Government Authority and Responsibility in the Universal Health Coverage Program from the Aspect of Participation and Financing

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Abstract

Citizens' rights to Social Security are realized by the Government through the National Health Insurance Program (JKN Program) with the principle of Social Security. The JKN program is an initiation to achieve Universal Health Coverage (UHC), which is one of the goals of the Sustainable Development Goals (SDGs). The government has the authority and responsibility to organize the JKN Program, especially in terms of participation and financing. This study aims to analyze the authority and responsibility of the Government in the JKN Program to achieve UHC. This research is Normative Juridical, using a Juridical approach based on laws and regulations. It was concluded that the Government's authority in the JKN Program is legally associated with the National Social Security Board and the Social Security Organizing Agency. Regarding the Government's responsibility in JKN to achieve UHC, the Government must prioritize participation and financing to ensure effective implementation as part of its obligations to its citizens. BPJS as a Legal Entity that implements the JKN Program has the sole authority and must involve Independent Government Institutions for aspects such as service, promotion, and supervision.

Keywords: National Health Insurance; Universal Health Coverage; Participation; Financing.

Introduction

The legal basis of the National Health Insurance Program (JKN) is the 1945 Constitution of the Republic of Indonesia Article 28 H Paragraph (3) which states that everyone has the right to social security that allows the development of himself or herself as a dignified human being. Furthermore, in Law Number 40 of 2004 concerning the National Social Security System (SJSN) Article 4 Letter (g) which states that SJSN is held based on the principle of compulsory membership, and Article 19 Paragraph (1) Health insurance is held nationally based on the principle of social insurance and the principle of equity. In Presidential Regulation Number

82 of 2018 concerning Health Insurance, Article 6 Paragraph (1) Every Indonesian resident is required to participate in the Health Insurance program, and Paragraph (2) participation in the Health Insurance program is carried out by registering or registering with BPJS Kesehatan.

Based on Presidential Regulation Number 18 of 2020 concerning the National Medium-Term Development Plan for 2020-2024, one of the targets for 2024 is that 98% of the Indonesian population will receive social protection or Universal Health Coverage (UHC). UHC will ensure that everyone has access to the promotive, preventive, curative, and rehabilitative health services needed with adequate quality to be effective, while also ensuring that the services do not cause financial or financial hardship to its users**.**(Chris & Hik, 2018) Indonesia is one of 84 countries that have ratified UHC and form regulations or legal products to fight for the values or concepts that exist in UHC.(Cipto Rizqi Agung Saputro and Fenny Fathiyah 2022)

Based on data issued by BPJS Kesehatan, the number of JKN Program participants as of December 31, 2023 reached 267,311,566 participants.(BPJS Kesehatan) If calculated based on the number of Indonesia's population according to the Central Statistics Agency (BPS) in 2023 is 278,696,200 people(Central Statistics Agency 2024) then the percentage of JKN Program participation until December 31, 2023 is 95.91%, meaning that the target towards UHC nationally it is less than about 2.09%.

The JKN Program membership is categorized into two categories, namely Health Insurance Contribution Assistance (PBI) Recipients and Non-Health Insurance PBI. PBI health insurance, the contribution is paid by the Government. The number of health insurance PBI participants is determined based on the Decree of the Minister of Social Affairs. Based on the Decree of the Minister of Social Affairs Number 1/HUK/2021 concerning the Determination of the Health Insurance PBI in 2021, the Health Insurance PBI is data on the poor and underprivileged based on the Integrated Social Welfare Data (DTKS) of 96,800,000 people or 36.2% of the total population of Indonesia. The Health Insurance PBI is not only paid by the Central Government through the State Budget, but also paid by the Regional

Government through the APBD. Meanwhile, non-PBI are classified as Wage Recipient Workers (PPU), Non-Wage Recipient Workers (PBPU) and Non-Workers (BP), all of whom are required to register or be registered in the JKN Program.

Regarding the joint commitment to the success of the JKN Program, the government issued Presidential Instruction Number 1 of 2022 concerning Optimizing the Implementation of the JKN Program, which mandates BPJS Kesehatan, Ministries/Institutions and all Regional Governments at the Provincial and Regency/City levels to synergize and make optimal efforts to ensure that all residents are protected in the National Health Insurance Program.

