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Research Article

Aceh Government's Responsibility in Implementing Mandatory Affairs in the Health Insurance Sector

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Abstract: Based on Law No. 11 of 2006 and Qanun Aceh No. 4 of 2010, the Government of Aceh has special authority in implementing prioritized health services for poor communities as part of its special autonomy. In practice, the Aceh Health Insurance (JKA) program provides health coverage for all Acehnese residents, including underprivileged groups, by covering insurance contributions and several referral and companion costs not fully guaranteed by the national health insurance system. This study aims to analyze the implementation system of JKA, examine the responsibility of the Aceh Government in providing health insurance for its citizens, and evaluate the government's obligation to pay contributions for poor participants. This research uses an empirical juridical method with a sociological approach and utilizes both primary and secondary data. The results show that several provisions in the Qanun as the legal basis for JKA implementation are not fully aligned with field conditions and the Social Security Administrator Law. In practice, the Aceh Government bears insurance contributions and various referral costs for residents, including poor communities. Although the obligation to pay contributions for the poor has been implemented, funding for referral transportation, companions, and their consumption has not been fully covered, especially for inter-regional advanced healthcare services. Therefore, the Aceh Government needs to revise Article 43 of Qanun Aceh No. 4 of 2010 and evaluate the JKA program to ensure more targeted healthcare financing.

Keywords: Aceh Government; Health Insurance; Implementation Mandatory Affairs; Legal Policy; Responsibility.

1. Introduction

Article 18B paragraph (1) of the 1945 Constitution of the Republic of Indonesia acknowledges that certain regions possess distinctive characteristics or special privileges within the framework of the Unitary State of the Republic of Indonesia. This constitutional recognition serves as the legal foundation for assigning special status to particular regions, which is subsequently elaborated through statutory regulations, especially in relation to the administration of regional governance and the delivery of public services.

Regional autonomy is defined in Article 1 paragraph (6) of Law Number 23 of 2014 on Regional Government as the authority, rights, and responsibilities granted to autonomous regions to administer their own governmental affairs and to serve the interests of their local communities within the framework of the Unitary State of the Republic of Indonesia. Through this arrangement, regions are given the flexibility to formulate and implement policies that reflect the specific characteristics and needs of their respective societies.

In practice, special autonomy is a form of authority that is broader than regional autonomy in general. Regions that obtain special autonomy have a greater degree of control over certain government affairs, both in political, social, and public service aspects, as an embodiment of the historical and sociological specificity of the region.

Aceh is one of the regions that has a special and special status. This is affirmed in Article 1 number 8 of Law Number 44 of 1999 concerning the Implementation of Provincial

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Privileges of the Special Region of Aceh, which states that Aceh's privileges include special authority in the implementation of religious, customary, educational, and the role of ulama in determining regional policies.

Governmental responsibilities shared between the Central Government and Regional Governments are categorized into mandatory and optional affairs. Mandatory affairs refer to functions that regional governments are required to perform, particularly those closely connected to essential public services, including the health sector. Consequently, the provision of health services constitutes a primary responsibility of local governments in promoting and safeguarding public welfare.

The governance of Aceh is regulated separately under Law Number 11 of 2006 on the Government of Aceh. According to Article 1 point 2 of the law, Aceh is designated as a province with special status and is granted particular authority to administer its governmental functions and manage the interests of its local population in accordance with prevailing laws and regulations within the framework of the Unitary State of the Republic of Indonesia.

As a consequence of this special authority, the Aceh Government has a responsibility to prioritize the interests of the people of Aceh, including in the health sector. Article 22 paragraph (1) letter a of Qanun Aceh Number 4 of 2010 concerning Health affirms the obligation of the Aceh Government to organize health efforts that guarantee the right of the Acehnese population to receive health services according to their medical needs, while still meeting minimum service standards. This provision is prioritized for the poor as stipulated in letter b of the same article.

In order to exercise this authority, Aceh launched the Aceh Health Insurance Program on June 1, 2010 as a form of regional health social security. This program aims to ensure the health rights of all Acehnese residents and be part of the implementation of mandatory local government affairs in the health sector. Through the Aceh Health Insurance, all Acehnese residents who have an Aceh identity card are guaranteed to finance their health services by the Aceh Government, both at first-level health facilities and referrals. This program is even the forerunner of the implementation of universal health coverage in Indonesia, by collaborating with Askes Company as an implementing partner.

