

Legal Protection for the Rejection of BPJS Patients by the Hospital

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Abstract. The public goal as expressed in the Prelude to the 1945 Constitution is to safeguard the whole Indonesian country and the whole country of Indonesia, advance public government assistance, teach the country's life and take part in keeping world control and civil rights. In the prelude to the 1945 Constitution of the Republic of Indonesia, it is commanded that the motivation behind the state is to work on the government assistance of individuals. The primary issue in this article is with respect to lawful security for BPJS Wellbeing members and the job of the public authority and the obligation of the emergency clinic for instances of refusal of Covid wellbeing administrations that happen in medical clinics. The motivation behind this study was to decide the type of legitimate security for BPJS Wellbeing members and the job of the public authority and the obligation of the medical clinic for the refusal of Covid wellbeing administrations that happened in the clinic. The arrangements of Article 47 of the Guideline of the Government backed retirement Regulating Body Number 1 of 2014 concerning the Execution of Health care coverage, Article 5 of the Law Number 36 of 2009 concerning Wellbeing, and Regulation Number 24 of 2011 concerning the Government managed retirement Controlling Body. Moreover, oppressive security, to be specific a type of legitimate insurance given to BPJS Wellbeing members for the refusal of Covid wellbeing administrations in emergency clinics, is the option to request pay. This should be visible in the arrangements of Article 32 of Regulation Number 44 of 2009 concerning Clinics, and Article 58 of Regulation Number 36 of 2009 concerning Wellbeing.

Keywords: Legal Protection, BPJS patients rejection, hospital, law

1 Introduction

The public goal as expressed in the Prelude to the 1945 Constitution is to safeguard the whole Indonesian country and the whole country of Indonesia, advance public government assistance, teach the country's life and partake in keeping world control and civil rights. The Introduction to the 1945 Constitution of the Republic of Indonesia orders that the point of the state is to work on the government assistance of individuals. In the Fourth Amendment to the 1945 Constitution of the Republic of Indonesia, this objective is additionally underlined by fostering a government backed retirement framework for the government assistance, everything being equal. The right to a satisfactory way of life for the wellbeing and prosperity of himself and his family is a common freedom and is perceived by all countries on the planet, including Indonesia. This acknowledgment is contained in the 1948 Joined Countries Announcement on

Common liberties. Article 25 section (1) of the Statement expresses that everybody has the privilege to a way of life sufficient for the wellbeing and prosperity of himself and his family, including the right to food, dress, lodging and clinical consideration along with fundamental social administrations and the right to security in case of joblessness, disorder, , handicapped, being a widow/single man, arriving at advanced age or different conditions that outcome in an absence of work, which is unchangeable as far as he might be concerned.

The public government managed retirement framework is a state program that plans to give conviction of social security and government assistance for all individuals as ordered in Article 28H passage (1), section (2), and passage (3) and Article 34 section (1) and passage (2) The 1945 Constitution of the Republic of Indonesia. Likewise, in the Declaration of Individuals' Consultative Gathering Number X/MPR/2001, the President is doled out to lay out a public government backed retirement framework to give social security to the local area that is more far reaching and coordinated. With the institution of Regulation Number 40 of 2004 concerning the Public Government managed retirement Framework, the Indonesian country has had a Federal retirement aide framework for every Indonesian individual. To understand the goals of the public government backed retirement framework, it is important to lay out a getting sorted out body as a public legitimate substance in light of the standards of shared collaboration, non-benefit, receptiveness, judiciousness, responsibility, movability, required support, commanded reserves, and the consequences of the administration of the Government backed retirement Asset are utilized completely for program improvement. furthermore, for the best advantage of the Members.

