THE ARRANGEMENT OF HEALTH INSURANCE ADMINISTRATION

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Abstract: *The aim of the research explained about the arrangement of health insurance administration for BPJS Kesehatan participant in health service. The phenomenon that appeared in health insurance administration had many problems and complain from BPJS Kesehatan participants. The problems were how the arrangement of health insurance administration for BPJS Kesehatan participants. The research method that used was qualitative research with purposive technique then the data validity was analysis and tested. The research result showed the arrangement of health insurance administration in giving health service for BPJS Kesehatan participants were based cooperation, where BPJS Kesehatan assaign and payed to RSD dr. Soebandi that giving service to BPJS Kesehatan participants. The novelty was required claim at RSD dr. Soebandi for getting payment from BPJS Kesehatan, and then RSD dr. Soebandi received payment from BPJS Kesehatan*
Keywords: *Arrangement, BPJS Kesehatan, RSD dr. Soebandi*

1. INTRODUCTION

The healty insurance intended health protection insurance so that insurance participants for getting benefit from health maintenance and protection in fulfill necessities health basic. This maintenance given to everybody that already fee payment or fee by government as health insurance participant. The health insurance was developed with health social insurance mechanism was had mandatory. The effort to realize health insurance, the country was construct foundation or manager committee that referred Social Security Administration Body for Health (BPJS Kesehatan). The health insurance

coordination phenomenon in Jember Regency writen by Wirawan at Jatim.com news 22 May 2014, that: ... health service arrangement in Jember still confront some problem, such as confusion and 'wrong goal' for utilizing APBD (Annual Regional Budged) fund to health service … (Jatim.com news on 22 May 2014).

The phenomenon showed that the arrangement of health insurance to provide health services to BPJS Kesehatan participants in Jember Regency was still a problem, such as "intricacies" in the process of obtaining health insurance. For people who cannot afford it, the government budgeted from Annual Regional Budged (APBD). These poor people are called Premium Assistance Beneficiaries (PBI) participants. Furthermore, in the same post Wirawan explained, beside it was still a lot of complaints from the public on services in health centers and lack of good care at the regional hospital (Jatim.com News on 22 May 2014). That Wirawan opinion showed that in the arrangement of health insurance conducted by hospitals to provide health services for BPJS Kesehatan participants, they are not good enough. The hospital provides poor health services that are regional hospitals. That is why there are complaints submitted by BPJS Kesehatan participants for poor health services to regional hospitals.

There was an institutional arrangement in the partnership service. According to E.S. Savas (1987: 62) indeed: distinguish between supply and manufacture service properly, we can continue to discuss various institutional arrangements in providing services. According to Savas, institutional arrangements are distinguished between service providers and service providers. According to Savas, the government can function as an arranger or the government can function as a producer. Regarding Savas' opinion, the regulator is BPJS Kesehatan while as the producer was RSD dr. Soebandi (dr. Soebandi Regional Hospital). If attention from background of problem, the arrangement of health insurance in Jember Regency still has problems. The number of public complaints about health services in regional hospitals. Therefore from that description, the issue of administering health insurance which was originally an individual problem related to cooperation became a public problem, the research problem was: How were the arrangements for administering health insurance?

Health insurance was a guarantee in the form of health protection so that participants were benefit from health care and protection in meeting basic health needs given to everyone who had paid contributions or fees paid by the government. Health insurance developed in Indonesia is part of the national social security system which is organized with a mandatory social health insurance mechanism based on Law No. 40 of 2004 concerning The Natioanal Social Security System (SJSN). In the law on SJSN that BPJS has the authority to administer national social security programs. BPJS also had the authority to regulate matters related to the operation of the implementation of social security programs with BPJS regulations.