However, since January 1, 2014, the Aceh Health Insurance Program has been integrated into the National Health Insurance System. Since the integration, the Aceh Government has only borne the payment of contributions for the Acehnese population that are not guaranteed by the National Health Insurance. This was then affirmed in the Aceh Governor's Regulation Number 13 of 2018 which states that the Aceh Health Insurance aims to provide contribution assistance and the use of health service facilities for all Aceh residents.

In its development, the sustainability of the Aceh Health Insurance Program faces serious problems related to the certainty of contribution payments. The Health Social Security Administration Agency even sent a Second Warning Letter to the Aceh Government and threatened to terminate the Aceh Health Insurance service due to the lack of clarity on budget commitments. This condition shows that there is a discrepancy between the implementation of Aceh Health Insurance and the provisions of Article 43 and Article 22 of Qanun Aceh Number 4 of 2010 concerning Health, especially related to the principle of priority for the poor and the certainty of the implementation of health insurance in a complete manner.

2. Research Methods

This research is an empirical juridical research that aims to examine the applicability, implementation, and effectiveness of the application of law in the practice of community life. Empirical juridical research views law not solely as a written norm, but as a real behavior that lives and develops in society. Therefore, law is understood as a social phenomenon that is reflected in daily practice, so this research is also known as sociological law research. The approach used in this study is a sociological approach, which is an approach that places law as an object of study in the context of social dynamics of society.

The data sources in this study consist of primary data and secondary data. Primary data is obtained directly from primary sources through data collection techniques such as interviews and observations conducted at the research site. Meanwhile, secondary data is obtained from various written sources that have been documented by relevant agencies or institutions, both in the form of laws and regulations, official documents, and scientific literature relevant to the object of research. All of these data are used to support the completeness and depth of analysis in this study.

Data collection techniques include observation, interviews, and documentation. Observation is carried out through direct observation of the research object accompanied by recording and documentation. Interviews were conducted in a directed manner between researchers and resource persons to obtain in-depth and accurate information. Furthermore, data analysis is carried out qualitatively using relevant theories as the basis for analysis. Through this process, data is processed and compiled systematically to then be analyzed, criticized, and drawn logical conclusions according to the research objectives.

3. Results and Discussion

Aceh Health Insurance Implementation System by the Aceh Government

The legal system theory serves as an analytical framework for examining the implementation of the Aceh Health Insurance scheme. In accordance with Article 43 of Aceh Qanun Number 4 of 2010 on Health, the Aceh Government is responsible for guaranteeing access to health services for the entire Acehnese population based on the principles of social health insurance. The administration of this health insurance program may be undertaken directly by the Aceh Government or through the Aceh Health Insurance Management Agency, including collaboration with third parties when deemed necessary. Furthermore, the detailed technical arrangements for its execution are stipulated through Governor Regulations that take into account the specific needs and conditions of the region.

In the period from 2010 to 2013, the Government of Aceh organized health insurance in collaboration with the Indonesian Health Insurance Company using a claim system, at a time when there was no regulation on National Health Insurance. Financing is only given to people who use health services, but this system is considered more expensive because its management is still manual and service-based. In contrast to the national health insurance system which uses a fixed contribution mechanism according to the membership class, financing is relatively cheaper but requires the entire community to contribute.

Since January 1, 2014, the Aceh Health Insurance program has been integrated into the National Health Insurance program, so that the Aceh Government only bears the payment of health contributions for the community that is not financed by the program. In its implementation, the Aceh Government collaborates with the Health Social Security Administration Agency by implementing the health insurance system as stipulated in Law Number 24 of 2011 concerning the Social Security Administration Agency. Since the operation of the Health Social Security Organizing Agency, the authority to administer health insurance has shifted completely, so that ministries and other institutions no longer organize health insurance programs, except for certain services that are specifically regulated.