The foundation of the Law on the Government backed retirement Controlling Body is the execution of Regulation Number 40 of 2004 concerning the Public Government backed retirement Framework. Execution of Article 5 section (1) and Article 52 of Regulation Number 40 of 2004 concerning the Public Government backed retirement Framework which commands the foundation of the Federal retirement aide Controlling Body and institutional change of PT Askes (Persero), PT Jamsostek (Persero), PT TASPEN (Persero), and PT ASABRI (Persero) turned into the Federal retirement aide Directing Body.[1] Accordingly, the Guideline of the Federal retirement aide Controlling Body Number 1 of 2014 concerning the Execution of Medical coverage was given to work with government strategies regarding wellbeing. In 2011 Regulation No. 24 of 2011 was given with respect to the Government backed retirement Overseeing Body (BPJS) so BPJS was shaped to supplant PT. Askes (Persero), which recently held federal retirement aide and executed the Jamkesmas program.[2]

To help this execution, the Service of Wellbeing is dealing with setting up the execution of JKN which incorporates the readiness of institutional change administration framework, a program for computing administrative commitments as a Pastoral Guideline, which will turn into the legitimate umbrella to manage, among others, wellbeing administrations, first-level wellbeing administrations, and reference wellbeing administrations. progressed. The Pastoral Guideline will likewise direct the sorts and cost roofs for clinical guides and administrations for medications and clinical consumables for Public Health care coverage Members.

The World Wellbeing Association (WHO) specifies that wellbeing is a venture, right and commitment of each and every person. The statement is likewise contained in Article 28 passage (3) of the 1945 Constitution hereinafter condensed as (UUD NRI) and Regulation Number 36 of 2009 concerning Wellbeing hereinafter curtailed as (UUK), specifying that everybody has the option to wellbeing administrations. Consequently, every person, family and local area has the privilege to get security for their wellbeing, and the state is liable for controlling the satisfaction of the right to a solid life for its populace, including for poor people and oppressed.

Actually the strength of the poor is still low, this is shown by the baby death pace of the unfortunate gathering which is three and a half to multiple times higher than that of the non-unfortunate gathering. The wellbeing status of the poor is still low because of the trouble of getting to wellbeing administrations. The trouble of getting to this help is affected by different factors, for example, the absence of monetary limit because of the significant expense of medical services. Expanded wellbeing costs brought about by different factors, for example, changes in sickness designs, advancements in wellbeing and clinical innovation, wellbeing funding designs in light of personal installments, geological circumstances that are challenging to arrive at wellbeing offices. The low degree of wellbeing influences the low efficiency of work which thus turns into a weight on the local area and the public authority.

Not to mention the refusal cases carried out by various hospitals during this corona virus pandemic, BPJS Health in carrying out its program has not yet reaped the optimal results as expected by the Indonesian Government. For example, the case of refusal of health services which resulted in the death of a corona virus patient on the grounds of not paying BPJS Health contributions by ten hospitals in Depok City.[3] In addition, there is also the case of a corona virus patient from Cisambeng Village, Majalengka Regency who is registered as a BPJS Health participant who had to die after experiencing three rejections by the corona virus referral hospital in Majalengka Regency and Cirebon City.[4]

The case of refusal is an example of a violation that harms the rights of BPJS Health participants who are affected by the corona virus because hospitals are supposed to be places where health services are held and places where sick people seek and receive treatment to cure their illness. In addition, the corona virus has a pandemic status which can cause a health emergency for the community with financing borne by the Ministry of Health of the Republic of Indonesia.

Health care coverage or medical services protection is a work to make risk pooling, which is to move individual gamble into bunch risk so that hazard sharing happens. In medical coverage, the expenses are shared by the local area through a pre-exertion commitment framework. The purpose of health insurance is to improve health care services for participants and their family members. Health insurance also aims to provide assistance to participants in financing their health care.[5] but in reality people who have access to health through BPJS are not served properly in obtaining treatment for the disease they are suffering from.

2 Methodology

The standardizing juridical methodology is utilized in this examination, as per Soerjono Soekanto. The standardizing juridical methodology is lawful exploration completed by looking at library materials or optional information as the fundamental material to be researched by directing a pursuit on guidelines and writing connected with the issue being contemplated.[6] In this legitimate exploration, the creator attempts to analyze the regulations and guidelines connecting with the issue being examined, to be specific the refusal of BPJS patients by the clinic.

