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Reorientation of Health Service Governance Toward the Fulfillment of Social Justice

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ABSTRACT: Health insurance is a human right. At the practical level, this health insurance program in Indonesia is organized by BPJS Kesehatan (Social Security Administering Body for Health). The implementation of BPJS Kesehatan is still not optimal and effective. Three problems are discussed in this writing: the dynamics of health insurance governance in Indonesia, the implementation of the fulfillment of the right to health by BPJS Kesehatan, and the reorientation of BPJS Kesehatan services toward social justice. These problems are then answered by scientific research methods using a sociological juridical approach. Complaintsoften occur regarding the regulations, the services provided by the health facility providers, and the distance between the community and the health facilities. Such complaints affect the public interest in becoming BPJS Kesehatan participants. The aforementioned conditions must be considered and evaluated for the government's success in the aspired national health insurance plan.

KEYWORDS *-BPJS Kesehatan, Health Insurance, Social Justice*

I. INTRODUCTION

Health is one of the community's basic rights that the government must guarantee. As early as 1948, the World Health Organization (WHO) described health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”[1]. The obligation of the state to ensure public health has been mandated in Article 28 H paragraph (1) of the 1945 Constitution. In that article, it is stated that "everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment. and have the right to obtain health services. Law No. 36 of 2009 describes that health is a condition where humans are physically, mentally, spiritually, and socially healthy to be economically able to live a productive life [2].

The human right to health is a critical legal tool to achieve health justice, and universal health coverage is included among the Sustainable Development Goals [3]. Therefore, people at all levels of the economy must enjoy the right to health. As a proportion of the Indonesian people is still on the verge of the poverty line; therefore, to help the community and reduce the burden on the community in bearing the high health costs, a system that can use the concept of *gotong royong* (mutual assistance) is needed to reduce the burden on the community in bearing the high health costs. Therefore, hopefully,no more people cannot enjoy health facilities because of financial disadvantages.

The government is legally responsible for creating a good quality health service system. Health insurance has an important role and function in supporting the life of the nation and state. As part of its responsibilities, the government has made efforts to design health insurance programs that can meet the community’s basic needs Health insurance programs that have been run by the government such as Jamkesmas, Jamkesda, ASKES, and the latest public health program are the government programs called the Social Security Administering Body (BPJS) [4]. The legal rules regarding BPJS are regulated in Law Number 24 of 2011 concerning BPJS. The government formed BPJS in two social security administration bodies, namely BPJS Kesehatan and BPJS Ketenagakerjaan (employment). BPJS Kesehatan is a State-Owned Enterprise (BUMN) specifically tasked with administering health insurance for all Indonesian people [5]. The health insurance program organized by the government is implemented by PT Askes (Persero) and PT. Jamsostek (Persero). This program is applied to civil servants, private employees, veterans, and retired recipients. Meanwhile, the general public can use other insurance programs such as Jamkesmas (Community Health Insurance) and Jamkesda (Regional Health Insurance), especially for the poor and underprivileged. However, based on the Regulation of the Minister of Health Number 28 of 2014 concerning Guidelines for the Implementation of National Health Insurance, the social security program has not run effectively and efficiently, causing the cost and quality of

services for BPJS participants not to be controlled effectively [6].

Many people complain about services from BPJS. It can be seen from the number of reports received by the Ombudsman of the Republic of Indonesia (ORI), including reports made by the public regarding the BPJS management bureaucracy, registration process, queues, and services, including payment methods from BPJS [7]. BPJS, as a public health insurance provider, is tasked with expanding community participation as BPJS participants. In the Presidential Regulation of the Republic of Indonesia Number 12 of 2013 concerning health insurance, it is stated that health insurance is a guarantee of health protection so that the participants can obtain health care benefits and protection in fulfilling the basic health needs given to everyone who has paid the health fees. Health insurance participants are classified into Health Insurance Contribution Assistance Recipients and Non-Insurance Contribution Assistance Recipients. In particular, Contribution Assistance Recipients are regulated in the Government Regulation of the Republic of Indonesia Number 101 of 2012 concerning the Regulation of Health Insurance Outcomes Assistance. The regulation states that the recipients of contribution assistance are people classified as poor and those who cannot afford it. In contrast, those who are not recipients of contribution assistance are BPJS participants who are not classified as poor, consisting of wage workers and their family members, non-wage workers and their family members, and non-workers and their family members [8].

