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### RESEARCH ARTICLE

## THE VIOLATION ON THE RIGHT OF SOCIAL HEALTH INSURANCE PARTICIPANTS IN SERVICES OF HOSPITALS.

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### Abstract

Based on Law Number 24 Year 2011 on the Social Security Administering Body. In Article 2 of the Act of the Social Security Administering Body, it is mentioned that the Social Security Administering Body organizes a national social security system based on the principles of humanity, benefit and social justice for all Indonesians. In the provision of health facilities for the community, the Social Health Insurance Administering Body shall make the rules of the introduction of health service providers namely the provision of inpatient and the provision of medicine as regulated in the Minister of Health Regulation Number 28 of 2014 on Guidelines for Implementation of the National Health Insurance Program and the Decree of the Minister of Health of the Republic of Indonesia Number hk.01.07/menkes/659/2017 About the National Formulary as a form of medicinal needs for patients in the Hospital. From both aspects, a form of rights violation is committed by the hospital, indicating that the patient has not fully obtained the right. The right to health can also be found in national instruments in article 28H paragraph (1) and article 34 paragraph (3) Constitution of the Republic of Indonesia, article 9 of Law Number 39 of 1999 on Human Rights and Article 12 Law Number 11 Year 2005 on Ratification of the Covenant on Economic, Social and Cultural Rights. The provisions of the Constitution shall be further regulated in Law Number 36 Year 2009 on Health.

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### Introduction:-

The development of the health sector is basically aimed at increasing awareness, willingness and ability to live healthy for every person to realize the optimal health status as one of the elements of welfare as mandated by the preamble of the Constitution of the Republic of Indonesia 1945. Health as Human Rights must be realized in the form the provision of various health efforts to the entire community through the implementation of development of quality health and affordable by the community.<sup>1</sup>

<sup>1</sup> Hafid Abbas, et.al., Buku Pedoman Hak Asasi Manusia bagi Dokter dan Pasien Dalam Mencegah Malpraktek Kedokteran, Badan Penelitian dan Pengembangan HAM Departemen Hukum dan HAM RI, 2008., p. 1

In Human rights is a very important thing in the life of mankind. Every human being born is inherent in his human rights. Other people can't interfere with the human rights of each individual. Therefore, human rights must be understood by everyone. as a condition for becoming a good citizen must understand and be aware of human rights.<sup>2</sup>

Universal Declaration of Human Rights (UDHR) 1948, human lives in freedom, equality and protection. Everyone recognized their basic rights. This requires that everyone be without exception to recognize the basic or natural rights of others, including the state and its enforcement. As expressed by Muhtaj "UDHR is the culmination of universal human rights conceptualization", meaning UDHR content applies to all nations of the world, including the Indonesian nation.<sup>3</sup>

With the importance of health, the nation performs one of the goals of national development, these foundations are derived from the mandate of the 1945 Constitution of the State of the Republic of Indonesia, which is intended in Article 28H of the 1945 Constitution of the State of the Republic of Indonesia. "The organizer of health efforts is regulated by the government, so the need for public health insurance, it is implemented by the government by implementing the National Health Insurance System."<sup>4</sup>

For the National Social Security System, it is a State program aimed at providing certainty of protection and social welfare for all people as mandated in the 1945 Constitution of article 28H and Article 34 which assigns the Government to develop Social Security for all the people. Article 28H Paragraph (1) states that "Every person shall have the right to live a spiritual and spiritual life, to live and to obtain a good and healthy living environment and to be entitled to health care". In paragraph (2), it is stated: "Everyone shall have the right to special convenience and treatment to have equal opportunities and benefits in order to achieve equality and justice". In paragraph (3), it states that "Every person shall have the right to social security which enables his complete development as a dignified human being". In Article 34 Paragraph (2) of the 1945 Constitution, it states: "The State develops a social security system for all people and empowers the weak and incapable of humanity". In paragraph (3), it is stated: "The State is responsible for the provision of appropriate health service facilities and public service facilities". In paragraph (4), it is stated: "Further provisions concerning the implementation of this article shall be governed by law".

Law Number 36 Year 2009 on Health indicates that individuals, families and communities are entitled to protection of their health, and the state is responsible for regulating the fulfillment of the right to a healthy life for its citizens, including the poor and needy. Efforts to realize the right of the government should provide health services that are equitable, fair and affordable for all levels of society. Therefore, the government should make efforts to ensure equal access for all residents in obtaining health services.