Standardizing juridical exploration utilizes optional information sources. Auxiliary information in this sort of regularizing juridical exploration is information obtained from lawful materials, comprising of essential legitimate materials, optional lawful materials, and tertiary legitimate materials.[7]

Legal materials as secondary data used to analyze legal issues in this thesis are as:

1. Essential Legitimate Materials, specifically restricting lawful materials, as legal guidelines, statute, deals, common arrangements of the gatherings, and others connected with deal and buy arrangements.[8] Essential legitimate materials utilized in this study incorporate:
 - a. 1945 Constitution of the Republic of Indonesia
 - b. Law Number 1 of 1946 concerning Criminal Law Regulations
 - c. Law Number 29 of 2004 concerning Medical Practice
 - d. Law Number 36 of 2009 concerning Health
 - e. Law Number 44 of 2006 concerning Hospitals
 - f. Law Number 8 of 1999 concerning Consumer Protection
 - g. Regulation of the Minister of Health of the Republic of Indonesia Number 69 of 2014 concerning Patient Rights and Obligations
 - h. Indonesian Hospital Code of Ethics (KODERSI) 2000
2. Auxiliary Legitimate Materials, in particular materials that give a clarification of essential lawful materials, for example, draft regulations, research results, or lawful well-qualified suppositions.[9]
3. Tertiary Legitimate Materials, in particular lawful materials that give guidelines and clarifications of essential legitimate materials and optional lawful materials, for instance word references (regulation, English, and Indonesian), reference books and others.[10]

3 Result and Discussion

Wellbeing is a basic liberty or the right of each and every person (the right of self-assurance) which should be acknowledged through ensuring the arrangement of value wellbeing by wellbeing administrations and the public authority, remembering for the middle of the Covid pandemic circumstance that has hit practically all nations including Indonesia. Everybody has the right and commitment to get wellbeing in an ideal degree. To that end the improvement of wellbeing status should be consistently sought after to satisfy a solid life. Article 28H of the 1945 Constitution of the Republic of Indonesia, that's what the subsequent correction expresses: "Everybody has the option to live in physical and profound flourishing, and has the privilege to get wellbeing administrations"[11]

Public services are indeed fraught with various problems, especially since the coverage area itself is very wide, including the profit and non-profit sectors. The scope is so wide that it is not easy to describe the public's perception of public services. The existence of differences in perception is indeed normal as a consequence of different points of view, but it is not impossible to reconcile. Perception itself is actually nothing but a person's understanding or understanding of something.[12]

Social security coordinated by the state in ensuring its residents to satisfy health care coverage essentially has been obviously controlled in Article 25 passage (1) of the 1948 Joined Countries Announcement on Common liberties and the 2005 World Wellbeing Gathering (WHA) Goal. that each nation needs to foster a Widespread Wellbeing Inclusion (UHC) conspire through a social health care coverage instrument to guarantee supportable wellbeing funding. Moreover, the execution of this federal retirement aide should be obliged in Article 28H passage (3) and Article 34 section (2) of the 1945 Constitution of the Republic of Indonesia (UUD 1945).

Article 28H passage (3) of the 1945 Constitution expresses that everybody has the option to government backed retirement that permits their full improvement as a noble person. Thusly,

to give federal retirement aide to each resident, the public authority thinks of it as important to foster a government backed retirement framework for all individuals as per the order of Article 34 section (2) of the 1945 Constitution. Article 34 passage (2) of the 1945 Constitution expresses that the state will foster a security framework. social government assistance for all individuals and enabling the feeble and unable as per human poise. This is finished as a work to accomplish the most significant level of general wellbeing, just like the objective of wellbeing advancement.

So that for legitimate assurance connected with BPJS wellbeing members in acquiring wellbeing administrations, the government provided Regulation No. 24 of 2011 which specifies that two SOEs, in particular PT Askes (Persero) and PT Jamsostek (Persero) were changed into Public Assistance Organization over completely to execute 5 projects that commanded by Regulation Number 40 of 2004, specifically the Medical coverage program for BPJS Wellbeing and different projects submitted to BPJS Business.

The public authority through the Clergyman of Wellbeing has set a few guidelines overseeing the execution of the BPJS wellbeing program, both in regards to levies and methods for getting wellbeing administrations. In this guideline, members are not charged assuming that they utilize their privileges to get administrations. In the mean time, BPJS Kesehatan gets ready officials in each emergency clinic to have the option to accompany and help and offer types of assistance to members in using their privileges to look for treatment at assigned wellbeing offices.

With the execution of JKN, it is trusted that there will be not any more Indonesian individuals, particularly the unfortunate who don't look for therapy at medical care offices when they are wiped out in light of the fact that they don't have the cash.