2. RESEARCH METHOD

The qualitative research method was used phenomenological research which focuses on collecting data from an object about the situation and behavior of everyday life. The phenomenology approach with the social definition paradigm can provided an

opportunity for individuals as the subject of research studies to interpret, and then the researcher interpretes the interpretation until he gets scientific knowledge about the process. The place of this research was at the BPJS Kesehatan with RSD dr. Soebandi in Jember Regency.

Data or information collected was related to health insurance arrangements for BPJS Kesehatan participants. Data sources used in the form of informants, events, and documents. While the informants selected were based on consideration of reliability quality as a truly informative source. Determination of informants using the "purposive" method. Data collection in the qualitative research of the main instrument was the researcher himself (human instrument), to find data by interacting symbolically with the informants / subjects studied (Ghony and Almanshur, 2012: 163). Data collection according to Emzir (2012: 37-65) was grouped into three parts, namely: (1) observation, (2) interviews, (3) documents. Of the three data collection researchers used data collection by observation, interviews, and documents.

In analysis qualitative data there were things that need to be considered, namely the analysis process. In analysis the data of this study the researchers used the Miles and Heberman data analysis models. According to Miles and Huberman (1994: 10-12) an explain that: We define analysis as consisting of three concurrent flow of activities: condenzation data, data display, and conclusion drawing / verification. A nalisis data consists of three flow of activities, namely the data condenzation, a data display, and conclusion drawing / verification. The data that had been collected an either through observation, through interviews, through recording, and through documents, the data was processed first before use. The qualitative data analysis process consists of three flow of activities that can take place simultaneously, such as data condensation, data offering, and conclusions / verification.

3. RESEARCH RESULT

Cooperation of health insurance arrangement between BPJS Kesehatan and RSD dr. Soebandi was obligatory. This condition as informed by Rio (2015) that: ... the first to be obliged to partner was a government hospital stipulated in the Permenkes. That was required to cooperate with the BPJS Kesehatan. ... (Interview on 24 June, 2015). The partner hospitals are government hospitals and private hospitals. This is as stated by Rio (2015) as follows: if in the Jember Regency area all hospitals have collaborated from the beginning, such as RSD dr. Soebandi, Balung Hospital, Plantation Hospital, Citra Husada Hospital, IBI Hospital. A cooperation with the pack if you just can't talk about it, yes there is cooperation which basically is from BPJS Kesehatan and the ministry of health, such as with RSD dr. Soebandi has cooperation (interview on 24 June 2015).

Collaboration or partnership that was woven between BPJS Kesehatan and hospitals or health facilities has been established. In Jember Regency all government-owned hospitals have collaborated with BPJS Kesehatan, including private sector partnerships as well. This is in accordance with what was conveyed by MI informants (2015) as follows: "All hospitals have partnered with BPJS Kesehatan. Plantation hospitals, healthy community hospitals, husada image hospitals, IBI hospitals, there are a

total of 15 hospitals for Jember and Lumajang" (Interview on 17 June 2015). Then for private hospitals may cooperation may also not be in accordance with what was conveyed by informants MI (2015) as follows: "What is required to partner is a government hospital must partner with BPJS Kesehatan, for private hospitals may partner with BPJS health and may not". "Private hospitals if you want to partner with BPJS Kesehatan must submit a partnership application, then we verify" (Interview on 17 June 2015). Moreover if the hospital will cooperate with BPJS Kesehatan, then the hospital needs to submit a request to BPJS Kesehatan for cooperation. Then by BPJS Kesehatan the application was verified about feasibility in providing health care facilities to BPJS Kesehatan participants.

That was appropriate that disampikan by MI (2015) as follows: hospital cooperation with BPJS Kesehatan with the aim to provide participants BPJS Kesehatan (Interview date on 17 June, 2015). That information showed that BPJS Kesehatan cooperation with RSD dr. Soebandi had a purpose. The goal to be achieved in the collaboration was to provide health services to BPJS Kesehatan participants. Collaboration was a form of relationship between institutions that was mutually beneficial for both parties. The collaboration activity is carried out in the form of health service activities organized by RSD dr. Soebandi. Collaboration between BPJS Kesehatan and RSD dr. Soebandi in the form of health services. This collaboration was short term, in the sense that it applies every year and after that it can be extended again. RSD dr. Soebandi provides health care facilities. Collaboration between BPJS Kesehatan and RSD dr. Soebandi was raised in a cooperation agreement or Memorandum of Understanding (MOU).