The Government of Indonesia appreciates 16 provinces and 319 regencies/cities that have succeeded in realizing UHC with the coverage of participation in the JKN Program at least 95% of the total population. The 2023 UHC Award was handed over by the Vice President to the Regional Government in Jakarta. For East Java Province, 21 out of 38 regencies/cities have won the 2023 UHC Award, namely Malang, Bondowoso, Probolinggo, Pasuruan, Sidoarjo, Mojokerto, Bojonegoro, Gresik, Bangkalan, Sampang, Pamekasan, Sumenep, Kediri City, Blitar, Malang City, Probolinggo City, Pasuruan City, Mojokerto City, Madiun City, Surabaya City, and Batu City.

UHC is an issue in the Government and Society. It is hoped that with this legal research, the policymakers of the UHC program, namely the government, will better understand the roles and responsibilities as well as the authority and implementation of the UHC Program. Many local governments declare the UHC Program as one of the indicators of the success of government performance. The community also welcomed the program, because they had free access to health services both at the first level and referrals.

The problem is the financing of the UHC Program. Regional Governments must allocate funds to realize the UHC Program, because the Central Government guarantees contributions for the poor and underprivileged people only 40.5% of the total population of Indonesia in 2024 as stated in the 2019-2024 RPJMN. The problems that arise related to the JKN Program membership are the determination of health insurance PBI and the number of non-PBI participants.

Health is a human right. The JKN program is a form of the Government in fulfilling its responsibility for the health rights of its citizens. Health insurance, which is implemented based on the principle of social insurance and is mandatory, requires all people to register or be registered as participants in the JKN Program. What exactly is the authority and responsibility of the Government in the JKN Program to achieve UHC, especially in the aspects of participation and financing which are still a problem.

Research Methods

The types of research in this legal research are Normative Juridical This means that the researcher conducts an analysis based on the Juridical or laws and regulations. The approach used in this study is the first Legal Approach (Statute Approach), which is an approach by examining all laws and regulations related to legal issues and looking for logical ratio The birth of the law.(Peter Mahmud Marzuki 2021) Second: Conceptual approach (Conceptual Approach) that is, research from views and doctrines that develop in legal science.(Peter Mahmud Marzuki 2021)

Results and Discussion

Government Authority in the Implementation of the UHC Program

The health insurance program is mandatory for all residents as stated in Law No. 17 of 2023 concerning Health Article 411 Paragraph (2) which states that the Health Insurance Program is held to ensure that the community receives health maintenance and protection benefits to meet basic health needs as an essential need.

The government is a body, organ, or institution that has the power to govern in a country. Meanwhile, Government is the entire activity (duties, functions and authority) that is carried out in an organized manner by government agencies, organs or institutions for the achievement of a State

Based on Law No. 30 of 2014 concerning Government Administration, authority is defined as the right possessed by Government Agencies and/or Officials or other state administrators to make decisions and/or actions in the administration

of government. Government Authority, hereinafter referred to as Authority, is the power of Agencies and/or Government Officials or other state administrators to act in the realm of public law.

Every decision must be determined and/or carried out by the authorized Government Bodies and/or Officials. In Article 11 of the Government Administration Law, it is stated that Authority can be obtained through Attribution, Delegation, and/or Mandate. In the implementation of the JKN Program, there are 2 (two) Agencies and/or State Officials that receive Authority in terms of attribution because they are regulated in the Law, namely the National Social Security Council (DJSN) as regulated in the SJSN Law and the Social Security Administration Agency (BPJS) as regulated in the BPJS Law.

DJSN gets the authority by attribution in accordance with the SJSN Law as follows, first, formulating general policies and synchronizing the implementation of the National Social Security System, second, conducting studies and research related to the implementation of social security, third, proposing a social security budget for recipients of contribution assistance and the availability of an operational budget to the Government. And fourth, monitoring and evaluating the implementation of social security programs. DJSN also received delegation of authority from the President as stipulated in Presidential Instruction No. 1 of 2022 to optimize duties, functions, and authorities in conducting studies and synchronizing regulations on the implementation of the JKN Program.