Indonesia as a developing country is still faced with the problem of low public access to quality health services. The delivery of health services is unable to address the complexities of health care delivery and financing that are increasingly dependent on increasingly expensive and complex health technologies.<sup>5</sup> A technology-intensive and costly healthcare system demands professional handling organized by reliable institutions and demands a method of organization that is capable of working effectively, efficiently, and at the same time satisfying.

Regarding health services, the 1945 Constitution of the Fourth Amendment, Article 34 paragraph (3) mandates that "the State is responsible for the provision of health service facilities and appropriate public service facilities". The phrase "worthy" can be interpreted to mean that the state is not only responsible for providing health care facilities, but health facilities of certain standards deemed appropriate.

<sup>2</sup> Mahja El Muhtaj, "Dimensi-Dimensi HAM: Mengurai Hak Ekonomi, Sosial, dan Budaya", Jakarta, Rajawali Pers, p. 15

<sup>3</sup> *Ibid.*,

<sup>4</sup> Titon Slamet Kurnia, 2007, *Hak atas derajat kesehatan optimal sebagai HAM di Indonesia*, PT. Alumni, Bandung, p. 2.

<sup>5</sup> Sulastomo, *Substansi dan Filosofi UU Nomor 40 Tahun 2004 Tentang SJSN*, Rakernas SJSN dan Jaminan Sosial Kesehatan, Menkokesra, 15-16 Maret, 2006

As a legal term, health services can be found in Law Number 40 of 2004 on National Social Security. In Article 22 paragraph (1) affirmed: "Health insurance is a public service in the form of health services that includes promotive, preventive, curative and rehabilitative services, including medicines and medical consumables needed".

Law Number 40 Year 2004 is the implementation of Article 28H and Article 34 of the 1945 Constitution of the State of the Republic of Indonesia, so that the health services referred to in the law, in accordance with the meaning referred to in the 1945 Constitution. That is, the health services referred to in the 1945 Constitution are not as narrow as those imagined in practice, but include promotive, preventive, curative and rehabilitative services, not only with regard to individual or individual services.

In the application of Universal Health Coverage (UHC) is a state ensuring all citizens of access to health care ensures all cost difficulties, improves health care, and improves public health. Many things that need to be considered by a State in organizing UHC based health insurance system such as finance, policy, quality of health services, quality of health personnel, and much more.<sup>6</sup>

Health financing is often a benchmark on a health system implemented by a State. For example, health-care health insurance-based health insurance "Bismarck" (social health insurance "Bismarck" system) or system "Beveridge" which is a health financing comes from the tax (general tax-funded "Beveridge" system).<sup>7</sup>

In addition, social security covers pension, pension, death, accident, and health insurance including maternity benefits. For the guarantee of all citizens of Indonesia, in order to anticipate any economic risks and social conditions that may affect one's health and work. In 2004 the Government issued Law Number 40 on the National Social Security System, is one form of social protection to ensure that every participant can fulfill basic needs of life that is at least reasonable to achieve a just social welfare for all the people.<sup>8</sup>

Law Number 40 on the National Social Security System aims to ensure accessibility to health services. In it there is a provision on health insurance which is organized based on the principle of social insurance and the principle of equity. However, the health insurance in question, has limitations that only protect the participants, and the participants are everyone who has paid the dues. Therefore, for the sake of justice, then the people who are poor and unable to pay the dues, then the dues must be paid by the Government, so they can become participants. Because without the dues there will be no access, and without access there is no right to health.<sup>9</sup>

Law Number 40 of 2004 mandates that the social security is compulsory for all citizens of the population including the National Health Insurance. In Article 52 of Law Number 40 of 2004 on the National Social Security System mandates the establishment of the Social Security Administering Agency and the institutional transformation of Limited Liability Insurance Companies, Limited Liability Insurance Companies, Limited Liability Companies, Insurance Companies and Insurance Companies The Republic of Indonesia becomes the Social Security Administering Body. The transformation was followed by the transfer of participants, asset programs, and liabilities, employees, and rights and obligations.<sup>10</sup>