Collaboration conducted by BPJS Kesehatan with RSD dr. Soebandi was raised in a cooperation agreement. Furthermore, Rio (2015) explained more clearly as follows: "...... that was a cooperation contract between BPJS Kesehatan and RSD dr. Soebandi" (Interview on 24 June, 2015). The information conveyed by informants in the results of in-depth interviews with BJ (2016) as follow: a from RSD dr. Soebandi with BPJS Kesehatan Branch of Jember Regency there was a collaboration or MOU. There was an MOU that was valid for one year and renewed annually which applies from January to December each year. There was an MOU that was valid for three years. In cooperation agreements that was often only referred to as an agreement. That was the same as the cooperation agreement between the Jember branch of BPJS Kesehatan and RSD dr. Soebandi. The organization of cooperation between BPJS Kesehatan with RSD dr. Soebandi was based on existing regulations or rules, meaning BPJS Kesehatan with RSD dr. Soebandi was carrying out his activities was based on existing laws and regulations. That was according to an interviewee MI (2015) as follow: based at law No. 24 of 2011, so that whatever was done in here very dependent on the existing regulations, the financial problems of health regulations that follow at the regulations minister of health, included the application of tariffs, included partnerships, how was the agreement. That all follow was existing regulations (Interview dated 17 June 2015).

The explanation of the information showed that the collaboration between BPJS Kesehatan with RSD dr. Soebandi in health services to BPJS Kesehatan participants was

based on existing legislation, namely law No.24 of 2011 was concerning about BPJS Kesehatan. In accordance with the regulation BPJS Kesehatan had a function as an organizer of health insurance programs, which were tasked with registering participants, collecting contributions, receiving assistance from the government, and managing social security funds for the benefit of participants, paying for health services, and providing information to the public. Therefore, every activity or activity carried out by BPJS Kesehatan was inseparable from existing rules or regulations.

In addition to the existence of law No.24 of 2011 concerning about BPJS Kesehatan, the rules followed by the BPJS Kesehatan are the rules issued by Minister of Health. Regulations issued by Minister of Health was consist of Minister of Health Regulation No.28 of 2014 about Guideline for Implementing the National Health Insurance Program, Minister of Health Regulation No.27 of 2014 about System Technical Instructions Indonesian Case-Based Groups (INA-CBGs). Minister of Health Regulation No.69 of 2013 about Standard Rates for Health Service at First-level Health Fasilities in Administering Health Insurance Program. Minister of Health Regulation No. 71 of 2013 concerning Health Services at the National Health Insurance. Minister of Health Regulation No.59 of 2014 about Standard Rates for Health Service in Administering Health Insurance Program, and other Minister of Health Regulation. In addition to the Ministry of Health regulations, there are Health BPJS Regulations, namely: Health BPJS Regulation No.1 of 2014 concerning Implementation of Health Insurance, BPJS Health Regulation No.4 of 2014 on Procedures for Registration and Payment of BPJS Health Individual Participants, 2015 BPJS Health Regulation No.1 about Tata Cara Pendaftaran dan Pembayaran Iuran Bagi Peserta Pekerja Bukan Penerima Upah dan Peserta Bukan Pekerja, and other BPJS Kesehatan regulations. That mentioned an accordance with what was stated by Rio (2015) that: ... ... which is obliged to partner is a government hospital stipulated in the Permenkes. That is what must be partnered with BPJS health. ……… (Interview on 24 June 2015).