With the commencement of operations of the Health Social Security Administration Agency, the Indonesian Health Insurance Company was officially dissolved without undergoing a liquidation procedure, and all of its assets, obligations, and personnel were transferred to the newly established agency. The approval of the company's final financial statements is the responsibility of the Minister of State-Owned Enterprises, whereas the initial financial statements of the Health Social Security Administration Agency are authorized by the Minister of Finance. The framework governing the operation of the national health insurance system is set out in Law Number 24 of 2011 on the Social Security Administration Agency, which has been in force since January 1, 2014.

Pursuant to Regulation of the Minister of Health Number 28 of 2014, the National Health Insurance Program is designed to provide health protection by ensuring access to essential healthcare services that address the basic needs of the population. This program applies to participants who contribute independently as well as to those whose contributions are subsidized by the government.

General Terms

The National Health Insurance Program is part of the National Social Security System which is organized through a social insurance mechanism to ensure health protection for all residents, both those who pay their own contributions and those whose contributions are borne by the government. Elements of its implementation include:

Regulator

Various ministries and institutions play a regulatory role, including the Coordinating Ministry for People's Welfare, the Ministry of Health, the Ministry of Finance, the Ministry of Social Affairs, the Ministry of Manpower and Transmigration, the Ministry of Home Affairs, and the National Social Security Council.

National Health Insurance Participant

Participants include all Indonesian residents, including foreign nationals who have worked for at least six months in Indonesia and have paid contributions.

Healthcare Providers

Primary health care facilities and advanced referrals act as health care providers for participants.

Organizing Body

In accordance with the mandate set out in Law Number 24 of 2011, the Social Security Administration Agency functions as a public legal body responsible for administering the national health insurance program.

Organizer Principle

In its implementation, the Health Social Security Administration Agency follows the principles contained in Law No. 40 of 2004 concerning SJSN, including:

Mutual Cooperation

Membership is mandatory for all residents with the principle of mutual support between participants.

Non-Profit

The funds managed by the Social Security Administration Agency are trustworthy and are only used for the benefit of participants.

Openness, prudence, accountability, efficiency, and effectiveness

These principles are the basis for managing participant contribution funds so that they are managed optimally and transparently.

Portability

Participants still get health insurance even if they change jobs or locations within Indonesia.

Compulsory membership

All residents are required to be participants, even though the implementation is adjusted to economic capabilities and the feasibility of implementing the program.

Trust funds

Participant contributions are trust funds that must be managed as best as possible for the welfare of participants.

Utilization of the results of fund processing

All management results are used for program development and as much as possible for the benefit of participants.

The management of funds in the Aceh Health Insurance program is carried out with the principle of trust and is used as much as possible for the benefit of participants. Payment of contributions by the Government of Aceh to the Social Security Administration Agency is carried out through a process of reconciliation of membership data involving various related agencies as the basis for determining the amount of payment.

The data reconciliation is sourced from the Aceh Population Registration Office which obtains population data from ministries at the central level, as well as from the Aceh Social Service related to the data of National Health Insurance Contribution Assistance Recipients determined through ministerial decrees. After the data is collected, the Social Security Administration Agency submits membership data to the Aceh Government through the

Health Office for reconciliation. This process is often delayed because the update of population data from the center is not available on a monthly basis, so contribution payments can only be made after data reconciliation is carried out in accordance with the provisions of the Governor's Regulation.

For health facilities owned by the Government of Aceh, contribution payments are made to the Social Security Administration Agency based on the rates set in the Presidential Regulation. Furthermore, funds are distributed to first-level health facilities through the capitation system and to advanced referral health facilities through the claim system. Since the integration of the Aceh Health Insurance into the National Health Insurance, the technical mechanism for distributing payments is fully under the authority of the Social Security Administration.

Article 67 of Presidential Regulation Number 82 of 2018 on Health Insurance stipulates that healthcare services are delivered through medical facilities that cooperate with the Health Social Security Administration, including those operated by both the central and regional governments. Between 2014 and 2017, verification of hospital services was conducted directly by officers of the Health Social Security Administration Agency; however, since 2018, this process has been implemented through an on-call verification system. The management of hospital claims and the capitation payment system for community health centers are administered entirely by the Health Social Security Administration Agency, without direct involvement from the Aceh Government.

