear socialization to all parties and enforce All policies are expressly an embodiment of a disciplinary process towards providing clean and orderly services so that the state's goal of providing health services for the entire community can be achieved.

KEYWORDS: Health Insurance, Aceh residents.

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I. INTRODUCTION

Insurance is an agreement between two or more parties, where the insurer reminds the insured, by accepting the insurance premium, to provide compensation to the insured for loss, damage or loss of expected profits, or legal liability to third parties that the insured may suffer. arising from an uncertain event, or to provide a payment based on the death or life of an insured person.¹

One of the purposes of an insurance agreement, apart from providing protection for the insured, can also be used as an investment If the insured experiences one of the events as stated in the policy, the insured has the right to file a claim. But not all claims can be accepted by insurance companies, so solving these problems is necessary legal remedies.²

¹Waldi Nopriansyah, Sharia Insurance – The Last Unexpected Blessing, (Yogyakarta: Andi Offset, 2016), p. 8.

²Sugeng, Soedibjo & Rachma Fitriati. "Determining Sharia Life Insurance Premium Targets to Achieve Breakeven Point with Profit Testing Model Approach". Vol. 16, No. 02. The year 2009.

The association was born from both an agreement and law, as regulated by Law No. 04 Article 1 of 2014 concerning Insurance Business. Insurance Business is all business related to risk insurance or management services, risk re-insurance, marketing and distribution of insurance products or sharia insurance products, insurance consulting and brokerage, sharia insurance, reinsurance or sharia reinsurance or insurance loss assessment or sharia insurance.³

Insurance was created to provide a sense of security to the insured, but in reality, disputes often occur between the insured and the insurer.⁴ Insurance is also used to refer to actions, systems, or businesses where financial protection or financial compensation for life, property, health and etc., as well as getting compensation from unforeseen events that can occur such as death, loss, damage or illness, which involves regular premium payments within a certain period of time in exchange for a policy that guarantees such protection, a standard period in insurance is after the 3rd year. This year you can see the development of your savings balance which has increased quite a lot because this year several fees have been eliminated. And customers who take balances this year will not get a tax deduction like those taken before the 3rd year.⁵

The purpose of insurance for customers is to reduce risks, for example death, accidents and others. Meanwhile, the benefits are that it can provide a sense of security and protection, a fairer distribution of costs and benefits, insurance policies can be used as security for old age, which is one form of implementing social insurance in people's lives, especially for civil servants.⁶

The implementation of social security, especially in the health sector, by the central government appears to be progressing slowly and not on target. In Aceh province itself there are still many underprivileged people who do not receive social health insurance. Based on this, the Aceh government proposed a plan to finance Aceh's health insurance using the Regional Revenue and Expenditure Budget and the Special Autonomy Fund as parts that would be integrated with the National social security system.

Aceh is one of the provinces that has received Special Autonomy rights from the central government. This is based on the results of peace between the central government and the Free Aceh Movement in the Memorandum of Understanding agreement in Helsinki in 2005. With this Special Autonomy, the Aceh government has special rights and authority to manage its own regional government. In other words, the Aceh government has more freedom in managing and developing programs to improve the welfare of its people.

II. LITERATURE REVIEW

Definition of Public Health Insurance

Based on Presidential Decree no. 12 of 2013, Health Insurance is a guarantee in the form of health protection so that participants obtain health care benefits and protection in meeting basic health needs provided to every person who has paid contributions or whose contributions are paid by the government.⁷

Health insurance provides maintenance and protection benefits for basic health needs, while the benefit of health insurance is comprehensive health services including promotive, preventive, curative and rehabilitative services including medicines and medical devices. The Social Security Administering Body is a public legal entity specifically formed to administer social security programs, one of which is the Social Security Administering Body. The Social Health Security Administering Agency is a legal entity established to administer the health insurance program.⁸

As for Health Insurance participants, according to Presidential Decree Number 12 of 2013 in article 2, it is stated that health insurance participants include recipients of health insurance contribution assistance and not recipients of health insurance contribution assistance.

- 1) Participants who receive Health Insurance Contribution Assistance as referred to include people who are classified as poor and underprivileged and this is done in accordance with the provisions of statutory regulations.
- 2) Non-Recipients of Health Insurance Contribution Assistance as referred to are Participants who are not classified as indigent poor and underprivileged people consisting of: Wage Earning Workers and their family members.

³Insurance Law no. 40 of 2014 (Jakarta: Sinar Graphics, 2015). matter. 3.

⁴Radik Purba, *Understanding Insurance in Indonesia*, (Jakarta: Pustaka Binaan Pressindo, 2011), p. 58.

⁵Ganie Jonedi, *Insurance Law*, (Jakarta: Sinar Graphics, 2011), p. 67.

⁶Budi Untung, *Smart Insurance – Protection Investment*, (Yogyakarta: Andi Offset, 2015), p.36.

⁷Presidential Regulation no. 12 of 2013 concerning Health Insurance.

⁸Supriyanto, *Marketing of the Health Services Industry* (Yogyakarta: Andi Offset, 2017). matter. 27.