Mentioned that the organizers of health efforts regulated by the government, so that the need for public health insurance, it is implemented by implementing the National Health Insurance System, the government in implementing health insurance form a rule in the form of Presidential Regulation of the Republic of Indonesia number 12 of 2013 on Health Insurance,<sup>11</sup> (hereinafter referred to as Presidential Regulation Number 12 of 2013 and then amended through Presidential Regulation Number 111 of 2013 on the Amendment of Presidential Regulation Number 12 of 2013 on Health Insurance, hereinafter referred to as Presidential Regulation Number 111 of 2013).<sup>12</sup>

<sup>6</sup> Prof. Wiku Adisasmito, PhD, *Sistem Kesehatan*, Edisi Kedua, Divisi Buku Perguruan Tinggi, PT RajaGrafindo Persada Jakarta, p. 39

<sup>7</sup> *Ibid.*,

<sup>8</sup> Sulasomo, *Sistem Jaminan Sosial Nasional*, (Jakarta: Rajawali Pers, 2008), p. 18

<sup>9</sup> Fheriyal Sri Isriawaty, *Tanggung Jawab Negara dalam Pemenuhan Hak atas Kesehatan Masyarakat Berdasarkan Undang-Undang Dasar Negara Republik Indonesia Tahun 1945*, p. 5

<sup>10</sup> Sulasomo, *Sistem Jaminan Sosial Nasional*, (Jakarta: Rajawali Pers, 2008)

<sup>11</sup> State Gazette of the Republic of Indonesia of 2013 Number 29

<sup>12</sup> State Gazette of the Republic of Indonesia Year 2013 Number 255

The existence of Presidential Regulation 12 of 2013 and Presidential Regulation Number 111 of 2013 considers the existence of the Law of the Republic of Indonesia Number 40 Year 2004 regarding National Social Security System and Act of the Republic of Indonesia Number 24 Year 2011 on Social Security Administering Agency.<sup>13</sup>

Law Number 24 Year 2011 Concerning the Social Security Administering Body, it is organized to ensure the health and well-being of all Indonesians. The enactment of this Law also, starting from January 1, 2014, as the transformation of several Social Security Companies by switching function as the Social Security Delivery Agency. In Law Number 24 Year 2011 article 1 paragraph 1 states that "Social Security Administering Body is a legal entity formed to organize a social security program". The Social Security Administering Body is an institution established to organize a social security program that promises welfare for all Indonesians.

The Social Security Administering Body has principles in the implementation with the membership, as stated in Law Number 24 Year 2011 article 4 namely: The Organizing Body maintains a national social guarantee based on the principle:

1. Mutual cooperation
2. Nonprofit
3. Openness
4. Caution
5. Accountability
6. Portability
7. Required membership
8. The proceeds of social security funds are used entirely for program development and as much as possible for the benefit of the participants.<sup>14</sup>

The main task of the Social Security Administering Body is to organize a National Health Insurance for Indonesian citizens. Health services guaranteed by the Social Security Administering Body include promotive, preventive, curative and rehabilitative services including medicinal and medical supplies services as required.<sup>15</sup>

Implementation of health insurance, the Social Security Administering Body cooperates with health service providers as partners in serving Social Security Administering Body organizers such as Government and Private Hospital, Health Clinics, Physician Practices, Pharmacies, and Optics, and others. In the partnership partnership engagement is set forth in the draft agreement in the form of a Memorandum of Understanding that regulates rights and obligations between each party. The Health Insurance Administering Body in running its program is still not optimal as expected by the Government of Indonesia as a legal entity that organizes the National Health Insurance.<sup>16</sup>

The noble duties of the Social Security Administering Body can gradually provide assurance to all Indonesian people, in order to obtain good and quality health services. But in fact there are still many participants in the Social Security Administering Body complaining about the provision of services available in the hospital.

As quoted by Detik.com<sup>17</sup> Indonesia Corruption Watch (ICW) found 49 cases of fraud of the National Health Insurance program consisting of 10 Social Security Administering Agency participants found, the Social Security Administering Body 1 finding, health facilities 36 findings, and Medicine providers as much as 2 findings.