The execution of JKN is a command of the SJSN Regulation and Regulation Number 24 of 2011 concerning the Government backed retirement Controlling Body (UU BPJS), where medical coverage is an assurance as wellbeing security so members get medical services advantages and assurance in gathering fundamental wellbeing needs given to each and every individual who has pay levy or the contribution are paid by the public authority. In straightforward terms, the JKN created by the public authority is essential for the SJSN which is executed utilizing the required (obligatory) social medical coverage system in light of the SJSN Regulation. In this manner, all Indonesian occupants are expected to become members in medical coverage oversight by BPJS, including outsiders who have worked for no less than a half year in Indonesia and have paid expenses.

The sum differs relying upon the offices guaranteed by the business insurance agency. The higher the top notch paid, the better the class of wellbeing administrations that members will get. The thing that matters is, other protection support is just deliberate while JKN is compulsory for all Indonesians. This is felt to be extremely oppressive for the local area, particularly for the unfortunate who can't stand to pay month to month expenses with the goal that they are not protected in BPJS client information, notwithstanding regulatory approvals as fines for late installment of charges. This isn't as per the arrangements of Article 4 letter g of Regulation Number 8 of 1999 concerning Shopper Insurance (Purchaser Security Regulation), where customers reserve the privilege to be dealt with or served accurately and truly and not unfair.

Although the provisions of Article 17 paragraph (4) of the SJSN Law explain that contributions for the poor will be paid by the Government (hereinafter referred to as Contribution Assistance Recipients), this right is not directly granted to the people, but is paid to a third party, namely in the case of This is BPJS, so the reality is, because the money is taken from taxes, people are required to pay for health services for themselves and other people. In short, nothing is free for the people. Instead, people are obliged to pay dues, whether sick or

not, used or not used, they still have to pay monthly premiums. Therefore, there needs to be a thorough socialization to the community, considering that the position of the community as consumers of JKN services has the right to obtain correct, clear, and honest information in accordance with the provisions of Article 4 letter c of the Consumer Protection.

Health social security provided to the community serves to guarantee the health of citizens. In the case of the COVID-19 pandemic, many residents have access to BPJS to check themselves at the hospital. However, in practice not all patients who are positively exposed to the corona virus get quality health services. Some of them experienced rejection by the hospital for various reasons such as inadequate rooms, limited medical equipment, lack of health workers, and patients who have not shown symptoms of the corona virus without prior examination or first-level health services. It doesn't stop there, there are even other reasons such as asking for a down payment to be treated at a hospital like what happened in Depok City.[3] Where a corona virus patient is asked to pay one million rupiah in order to get a room for treatment for handling the corona virus.

In addition, the factor in the rejection of health services for the corona virus which is currently rife in Indonesia is due to the limited medical equipment and adequate room capacity as well as the number of health workers who have begun to decrease due to being infected with the corona virus on duty, and related to the cost of treatment has actually been borne by the government. but indeed there are some rooms which if used have to pay a sum of money if the patient or the family concerned wants to get more service because the room is a Very Important Person (VIP) or Very Very Important Person (VVIP) class room.[13]

Wellbeing Regulation Number 36 of 2006 concerning Wellbeing really controls the refusal of wellbeing administrations by medical clinics where in Article 32 section 2 expresses that in a crisis, wellbeing administration offices, both government emergency clinics and confidential clinics are disallowed from denying patients and requesting cash. advance. In this regard, the legislation already stipulates that hospitals may not refuse patients including corona virus patients as stated in the provisions above. Furthermore, the Covid contamination, which was subsequently given the name Coronavirus, has likewise been assigned as an illness that can cause flare-ups as expressed in the Pronouncement of the Pastor of Wellbeing of the Republic of Indonesia Number HK.01.07/Menkes/104/2020 and it is also explained in it that all efforts to control the virus Corona including the cost of patient care borne by the state. Not only that, the decision also states that countermeasures include:

1. The risk of communication and increasing information, communication and education about health to the entire community on a regular basis, including those who will travel to affected areas.
2. Carry out preparedness for detection and response at regional and state entrances.
3. Preparation of health service facilities in terms of care and referrals as well as preparation of supporting facilities such as laboratories and health logistics materials that will be used in an integrated and sustainable manner.
4. Implementation of coordination with other sectors for the effectiveness and efficiency of efforts to overcome the corona virus outbreak