Concept and Objectives of Public Health Insurance

In today's modern state development, the manifestation of the government's concern for its people must be manifested in two aspect contexts, namely the context of justice and legality. The first context talks about society's need for a sense of justice amidst social dynamics and conflict. And in the second context, it concerns what is called positive law, namely a rule established by a legitimate state authority and in its implementation it is enforced in the name of law.⁹

Such a concept of the rule of law is the essence of realizing the goal of the state, namely perfect happiness for humans as individuals and social creatures.¹⁰ As SF Marbun said, a state based on law must be based on good and just law. Good law is democratic law, which is based on the will of the people in accordance with the people's legal awareness, while fair law is law that is appropriate and fulfills the aims and objectives of every law, including in the health sector.¹¹

The good goals of the state are all focused on creating people's welfare, and that welfare is the highest law for the state and state power (*solus populi suprema lex*). Thus, the aim of the rule of law is to maintain order, security and the implementation of public welfare in the broadest sense, including political, economic, social and cultural aspects. Charles E. Marriam calls this aspect of the state's objectives a welfare state (welfare state).¹²

Legal Reference for Public Health Insurance

Based on the experience of various developed countries, there are actually several principles that can be used as a reflection in the process of implementing a social security system, including:¹³

- 1) The social security program grows and develops in line with the economic growth of a country. This is related to increasing community needs, in line with increasing demands in the welfare sector. Needs in the workforce/formal group environment always grow earlier. Therefore, social security programs develop first in formal groups, then non-formal groups.
- 2) There is a role for participants to finance social security programs, through insurance mechanisms, either social/commercial or savings. This is despite the fact that the burden of contributions can be borne by the provider and recipient of work (for formal workers), from state subsidies in the form of social assistance (for the poor) and from the participants themselves for independent and capable groups.
- 3) Participation is mandatory so that the law of large numbers is quickly fulfilled. This is very important in the survival of the program. The large number of participants will have an impact on the ability to provide benefit packages and the certainty of actuarial calculations.
- 4) The state has a large role, both in regulations, policies and the implementation of social security programs. This is a mandatory participation risk. In fact, the state is obliged to ensure the continuity of the social security program, including providing subsidies if necessary or guaranteeing the security and added value of investment returns.
- 5) It is not for profit, all added value from investment results must be returned to increase collateral social security program.
- 6) The implementation of social security programs must be carried out with great care, transparency and accountability, bearing in mind the large number of needs and the nature of social security programs which must be sustainable

In Law no. 2 of 1992 concerning Insurance Business, it is stated that; "The Social Insurance Program is an insurance program that is carried out compulsorily based on a law, with the aim of providing basic protection for the welfare of society." Based on developing discourse, reference studies, and supported by concepts developed by the National Social Security System Team, it turns out that the meaning of social security can be divided into two large groups, namely: social insurance and social assistance.¹⁴

In social insurance, like the concept of insurance in general, but in this case it is social, the amount of the premium is shared between the employer (i.e. government or entrepreneur) and workers (civil servants or employees) who have an employment relationship. Meanwhile, social assistance takes the form of assistance in the form of, for example, block grants or emergency funds with social objectives.

Referring to the definition above, what can be classified as social insurance in Indonesia is: health

⁹Edi Wibowo, *Law and Public Policy*, (Yogyakarta: YPAPI, 2004), p. 30-31.

¹⁰Juniarso Ridwan, *State Administrative Law and Public Service Policy*, (Bandung: Nuansa Scholar, 2009), p. 47.

¹¹Marbun SF, *Administrative Justice and Administrative Efforts in Indonesia*, (Yogyakarta: Liberty, 1997), p. 8.

¹²Marbun SF, *Administrative Justice and Efforts...*, p. 167.

¹³Sulastomo, *National Social Security System...*, p.14.

¹⁴Law no. 2 of 1992 concerning Insurance Business.

insurance, insurance for members of the Indonesian National Army / Indonesian Republic Police, social security for workers, accident insurance, social insurance, and pension insurance savings. Meanwhile, what can be classified as social assistance is: social welfare guarantees, both permanent, for neglected elderly and neglected multiple disabled people (vulnerable communities), as well as temporary (emergency) for victims of natural disasters and social disasters; educational financial assistance in the form of scholarships through the Social Safety Net scheme for students from poor families; health funding assistance in the form of Health Cards for the poor; business capital assistance, for example in the form of savings (e.g. Prosperous Family Savings), or in the form of micro credit (e.g. Prosperous Family Business Credit) for Pre-Prosperous and Prosperous I families (grouping families by the National Population and Family Planning Agency).¹⁵

Types of Public Health Insurance

There are several types of Health Insurance in Indonesia, namely:¹⁶

- 1) National Health Insurance
- 2) Social Security Administering Agency
- 3) Healthy Indonesia Card
- 4) Healthy Jakarta Card
- 5) Public Health Insurance and Regional Health Insurance

The form of the State's efforts to provide health services is by launching the National Health Insurance Program. This program is organized by the Social Security Administering Body which is an institution established based on Law Number 24 of 2011 concerning the Social Security Administering Body as mandated in Law No. 40 of 2004 concerning the National Social Security System. This National Health Insurance is used as the government's effort to protect small communities who have had difficulty getting health services. The provisions of Article 14 of the Law on Social Security Administering Bodies state that "Every person, including foreigners who have worked for at least 6 (six) months in Indonesia, is obliged to become a Social Security Program Participant, "mandatory" in Article 14 of the Law on Guarantee Administering Bodies. This social security means that everyone, whether children or adults, poor people or rich people, are all obliged to participate in the social health security program at the Social Security Administering Body. This is of course, Article 14 of the Law on the Social Security Administering Agency is contrary to Article 34 paragraph (3) of the 1945 Constitution, which states that the state is responsible for providing adequate health service facilities and public service facilities.¹⁷

In health facilities, the government provides programs that are considered to make it easier for people to access them through several health cards or programs. One of them is the National Health Insurance program, which is a government program which aims to provide certainty of comprehensive health insurance for every Indonesian so that Indonesians can live healthy, productive and prosperous lives. The benefits of this program are provided in the form of comprehensive individual health services, including health improvement services (promotive), disease prevention (preventive), treatment (curative) and recovery (rehabilitative) including drugs and medical materials using quality and cost controlled service techniques (managed care).