That mentioned an accordance with what was conveyed by informant BJ (2016) that: hospital filed claims, that RS continued to get money from BPJS Kesehatan after providing services, so getting fees from BPJS Kesehatan for services to BPJS Kesehatan participants. Informant showed that RSD dr. Soebandi filed a claim with BPJS Kesehatan. After filing a claim then the RSD dr. Soebandi gets paid money from BPJS Kesehatan after providing health services to BPJS Kesehatan participants. So the money given from BPJS Keseahtan is in return for services provided by the RSD dr. Soebandi.
The claim submission of Health services was submitted by the hospital in this case carried out by the control team to BPJS Kesehatan include emergency services, outpatient services, inpatient services, ambulance services. Advanced level outpatient services, fees charged to BPJS Kesehatan participants can be claimed to BPJS Kesehatan in accordance with the INA-CBG package with no fee contribution. That an accordance with what was conveyed by MI informants (2015) as follows: "The issue of health finance regulations follows the regulation of Minister of Health, including the application of tariffs" (Interview dated on 17 June, 2015).

The explanation shows that regarding the issue of the application of tariffs, outpatient service fees and b) the advanced level of inpatient health services are paid for

with the INA-CBGs package without the imposition of fee payments to BPJS Kesehatan participants. INA-CBGs package rates are in accordance with the provisions of the Minister of Health of the Republic of Indonesia in Minister of Health Regulation No. 69 of 2013 concerning Standard Health Service Rates at First Level Health Facilities and Advanced Health Facilities in the Implementation of Health Insurance Programs. INA-CBGs package rates include the cost of all services provided to BPJS Kesehatan participants, both administration fees, services, facilities, tools / consumables, medicines, accommodation and others.

After the hospital provided health services, the hospital then submitted a bill to BPJS Kesehatan. That bills were intended as requests for health services that have been made in the form of payments. This bill is submitted by the hospital that has provided health services to BPJS Kesehatan participants. This is as conveyed by informant DN (2016) as follows: After giving service then asked for the bill (invoice) (Interview dated on 29 June, 2015). From the explanation shows that the hospital provides health services to BPJS Kesehatan professionals. Then after giving health services then the hospital submits bills or claims to BPJS Kesehatan. In the process of submitting a bill to BPJS Kesehatan, the hospital needs to completed the evidence of health services. The evidence needed to complete the bill as stated by the informant was as follows: SEP was accompanied by proof of the completeness of the billed file brought from poly taken to the controller.

The informant explained that in the process of submitted a claim to BPJS Kesehatan an accompanied by evidence. The evidence as completeness in submission to BPJS Kesehatan. The evidence includes Participant Eligibility Letter (SEP) which was equipped with supported evidence. That supporting evidence as a hospital completeness was submitting a claim to BPJS Kesehatan includes: Claim Form (FPK) of 3 (three) copies, softcopy of application output, original receipts with enough stamp, proof of service that has been signed by the participant or family member, other completeness required by each claim bill. In each of the poly in RSD dr. Soebandi, the poly officers collected the supporting files for health services carried out by specialist doctors or sub-specialist nurses. After the data was collected from the poly in RSD dr. Soebandi, then the next is taken to the controlling team. In this control team, all the files that will be submitted by RSD dr. Soebandi to BPJS Kesehatan is collected. From this control team then the controlling team was brought to the BPJS Center in the hospital. This was conveyed by the informant DT (2016) as follows: From the controller located on the 1st floor, it is submitted to BPJS Kesehatan, ... (Interview on 29 June 2015).

The explanation showed that the controlling team in RSD dr. Soebandi submitted a claim with BPJS Kesehatan that was located in the RSD Dr. Soebandi too. The BPJS Kesehatan office in this hospital is called the BPJS Kesehatan Center. The location of the BPJS Kesehatan Center in RSD Dr. Soebandi 1st floor. This means that the location of the BPJS Kesehatan Center Office is near and not far away. This is meant if the controlling team in the hospital claims that the health service was not far away, so that it can facilitated and speed up the claim process. Hospitals for submitting claims to BPJS Kesehatan can be done every month. Claim submitted no later than the 10th of the following month. Before being submitted to BPJS Kesehatan, claims to be submitted

were verified first by the controlling team internally. This ws as stated by WW informant (2015) as follows: first verify the pack for the health services that have been provided, and must first verify (Interview on 8 July 2015).