As the mandate given to BPJS is to reach all Indonesian people as BPJS participants, there are obstacles to asking the public to become BPJS participants. Interest is a tendency from within based on the need for the will or desire for certain things. The community's interestin being BPJS participants is influenced by knowledge and costs. Whereas in creating social justice, health insurance should be the full responsibility of the government. Other researchers have written several studies related to this research, including Solechan, who researched the "Social Security Administering Body (BPJS) for Health as a Public Service." This study aimed to determine the role of BPJS Kesehatan as a form of public service in Indonesia [9]. Endang Kusuma Astuti researched "The Role of BPJS Kesehatan in Realizing the Right to Health Services for Indonesian Citizens." The results show the government’s role in realizing Indonesian citizens' right to health services through BPJS Kesehatan. The inhibiting factors for implementing BPJS Kesehatan for the community include the problem of tariffs and medicines, membership, complexity, quality of service, referrals, socialization of the BPJS program, and Jamkesmas not being included in BPJS participants [10]. Mikho Ardinata researched "State Responsibilities of Health Guarantee in The Perspective of Human Rights." The results of this study indicate that in fulfilling the basic rights of citizens to health, the government is bound by the responsibility to ensure adequate access for every citizen to the proper and optimal health services. It is an effort to respect, protect, and fulfill state obligations by implementing human rights norms on the right to health [11].

The type of research used in this study is sociological juridical legal research. Sociological juridical legal research is legal research that examines the applicable legal provisions with the facts that exist in society [12]. In sociological juridical legal research, a sociological juridical approach is conducted by looking at the legal reality that exists in the community; in this study, the legal reality is related to the implementation of the BPJS Kesehatan program launched by the government and how the interest of the community to participate as BPJS Kesehatan participants. In this study, the sources of legal materials are from primary legal sources, namely the laws and regulations relating to the implementation of BPJS Kesehatan as follows: Presidential Instruction of the Republic of Indonesia Number 1 of 2022 concerning Optimizing the Implementation of the National Health Insurance Program, Presidential Regulation Number 64 of 2020 concerning the Second Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance, Presidential Regulation Number 75 of 2019 concerning Amendments to Presidential Regulation Number 82 of 2018 concerning Health Insurance, Presidential Regulation No. 12 of 2013 concerning Health Insurance, and Presidential Regulation No. 111 of 2013 concerning Amendments to Presidential Regulation No. 12 of 2013 concerning Health Insurance. The data obtained were then analyzed and described systematically to obtain information about the problems that are the subject of discussion in this study to find answers to the problems formulated in this study.

II. DISCUSSION

1. Dynamics of Health Insurance Governance in Indonesia

Each country defines the conditions for realizing the right to health care to guarantee people’s health. The state itself assumes the controller's obligations and protects this right [13]. In carrying out the legal obligations to provide health to the public, the government prepares a health insurance program for the entire community. The health insurance program for the community in Indonesia has existed since the Dutch colonial era. During the Dutch government era, health insurance was only given to government employees and family members of government employees. After Indonesian independence and the end of the Dutch colonial government, the Indonesian state government fully held the government. Regarding health insurance, it was still maintained with the issuance of Minister of Health Regulation No. 1 of 1968 by establishing an agency tasked with administering health for state employees and retirees. The agency is the Health Maintenance Fund

Organizing Agency [14].

Health services launched by stakeholders in the health sector vary widely depending on the willingness to comply with health standards to improve Indonesian people's health status. WHO defines an overall health system outcome or goal as improving health and equity in health in a responsive, financially equitable manner and making the best or most efficient use of available resources [15]. The improvement of public health in Indonesia compared to developing countries can be said to be not optimal. The government's main focus is to maximize the development of public health. For this reason, the government has issued Law Number 40 of 2004 concerning the National Social Security System. This provision states that everyone has the right to social security to meet the basic needs of a decent life for humanity and to increase human dignity toward a prosperous and just Indonesian society. Social security as a whole is also proclaimed in this provision, where the state designed a social security system for the Indonesian people known as the National Health Insurance. The National Health Insurance is health protection where it is expected that participants of this health insurance can benefit from the health care and protection in fulfilling the basic needs for health insurance provided to people who are participants of the National Health Insurance and pay the health insurance contributions to the government. BPJS administers the national health insurance.