III. IMPLEMENTATION OF HEALTH INSURANCE FOR THE ACEH AGENCY

Demographics of Aceh

Based on 2010 Population Census data, the population in Aceh is 4,494,410 people consisting of 2,248,952 men and 2,245,458 women. Judging from the distribution, the largest population is in North Aceh Regency, namely 529,751 people or 11.79 percent of the total population in Aceh. Meanwhile, the smallest population is in Sabang City, namely 30,653 people or 0.68% of the total population. If we look at developments, the population in Aceh continues to increase after the tsunami and prolonged conflict. In 2010 Aceh was the fourth lowest province in Sumatra with a population density of 78 people/km². This figure is still below the average population density in Indonesia, which is 124 people/km² in 2020. Aceh's population growth continues to increase.¹⁸

Aceh Province has thirteen tribes, namely Aceh (majority), Tamiang (East Aceh), Alas (Southeast Aceh), Aneuk Jamee (South Aceh), Naeuk Laot, Semeulu and Sinabang (Semeulue), Gayo (Bener Meriah,

¹⁵Yohandarwati. Social Protection and Security System..., p. 12.

¹⁶Law no. 40 of 2004 concerning the National Social Security System.

¹⁷Hasbullah Thabrany, National Health Insurance (Jakarta: Raja Grafindo Persada, 2016), p. 18.

¹⁸Author Team, Aceh in Numbers (Banda Aceh: Aceh Province Central Statistics Agency, 2022). p. 21.

Central Aceh and Gayo Lues), Pakpak, Lekon, Haloban, and Singkil (Aceh Singkil), Kluet (South Aceh) Each tribe has its own culture, language and way of thinking.

History of Aceh

The atmosphere of Acehnese society's life is based on Islamic Sharia law, this condition is described through a Hadih Maja (proverb), "Hukom ngoen Adat Lagee Zat Ngoen Sifeut",¹⁹ which means that sharia and custom are an inseparable unity in the life of the Acehnese people. The implementation of Islamic Sharia in Aceh is not something new, long before the Republic of Indonesia was founded, to be precise since the sultanate, Islamic Sharia had penetrated into the people of Aceh. Acehnese culture also has wisdom in the field of government where the highest governmental power is exercised by the Sultan, the law is handed over to the Ulama while customs are completely under the empress and military power is the responsibility of the commander in chief. This is reflected in another Hadih Maja, namely "Adat Bak Po Teumeureuhom Hukom Bak Syiah Kuala, Qanun Bak Putroe Phang Reusam Bak Laksamana". In the current context, Hadih Maja reflects the separation of power, which means that Acehnese culture rejects the principles of authoritarianism.

Aceh Agency

The general health condition of the Acehnese population can be seen based on the indicator of infant mortality rates in the year In 2019 the infant mortality rate reached 13.11 in every 1000 babies born alive, in 2020 the infant mortality rate decreased to 12.62 and in 2021 it continues to decline to 10.87 out of every 1000 babies born. Meanwhile, the maternal mortality rate in each province of Aceh was also recorded to have decreased, in 2019, of the 100,000 who gave birth, 168 people died, and in 2020 it decreased to 156. In 2021, it also decreased to 154 people who died. 20 Judging from the data in Due to this, the infant mortality rate is quite high but every year it also decreases, meanwhile the maternal mortality rate is also high and every year it also decreases. and payment-based health makes it increasingly difficult for people to access health services.

Meanwhile, health complaints are also an indicator that can describe the public health condition in an area. Health complaints indicate symptoms of disease or unhealthy body condition. The number of health complaints was measured using a population approach that had health complaints in the last month. Data regarding the percentage of the population who had health complaints in the last month can be used by the government in its efforts to intervene in health programs.

During the 2021-2022 period, the percentage of Aceh's population experiencing health complaints increased by 7.75 percent. Health complaints in 2021 were around 22.65 percent and rose to 30.51 percent in 2022. Likewise with the percentage of female residents experiencing health complaints. experienced an increase from 27.66 percent in 2021 to 35.31 percent in 2022.²⁰

This morbidity figure is quite interesting to know and study because from this figure we can see an idea of how much the health complaints experienced by the population can interfere with their daily activities. In 2022, the average morbidity rate for the Acehnese population will be recorded at 19.44 percent. This means that out of 100 Aceh residents, around 19 of them feel that their complaints cause them to be disturbed in carrying out their daily activities. Meanwhile, in 2021, the average morbidity rate for Aceh residents will be 12.35 percent.

Table 1. Population Illness Rates According to Gender and Regency/City, in Aceh, 2022.²¹

Regency/City	Man	Woman	Total
Aceh Singkil	14,33	14,19	14,26
Sout Aceh	11,04	12,47	11,76
Southeast Aceh	9,85	11,59	10,72
East Aceh	19,90	23,63	21,76
Central Aceh	15,51	18,23	16,84
West Aceh	23,24	23,59	23,41

¹⁹Ahmad et al, Aceh in History..., p. 47.

²⁰Author Team, Aceh in Numbers..., p. 62.

²¹Author Team, Aceh in Numbers..., p. 59.