Explanation of the informant shows that before submitted a claim to BPJS Kesehatan, the RSD dr. Soebandi through the control team verified first internally. The purpose was carry out internal verification to avoid shortcomings to a minimum before being submitted by the hospital control team to BPJS Kesehatan. Health care claims submitted by the hospital can include claims for emergency services, claims for outpatient medical services, inpatient claims, medical service claims, claims for ambulance services. In the process of payment of health service claims were including verification of health service claims, clarification of health service claims, and payment of health service claims. BPJS Kesehatan after receiving the treatment from a health facility, RSD dr. Soebandi, then verify the claim. This verification was needed because to match the submission with supporting evidence submitted. Therefore, verification was needed, BPJS will not directly pay for claims submitted by the hospital before BPJS Kesehatan verified. This is in accordance with what Rio's informant (2015) said as follows: first verify the pack for the health services that had been provided, and must first verify (Interview dated on 24 June 2015).

Explanation of the informant was clear that every month submission from RSD dr. Soebandi by BPJS Kesehatan carried out prior verification of health services carried out by RSD dr. Soebandi. Furthermore, the informant emphasized that it must be through verification, which means that in filing a claim for bills that was clear that verification will be carried out by BPJS Kesehatan whose nature must be verified. Thus indicated that before the claim was submitted by RSD dr. Soebandi to BPJS Kesehatan, by RSD dr. Soebandi had been verified first by the internal control team. Because those who carry out internal verification of the hospital are the control team themselves. Therefore the verification team at the BPJS Kesehatan Center only needs to double-check the claims submitted by the RSD dr. Soebandi.

In the process of returning this BPJS Kesehatan provides information about the shortcomings to be completed. This notification was made by official letter. Therefore, that was expected that after being returned by the controlling team at the hospital, that would be repaired immediately, because in this matter the deficiencies are mentioned. This was conveyed by the informant DT (2016) as follows: In the clarification of the BPJS Kesehatan provides information about clarification through official letters (Interview on 29 June 2015). The explanation showed that in addition to BPJS Kesehatan verified the claims submitted by the hospital in this case the controlling team. Then the BPJS Kesehatan also clarified, if it was felt by the BPJS Kesehatan verification team there was something inappropriate. This clarification activity was also accompanied by an official letter and clearly informed. If within a certain time limit is not immediately completed, the claim returned will not be paid by BPJS Kesehatan. That was conveyed by the informant DT (2016) as follows: If that was not immediately completed, it would not be paid, forfeited (Interview on 29 June 2015).

The explanation conveyed by the informant indicated that the claim bill value submitted to the returned BPJS Kesehatan would not be paid by BPJS Kesehatan if that

was not immediately completed with its shortcomings. Therefore, to a certain extent if that remains incomplete would be forfeited.

Furthermore, if by BPJS Kesehatan about the submission of claims for health services submitted by RSD dr. Soebandi was considered complete. Whether that was completeness with administrative an evidence, then verified by BPJS Kesehatan and if any were not suitable returned then that had arrived complete. Then the next BPJS Kesehatan pays claims submitted by the RSD dr. Soebandi. What was explained before that the health service partnership claim was based on the rates available at INA-CBGs. Then the claim process for health services starts from the health services that had been carried out by RSD dr. Soebandi to BPJS Kesehatan participants. On the basis of a hospital that has provided health services, the hospital then submits a claim to BPJS Kesehatan. After being submitted by the hospital, the claim submitted by the BPJS Kesehatan was verified. The verification was included verification of administration and verification of health services. If in the verification was found a discrepancy between the claims that submitted with the diagnosis given by medical personnel, the BPJS Kesehatan clarifies. Likewise, if the claims were submitted by the RSD dr. Soebandi were not accompanied by appropriated data or supported evidence, then the claim will be returned to complete accompanied by a letter of notification of the shortcomings to be immediately completed. Thus if that supported evidence was complete and also the clarification was appropriate, then the BPJS Kesehatan would make a payment for the claim submitted by the RSD dr. Soebandi.