Indonesia Corruption Watch (ICW) finds several health facilities for patients receiving services at Public Health Centers, Public and Private Hospitals. The regions do so in the regions of Aceh Province, North Sumatra, Riau,

<sup>13</sup> State Gazette of the Republic of Indonesia Year 2011 Number 116; Supplement to the State Gazette of the Republic of Indonesia Number 5256

<sup>14</sup> Article 4 of Law Number 24 Year 2011 Concerning Social Security Administering Body

<sup>15</sup> Asih Eka Putri, *Penyelenggaraan Jaminan Sosial di Indonesia*, Legalasi Indonesia Volume 9 Nomor 2, 2012. p. 240

<sup>16</sup> *Ibid.*,

<sup>17</sup> <https://news.detik.com/berita/d-3643405/icw-temukan-49-kecurangan-terkait-jaminan-kesehatan-di-15-provinsi?source=grabboards.com> accessed on 26/10/2017

West Sumatra, DKI Jakarta, West Java, Central Java, East Java, West Kalimantan, East Kalimantan, South Sulawesi, North Sulawesi, East Nusa Tenggara and West Nusa Tenggara.

The fraud he discovered was such as the overpayment of participants of the Social Security Administering Agency at the Hospital by adding a patient diagnosis to the patient's disease claim to be paid by the large Health Insurance Administering Body. Other modes in doing the Hospital limit the hospitalization for the participants of the Social Security Administering Body Health with 4-5 day time step, if more time established Hospital patients increase the cost of care.

Other findings occur on false claims, inflation of medication bills and medical devices, pseudo referral patients, prolonged maintenance periods can be done in various modes. There is also manipulation of treatment classes, procedural irregularities and requesting cost sharing is not in accordance with the provisions of legislation.

Another case with the case in Makassar City. the Makassar City Government registered the Beneficiaries but not all of them were accepted. Though the City Government is ready to bear the cost of the dues of the poor data available, but the data submitted is not up to 50 percent received while the city government filed a name that definitely payment is ready.

Not only that, unscrupulous officials of the Social Security Administering Agency at the Hospital in the form of cheating is the participants have routinely pay monthly dues but when used the card treatment can't be used.

Moreover, from the providers of medicine often don't meet the needs of medicines and or medical equipment in accordance with legislation. such as the case of Medicine ration reduction by prescribing 3x1 for the next 10 days. But after the recipe is exchanged to the pharmacist instead reduced by 2x1 ration used for 7 days.

From ICW data from 2010 to 2016 shows the rating of corruption objects of health insurance fund organized by the Social Security Administering Board is increasing. It was seen from 26 cases with the state loss value reached Rp 62.1 billion

In relation to these facts, it is shown that not fully the rights of participants of the Health Insurance Provider Body that can be fulfilled in the provision of services according to the draft agreement in the form of a Memorandum of Understanding, whether in the facilities and services of nurses in the Hospital, as mandated by the Law to maintain the welfare the Indonesian people in the field of health.

#### **Method of the Research:-**

This type of research is a combination of normative legal research with empirical law research. It can know the violation of participant rights of Social Health Insurance Provider Board in hospital service. Thus, research begins with the use of normative legal research methods.

The types and sources of data used in this study include:

1. Primary data, ie data collected directly by researchers obtained in the field through interviews with relevant parties. The interview was one of the data collection tools, which explored the questions both using interview guides and questionnaires.<sup>18</sup>
2. Secondary data, ie data obtained through literature studies include official documents, books, research results tangible reports, diaries, and so on.

In the data collection techniques are divided into two types, namely primary and secondary data. Primary data collection techniques in empirical legal research, including:

1. Interview: Conducting direct interviews with relevant parties in this study, ie respondents and resource persons related to this research. In this case is the patient as a participant of the Social Health Insurance Administering Agency who received service at the Regional General Hospital I Lagaligo East Luwu.

<sup>18</sup> Amiruddin dan Zainal Asikin, Pengantar Metode Penelitian Hukum, Jakarta: PT. Raja Grafindo Persada, 2006. p. 50

2. Observation: This method of observation is done to collect data by measuring attitude of respondent (interview and questionnaire), but also can be used to record various phenomenon that happened every situation and condition.

## Results and Discussion:-

### Implementation of health services for Participants of the Social Security Administering Body at the Hospital

Each organizer and the implementation of health services are entitled to receive health services that include promotive, preventive, curative and rehabilitative services including medical and pharmaceutical services and medical consumables in accordance with the necessary medical needs and existing facilities and infrastructure.<sup>19</sup>

In the provision of health services in the granting of the rights of participants of the Board of Health Insurance Providers in the Hospital is also regulated in Chapter 4 on Health Services in the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014 on Guidelines for the Implementation of National Health Insurance Program as follows:<sup>20</sup>

1. Each participant has the right to receive health services including:
  1. First-Rate Outpatient and First-Rate Medical Services,
  2. Advanced Outpatient Health Care and Advanced Inpatient Services;
  3. emergency services; and
  4. other health services set by ministers.