BPJS is authorized by attribution in accordance with the BPJS Law as follows: (1) collecting the payment of contributions (2) supervising and examining the compliance of Participants and Employers in fulfilling their obligations (3) making agreements with health facilities (4) making or terminating employment contracts with health facilities (5) imposing administrative sanctions on Participants or Employers who do not fulfill their obligations (6) reporting the Employer to agencies (7) to cooperate with other parties in the context of implementing the Social Security program.

The delegation of authority by the President to the Board of Directors of BPJS is as follows: (1) Ensuring that JKN program participants get access to quality

health services (2) Increasing advocacy, campaigns, and socialization of the JKN program (3) Increasing cooperation with stakeholders in order to improve registration services, develop ease of registration and payment of JKN program contributions (4) Improve efforts to enforce registration compliance and submit participant data, as well as efforts to collect and comply with the payment of JKN program contributions (5) Increasing cooperation with stakeholders in the context of enforcing public service sanctions (6) Increasing the expansion of cooperation with health service facilities (7) Conducting regulatory studies and evaluations as well as developing innovations to improve the implementation of the JKN Program (8) Carrying out matching of membership data with Ministries/Institutions providing Participant data in order to improve accuracy and validity data of JKN program participants (9) Cooperate with the Ministry of Finance in the collection of receivables and contributions JKN program participants (10) Carry out full system interoperability between JKN program information systems (11) Optimize guarantees that prioritize individual promotive and preventive services (12) Improve the implementation of coordination between guarantee providers to optimize the role of SOE/Private insurance.

The granting of Authority by Delegation in the JKN Program is given to the Regional Government to (1) Prepare and determine regulations and allocate budgets to support the implementation of the JKN Program in their area (2) Ensure that every resident in their area is registered as an active participant of the JKN program, (3) Ensure that all One-Stop Integrated Services require active participation in the JKN program as one of the completeness of business licensing management documents and public services, (4) Encouraging Wage Recipient Workers (PPU) State Administrators within Regency/City Regional Government agencies to register other family members to become active participants in the JKN program in the PPU segment of State Administrators, (5) Ensuring that all workers with non-ASN status in their areas are active participants in the JKN program, (6) Registering, planning, budgeting, and payment of contributions of Village Heads and Village Apparatus as active participants in the JKN program, (7) Allocate budgets and pay contributions and contribution assistance for residents registered

by the Regency/City Regional Government as Non-Wage Recipient Workers (PBPU) and Non-Workers (BP) Participants (8) Ensure that members of the board of commissioners/supervisory board, members of the board of directors, and employees and family members of BUMD and its subsidiaries are active participants in the JKN program, (9) Ensuring the availability of drugs and medical devices for JKN program participants in their area (10) Ensuring the availability of facilities and infrastructure at health service facilities and resources in the health sector in their area with the Ministry of Health, (11) Implementing the imposition of administrative sanctions for not getting certain public services to Employers other than State Administrators and everyone other than Employers, workers and Health Insurance PBI who do not fulfill their obligations in JKN program.

BPJS is a legal entity (rechtpersoon) formed by the BPJS Law to administer the Social Security Program. As a Legal Entity, BPJS acts as a Legal Subject because BPJS is the holder of rights and obligations. BPJS's obligation is to provide benefits to all participants of the JKN Program, develop BPJS assets for the maximum benefit of participants, and provide a single identity number to participants. Meanwhile, what BPJS has the right to obtain operational funds for the implementation of the JKN program.

BPJS is a Legal Entity formed by the Government and established based on public law, namely the SJSN Law and the BPJS Law or called Publiek Rechtspersoon. As a legal subject, BPJS has the authority to implement the JKN Program in accordance with the mandate of the SJSN Law and the BPJS Law

The JKN program is organized through the Social Insurance mechanism which aims to protect all Indonesian residents in the insurance system. The principle of membership is mandatory so that all people become participants so that they can be protected. Although membership is mandatory, its application is still adjusted to the economic capabilities of the people and the Government as well as the feasibility of implementing the program. The first stage starts from workers in the formal sector, along with the informal sector can become voluntary participants. The preparation of a roadmap for the development of the JKN Program is a must. Without a clear roadmap, efforts to achieve UHC will experience a stalemate. Many

things should be done but not identified and not done, while there are other activities that do not need to be done but are actually done.[1]