The community's need for a service and facility designed by the government to reach all levels of society shall not only be enjoyed by the wealthy as if it is health insurance provided by private commercial insurance. As a legal entity formed by the Government, BPJS Kesehatan is here to provide guarantees to the community to meet the community's needs for maximum health insurance. In 1984, in Government Regulation Numbers 22 and 23, the Health Maintenance Fund Organizing Agency was changed from an agency under the auspices of the Ministry of Health to a State-Owned Enterprise, namely the Husada Bhakti Company [16]. The range of health insurance under PerumHusada Bakti is no longer for government employees and retirees only but also for Civil Servants, Retired Civil Servants, Veterans, independence pioneers, and their family members [17].

PerumHusada Bakti then changed its status to PT Askes (Persero) through Government Regulation No. 6 of 1992. PT Askes is responsible for implementing a health insurance program for the poor or people classified as poor, called Askeskin [18]. PT Askes later changed to BPJS Kesehatan after the issuance of Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS) [19]. BPJS Kesehatan, as a business entity formed by the government as a public servant, has norms in carrying out its duties based on what has been mandated in Law Number 24 of 2011 concerning BPJS, as follows:

1. As an agency established by statutory regulation, BPJS carries out its function to organize the public interest, namely the National Social Security System (SJSN), which is based on the principles of humanity, benefits, and social justice for all Indonesian people;
2. BPJS is given the delegation of authority to make regulations regarding the implementation and public health insurance to improve the public interest;
3. BPJS Kesehatan is given the authority to manage incoming funds from the public as BPJS participants;
4. Based on its authority, BPJS can supervise and check the compliance of BPJS participants in fulfilling their rights according to what has been determined, including guaranteeing that participants get their rights;
5. BPJS can represent the country as a member of international health institutions. The President appoints members of the supervisory board and directors of BPJS through public selection. BPJS shall provide accountability for implementing these duties through program management reports and financial reports to the President, which are then copied to DJSN.

BPJS Kesehatan, in carrying out its duties and authorities, is regulated in Article 10 of the Law. BPJS is in charge of conducting and/or receiving registration of BPJS participants, collecting contributions from BPJS Kesehatan participants, receiving contribution assistance from the government, managing social security funds for the benefit of social security participants, collecting and processing data from social security participants, making payments for benefits and/or costs of health services to health facilities by the provisions stipulated in the health insurance program and disseminating information regarding programs run by BPJS to participants and the wider community. Since the implementation of the health service program by BPJS Kesehatan, there has been a transfer of functions and duties to several state institutions, where the Ministry of Health no longer carries out a health insurance program called Jamkesmas, along with the functions of the Ministry of Defence, the National Army and the Police, which used to carry out health service, as BPJS, PT Jamsostek, now runs such programs.

2. Implementation of The Fulfilment of The Right to Health by BPJS Kesehatan

Governance is central to improving health sector performance and achieving universal health coverage [20]. Good management will have implications for wider access to health services and the increasing quality of

health services. Health insurance can be implemented with the support of the readiness of stakeholders, namely BPJS Kesehatan, the Health Office, and health facility providers (Hospitals, Health Centers, Health Clinics, and Private Practice Clinics) [21]. As a developing country, Indonesia faces a crucial issue concerning providing health services to the public [22]. Therefore, an evaluation is necessary. The evaluation is an activity to collect information about whether a system is working; therefore, the results can be used to determine alternatives in making the right decisions to improve or maintain an existing system. Indications of problems in implementing the national health insurance program carried out by the Social Security Implementing Body are related to the technical implementation of health insurance.

Based on the objectives of BPJS as regulated in Article 3 of Law Number 4 of 2011 concerning social security administering bodies, BPJS aims to realize the provision of guarantees that can meet the basic needs of a decent life for BPJS participants. Evaluation of the implementation of BPJS Kesehatan can be seen from several variables, as follows [23]:

1. Indicators of Availability of Health Facilities

Health insurance implementation comprises several interrelated aspects: regulatory, participation, benefits and dues, and health. All Indonesian residents must be health insurance participants managed by BPJS, including foreigners who have worked for at least six months in Indonesia and have paid dues. The group of BPJS Kesehatan participants consists of two groups: the recipients of health insurance contributions and not the recipients of health insurance contributions [24]. Health facilities are facilities used to carry out health services. In the Regulation of the Minister of Health, Number 6 of 2013, health facilities are part of health service facilities. Health service facilities consist of 3, namely, a. first-level health facilities, b. second-level health facilities, and c. third-level health facilities.