Benefits provided to participants in the form of comprehensive health services based on necessary medical needs.

Health services provided at health facilities that have entered into cooperation agreements with the Social Security Administering Body or in certain circumstances (medical emergencies) may be performed by health facilities not cooperating with the Social Security Administering Body.

Health services in the National Health Insurance program are gradually, effectively and efficiently implemented by the principles of quality control and cost control.

Health services are implemented in stages starting from first level health services. Second level health services can only be provided for referrals from first-rate health services. Third-level health services can only be provided for referrals from second or first level health services, except in emergency situations, specificity of patient health issues, geographical considerations, and consideration of facility availability.

Referral Recipient Health Facilities Referral recipients shall refer the National Health Insurance participant with answers and follow-up to be performed if medically the participant can already be served at the First Level Health Facility referring.

Referring to chronic diseases (diabetes mellitus, hypertension, heart, asthma, chronic obstructive pulmonary disease, epilepsy, schizophrenia, stroke and lupus Erythematosus syndrome) should be performed when the patient's condition is stable, accompanied by a referral certificate which is made by a specialist / sub-specialist.

Partial referrals may be made between health facilities and their costs are borne by the referring health facility

Cases of medical competence of the First Level Health Facility should be completed thoroughly, unless there is limited human resources, facilities and infrastructure at first-rate health facilities.

The patient's membership status must be ascertained from the start of admission to the Advanced Referral Health Facility. If the patient wishes to become a participant of the National Health Insurance may be given the opportunity

<sup>19</sup> Regulation of the Social Security Administering Body Number 1 of 2014 on the Provider of Health Insurance

<sup>20</sup> Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2014 on Guidelines for Implementation of National Health Insurance Program

to register and pay the contributions of the participant of the National Health Insurance and further indicate the identity number of the participant of the National Health Insurance not later than 3 x 24 hours of working day from the day of care or before the patient returns (if patient treated less than 3 days). If until the appointed time the patient can't show the identity number of the participant of the national health insurance then the patient is declared as general patient.

In areas where there are no eligible health facilities (defined by the local Health Office under consideration by the Social Security Administering Body and health facility associations) and participants requiring health services, the participant is compensated by the Social Security Insurance Provider. Provision of compensation in accordance with applicable provisions.

In the absence of a specialist in a region it is possible to bring in a specialist doctor at the Advanced Referral Health Facility with technical and administrative requirements ie :

1. Known by the local Health Department and Social Security Administering Agency.
2. Transport can't be charged.
3. Use an INA-CBGs payment pattern in accordance with the Doctor's Advanced Health Facility classroom.
4. Medicine programs provided by the government through the District Health Office / City. The types of medicine, health facilities that serve the program, the Medicine distribution mechanism, are regulated in accordance with the provisions of each program.

The provision of health facilities that provide health services for National Health Insurance participants consists of first-rate health facilities and advanced health referral facilities. First level health facilities are:<sup>21</sup>

1. Community Health Centers or equivalent,
2. Practice Doctors,
3. Dental practice,
4. Primary Clinic or equivalent,
5. Class D Hospital or equivalent.

The Benefit of National Health Insurance consists of 2 (two) types, namely medical benefits and non-medical benefits. Medical benefits in the form of comprehensive health services (promotive, preventive, curative and rehabilitative) in accordance with medical indications that are not bound by the amount of contributions paid. Non-medical benefits include accommodation and ambulance. The benefits of accommodation for inpatient services are in accordance with the rights of the participants' treatment classes. The ambulance benefit is only provided for referral patients between health facilities, with certain conditions as recommended by the doctor.