This explanation shows that the process of claim payment from RSD dr. Soebandi to BPJS Kesehatan required complete an evidence. After arrived at the BPJS Health, the completeness was examined and clarified. If the proof of completeness was incompleted or lacked after being examined incompletely, the submission of the claim was returned. Furthermore, the return process was accompanied by an explanation that needs to be completed and submitted to the RSD dr. Soebandi in writed by official letter. However, if that was completed and had been clarified, then BPJS Kesehatan would payed for claims submitted from RSD dr.Soebandi. The explanation can be drawn from the fact that in the verification there was administrative verification of claims and verification of health services. In verifying administrative claims that were verified verification of file completeness and verification of the stages. Then was verifyed the claim service that was verified the service provided by the hospital.

4. DISCUSSION

The arrangement was setting of health insurance among BPJS Kesehatan with RSD dr. Soebandi deals with the granting of duties or authority owned by BPJS Health to RSD dr. Soebandi was provided health services to BPJS Kesehatan participants. Furthermore, BPJS Kesehatan pays to RSD dr. Soebandi after provided health services to BPJS Kesehatan participants. That was like the interview MI (2015) as follows: hospital that fardu ain to cooperate with BPJS are government hospitals. The hospital was to serve BPJS Kesehatan participants (Interview on 20 May 2015). The explanation of the informant showed that BPJS Kesehatan had collaborated with hospitals in Jember

Regency. Government-owned hospitals, both local and regional level two hospitals. The collaboration of the hospital with BPJS Kesehatan was mandatory, that meaning should not be necessary to collaborate with a hospital and BPJS Kesehatan. The hospitals belonging to the regional government include Lung Hospital, Balung Regional Hospital, Kalisat Regional Hospital, and Regional Hospital, dr. Soebandi Jember Hospital.

Cooperation between BPJS Kesehatan and regional hospitals in this case RSD dr. Soebandi was to provide health services to BPJS Kesehatan participants. To explain that about what was conveyed by the informant MI that there was a collaboration between BPJS Kesehatan and RSD dr. Soebandi, the researcher triangulated the source, namely to Rio informants. This was made clear by the informant Rio (2015) who stated that: a contract of cooperation between BPJS Kesehatan and RSD dr. Soebandi. The cooperation contract was carried out in writen, not in the form of verbal talk (Interview on 24 June 2015). The explanation of the informant showed that there was a collaboration between BPJS Kesehatan and RSD dr. Soebandi. The cooperation agreement or cooperation contract was carried out in writen between BPJS Kesehatan and RSD dr. Soebandi in the health services of BPJS Kesehatan participants. The cooperation contract with BPJS Kesehatan given authority to RSD dr. Soebandi to provide health services to BPJS Kesehatan participants.