PBI Jamkes participants are determined and registered by the Minister of Social Affairs as participants to BPJS Kesehatan. The requirements as PBI Jamkes as stipulated in the Regulation of the Minister of Social Affairs No. 21 of 2019 must meet the requirements of Indonesian citizens, have a NIK and be registered in the Integrated Social Welfare Data (DTKS). The determination and registration of PBI Jamkes participants is the authority of the Minister of Social Affairs, including if there is a deletion and replacement of PBI Jamkes participants in verifying and validating participant data. Wage Recipient Workers (PPU) other than state administrators are registered by the Employer as Health Insurance Participants. Each Non-Wage Recipient (PBPU) and Non-Worker (BP) Participant is required to register himself and his family members individually or collectively as Health Insurance Participants at BPJS Kesehatan.

The requirements for participants as Participants Receiving Iur Assistance (PBI) are regulated in the Regulation of the Minister of Social Affairs No. 21 of 2019, namely Indonesian citizens, have a NIK (Population Identification Number) and are registered in the Integrated Social Welfare Data (DTKS). In the implementation in the field, sometimes not all PBI farmers meet the requirements as the rules above. People who can afford it turn out to be PBI participants. This can cause social jealousy in the community.

Indonesia Strive to achieve UHC Gradually. The first priority is the expansion of the guaranteed population, namely so that all residents are guaranteed so that every sick resident does not become poor due to the burden of high medical costs. The next step is to expand guaranteed health services so that everyone can meet their medical needs. And finally, there is an increase in guaranteed medical costs so that the proportion of direct costs borne by the population is smaller.[2] The factors that affect JKN membership are due to several things, such as the needs and expectations of prospective health insurance participants, premium levels, ability to

[1] Mundiharno. *Op. Cit.,* p. 208.
[2] *Ibid.* p. 210.

pay, benefit packages and health insurance providers.(De Allegri M, Sanon M, Bridge J 2006) The cause of low JKN membership in informal sector worker groups is that people do not feel sick, do not understand the importance of JKN, people are busy working, and there is a lack of information about the JKN registration flow.(ABI A 2015)

Change Health insurance membership levels are also due to the affordability of premium costs for many poor families or extended families who are unable to raise enough money to pay premiums for all family members at once. Although the main cause of the lack of interest in participating in insurance schemes is due to low-quality health services.(JA Cemetery 2013) The ability to pay premiums or contributions, the existence of a rigid design in registration requirements and socio-cultural factors are reasons for a person to become a participant in health insurance services.(Nguyen TH 2013) The expected impact if knowledge about JKN is good is that he likes or has a favorable attitude or a positive attitude, which is an attitude that shows or shows, accepts, acknowledges, approves, and implements the applicable norms where the individual belongs.(Tanjung, S. A., & Isnaeni 2015) Participation in the JKN Program is influenced by the knowledge factor where the information received can influence a person in choosing health insurance, the more information provided clearly and reliably, the more information will increase the use of available health facilities.(Tiaraningrum, R., Setiyadi, N. A., & Werdani 2014) Knowledge has a great influence on JKN membership.(Mira Ulpayani Harahap 2023) The factors found in the participation of the National Health Insurance are age, gender, education, occupation, number of family members, knowledge, income, family and social support, perception and motivation.(Syifa Shidqi Putri 2022)

The Central and Regional Governments are responsible for providing funds that are used for all health efforts, this is stated in Law No. 17 of 2023 concerning Health Article 403. Funding for individual health efforts through the implementation of the Health Insurance Program is organized by the Agency that implements the Social Security Program in the health sector. Based on the Health

Law, the responsibility for financing the Health Insurance Program is the responsibility of the Government, both Central and Regional.