Aceh Besar	14,80	18,51	16,65
Pidie	22,36	26,02	24,22
Bireuen	29,60	36,49	33,12
North Aceh	13,07	17,07	15,07
Southwest Aceh	25,90	36,06	30,94
Gayo Lues	18,58	19,65	19,11
Aceh Tamiang	6,83	9,23	8,01
Nagan Raya	10,71	13,93	12,30
Aceh Jaya	35,33	38,38	36,83
Bener Meriah	30,45	32,10	31,26
Pidie Jaya	32,22	37,42	34,83
Banda Aceh	6,82	8,25	7,53
Sabang	23,19	28,04	25,60
Langsa	16,05	19,86	17,95
Lhokseumawe	17,21	20,84	19,04
Subulussalam	9,76	8,93	9,35
Aceh	17,70	21,18	19,44

Source: Aceh Province Central Statistics in 2022

Agency Document for 2022. From table 1 it can be seen that in 2022, the highest morbidity rate will be in Aceh Jaya Regency, namely 36.83 percent. This figure is quite high, far above the Aceh average. This situation needs to be watched out for, considering that the high morbidity rate indirectly affects the level of population productivity which in turn causes low income of the community it self.

Aceh Agency Health Insurance Program

As health insurance for the people of Aceh, the Aceh Government has implemented a health program for the entire community through the Aceh community health insurance program which is integrated from the Aceh Health Insurance to the Social Security Administering Body which is social security in the health sector for health services for the entire population Aceh in order to realize the health status of the people of Aceh optimally and comprehensively. In relation to the health insurance program, health services are the responsibility of the Aceh Government, for this reason the Aceh government, along with the district/city governments, are obliged to contribute jointly so as to produce optimal and comprehensive services. General provisions for health insurance participants are Aceh residents who live in Aceh who have an Acehnese identity card and family card, excluding (Askessos), public health insurance, maternity insurance, labor social security, maternity insurance, Indonesian national army / Republic of Indonesia police.²²

Participants in this health insurance receive health services and treatment according to their medical needs. Guaranteed health services include; 24 first level health services, advanced health services, emergency services, referral services, delivery services, blood transfusion services, supporting examination services and with special equipment and medical equipment services.

Legal Basis for Health Insurance for the Agency of Aceh

Regarding social health security (security in health) or health insurance, further regulations are regulated, among others, in Article 19 paragraph (2) of the National Social Security System Law which

²²Writing Team, Guidelines for Implementing Aceh Health Insurance (Banda Aceh: Aceh Provincial Health Office, 2019). matter. 13.

determines that health insurance is provided with the aim of ensuring that participants receive maintenance benefits, health and protection in meeting basic health needs. It is further stated that the implementation is carried out based on insurance principles and equity principles. Article 20 of the National Social Security System Law adds that health insurance participants are every person who has paid contributions or whose contributions are paid by the government. So in this health insurance the National Social Security System Law adopts social insurance, although for certain participants who are still poor, the contribution is paid by the State, of course from public funding sources.²³

Aceh Health Insurance also uses the same options as the National Social Security System Law. Article 31 of the Aceh Qanun Draft on Health stipulates that contributions for the first three years are paid by the Aceh Government, thereafter every resident who is selfemployed and has economic capacity is obliged to pay part or all of the contribution amount. Payments by the Aceh Government in these 3 (three) years are the same as those implemented by the government in Jamkesmas with State Revenue and Expenditure funding sources.²⁴

To be able to carry out the mandate of these laws and regulations, an institution or organizing body is needed that has a special task for this purpose. The National Social Security System Law names the Social Security Administering Body. The problem that arises then is regarding the scope of regional authority in establishing such bodies in connection with the existence of such bodies at the national level.²⁵

Implementation of Health Insurance in Aceh

After the integration of the Aceh Health Insurance, the Acehnese people's health insurance was again transferred to the central government for financing. The central government's responsibility to provide health protection for the Indonesian people is realized through the Government Policy Concerning National Health Insurance. Researchers can describe the implementation of health insurance in Aceh as follows:

1) Contribution collection

In line with the direction of the National Social Security System Law, health insurance in Aceh also uses social insurance methods to realize the fulfillment of the social security rights of the Acehnese population. This is one of the points of integration between the national social security system and the regional social security system. Through this social insurance method, budget use/health expenditures can be reduced due to joint contributions from the state through subsidies and payment of contributions (as premiums) from residents who can afford it. Residents who can afford it are not burdened because they only pay a small amount, unlike commercial insurance which depends on the quality of the service. The cost shortfall will be covered by the state also through subsidies from the public budget.²⁶

2) Health Services

Health services in health insurance in Aceh include all health facilities in collaboration with the Social Security Administering Agency for Health, namely First Level Health Facilities consisting of health centers, clinics, doctor's practices and type D hospitals. Second Level Health Facilities or Advanced Level Referral Health Facilities consist of from type C and B hospitals, at this level for referral there is a tiered referral system. Finally, Level 3 Health Facilities, Health Facilities at this level, namely Type A Hospitals, are the best and most complete in terms of facilities and infrastructure and this is the end of the referral if the patient cannot be treated at the First and Second Level Health Facilities.²⁷

This is in accordance with Regulation of the Minister of Health of the Republic of Indonesia Number 71 Article 15 of 2013, states that: "In the event that participants require advanced level referral health services for medical indications, the first level health facility must refer to the nearest advanced level health facility in accordance with the referral system regulated in the provisions of the regulations legislation".²⁸

Hospitals as Advanced Level Referral Health Facilities organize the National Health Insurance program which is expected to be able to provide decent, safe, quality and affordable health services to all Indonesian people. The National Health Insurance Policy supports hospitals as advanced referral health facilities to comply with service standards set by the government starting from clear and easy administrative

²³Vendy Aries Martcahyo, et al, "The Effect of Job Training, Social Security and Incentives on Employee Performance Fumira Production Semarang", Journal of Business Administration, Vol. 1 No.1 2012, p.14.

²⁴Aceh Qanun 2004 concerning Aceh Health.

²⁵Results of an interview with Herlina, SK M, services section of the Aceh Provincial Health Service on April 16 2023.

²⁶Results of an interview with Herlina, SK M, services section of the Aceh Provincial Health Service on April 16 2023.