The first-level health facility is Puskesmas. Puskesmas is a health service technical implementing unit (UPTD) for the district or city responsible for carrying out health development within its coverage area. Health services that can be provided at the Puskesmas include comprehensive, integrated, and sustainable first-level health services for individuals and the community. The second health facility is a hospital. Hospitals are advanced health facilities [25].In the regulation of the Minister of Health of Indonesia Number No. 1204/Menkes/SK/X/2004 concerning Hospital Environmental Health Requirements, a hospital is defined as a health service facility gathering place for sick and healthy people. Meanwhile, in the Regulation of the Minister of Health of the Republic of Indonesia, No. 340/MENKES/PER/III/2010, a hospital is defined as a health service institution that provides complete health services to individuals by providing inpatient, outpatient, and emergency services.

Health service indicator variables related to the availability of health facilities for BPJS participants are highly dependent on the quality of health services assessed based on the level of service provided to satisfy patients and users of health facilities services. The implementation of good health services has specific standards determined by the standard code of ethics set by the Ministry of Health and related agencies. There are often complaints about services from health facility providers to patients using BPJS in the community. Many reports are received by the Indonesian Ombudsman related to BPJS services, hospitals' rejection of BPJS patients, and certain medical actions, such as surgery. BPJS patients have difficulty getting surgery schedules, or the operation is often postponed. This raises an assumption in the community that health facility providers will prioritize general patients over patients using BPJS Kesehatan [26].

2. Regulatory Relevance Indicators

Relevance is compatible or related to one another. Regulation is a set of rules promulgated by the holder of power (government) that regulate the running of an activity. Regulations are made to regulate people's behavior so that they act by applicable rules. Therefore, the rules that have been set can be implemented properly. Regulations are issued as restrictions as an effort from the state as a benchmark for implementation to prevent failure or irregularities in a regulation. BPJS Kesehatan regulations that have been issued by the government include: BPJS Kesehatan Regulation Number 6 of 2020 concerning the Fraud Prevention System in the Implementation of the Health Insurance Program; BPJS Kesehatan Regulation Number 5 of 2020 concerning the Second Amendment to BPJS Kesehatan Regulation No. 6 of 2018 concerning Administration of Health Insurance Program Participation; BPJS Kesehatan Regulation Number 4 of 2020 concerning Technical Guidelines for Guaranteeing Health Services with Additional Health Insurance in the Health Insurance Program; BPJS Kesehatan Regulation Number 3 of 2020 concerning Procedures for Billing, Payment and Recording of Health Insurance Contributions, and Payment of Fines Due to Late Payment of Health Insurance Contributions; BPJS Kesehatan Regulation Number 2 of 2020 concerning Procedures for Guaranteeing Glasses Refraction Services at First Level Health Facilities in the Health Insurance Program; BPJS