Financing Health is defined as the amount of allocation of funds provided to be utilized in health efforts according to the needs of individuals, groups and communities.(Hidayati, Fifi Anisa Nur 2021) In the National Health System, health financing is the arrangement of financial resources that regulates the taking, allocation, and expenditure of health costs with the principles of efficiency, effectiveness, economy, fairness, transparency, accountability, and sustainability.(Trisnantoro Laksono, 2021) Financing allocated for health is said to be good if the provision of health services is in accordance with needs.(Listiya 2022) The purpose of health financing is the availability of health financing in sufficient amounts, allocated fairly and used effectively and efficiently, to ensure the implementation of health development in order to improve the highest degree of public health.(Budiarsih 2020)

Limited The health budget in this country, admitted by many parties, is not without reason.(Ediani, n.d.) The government's low awareness to place health development as a priority sector,(Dodo, Dominirsep 2012) Because health has not yet become a political commodity. Ironically, this weakness is not covered by the effective and efficient use of the budget, as a result, many health programs are not properly functioned.(Suprapto 2023) Strong, stable and sustainable health financing has an important role for the implementation of health services in order to achieve various important goals of health development in a country, including equitable distribution of health services and access and quality services.(Asrinawaty 2021)

Funding for the implementation of the JKN Program, it is regulated in Presidential Instruction No. 1 of 2022 charged to the State Revenue and Expenditure Budget (APBN), Regional Revenue and Expenditure Budget (APBD), and other legal and non-binding sources in accordance with the provisions of laws and regulations. Health financing is highly dependent on the Government's commitment, especially related to financing sourced from the government.(Andhi Syamsul 2023) In terms of the amount of contributions and who is responsible for paying the contributions, it is regulated in Presidential Regulation No. 82 of 2018

concerning Health Insurance Article 28 as follows (1) Contributions for Participants Receiving Contribution Assistance (PBI) for Health Insurance are paid by the Central Government (2) Contributions for residents registered by the Regional Government are paid by the Regional Government (3) Contributions for Wage Recipient Workers (PPU) are paid by Employers and Workers (4) Contributions for Non-Wage Recipient Workers (PBPU) and Non-Worker Participants (BP) are paid by Participants or other parties on behalf of the Participant.

The Central Government is obliged to pay contributions for PBI Health Insurance participants. The process of proposing funds for PBI Health Insurance participants by the Government is regulated in the Regulation of the Minister of Finance Number 10/PKM.02/2018 concerning Procedures for the Provision, Disbursement and Responsibility of PBI Health Insurance Contribution Funds. The National Social Security Board will submit a proposed health insurance budget for PBI participants to the Ministry of Health no later than the second week of January for the next year's budget, then the Ministry of Health will submit a proposed budget for health insurance for PBI Health Insurance to the Ministry of Finance.

The budget allocation that must be prepared by the Regional Government for the payment of contributions and contribution assistance for residents registered by the Regency/City Regional Government as Non-Wage Recipient Workers (PBPU) and Non-Workers (BP) Participants, mainly comes from cigarette taxes on the portion of the rights of each provincial/regency/city region which is directly deducted to be transferred to the BPJS Kesehatan account in the amount of 75% of 50% of the realization of revenue as stipulated in Presidential Regulation No. 82 of 2018 Article 99.

Government Responsibilities in the Implementation of the UHC Program

According to Hans Kelsen, "A person is legally responsible for a particular act or that he bears legal responsibility, the subject means that he is responsible for a sanction in the event of a contrary act". Responsibility is defined as the obligation to bear responsibility and to bear losses when demanded both in relation to the law and in the Administration. According to Prof. Arifin, Accountability is the freedom

of action to carry out the duties imposed on him but in the end cannot escape from the resultante of freedom of action, in the form of prosecution to properly carry out what is required of him.

The right to social security is a human nature. Humans are often faced with misfortune or luck. In guaranteeing the right to social security, the state is responsible for fulfilling and guaranteeing the realization of these rights and is also obliged to maintain and improve quality, equitable and affordable health services for all levels of society. The government's responsibility is to ensure equitable distribution for all people according to their needs and all forms of health service efforts to fulfill the community's right to health

The health financing system in Universal Health Coverage is divided into 3 (three) categories, namely the Single Payer System (single payer), the Double Payer System (two-tier), and the Insurance Mandate System. The single payer system is a universal health financing system where the Government provides insurance to all citizens and pays all health expenses, even though there is copayment and coinsurance. The single-payer system is a form of "monopsony", because there is only one buyer (the Government) and a number of health service sellers. Health costs come from the government budget obtained from general taxes (general taxation) or special taxes, for example income tax (salary tax).

In the dual health care system, the Government provides health services or provides catastrophic insurance coverage with minimal coverage for all citizens. Residents complement it by purchasing additional health services in the private sector, either through voluntary insurance or direct payment.