For this situation, all types of supporting with regards to endeavors to conquer the weight are charged to the spending plan of the Service of Wellbeing, provincial state run administrations or other lawful wellsprings of assets as per the arrangements of the regulation. Exception of expenses for patients with arising irresistible sicknesses or PIE depicted in the Priest of Wellbeing Guideline Number 59 of 2016 applies with the arrangements of circumstances beyond flare-ups. Beginning from the patient's status as a suspect until the consequences of research center assessments and beginning from the time the patient is

proclaimed positive for specific arising irresistible infections in view of the consequences of lab tests until he is pronounced restored by the rules for recuperation or demise.

Exclusion of expenses likewise incorporates the parts of managerial expenses for administrations and care in the crisis division (IGD), seclusion rooms, emergency unit rooms and specialist administrations, then, at that point, analytic help tests (research facility and radiology) as per clinical signs, prescriptions, clinical gadgets and clinical consumables, references, as well as rotating bodies (body packs, caskets, transportation and entombment).

In addition, corona virus patients who are Indonesian citizens also have rights that need to be considered by the government. The rights of corona virus patients include:

1. Right to life and adequate health care
2. Right to obtain information about Health services
3. The right to get services according to medical needs
4. The right to submit complaints and complaints about the services provided by the hospital
5. Right to claim compensation

The five rights are dispersed in different pertinent arrangements, the main right is ensured by the 1945 Constitution in Article 28 H passage (1) which incorporates the appropriate for everybody to live and get wellbeing administrations. The subsequent right is directed in the arrangements of Article 25 section (1) letter f of the Guideline of the Wellbeing Government backed retirement Overseeing Body Number 1 of 2014 concerning Medical coverage. The third right is controlled in Article 52 of Regulation Number 29 of 2004 concerning Clinical Practice which likewise gives security to patients in it. The fourth right which has additionally been managed in Article 25 section (1) letter e of the Guideline of the Wellbeing Government backed retirement Overseeing Body Number 1 of 2014 concerning Health care coverage and the fifth right which has been directed in Article 58 passage (1) of Regulation Number 36 of 2009 concerning Wellbeing.

As per Satjipto Rahardjo, legitimate insurance is a basic freedom that is given security for privileges that have been hurt by others and that assurance is given to the local area so that all freedoms conceded by regulation can be delighted in by the entire local area, and that implies a work to empower safeguard one's inclinations. by designating a capacity to him to act to his greatest advantage.[14]

For this situation, on the off chance that BPJS Kesehatan members experience refusal of Covid wellbeing administrations in emergency clinics, then the lawful security gave is a type of preventive and oppressive legitimate security. This is as alluded to in the hypothesis of legitimate security as per Philipus M. Hadjon.[15]

The type of preventive lawful assurance is one type of legitimate security that safeguards the privileges of residents for the freedoms they have. This type of lawful assurance as far as rejecting Covid patients centers around giving legitimate security to the privileges of BPJS Wellbeing members to acquire protected and quality wellbeing administrations that are reasonable by wellbeing offices. This is controlled in the arrangements of Article 47 of the Guideline of the Federal retirement aide Managing Body Number 1 of 2014 concerning the Execution of Medical coverage:

Article 47

1. Every member has the option to wellbeing administrations which incorporate promotive, preventive, and remedial, as well as rehabilitative administrations, including the administrations of consumable clinical materials and medications as per the fundamental clinical necessities.

2. Wellbeing administrations as expressed in passage (1) incorporate all first-level wellbeing offices, high level wellbeing offices and other still up in the air by the Clergyman and as a team with BPJS Wellbeing including supporting wellbeing offices comprising of:
 - a. Laboratory
 - b. Pharmacy installation in hospital
 - c. Pharmacy
 - d. Blood transfusion unit /Palang Merah Indonesia (PMI)
 - e. Optics
 - f. Service to Consumable Ambulatory Peritoneal Dialysis (CAPD)
 - g. Midwife practice, nurse
3. Health services that are guaranteed by BPJS Health consist of:
 - a. Health services in first-rate health facilities
 - b. Health services in advanced health facilities
 - c. Emergency services
 - d. Services for medicines, medical devices, and consumable medical materials
 - e. Ambulance services
 - f. Medical Check-up