Kesehatan Regulation Number 1 of 2020 concerning Procedures for Guaranteeing Cataract Surgery and Medical Rehabilitation in the Health Insurance Program; BPJS Kesehatan Regulation Number 6 of 2019 concerning Amendments to BPJS Kesehatan Regulation Number 6 of 2018 concerning Administration of Health Insurance Program Participation; BPJS Kesehatan Regulation Number 6 of 2019 concerning Amendments to BPJS Kesehatan Regulation Number 6 of 2018 concerning Administration of Health Insurance Program Participation; BPJS Kesehatan Regulation Number 4 of 2019 concerning Transfer of Health Insurance Participants in First Level Health Facilities; BPJS Kesehatan Regulation Number 3 of 2019; BPJS Kesehatan Regulation Number 2 of 2019 concerning the Implementation of Health History Screening and Certain Health Screening or Screening Services and Health Improvement for Participants with Chronic Diseases in the Health Insurance Program; BPJS Kesehatan Regulation Number 1 of 2019 concerning Revocation of BPJS Kesehatan Regulation Number 1 of 2018 concerning Emergency Assessment and Procedures for Reimbursement of Emergency Services Fees; BPJS Kesehatan Regulation Number 7 of 2019 concerning Instructions for Implementing Performance-Based Capitation Payments in FKTP; BPJS Kesehatan Regulation Number 7 concerning Management of Health Facility Claim Administration in the Implementation of Health Insurance; BPJS Kesehatan Regulation Number 6 concerning Administration of Health Insurance Program Participation; BPJS Kesehatan Regulation Number 5 concerning Procedures for Billing, Payment and Recording of Health Insurance Contributions and Payment of Fines Due to Late Payment of Health Insurance Contributions; Joint Regulation of BPJS Kesehatan and the Ministry of Health Number 2 of 2017 concerning Technical Guidelines for the Implementation of Capitation Payments Based on Fulfilment of Service Commitments at First Level Health Facilities; Regulation of the Health Social Security Administering Body Number 3 of 2017 concerning Management of Health Facility Claims Administration in the implementation of National Health Insurance; Regulation of the Health Social Security Administering Body Number 1 of 2017 concerning the Equity of Participants in First Level Health Facilities; BPJS Kesehatan Regulation Number 1 of 2018 concerning Emergency Assessments and Procedures for Reimbursement of Emergency Services and BPJS Kesehatan Regulations Number 1 of 2014 concerning the Implementation of Health Social Security.

The changing regulations regarding BPJS Kesehatan confuse the public, especially BPJS Kesehatan participants. With regulations that continue to change, BPJS organizers must continuously commit to disseminating information to the public. BPJS Kesehatan service flows for participants who use BPJS Kesehatan services are considered difficult, as follows:

1) BPJS Kesehatan applies a service flow with a tiered referral system. With such flow, participants must come first to the level I health facilities (faskes) designated in the participant's BPJS membership. Level 1 health facilities are Puskesmas, family doctors or clinics to obtain a referral letter. If there is an emergency, the patient can go directly to the hospital or a specialist. The decision to be able to make a referral to a hospital is the authority of a level 1 health facility;
2) Puskesmas, a level 1 health facility with the authority to issue referral letters, has limited hours of activity, so that on weekends, namely Saturdays and Sundays, the Puskesmas is closed. The limited operational hours of Puskesmas are a problem for BPJS Kesehatan participants who are in an emergency. This also results in the accumulation of patient queues during effective hours.
3) In the BPJS Kesehatan regulations, it is determined that BPJS Kesehatan participants may only choose one health facility to obtain a referral letter. They choose the health facilities that have collaborated with BPJS.
4) BPJS Kesehatan participants can only seek treatment at hospitals with a Cooperation agreement with BPJS Health. Constraints on the limitations of health facilities in collaboration with BPJS limit the selection of health facilities as BPJS health referrals and create accumulations in hospitals that are BPJS Health referrals.
5) In the BPJS Kesehatan program, the room facilities offered are standard rooms up to class 1. BPJS participants cannot use VIP facilities, so participants who want to be treated using room facilities with standards above class 1 will be charged additional fees according to the price rate determined by each health facility (hospital).

3. Human Resources Indicator

Human resource indicators are the main indicators of implementing the health insurance program. Minimum service standards in the health sector become a benchmark for performance in the health service sector organized by the government, through local or centralized government. The government gives authority to district or city local governments to organize integrated health services so that they are more decentralized. Decentralizing authority to district or city governments in the

health sector is related to determining authority and minimum service standards. The objectives of determining the mandatory authority and minimum service standards are:

1) To protect public health, especially for community groups classified as poor, vulnerable groups, and poor areas;
2) To realize the national and global commitments proclaimed by the government in carrying out the public health insurance program.

Human resources who become implementers in health insurance carry out their duties as part ofpublic services. Public service providers are mentioned in Article 34 of Law Number 25 of 2009 concerning Public Services. Public service providers must have the following behavior:

1) Fair and not discriminatory;
2) Careful;
3) Polite and friendly;
4) Firm, reliable, and does not give protracted decisions;
5) Professional;
6) Do not complicate;
7) Obey legal and reasonable orders from superiors;
8) Upholding the values of accountability and integrity of the implementing institutions;
9) Not to divulge information or documents that must be kept confidential in accordance with the laws and regulations;
10) Be open and take appropriate steps to avoid conflicts of interest;
11) Do not abuse the facilities and infrastructure as well as public service facilities;
12) Do not provide false or misleading information in response to requests for information and be proactive in meeting the interests of the community;
13) Do not misuse the information, position, and/or obligations owned;
14) In accordance with appropriateness; and
15) Do not deviate from the procedure.