In the Mandate financing system, the Government requires all citizens to have insurance from private, government, or non-profit insurance companies. The government limits the number of insurance companies. The government will also standardize and prepare regulations. This mandate system is used in Indonesia with the JKN Program.

Based on Presidential Regulation Number 82 of 2018 concerning Health Insurance, Article 2 states that "Health Insurance Participants include Health Insurance Contribution Assistance Recipients (PBI) and not Health Insurance PBI".

Furthermore, in Article 4, each participant, both PBI and Non-PBI, is categorized as anyone who is a PBI and Non-PBI participant. PBI participants consist of the poor and underprivileged. Meanwhile, Non-PBI participants are divided into 3 (three) categories including Wage Recipient Workers (PPU), Non-Wage Recipient Workers (PBPU) and Non-Workers (BP). The provisions of the requirements for the determination of the community as participants in the Health Jamkesmas Contribution Assistance (PBI) are regulated in the Regulation of the Minister of Social Affairs Number 21 of 2019 concerning Requirements and Procedures for Amendments to Health Insurance PBI Data. There are 3 (three) requirements that must be met, namely Indonesian Citizen Residents, have a Personnel Identification Number and have been registered in the Integrated Social Welfare Data (DTKS). Data on PBI Health Insurance participants can be changed, including Substantive and Administrative changes. Substantive changes consist of deletion, replacement and addition. Meanwhile, the administrative change is an improvement in the PBI Health Insurance data through the SIKS-NG **Application (Next** Generation Social Welfare Information System). Participants in the Wage Recipient Workers (PPU) come from civil servants, the TNI/Polri, the DPRD, State Officials, and Village Apparatus. Non-Wage Recipient Workers (PBPU) participants consist of independent workers and workers outside the employment relationship, for Non-Worker Participants (BP) consist of Investors, employers, pensioners/veterans/independence pioneers and their families.

The speed of achieving Universal Health Coverage is influenced by several factors. According to Carrin and James, there are five factors that affect how quickly or slowly a country achieves UHC. First, the income level of the population. The higher the income level of the population, the higher the ability of the population, including employers, to pay contributions. Second, the country's economic structure is mainly related to the large proportion of the formal and informal sectors. The economies of developing countries generally depend on the agriculture, trade and service sectors, most of which are informal workers. This condition makes it difficult to collect contributions because workers do not receive a formal salary. Third, the distribution of the country's population. The widespread

distribution of the population to various regions causes higher administrative costs than if the population is concentrated in certain areas. Managing social health insurance in urban areas with high population density is easier than managing it in rural areas where the population is spread to hard-to-reach suburban areas. Fourth, the state's ability to manage social health insurance. The implementation of health insurance requires adequate skilled resources. Therefore, the implementation of social health insurance must be supported by skilled personnel who understand various aspects of health insurance implementation. Fifth, the level of social solidarity in the community. The level of solidarity is needed because the social health insurance system is built on the principle of mutual cooperation, namely the rich help the poor, the healthy help the sick.[3]

Employers' compliance to register their workers as active participants in the JKN Program is regulated in the regulation of BPJS Kesehatan Regulation Number 3 of 2019 concerning Work Procedures and Mechanisms, Supervision and Inspection of Employers' Compliance other than state administrators in the Implementation of the JKN Program. BPJS Kesehatan is authorized to supervise and check the compliance of the Employer to (1) Register himself and his workers as Participants to BPJS Kesehatan in the JKN program, (2) Provide personal data of the Workers and their family members to BPJS Kesehatan and (3) Fulfill their obligations in collecting and depositing Contributions that are the obligations of Participants from their Workers and pay Contributions that are their obligations to BPJS Kesehatan.

For example, there are cases of neglect of government responsibility in the UHC Program related to participation, for example, there are still poor people who are not or have not been registered in the JKN Program. This can happen because of the validation of poverty data that is not verified. This verification is carried out every six months by the government. So that when this community needs health services, they cannot get their rights as they should.