²⁷Results of an interview with Herlina, SK M, services section of the Aceh Provincial Health Service on April 16 2023.

²⁸Regulation of the Minister of Health of the Republic of Indonesia Number 71 Article 15 of 2013 concerning Health Services.

procedures, availability of medicines and medical equipment, as well as services according to standards. Zainal Abidin Regional General Hospital as an Advanced Level Referral Health Facility serves National Health Insurance participants or patients of the Social Security Administering Agency for Health who are referred by First Level and Second Level Health Facilities. The following is data on visits by people seeking treatment at the Zainal Abidin Regional General Hospital in 2022.

Table 2. Inpatient and Outpatient Visits in 2022.²⁹

No	Patient Visits	Outpatient	R Inpatient
1	Social Security Administering Agency for Contribution	26.361	7.757
2	Social Security Administering Agency for Non-	20.985	6.816
4	General	30.508	3.556
Amount		87.854	18.129

Source: Zainal Abidin Regional General Hospital Services Department

The data above shows that there were 87,854 outpatient visits in 2022, consisting of 87,346 patients from the Social Security Administering Agency, 20,985 from Social Security Administering Bodies for Non-Contribution Assistance Recipients, 30,508 general, and 18,129 inpatient visits consisting of 14,573 Social Security Administering Agency patients. , Social Security Administering Bodies for Non-Contribution Assistance Recipients 6,816 and general 3,556. In line with the number of patient visits, the Regional General Hospital is the choice of the people of Aceh for treatment, especially participants of the National Health Insurance/Health Social Security Administering Agency where the number of visits by Social Security Administering Agency patients in outpatient care is 26,361 and inpatient care is 7,757, this number is much higher. more than the non-Social Security Administering Agency participants in outpatient care, 20,985 and inpatient care, 6,816.

3) **Fulfillment of Citizens' Rights**

Based on research results, the fulfillment of the health rights of the Acehnese people has been carried out by the central government through the Health Social Security Administering Agency program. The implementation of the rights of the people of Aceh is in accordance with what is ordered by the constitution and law where the fulfillment of the health rights of the people of Aceh is carried out in accordance with the regulations starting from the data collection process to the stage of providing medical treatment to residents who have health problems, apart from that the Agency The Social Security Administration also collects data by differentiating between the poor and the non-poor, where for the poor the Social Security Administering Agency is funded from the Regional Revenue and Expenditure Budget and the State Revenue and Expenditure Budget so that the poor really benefit from the Administering Agency's programs. The Social Security.³⁰

The scope of fulfilling citizens' rights as stated in Aceh Governor's Regulation Number 40 of 2022 concerning Amendments to Aceh Governor's Regulation Number 13 of 2018 in Article 4 concerning Aceh Health Insurance includes:

- a) Providing contributions for Aceh residents who have not been guaranteed by the Central Government , Business entity;
- b) Providing contribution assistance for Aceh residents who have not been guaranteed by the Central Government, Business Entities;
- c) Integrated secretariat;
- d) Aceh Government Aceh Health Insurance Reconciliation Team;
- e) Provision of halfway houses;
- f) Provision of wheelchairs;
- g) Transportation costs for referral/repatriation of bodies and companions;
- h) Cost of accompanying meals; and

²⁹Writing Team, General Services Zainal Abidin Regional General Hospital (Banda Aceh: Zainal Regional General Hospital Abidin, 2022). p. 3.

³⁰Results of an interview with Herlina, SK M, services section of the Aceh Provincial Health Service on April 16 2023.

- i) Payment of contribution contributions for Aceh residents registered with the National Health Insurance Healthy Indonesia Card;

It can be understood that the fulfillment of the right to health by the Social Security Administering Body prioritizes the poor so that funds from the State Revenue and Expenditure Budget and Regional Revenue and Expenditure Budget are truly felt by the poor and also so that the poor feel the presence of the state in fulfilling their right to health. In its implementation, the Social Security Administering Body also carries out several innovations by following developments in society so that the innovations are tailored to the needs of the participants of the Social Security Administering Body or the community. One of the innovations carried out is by providing a National Health Insurance Mobile application which makes it easier for participants to register or obtain health information. , then there is also the SATU Social Security Administering Agency (Community Health Insurance Administering Agency Ready to Help) where this program takes the form of Social Security Administering Agency officers who are deployed to hospitals in collaboration with the Social Security Administering Agency.³¹ This breakthrough aims to provide maximum service to the Agency's participants . Health Social Security Administrator. It is hoped that these breakthroughs will be able to be utilized by participants of the Social Security Administering Agency in obtaining their rights.

IV. CONSTRAINTS AND OBSTACLES IN IMPLEMENTING HEALTH INSURANCE FOR THE ACEH AGENCY

Obstacles in Regulations

Health insurance for the people of Aceh is designed as Universal Health Coverage which applies to all residents of Aceh who do not have any health insurance, regardless of social, economic status, gender and religion. Universal health insurance or known as Universal Health Coverage is a health service system where every person in the population has fair access to promotive, preventive, curative and rehabilitative health services, according to needs, with high quality and at affordable costs. This is in accordance with Universal Coverage which contains two core elements, namely access to fair and quality health services for every citizen and financial risk protection when using health services.³²

During the reign of Irwandi Yusuf, Aceh already had its own health insurance program called Aceh Health Insurance which came into effect in early 2010 and was financed by the Aceh government itself, taken from Special Autonomy funds. However, at the beginning of 2022, to be precise, starting from March 31 2022, funding for this program was stopped by the Aceh government due to the reduction in the Regional Revenue and Expenditure Budget and it became a burden for the Aceh government so that Aceh Health Insurance participants were directed to register with the Social Security Administering Body with the National Health Insurance program. funded by the central government.³³

Juridically, health insurance for the people of Aceh is regulated in Law no. 11 of 2006 concerning the Government of Aceh (Aceh Government Law) and Qanun no. 04 of 2010 concerning Aceh Health. In these two provisions, the Aceh, Regency and City Governments are obliged to carry out efforts to guarantee quality health for every resident. Article 224 Paragraph (1) of the Aceh Government Law states that "Every resident of Aceh has the same rights to obtain health services in order to achieve optimal health status". Then in Article 225 Paragraph (1) it is stated that "The Aceh Government and Regency and City Governments are obliged to provide health services based on minimum service standards in accordance with statutory regulations, as long as they do not conflict with Islamic Sharia".