#### **Forms of Violation of Rights of Participants of the Body of the Provider of Social Security of Health in the Service at the Hospital:-**

To know the extent of granting the rights of participants of the Health Insurance Administering Body in the provision of medicine at I Lagaligo Hospital. Here's an excerpt from the interview:

According to Larmin, Participant of the Organizer Body of Social Security Social Insurance of 1st grade who get treatment at I Lagaligo Hospital. "The care for personnel at I Lagaligo Hospital, I think is good from the standard of the local hospital. But even better, if this hospital can complete the provision of medicine in hospital pharmacies for patients, so I no longer buy medicine outside the hospital pharmacy to buy medicine outside the area"<sup>22</sup>

Susanti Participants of the Organizer Body of Social Security Self-care Class 1 who received treatment at I Lagaligo Hospital. "It was the third day I was treated in this hospital and counted twice I was told to buy medicine outside the pharmacy in the hospital. He said the pharmacies, the medicine needs to me out. When I asked the nurse in this room my need medicine was also covered by the Social Security Administering Body"<sup>23</sup>

<sup>21</sup> *Ibid.*,

<sup>22</sup> Live interview of participants of the Social Health Insurance Administering Body at the I Lagaligo Hospital

<sup>23</sup> Live interview of participants of the Social Health Insurance Administering Body at the I Lagaligo Hospital

Ica Participant of the Social Health Insurance Provider Body paid by the local government who received treatment at I Lagaligo Hospital. "After getting the action by the doctor because I had given birth, the health care workers prescribe medicine to buy medicine outside the hospital pharmacies and medicine that are also quite cheap"<sup>24</sup>

Rusnaeni Participants of the Social Health Insurance Provider Board paid by the local government who received treatment at I Lagaligo Hospital. "Same with mother beside, I also buy medicine outside hospital pharmacy. So I did not ask a lot because the Medicine I bought out the same, let alone the Medicine can still be classified as able to be purchased and the midwife also said that the Medicine is also borne by the Social Security Administering Body Health because the Medicine runs out in hospital pharmacies"<sup>25</sup>

Based on the results of interviews of a number of patients participating Social Security Administering Body Providers who get health care facilities and Medicine providers at the hospital I Lagaligo show that they have not fully get the rights in accordance with the regulations that apply the Minister of Health Regulation Number 28 of 2014 on Guidelines Implementation Health Insurance Program National and Health Ministerial Decree of the Republic of Indonesia Number hk.01.07/menkes/659/2017 About National Formulary.

In providing guarantees for participants of the Social Security Administering Body in cooperation with the health service facilities one of them is at I Lagaligo Hospital. One of the most important forms is known to be able to not violate the law from all actions that have been done, namely the violation of the right to the participants of the Social Health Insurance Administering Body in the provision of services in the Hospital.

#### **Supporting Factors and Inhibitors of Health Services For Participants of the Social Security Administering Body at the Hospital:-**

The granting of rights of the participant of the Social Security Administering Body in the patient care facility at I Lagaligo Hospital is influenced by the supporting and inhibiting factors. As for these factors, among others:

##### **Supporting factors:-**

Provision of service facilities at I Lagaligo Hospital for patients participating Social Security Administering Body of one of the supporting elements to fulfill the right of patients in the hospital.

Just as one of the heads of the sub-division of I Lagaligo Putu Gede Sudarsana Hospital as follows : "The National Health Insurance Program implemented by the government through the Social Security Insurance Provider Body a breakthrough as a new program to address the weaknesses of the implementation of health programs that have previously been made. The National Health Insurance Program is a government and community program that aims to provide full assurance of health care for all Indonesians so that Indonesians can live healthy, productive and prosperous justly in the provision of hospital service facilities. Moreover, the Social Security Administering Body has a principle of mutual assistance system, which can be able to help less able to pay monthly fee in accordance with its income. Better yet, the Social Security Administering Body provides legal certainty for participants of the Social Health Insurance Providers Body to be hospitalized"<sup>26</sup>

Good communication between the Social Security Administering Body of the City branch of Palopo with its partners namely one of the Hospital I La Galigo to become supporters in providing a full service to patients participating Body Social Health Insurance Providers.

##### **Obstacle Factor:-**

Lack of knowledge of participants of the Social Security Administering Body on the procedures and mechanisms of patients in obtaining health services The factors of constraining the fulfillment of the right of service of the participants of the Social Health Insurance Administering Body are among those participants of the Social Health Insurance Administering Body which does not implement the established procedures in obtaining services in hospitals or doctors family, so that the process of obtaining adequate health services is also hampered.