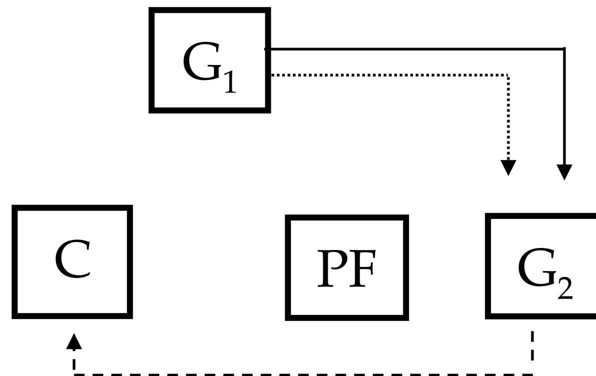
RSD dr. Soebandi on the basis of the duties and authorities given by BPJS Kesehatan can provided health services to BPJS Kesehatan participants. That was accorded to an interview WW (2015) as follows: which was given health care related start door to door emergency outpatient. One or both, meaning that if an emergency was through an emergency door, non-emergency through outpatient care. If enter in the hospital you had to go through one of these doors (Interview on July 8, 2015). The explanation showed that the health services provided by RSD dr. Soebandi was include emergency health services (emergency care), outpatient health services, and inpatient health services. BPJS Kesehatan participants can take advantage of health care facilities provided by RSD dr. Soebandi. More interviewe DT (2015) as follows: a LUR for participants BPJS patients outside office hours or at dusk. BPJS Kesehatan participants come directly to the ED and then go to the IGD admission section outside official hours (Interview on 7 December 2015).

Explanation of the informant showed that for BPJS Kesehatan participants can taken an advantage of health facilities outside official hours or in the afternoon, BPJS Kesehatan participants can immediately come to the ED. Until the emergency room, the next BPJS Kesehatan participant took care of the administration in the ED to get treatment. After giving care to BPJS Kesehatan participants, the RSD dr. Soebandi gets paid from BPJS Kesehatan. That was like the interview Rio (2015) states the followed: the first must be verification of health services that had been awarded the hospital, this verification must be done. After the match had just been paid (Interview on 24 June 2015). The explanation of the informant above shows that BPJS Kesehatan before making payments to RSD dr. Soebandi for health services to BPJS Kesehatan participants, the BPJS Kesehatan did not automatically payed directly to RSD dr. Soebandi, but BPJS Kesehatan verified the bills was submitted by RSD dr. Soebandi.

If that was associated with the opinion of Savas (1987: 62) regarded of service arrangements, states that: Different arrangements can occur as government can serve as arranger or producer, and can be the private sector (Different arrangements had arisen because the government can function as an arranger or producer, so can the private sector). Savas's opinion showed that the government in the service arrangement can function as a service regulator but can also function as a producer of services. Savas (1987: 62-91) explains that there were ten service arrangements, namely: (1) government service, (2) government vending, (3) intergovernmental agreement, (4) contracts, (5) franchises, (6) grants, (7) vouchers, (8) free market, (9) voluntary service, and (10) self-service.

The ten service arrangements proposed by Savas, then there were seven related to the private sector as producers and there were three government sectors as producers as well. The seven models presented by Savas related to this research were considered to be inappropriate. The incompatibility of the seven regulatory models presented by Savas was due to their relevance to the private sector. Then three government sectors can be seen related to the results of the research. The three government sectors are 1) government service, 2) government vending, 3) intergovernmental agreement. Savas's opinion above showed that the government can asked other governments to provide services at the request of consumers or users. In this case, the one government was the service regulator and the other government was the producer of services. This can be seen at Figure 1.

Figure 1. Intergovernmental agreement, where one government autorizes and pays another to deliver service (The agreement between government institution, where G1 assignment and G2 payment for send of service to C



Savas's opinion showed that the G1 government assigns and pays to the G2 government to provide services to C. The intergovernmental agreement model was more suitable or compared to the first and second models above. That was because G1 in this case was BPJS Kesehatan, while G2 was RSD dr. Soebandi, then C was a BPJS Kesehatan participant. The model can be seen at Figure 2.

Showed that BPJS Kesehatan assigns to RSD dr. Soebandi to provide health services to BPJS Kesehatan participants and pay to RSD dr. Soebandi. In that picture that BPJS Kesehatan assigned RSD dr. Soebandi and at the same time pay to RSD

dr. Soebandi, then RSD dr. Soebandi provided health services to BPJS Health participants. If that was associated with the results of research that BPJS Kesehatan assigns to RSD dr. Soebandi to provide health services to BPJS Kesehatan participants. After provided health services to BPJS Kesehatan participants, the RSD dr. Soebandi can submitted claims or bills to BPJS Kesehatan. Claim submitted by RSD dr. Soebandi by BPJS Kesehatan was verified first.