Health insurance for the people of Aceh is generally the same as health insurance in other regions which uses an individual funding system, which uses a health insurance management pattern (Article 1 letter 31 Qanun No. 04 of 20 I 0). However, in the implementation process after the integration of Aceh Health Insurance into the Social Security Administering Body, there has been no proper regulation of the health insurance program for the people of Aceh. ³⁶ This has become a polemic and problem for the people of Aceh in particular, where many Acehnese people are still under poverty line and in dire need of free health programs.³⁴

Obstacles Faced by the National Health

Insurance Administration Hospital, which is in its second year in Aceh after being integrated from the

³¹Results of interviews with dr. Novita, Zainal Abidin Regional General Hospital Staff, part of the Guarantee Administering Body Aceh Province Social Affairs on April 18 2023.

³²Agung Pambudhi, "Hubungan Pusat dan Daerah dalam Pelayanan Investasi", *Jurnal Hukum dan Pasar Modal*, Vol. 3 No. 4 Agustus-Desember 2008, hlm. 88.

³³Results of an interview with Herlina, SK M, services section of the Aceh Provincial Health Service on April 16 2023.

³⁴Results of an interview with Evi Julianti, one of the Aceh BPJS participants, April 18 2023.

Aceh Health Insurance to the Social Security Administering Body, still has various problems in health services, governance and policy formation. Meanwhile, the Social Health Security Administering Agency, although it provides benefits to hundreds of millions of Indonesian people as a whole, based on the results of interim research on the 8 targets on the map towards National Health Insurance, it can be stated that all of them have not been achieved.

In fact, the Social Security Administering Agency for Health is currently experiencing a budget deficit of more than IDR 10 trillion. If calculated from previous years, the arrears of the Health Social Security Administering Agency reached IDR 16 trillion and currently the Ministry of Finance has paid IDR 4.9 trillion. The financial deficit that plagues the Social Security Administering Body is actually not only caused by independent participants who are in arrears in their contributions. The research results show that the inappropriate targeting of Contribution Assistance Recipients from the government as National Health Insurance participants as well as incorrect socialization also contributed to the increase in the financial deficit of the Social Security Administering Agency.

The source of the deficit is mostly from independent groups or Non-Wage Recipient Participants. This is the most problematic group. As many as 46 percent of independent participants do not regularly pay premiums, resulting in a minus in the budget of the Social Security Administering Agency. Premiums paid with unequal benefits obtained by participants also contribute to this problem. The premium for Class 1 Non-Wage Recipient Participants is only IDR 80,000 while the facilities obtained are quite large. The arrears factor for independent participants is actually not the only factor that is the main factor in the financial deficit of the Social Security Administering Agency. The condition of the implementation of the National Health Insurance program in 23 districts/cities in Aceh was that the data collection or mapping of participants was found to be incorrect, where Contribution Assistance Recipients who were previously registered as Aceh Health Insurance participants by the Aceh government then moved to become Contribution Assistance Recipients who were registered as National Health Insurance participants. by the Ministry of Social Affairs, it turns out that in the field there are many participants who should not be wage earners (independent participants). There are Non-Wage Recipient Participants who have also died.³⁵

So far, the socialization of the Social Security Administering Agency for Health is still not accurate and should be called information dissemination, not socialization. Proper socialization should be able to make people obedient in paying. Changing the behavior of Indonesian people is not easy because many independent participants only pay premiums when they are sick. They don't understand that paying premiums can make this program sustainable. His behavior when he was still an Askes participant has carried over to now. Even though there are national standards for the implementation of the Social Security Administering Agency for Health programs, various innovations in the regions need to receive attention. Employees of the Social Security Administering Agency for Health at the regional level must be able to work together with local governments to find appropriate breakthroughs for participants in the Social Security Administering Agency for Health in their respective regions.

On the other hand, payments by health insurance administering bodies are hampered by claims that are not made on time to hospitals. Payment claims by health insurance administering bodies to hospitals should be paid according to procedures every month, but payments are not made according to the provisions. The management of the Regional General Hospital stated that the Health Insurance Organizing Agency was often late in paying medical claims by up to three months. As a result, the Regional General Hospital has a debt to third parties amounting to Rp. 49 billion, including arrears for drug purchases of around Rp. 8 billion, this figure arises from the total debt of regional public hospitals in Aceh province. Plus the debt for hospital operational costs is an average of Rp. 5 Billion/month. Not only that, a number of drug distributors stopped distributing drugs to hospitals.³⁶

Obstacles from Medical Parties (Human Resources)

Human resources are very important in supporting the smooth implementation of health insurance programs for the community, in this case consisting of a coordination team, supervisory team, data validation team and medical personnel (in hospitals and community health centers) as well as staff and other implementers. It does not matter how clearly and consistently the program is implemented and how accurately communications are sent, if the personnel responsible for implementing the program lack the resources to carry out their duties.