<sup>24</sup> Live interview of participants of the Social Health Insurance Administering Body at the I Lagaligo Hospital

<sup>25</sup> Live interview of participants of the Social Health Insurance Administering Body at the I Lagaligo Hospital

<sup>26</sup> Interview Head of Sub-Division of I Lagaligo Hospital



Facilities and Infrastructure in the provision of health care facilities availability is needed to support the fulfillment of the right of patient health services. However, the facts and circumstances in the field show that hospital facilities are inadequate. As the number of inpatient rooms is inadequate so there are patients who complain about a full room. As well as complaints related to Medicine services at the Medicine pickup counter that slightly makes the buildup at the counter taking medicine. In accordance with the statement put forward the head of Sub Division I Lagaligo Putu Gede Sudarsana ie : "There is a lack of availability of facilities and infrastructure in the hospital so that the rights of the participants of the Social Security Administering Body have not been fully met, such as the inadequate number of inpatient room so that there are patients complaining about the full hospitalization room, so many patients consider the right of a guarantor of the Guaranteeing Body Social Health at the Hospital is not being met well. It became a complaint during this time faced at I Lagaligo Hospital"<sup>27</sup>

Indicators to maximize health services in hospitals, one of them is health workers. this can be seen from the information from the hospital I Lagaligo which states that health personnel facilities, especially specialist doctors are still less so that patients can't choose the health workers they want as their rights, this is a factor that inhibits the legal protection of patients in health services because the right of the patient to be able to choose the desired health worker to be unfulfilled, such as Still lack of professional health personnel to perform the level of health services such as surgeons. Usually in the morning, patients in the hospital who will get outpatient stack outpatient, due to coincident doctors perform surgery. And this is an indicator of patient accumulate in hospital who get outpatient.<sup>28</sup>

The allocation of funds for the provision of health facilities in hospitals is due to the allocation of funds sourced from the Regional Revenue Budget in East Luwu Regency is still far from sufficient to improve all facilities and infrastructure of health services at Lagaligo I Hospital of East Luwu regency, as stated by the Head of Human Resources of I Lagaligo hospital, namely: "The most basing that affects the various problems in the hospital is the allocation of funds. in hospitals has many needs such as provision of medicines, facilities, infrastructure, and other needs that the basic needs of hospitals in order to provide full rights to patients"<sup>29</sup>

Regulation and Internal Policy of the hospital as stipulated in Hospital By Law, according to the researcher is a factor inhibiting the provision of health services for patients based on observation. Researchers found Hospital By Law Hospital I Lagaligo, already considered no longer in line with current regulations. Basically Hospital By Law becomes the hospital's obligation to arrange and implement in accordance with the mandate of Law Number 44 Year 2009 about Hospital. The results are reinforced by the statement from the Head of Human Resources Division, Regulation and Policy, which is the main point to be repaired by the hospital at this time, because every year the hospital association rules change. For example, the regulation of the Social Security Administering Body of health has not been fully understood further beyond the new rules. Moreover Hospital By Law I Lagaligo Hospital started to be established in 2008 until now has not been done change"<sup>30</sup>

## Conclusions:-

Aspects Violations of the rights of patients participating Social Security Administering Body in the hospital I Lagaligo is available in the service of health facilities such as the provision of inpatient and Medicine provision. From both aspects of violation of rights, indicating that the patient has not fully obtained the right in accordance with the prevailing regulation namely Minister of Health Regulation Number 28 of 2014 on Guidelines for Implementation of National Health Insurance Program and Minister of Health Decree Number hk.01.07/menkes/659/2017 About the National Formulary.

The granting of the rights of the participants of the Health Insurance Administering Body in the patient service facility at I Lagaligo Hospital is influenced by the supporting factors of the National Health Insurance Program implemented by the government through the Social Security Administering Body of a breakthrough as a new program to overcome the weakness of the implementation of health programs which had previously been made, a good communication between the Social Security Administering Body of the City branch of Palopo with its partners namely one of the Hospital I La Galigo. The inhibiting factor of health service at I Lagaligo hospital is the lack of knowledge of participants of the Social Security Administering Body on the procedures and mechanisms of patients

<sup>27</sup> Interview Head of Sub-Division of Human Resources of I Lagaligo Hospital

<sup>28</sup> Interview Head of Sub-Division of I Lagaligo Hospital

<sup>29</sup> Interview Head of Sub-Division of I Lagaligo Hospital

<sup>30</sup> Interview Head of Sub-Division of I Lagaligo Hospital

in obtaining health services, Facilities and Infrastructure in the provision of health services, health personnel facilities, especially specialist doctors are still lacking so patients can't choose the power the health he wants, the allocation of funds for the provision of health facilities in hospitals and the Internal Hospital Regulations and Policies set forth in Hospital By Law.

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