Number 36 of 2009 concerning Health which says:

Article 5

1. Everyone has the same right in obtaining access to existing resources in the health sector
2. Everyone has the same right to obtain quality, safe and affordable health services

Everybody has the privilege to himself in deciding the wellbeing administrations required Particularly for crisis circumstances, the arrangements basic the privileges of BPJS Wellbeing members are contained in Article 32 passages (1) and (2) of Regulation Number 36 of 2009 concerning Wellbeing, which says:

Article 32

1. In a crisis, medical care offices like clinics, both government and private, are expected to give wellbeing administrations to save the patient's life or forestall the event of a handicap in the patient.
2. In a crisis, wellbeing offices like emergency clinics, both government and private, are precluded from rejecting patients and requesting progresses from patients

Article 29 passage (1) letter c of Regulation Number 44 of 2009 concerning Clinics, which says: "Every hospital is obliged to provide emergency services to patients in accordance with their service capabilities"

Article 59 passages (1) and (2) of Regulation Number 36 of 2014 concerning Wellbeing Laborers, which says:

Article 59

1. Wellbeing laborers responsible for rehearsing in medical services offices are expected to furnish medical aid to patients with a crisis circumstance or in case of a calamity to save lives and forestall the event of a handicap.
2. Wellbeing laborers as alluded to in passage (1) are precluded from rejecting beneficiaries of wellbeing administrations and are denied from requesting settlement ahead of time from beneficiaries of wellbeing administrations or patients.

Article 63 passage (2) and (3) of the Guideline of the Wellbeing Government managed retirement Directing Body Number 1 of 2014 concerning the Execution of Health care coverage, which says: Article 63 (2) Crisis administrations as alluded to in Article 47 section (3) letter c can be done in a crisis as per clinical signs of fundamental crisis administrations (3) Crisis administrations as alluded to in passage (1) are wellbeing administrations that should be given

quickly to forestall demise, seriousness, or handicap, as per the capacity of wellbeing offices with specific measures as per appropriate regulations and guidelines.

Likewise, clinics additionally have commitments that should be viewed as by the medical clinic to safeguard the privileges of Covid patients. The commitments of medical clinics are managed in Article 29 section (1) of Regulation Number 44 of 2009 concerning Medical clinics, which says:

Article 29

Every hospital is obliged:

1. Provide right data about existing emergency clinic administrations
2. Providing quality, hostile to prejudicial, safe, and successful wellbeing administrations by focusing on the interests of patients as per clinic administration norms
3. Provide crisis administrations to patients as per the medical clinic's capacity
4. Take a functioning job in giving wellbeing administrations in a fiascos, as per the help capacities of the clinic
5. Providing offices and offering types of assistance for oppressed networks
6. Carry out friendly capabilities by offering support offices for oppressed patients, crisis administrations without an initial investment, free ambulances, fiasco casualty administrations, and social administrations for philanthropic missions
7. Create and execute quality norms of wellbeing administrations in clinics as a premise of reference in serving patients
8. Organizing clinical records for patients
9. Provide legitimate public offices and foundation, including lounge areas, parking garages, spots of love and offices for incapacitated individuals, breastfeeding ladies, kids and the older
10. Implement a reference framework
11. Refusing the patient's desires that are in opposition to proficient and moral norms as well as material regulations and guidelines
12. Provide valid and legit data with respect to the freedoms and commitments of patients
13. Respect and safeguard patient freedoms
14. Implementing medical clinic morals
15. Have a debacle the executives framework and mishap counteraction
16. Implement taxpayer supported initiatives in the wellbeing area territorially and broadly
17. Make a rundown of clinical faculty who practice medication or dentistry and other accessible wellbeing laborers
18. Create and execute medical clinic interior guidelines (clinic by regulations)
19. Protect and give legitimate help to all medical clinic staff in completing their obligations
20. Treat the whole emergency clinic climate as a without smoke region.