The purpose of determining public service standards that public service providers must provide is to ensure that public service providers, including health insurance implementers, can carry out their duties and functions. Complaints from the public regarding services from BPJS Kesehatan providers occur in submitting applications and administering BPJS Kesehatan, which are considered complicated by BPJS Kesehatan participants. To overcome complaints from the community participating in BPJS Kesehatan, the government makes efforts to improve the quality of public services in a comprehensive and integrated manner.

Human resources who carry out work as implementers of public services is the spearhead in services that meet the expected quality standards. In the national health system, human resources in health management are arrangements that bring together various integrated planning, education, and training efforts to support each other and ensure the achievement of the highest possible public health. In Government Regulation Number 32 of 1996 concerning Health Workers, health human resources are people who work actively in the health sector, both those who have formal health education and those who do not have formal health education and require authority in carrying out health efforts.

4. Indicators of Information Affordability in Public Services

Information that is a basic right of the community (the public) must be informed by the government and public institutions with the authority to do so. Accessibility of information greatly affects public services where, in substance, the management of public information is a basic right that must be fulfilled by public institutions to be disseminated to the public. Accessibility of information is regulated in Law Number 14 of 2008 concerning the disclosure of public information. It is stated that public information is generated, stored, managed, and/or sent/received by a public agency related to the administration of the state and/or the administration and administration of public bodies. Indicators of the accessibility of information in health services can be seen from the socio-economic and educational factors of the community. Information on health services also depends on the distance between the community and health facilities. The spread of disease chains cannot be separated from environmental factors where the community is located; health service providers must disseminate information about the prevention and development of diseases that are endemic in the community. The increasing number of BPJS Kesehatan participants describes public health status. More participants will guarantee an increase in public health status [27].

3. Reorienting BPJS Kesehatan Services Toward Social Justice

The health insurance program must continue to be developed to achieve better health status for all Indonesian people, and the government's obligation to develop a social security system including health

insurance by providing health facilities and other public facilities, including health, is regulated in the 1945 Constitution of the Republic of Indonesia concerning Social Welfare [28]. BPJS Kesehatan is a program organized by the Social Security Administering Body (BPJS). BPJS was formed on January 1, 2014. As a public health insurance provider, BPJS participants will be able to live a decent and productive life. The main targets of BPJS Kesehatan are as follows: Firstly, BPJS Kesehatan is expected to achieve the target of community participation as participants of BPJS Kesehatan toward national health insurance in 2019. BPJS Kesehatan is also expected to maintain optimal and sustainable public health. Other than that, BPJS Kesehatan is expected to be a reliable, superior, and trusted health institution. With the programs for BPJS Kesehatan participants that the government has designed, it is hoped that BPJS Kesehatan can provide the following benefits:

1) BPJS participants can enjoy first-level health services. First-level health services are individual health services that include outpatient and inpatient services that can be received by BPJS participants at health centers, Independent Practicing Doctors, Dentist Independent Practices, First Clinics, or the equivalent of first-level health facilities owned by the TNI/Polri, Class D Primary Hospital or medical facilities supported by the availability of pharmacies and laboratories.
2) BPJS Kesehatan participants can enjoy advanced-level referral health facility services. Advanced-level referral health services are individual health service facilities that are specialized or sub-specialized, including a. advanced-level outpatient services, b. advanced level inpatient services, and c. inpatient services in special care rooms.

BPJS Kesehatan participants face several challenges in terms of services from BPJS Kesehatan providers, including:

1) Long queues to get health services, this is due to the limited health service facilities that have collaborated with BPJS Kesehatan;
2) The existence of rules regarding the class of inpatient rooms for BPJS Kesehatan participants where the highest inpatient room is class 1, offset by the limited availability of rooms in health facilities so that patients have difficulty getting inpatient rooms;
3) The limitations provided in BPJS Kesehatan services include an obstacle regarding medicines that BPJS Kesehatan covers; BPJS Kesehatan does not cover several types of drugs, so participants who become patients have to buy their medicines.