The results from verification were suitable and some data not suitable. The results of verification that were not appropriated by BPJS Kesehatan were returned to RSD dr. Soebandi to be equipped. RSD dr. Soebandi complements the shortcomings of BPJS Kesehatan. Next was RSD dr. Soebandi after being fully submitted again to BPJS Kesehatan. BPJS Kesehatan verified these deficiencies, if that was complete then BPJS Kesehatan would pay to RSD dr. Soebandi. For more the detail can be seen at Figure 2.

Figure 2. The relation among government institution, BPJS Kesehatan, with RSD dr. Soebandi

BPJS Kesehatan

BPJS Kesehatan Participant

Private Firm

RSD dr. Soebandi

Figure 2 showed BPJS Kesehatan assigned to RSD dr. Soebandi for given health services to BPJS Kesehatan participants. RSD dr. Soebandi after provided health services can submitted a claim to BPJS Kesehatan. After BPJS Kesehatan verified then BPJS Kesehatan was payment to RSD dr. Soebandi. That explanation was produced of novelty finded, the first consist of RSD dr. Soebandi submitted a claim with BPJS Kesehatan. The difference between the Savas model and the results of this study was the results of this study RSD dr. Soebandi submitted a claim with BPJS Kesehatan. Meanwhile, if Savas directly BPJS Kesehatan assigns RSD dr. Soebandi and immediately paid to RSD dr. Soebandi to provide health services for BPJS Kesehatan participants.

According to Savas's viewed, if the health service has provided health services to BPJS Kesehatan participants, then the BPJS Kesehatan directly paid to RSD dr. Soebandi. But in reality in the field the results of the study were not so, that BPJS Kesehatan could paid to RSD dr. Soebandi when the RSD dr. Soebandi had submitted a claim to the BPJS Kesehatan. If there is a problem in the payment process, BPJS

Kesehatan clarified and also communicated or coordinated with the RSD dr. Soebandi. The coordination was officially carried out between the BPJS Kesehatan and the RSD dr. Soebandi.

5. CONCLUSION

Arrangement of organization health insurance between BPJS Kesehatan and RSD dr. Soebandi in provided health services to BPJS Kesehatan participants was based on collaboration between BPJS Kesehatan and RSD dr. Soebandi. BPJS Kesehatan assigns or authorizes RSD dr. Soebandi to provide health services to BPJS Kesehatan participants. RSD dr. Soebandi provided health services to BPJS Kesehatan participants was started from Instalasi Gawat Darurat (IGD), outpatient services, inpatient services, accommodation services, pharmacy services. BPJS Kesehatan does not automatically paid to RSD dr. Soebandi who had provided health services to BPJS Kesehatan. But firstly RSD dr. Soebandi submitted a bill to get paid by BPJS Kesehatan. After being considered complete, the new BPJS Kesehatan paid to RSD dr. Soebandi for health services to BPJS Kesehatan participants.

The novelty this research was in the arrangement of the implementation of health insurance based on the cooperation reciprocity means that the hospital provided health services to BPJS Kesehatan participants, then BPJS Kesehatan was provided payment to hospitals. In this collaboration, the first side could firstly payment to the second side, but in the collaboration the first side could payment to the second side after the second side provided services. However, the novelty was the procedure carried out by the second side submitted a bill to the first side after the second side given suitable service. Next after the second side submitted to the first side, the first side still checked of the truth submitted by the second side. If the second side submission was checked by the first side did not match the agreement, then the first side would not paid to the second side. The arrangement of administering health insurance was not automatically the task provided of paid to executed side, but still needed to submit a bill to assignor.

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