³⁵Results of interviews with dr. Novita, Zainal Abidin Regional General Hospital Staff, part of the Guarantee Administering Body Aceh Province Social Affairs on April 18 2023.

³⁶Results of interviews with dr. Novita, Zainal Abidin Regional General Hospital Staff, part of the Guarantee Administering Body Aceh Province Social Affairs on April 18 2023.

These resource components include the number of staff, the expertise of the implementers, relevant and sufficient information to implement policies and the fulfillment of relevant resources in implementing the program, the existence of authority that guarantees that the program can be directed as expected, as well as the existence of supporting facilities that can be used to carry out program activities such as funds and infrastructure. Inadequate human resources (number and capacity) result in the program not being able to be implemented perfectly because they cannot carry out supervision properly. Resources are very important in supporting the smooth implementation of the health insurance program for the people of Aceh so that health services become more optimal.

Law 36/2014 concerning Health Workers defines three types of legal status for health workers; 1) civil servants, 2) staff based on contracts (nonpermanent employees), and 3) special assignments. Unfortunately, the regulation does not describe the contract mechanism for volunteer health workers. Even though their legal status is not recognized, volunteer health workers are still recruited by the Regional General Hospital in Aceh. Based on reports made by respondents, it seems that the number of volunteer health workers continues to increase after the implementation of the National Health Insurance capitation fund system because Regional General Hospitals have greater autonomy in managing capitation funds. So the discretion of the head of the Regional General Hospital or head of department in recruiting staff using the volunteer modality is often used.

Before volunteer health workers can officially work at the Regional General Hospital, they must sign a statement stating that they will not ask for salaries or payments from the jaspel, and that the Regional General Hospital has no obligation to pay the volunteers. Thus, volunteers are aware that they will be working for free and if they will receive some type of compensation it is usually in the range of IDR 1,000,000–IDR 2,000,000 per 3 months. Data on visits to Regional General Hospitals shows the source of funding to pay Compensation costs come from individual contributions from each staff's allocation of jaspel reward income, therefore will not be shown in official financial reports. Staff reported that every civil servant or contract staff who received jaspel fees had to make a contribution to the volunteers, which was not the norm.³⁷

Furthermore, the availability of strategic personnel (specialist doctors, general practitioners, dentists, pharmacists, nutritionists and laboratories) is still low not yet met and evenly distributed, except for the types of midwife and nurse staff which are already sufficient. 41 The need and availability of staff is seen from the ratio of strategic staff to 100,000 population, and even for areas with high levels of population density, the ratio per 10,000 population is used. In 2020, the ratio is still estimated at 100,000 residents, and the ratio figure is still below the established standards. This limitation is further exacerbated by the unequal distribution of personnel, the latest data shows that as many as 2/3 of health workers are in urban areas.

Aceh Government Solutions in Resolving Health Insurance Problems for Acehnese Residents

In providing health insurance to all Acehnese people. The government collaborates with hospitals, one of which is the Regional General Hospital, dr. Zainoel Abidin. The collaboration formed by both parties is a mutually beneficial collaboration. Because the Aceh government has insured or guaranteed all the people of Aceh with the implementer of national health insurance, namely the Social Health Security Administering Agency, so that the people of Aceh are guaranteed health services.

The Aceh Government continues to strive to provide convenience to Social Security Administering Body participants in managing all their needs, both in terms of administration and facilities. All problems that occur, whether from patients of the Social Security Administering Agency or hospitals that are partners of the Social Security Administering Agency for Health, can also be resolved and solutions are provided according to the problem. The government and the Health Social Security Administering Body continue to increase outreach to participants of the Health Social Security Administering Body. The Aceh government continues to integrate Aceh Health Insurance participants into the Social Security Administering Body in accordance with Presidential Regulation no. 12 of 2013 Article 6 concerning Health Insurance, all Indonesian people should have to switch to the Health Social Security Administering Body.³⁸

Every effort by the Indonesian government to provide subsidies in the form of National Health Insurance contribution assistance has proven effective in expanding National Health Insurance participation among the poor. Meanwhile, policies that need to be developed are policies that target rural communities and young people as potential and socially vulnerable targets. Specifically, among the seven characteristics analyzed, this research found that education level is the strongest factor related to National Health Insurance participation in Indonesia. Thus, policies that focus on low-educated communities will have a more specific

³⁷Results of interviews with dr. Novita, Zainal Abidin Regional General Hospital Staff, part of the Guarantee Administering Body Aceh Province Social Affairs on April 18 2023.

³⁸Results of interviews with dr. Novita, Zainal Abidin Regional General Hospital Staff, part of the Guarantee Administering Body Aceh Province Social Affairs on April 18 2023.

impact on expanding National Health Insurance participation in Aceh.

Apart from that, the Aceh government also continues to improve access and quality of health services for the poor and underprivileged in Aceh Province, which is the goal of health insurance. The targets are poor and underprivileged residents who have Acehnese identity cards and/or family cards. Health insurance service procedures, including basic health services at community health centers. Some of the services provided by community health centers include medical consultations, physical examinations, medical procedures, laboratory services, dental examinations and treatment, examinations of pregnant women, postpartum mothers, breastfeeding mothers, infants and toddlers as well as administering medication. For services at the Regional General Hospital level, medical examinations and procedures, diagnostic support and medium and minor operations are carried out, as well as emergency services and administering medication to patients.³⁹

V. CONCLUSION

Conclusion

Based on the problem formulation and research results described previously, the research can be concluded as follows:

- 1) Legal reference for the implementation of health insurance for the population of Aceh Law Number 11 of 2006 concerning Aceh Government Articles 224 to 226 of the Aceh Government Law and Aceh Governor Regulation Number 40 of 2022 concerning Amendments to Aceh Governor Regulation Number 13 of 2018 concerning Aceh Health Insurance.
- 2) Implementation of health insurance for the people of Aceh by integrating the Aceh Health Insurance funded by Aceh government with the National Health Insurance program funded by the central government.
- 3) Obstacles and obstacles in implementing health insurance for the people of Aceh:
 - a) Regulatory obstacles, namely the absence of proper regulation of the health insurance program for the people of Aceh after the integration of Aceh Health Insurance into the Social Security Administering Body considering that Aceh has the Aceh Government Law which regulates health insurance for the people of Aceh.
 - b) Obstacles faced by hospitals include slow claims for participants' health costs, which results in problems debts owed to hospitals by third parties such as drug distributors and arrears in payments for health services for hospital employees.
 - c) The constraints in human resources in the form of the availability of strategic personnel (specialist doctors, general practitioners, dentists, pharmacists, nutritionists and laboratories) are still not met and evenly distributed, except for the types of midwives and nurses who are already sufficient.

Suggestions

To create good health insurance for the community, the Aceh government and the Regional General Hospital need to improve their service system because what the community needs is not luxurious service but fast service and a system that provides convenience in bureaucracy so that it does not make things difficult for the community. The Aceh Government and the Regional General Hospital must also conduct a review of complaints from patients in order to provide a guarantee with better quality than the previous health insurance. Apart from that, the Social Security Administering Body is also expected to provide clear outreach to all parties and enforce all policies firmly as an embodiment of a disciplinary process towards providing clean and orderly services so that the state's goal of providing health services for the entire community can be achieved.

REFERENCES

- [1]. Waldi Nopriansyah, *Sharia Insurance – The Last Unexpected Blessing*, (Yogyakarta: Andi Offset, 2016), p. 8.
- [2]. Sugeng, Soedibjo & Rachma Fitriati. "Determining Sharia Life Insurance Premium Targets to Achieve Breakeven Point with Profit Testing Model Approach". Vol. 16, No. 02. The year 2009.
- [3]. Insurance Law no. 40 of 2014 (Jakarta: Sinar Graphics, 2015). matter. 3.
- [4]. Radik Purba, *Understanding Insurance in Indonesia*, (Jakarta: Pustaka Binaan Pressindo, 2011), p. 58.
- [5]. Ganie Jonedi, *Insurance Law*, (Jakarta: Sinar Graphics, 2011), p. 67.
- [6]. Budi Untung, *Smart Insurance – Protection Investment*, (Yogyakarta: Andi Offset, 2015), p.36
- [7]. Presidential Regulation no. 12 of 2013 concerning Health Insurance.
- [8]. Edi Wibowo, *Law and Public Policy*, (Yogyakarta: YPAPI, 2004), p. 30-31
- [9]. Juniarso Ridwan, *State Administrative Law and Public Service Policy*, (Bandung: Nuansa Scholar, 2009), p. 47.
- [10]. Marbun SF, *Administrative Justice and Administrative Efforts in Indonesia*, (Yogyakarta: Liberty, 1997), p. 8.
- [11]. Marbun SF, *Administrative Justice and Efforts...*, p. 167.

³⁹Results of interviews with dr. Novita, Zainal Abidin Regional General Hospital Staff, part of the Guarantee Administering Body Aceh Province Social Affairs on April 18 2023.

- [12]. Sulastomo, National Social Security System..., p.14.
- [13]. Law no. 2 of 1992 concerning Insurance Business.
- [14]. Yohandarwati. Social Protection and Security System..., p. 12.
- [15]. Law no. 40 of 2004 concerning the National Social Security System.
- [16]. Hasbullah Thabrany, National Health Insurance (Jakarta: Raja Grafindo Persada, 2016), p. 18.
- [17]. Author Team, Aceh in Numbers (Banda Aceh: Aceh Province Central Statistics Agency, 2022). matter. 21.
- [18]. Ahmad et al, Aceh in History..., p. 47..
- [19]. Supriyanto, Marketing of the Health Services Industry (Yogyakarta: Andi Offset, 2017). matter. 27.
- [20]. Author Team, Aceh in Numbers..., page 47.
- [21]. Author Team, Aceh in Numbers..., p. 62.
- [22]. Author Team, Aceh in Numbers..., p. 59.
- [23]. Writing Team, Guidelines for Implementing Aceh Health Insurance (Banda Aceh: Aceh Provincial Health Office, 2019). matter. 13.
- [24]. Author Team, Guarantee Implementation Guidelines..., page 14.
- [25]. Vandy Aries Martcahyo, et al, "The Effect of Job Training, Social Security and Incentives on Employee Performance Fumira Production Semarang", Journal of Business Administration, Vol. 1 No.1 2012, p.14.
- [26]. Aceh Qanun 2004 concerning Aceh Health.
- [27]. Regulation of the Minister of Health of the Republic of Indonesia Number 71 Article 15 of 2013 concerning Health Services.
- [28]. Writing Team, General Services Zainal Abidin Regional General Hospital (Banda Aceh: Zainal Regional General Hospital Abidin, 2022). hal. 3.
- [29]. Agung Pambudhi, "Central and Regional Relations in Investment Services", Journal of Law and Capital Markets, Vol. 3 No. 4 August-December 2008, p. 88.
- [30]. Results of an interview with Herlina, SK M, services section of the Aceh Provincial Health Service on April 16 2023.
- [31]. Results of an interview with Evi Julianti, one of the Aceh BPJS participants, April 18 2023.
- [32]. Observation results at the Aceh Province Regional General Hospital on April 15 2023.
- [33]. Results of interviews with dr. Novita, Zainal Abidin Regional General Hospital Staff, part of the Guarantee Administering Body Aceh Province Social Affairs on April 18 2023.