There are five dominant factors determining public interest in participating as BPJS Kesehatan participants. The determining health insurance services that can attract public interest to become BPJS Kesehatan participants are as follows:

1) Tangibles. The first factor determining the quality of health services is tangibles, which include physical facilities, equipment for employees, or the implementation of health services and communication facilities.
2) Reliability. Reliability is a factor of health service employees' ability to carry out their duties to provide services per predetermined service standards.
3) Responsiveness. The responsive factor is related to the human resource factor, which becomes the employee implementing BPJS Kesehatan services. Health service employees are required to provide health services quickly and responsively.
4) Assurance. The assurance factor is where health service employees can master the service products offered to provide clear and precise information to BPJS Kesehatan participants. Sufficient knowledge about BPJS Kesehatan service products should be provided in a polite and friendly manner to participants to provide comfort and instill confidence in the services of BPJS Kesehatan.
5) Empathy. The empathy factor is related to the attitude of health service employees in providing services with good communication patterns so that BPJS participants and prospective BPJS Kesehatan users easily understand it. Empathy includes maintaining good communication relationships and understanding customers' needs.

When looking at the determinants of people's interest in becoming BPJS Kesehatan participants, other factors that influence people's interest in health services are as follows:

1) Predisposing factors: these factors aim to describe people's considerations in choosing health services as follows:
    a. Gender and age: patients' tendency to feel comfortable getting health services from the health service providers who can provide comfort and meet patient needs.
    b. Social structure of society, education, employment and social status are also factors that influence people's choices in using health services.
    c. The benefits of health services are one of the considerations in determining the choice of health services in the hope of the patient to recover quickly from the disease.
2) Supporting factors are other benefits the participants get from health services, including financial status, distance traveled, health service facilities, and infrastructure.

3) The driving factor is the factor that makes it possible to find health facilities that are in accordance with the needs of the community and the benefits are directly felt by users of health facilities.

The government's program in providing health insurance to the community, comes with the awareness that everyone can be in a situation that can threaten their safety and health. Humans are vulnerable in dealing with the risk of land, sea or air accidents, work accidents, natural and man-made disasters, becoming victims of non-criminals or diseases that arise due to lifestyle or originating from congenital diseases. This is a government concern as a mandate in running the government and the state.

Such vulnerabilities require health insurance that can be used in situations that affect the safety and health of the community. The BPJS method is an option given by the government as a form of health insurance facilitated by the government. Based on the system implemented in BPJS Kesehatan, compared to commercial health insurance, BPJS Kesehatan has more complete health protection. BPJS Kesehatan covers almost all types of diseases with various levels. BPJS Kesehatan also cooperates with private and government health facilities to achieve the scope of services through a wider choice of healthcare facilities. BPJS Kesehatan has almost the same pattern as commercial insurance. Still, the advantage of BPJS Kesehatan over commercial insurance is that BPJS Kesehatan provides health care coverage for almost all types of diseases and provides health care facilities with more choices than private commercial insurance. This is because the government requires providers of government facilities in both districts and cities, including health centers and health clinics, to cooperate with BPJS Kesehatan to provide broader services to the community.

III. CONCLUSION

As a state administrator, the government must provide health insurance to its citizens; therefore, the Indonesian government regulates health insurance for the community by forming an agency to carry out this task, BPJS. BPJS consists of two main parts of the program: BPJS Kesehatan and BPJS Ketenagakerjaan. BPJS Kesehatan is tasked with making sure that the poor or underprivileged groups are the target recipients of health insurance assistance from the government, as well as managing people from non-poor or general groups who use health insurance services provided by the government. In connection with this goal, of course, it does not necessarily solve the problems that arise in the community where two main problems arise in the BPJS Kesehatan, namely: problems regarding the effectiveness of the implementation of BPJS Kesehatan, where many people still complain about the effectiveness of BPJS Kesehatan services related to the health insurance. Moreover, there are differences in the services provided by health facilities to patients who use BPJS Kesehatan with general patients or those who use private commercial insurance. Such problems will influence the community's interest in becoming BPJS Kesehatan participants. The level of service that does not match expectations and the obstacles faced by BPJS Kesehatan patients become a benchmark for public interest in becoming BPJS Kesehatan participants.

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