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[3] *Op.Cit*. p. 112

The Government's responsibility related to financing in the JKN Program is related to the contributions of Contribution Assistance Recipients (PBI) participants by the Central Government or Regional Governments. The provisions for the amount of JKN Program Contributions are regulated in Presidential Regulation No. 82 of 2018 which was then revised by Presidential Regulation No. 75 of 2019. The amount of contributions is the key to sustainability, quality of Health Insurance and increasing population productivity. If the contribution is determined without careful calculation, or only by agreement, then there is a threat that BPJS will not be able to pay for health facilities, insurance is not available, and the people no longer trust the state. This must be prevented by collecting sufficient contributions. The amount of contributions paid must meet the following conditions (1) enough to pay for good quality health services, (2) enough to fund BPJS operations with good quality at a reasonable economic price, (3) technical reserve funds are available if at any time high claims occur, (4) there are funds available for program development, operational research, or new treatments.(Ministry of Health of the Republic of Indonesia 2012)

In Article 29, it is stated that the contribution for PBI Health Insurance Participants and residents registered by the Regional Government is IDR 23,000.00 per person per month. Furthermore, in article 30 Paragraph (2) it is stated that the contribution for the Wage Recipient Worker (PPU) participant is paid with the provision that 3% is paid by the Employer and 2% is paid by the Participant. In Article 34, it is stated that the contribution for Non-Wage Recipient Workers (PBPU) and Non-Worker Participants (BP) is IDR 25,500.00 per person per month with service benefits in Class III treatment rooms, IDR 51,000.00 per person per month with service benefits in Class II treatment rooms and IDR 80,000.00 per person per month with service benefits in Class I treatment rooms.

As an illustration of the allocation of funds that must be provided by the Central Government for the financing of PBI JK participants in 2024, it can be calculated as follows: The target coverage of PBI JK participants in 2024 is 119.2 million as stated in Presidential Regulation Number 18 of 2020, while the amount of contributions for PBI JK is currently IDR 42,000 per person as stated in Presidential

Regulation No. 75 of 2019, so that the amount of budget allocation required for the payment of PBI JK participant contributions by the Government is 119,200,000 x IDR 42,000 x 12 months = IDR 60,076,800,000,000. The process of proposing funds for PBI JK participants by the Government is as regulated in the Regulation of the Minister of Finance Number 10/PKM.02/2018 concerning Procedures for the Provision, Disbursement and Responsibility of PBI Health Insurance Contribution Funds

Conclusion

This research has urgency and importance today because UHC is an issue in Government and Society. It is hoped that with this legal research, the policymakers of the UHC program, namely the government, will better understand the roles and responsibilities as well as the authority and implementation of the UHC Program.

The Government's authority in the National Health Insurance Program to Achieve Universal Health Coverage is given by attribution by law to the National Social Security Council (DJSN) and the Social Security Administration Agency (BPJS), where the Government's authority in the JKN Program is divided into 2 (two), namely first, the government's authority related to the participation of the JKN program, in this case the Ministry of Social Affairs is authorized to determine the number of PBI JK, including if there is a deletion, change and replacement of PBI JK participants and the two government authorities related to the financing of the JKN program, namely the budget proposal for PBI JK proposed by the Ministry of Social Affairs to the Ministry of Health.

The Government's Responsibility in the National Health Insurance Program to Achieve Universal Health Coverage is divided into 2 (two), namely the first is the government's responsibility related to the membership aspect, where according to the 2019-2024 RPJMN target, Indonesia will succeed in realizing Universal Health Coverage in 2024. Second, the government's responsibility is related to the financing aspect, where the Central Government is responsible for financing the payment of contributions for JK Contribution Assistance Recipients (PBI)

participants with a target coverage of 119.2 million PBI participants in 2024, while Regional PBI is the responsibility of the Regional Government.

Matters that are obstacles in the implementation of the UHC Program include financing issues, membership and the organizing body. The issue of financing is the responsibility of the government, especially for Contribution Assistance Recipients (PBI) participants who are poor people. The budget allocation from the State Budget is the main source, coupled with the APBD budget from the Regional Government. The issue of participation, especially from non-formal participants, needs to be advocated so that all become participants in this health program. The role of the Employer is important to register its workers. While participants who are able are expected to have the awareness to register themselves as participants in this JKN program, the JKN Program Organizer, namely BPJS Kesehatan which has a single authority, should be accompanied by several independent institutions in the implementation of the JKN program such as in Sweden.