Oppressive legitimate security is lawful insurance given by the state to its kin to determine a debate so equity and sureness can be accomplished. Assurance zeroed in on debate goal to safeguard the privileges of its residents, including BPJS Wellbeing members impacted by the Covid. Likewise, this type of legitimate security on account of refusal of Covid patients centers around giving the option to guarantee remuneration from the medical clinic concerned. This is as per the arrangements of Regulation Number 44 of 2009 concerning Emergency clinics in Article 32 letters q and r which says:

Article 32 Each tolerant has the right q. Sue the clinic assuming it is thought that it offers types of assistance that are not as per the principles, both common and criminal r. Whining about medical clinic benefits that are not as per administration principles through print and

electronic media as per the arrangements of the regulation. What's more, the option to guarantee pay is likewise managed in Article 58.

Regarding the case of refusal of corona virus health services in hospitals against BPJS Health participants that occurred in Indonesia, it is not a light matter but needs to be considered because the impact caused by rejection by hospitals can cause someone's death. This refusal is a violation that harms the rights of BPJS Health participants affected by the corona virus, because basically everyone has the same rights in obtaining quality, safe and affordable health services as stated in Article 5 of Law Number 36 of 2009 concerning Health. Medical clinics are likewise obliged to give quality, hostile to unfair, safe, and viable wellbeing administrations by focusing on the interests of patients as per medical clinic administration guidelines and do social capabilities by offering support offices for oppressed patients, crisis administrations without an up front installment, free ambulances, clinic administrations. debacle casualties, and social administrations for helpful missions.

Assuming that the emergency clinic has been demonstrated to have committed misrepresentation or carelessness, the public authority will give sanctions as an advance notice to the disavowal of the medical clinic's license as expressed in Article 29 section (2) of Regulation Number 44 of 2009 concerning Clinics which expresses that assuming the emergency clinic disregards the commitments forced by the emergency clinic, currently referenced in the arrangements of Article 29 of Regulation Number 44 of 2009 concerning Clinics, the clinic is dependent upon managerial assents as:

1. Rebuke
2. Written warning
3. Fines and Revocation of Hospital Permits

Furthermore, there are criminal authorizations for clinics in the event that they don't quickly help patients in crisis circumstances, including Coronavirus patients, they will be liable to sanctions as detainment and fines as expressed in Article 190 sections (1) and (2) of Regulation Number 36 of 2009 about Wellbeing which says:

Article 190

1. Heads of medical care offices or wellbeing laborers who practice or work at wellbeing administration offices who deliberately don't give medical aid to patients in a crisis circumstance as alluded to in Article 32 section (2) or Article 85 passage (2) will be condemned to detainment a limit of 2 (two) years and a greatest fine of Rp. 200,000,000.00 (200,000,000 rupiah).
2. If the demonstration committed brings about handicap or passing, the top of the wellbeing administration office or wellbeing laborer will be condemned to a most extreme detainment of 10 (a decade) and a greatest fine of Rp. 1,000,000,000.00 (one billion rupiah).

4 Conclusion

Legitimate assurance connected with BPJS wellbeing members in getting wellbeing administrations, the government provided Regulation No. 24 of 2011 which specifies that two SOEs, specifically PT Askes (Persero) and PT Jamsostek (Persero) were changed into Public Help Organization over completely to carry out 5 projects ordered by the Law. - Regulation Number 40 of 2004, to be specific the Health care coverage program for BPJS Wellbeing and different projects submitted to BPJS Work. The arrangements of Article 47 of the Guideline of the Government managed retirement Regulating Body Number 1 of 2014 concerning the

Execution of Health care coverage, Article 5 of the Law Number 36 of 2009 concerning Wellbeing, and Regulation Number 24 of 2011 concerning the Federal retirement aide Controlling Body.

Oppressive security, in particular a type of legitimate security given to BPJS Wellbeing members for declining Covid wellbeing administrations in clinics, is the option to request remuneration. In the arrangements of Article 32 of Regulation Number 44 of 2009 concerning Medical clinics, and Article 58 of Regulation Number 36 of 2009 concerning Wellbeing. The public authority through the Clergyman of Wellbeing has set a few guidelines overseeing the execution of the BPJS wellbeing program, both in regards to taxes and techniques for getting wellbeing administrations. The guideline is with the goal that members are not charged assuming they exploit their freedoms to get administrations. In the mean time, BPJS Kesehatan has arranged officials in each medical clinic to have the option to accompany and help and offer types of assistance to members in using their freedoms to look for therapy at assigned wellbeing offices.

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