Reference

Book

Ministry of Health of the Republic of Indonesia. 2012. *Roadmap Towards National Health Insurance*. Jakarta.

Trisnantoro Laksono. 2021. *Financing Policy and Health System Fragmentation*. Yogyakarta: UGM PRESS.

Andhi Syamsul. 2023. "Analysis of Problems of the Health Financing System in the Era of National Health Insurance (JKN)" 2 (2): 494.

Budiarsih. 2020. *Health Financing Law and System*.

Journal

ABI A. 2015. "The level of health literacy and participation in the National Health Insurance (JKN) program in Sleman Regency, Special Region of Yogyakarta." Gadjah Mada University.

Allegri M, Sanon M, Bridge J, Sauerborn R De. 2006. "Preferences and Decisions of Disadvantaged Consumers to Enroll in Community-Based Health Insurance in Rural West Africa." *Health Policy* 76 (1): 58–71.

Asrinawaty, Mahmudah. 2021. "The Relationship between Public Perception and

Independent JKN Membership at the Mangrove Care Center in 2021." *An-Nadaa: Journal of Public Health* 8 (2): 191–95.

Cipto Rizqi Agung Saputro and Fenny Fathiyah. 2022. "Universal Health Coverage: Internalization of Norms in Indonesia." *Journal of National Health Insurance (JKN)* 2 (2): 204–16.

Dodo, Dominirsep, and Sigit Riyarto LaksonoTrisnantoro. 2012. "Analysis of Government-Sourced Maternal and Child Health Program Financing with a Health Account Approach." *Indonesian Journal of Health Policy: JKKI* 1 (1).

Ediani, Dine Rinjani. n.d. "The Implications of the Enactment of Law No. 24 of 2011 concerning BPJS on BPJS Kesehatan Bandung Main Branch in the Implementation of Health Insurance." Unika Soegijapranata.

JA Cemetery, Swartz K. 2013. "Understanding state variations in health insurance dynamics can help tailor enrollment strategies for ACA expansion." *Health Aff* 32 (10): 1832–40.

Hidayati, Fifi Anisa Nur, and Devi Pramita Sari. 2021. "Health Financing Planning in Hospitals," 226–33.

Listiya, Putri. 2022. "The Principle of Justice in Health Services for the Poor and Low-Income Communities.

Mira Ulpayani Harahap, Susilawati. 2023. "Mira Ulpayani Harahap, Susilawati" 2 (1).

Nguyen TH, Leung S. 2013. "Dynamics of Health Insurance Enrollment in Vietnam, 2004-2006." *Asia Pacific Economic Journal*, 594–614.

Peter Mahmud Marzuki. 2021. *Legal Research*. Print to. Gold.

Suprapto. 2023. "CHAPTER 3 OF ORGANIZATIONS AND THEIR APPLICATION IN THE HEALTH SECTOR." *Quality Management of Health Resources*, 31.

Syifa Shidqi Putri, Chriswardani Suryawati. 2022. "Implementation of National Health Insurance in the Aspect of Participation to Achieve Universal Health Coverage.

Tanjung, S.A., & Isnaeni, Y. 2015. "The Relationship between Knowledge about JKN and the Attitude of Independent JKN Membership at the Mergangsan Health Center in Yogyakarta in 2015." STIKES'Aisyiyah Yogyakarta.

Tiaraningrum, R., Setiyadi, N.A., & Werdani, KE, 2014. "Descriptive Study of

Motivation and Personal Reference of Independent Jkn Participants in the Highest Region in Mojosongo Village, Surakarta City." University of Muhammadiyah Surakarta.

Page

Chris & Hik. 2018. "Definition of Universal Health Coverge (UHC)." Ministry of Health of the Republic of Indonesia. 2018. https://p2ptm.kemkes.go.id/tag/pengertian-universal-health-coverge-uhc.

Central Statistics Agency. 2024. "Total Population of Indonesia." 2024. https://www.bps.go.id/id/statistics-table/2/MTk3NSMy/jumlah-penduduk-pertengahan-tahun.html.

BPJS Kesehatan. n.d. "JKN Data." BPJS KESEHATAN. Retrieved 11 March 2024. https://bpjs-kesehatan.go.id/#/.