Responsibility of the Aceh Government in the Implementation of Health Insurance for the Residents of Aceh as a Special Autonomous Region

The theory of responsibility is used to analyze the obligations of the Aceh Government in administering health insurance as a special autonomous region. The provisions of Article 43 of Qanun Aceh Number 4 of 2010 concerning Health affirm the obligation of the Aceh Government to provide comprehensive health insurance based on the principle of social health insurance. In addition, Article 2 of the Aceh Governor's Regulation Number 13 of 2018 states that the Aceh Health Insurance aims to provide health protection for the entire population through contribution assistance and the use of health service facilities.

Article 3 of the Aceh Health Insurance emphasizes that this program aims to realize quality and integrated access and health services for all Acehnese residents. This goal is realized through the fulfillment of comprehensive health services, starting from first-level services to referral services. Article 5 stipulates that the target of Aceh Health Insurance includes all Acehnese residents whose contributions are borne by the Aceh Government, as well as Acehnese residents who are registered as participants in the National Health Insurance Program. Thus, the Aceh Health Insurance functions as a complement in ensuring the overall health protection of the Acehnese people. Based on Aceh Governor Regulation Number 40 of 2022 Article 4, the scope of Aceh Health Insurance includes the provision of contributions and contribution assistance, the implementation of an integrated secretariat and reconciliation team, the provision of shelters and auxiliary equipment, as well as the financing of referral transportation, repatriation of corpses, accompanying costs, and contribution contributions for Acehnese residents registered in the National Health Insurance Program.

Article 6 stipulates that the determination of the Aceh Health Insurance target is based on the initial participant data verified by the Aceh Government Reconciliation Team and determined by the Governor, with the possibility of changes in membership data according to the results of the reconciliation. In the early stages of its implementation, this program was developed as a free health service for all Acehnese residents without class restrictions, in response to post-conflict social conditions, and then expanded to cover health financing that has not been guaranteed by the Health Social Security Administration. Recipients of State Revenue and Expenditure Budget contribution assistance are participants in health insurance contribution assistance, while recipients of Regional Revenue and Expenditure Budget contribution assistance are participants in Aceh Health Insurance. Participants in the state administrator's wage recipients include the State Civil Apparatus, the Indonesian National Army, and the National Police of the Republic of Indonesia, while workers who receive wages from business entities consist of State-Owned Enterprises and private employees. In addition, non-wage recipients are independent participants, while the non-worker category includes retirees and investors. All participants who have an Aceh identity card receive financing for transportation to and from the air travel that is borne by the Aceh Government.

Article 50 of Presidential Regulation Number 82 of 2018 stipulates that non-medical benefits in the form of inpatient accommodation are differentiated based on the class of treatment. The third-class treatment room is given to recipients of health insurance contribution assistance, residents registered by the local government, independent participants and non-workers who pay third-class contributions, and wage earners who have experienced termination of employment with their families. The second-class treatment room is intended for civil servants and retirees in groups one and two and their families, soldiers of the Indonesian National Army and members of the National Police of the Republic of Indonesia and their equivalent pensioners, village officials, workers who receive certain wages, as well as independent participants and non-workers who pay second-class contributions.

First-class treatment rooms are given to state officials and their families, leaders and members of the Regional House of Representatives and their families, civil servants and retirees in groups three and four, soldiers of the Indonesian National Army and members of the National Police of the Republic of Indonesia and their equivalent retirees, as well as veterans and pioneers of independence and their families. In addition, first-class rights are also given to widows, widowers, or orphans and orphans of veterans or pioneers of independence, workers who receive certain wages, village heads and village officials, as well as independent participants and non-workers who pay first-class contributions. The Aceh Health Insurance Program launched on June 1, 2010 marked a fundamental change in the implementation of health insurance in Aceh. In the period from 2010 to 2013, the Aceh Government implemented a claims-based financing system, where health facilities provide services first and then submit claims to the local government. Since the enactment of the national health insurance policy in 2014, the management of Aceh Health Insurance has been transferred to the Health Social Security Administration Agency through a periodic contribution payment mechanism.

The determination of recipients of health insurance contribution assistance is carried out by the Minister of Social Affairs, while their registration as participants is submitted by the Ministry of Health to the Health Social Security Administration Agency. Participant data are continuously updated through additions and removals due to various conditions, including death, changes in economic capacity enabling independent contribution payments, temporary employment termination, disaster-related circumstances, or the inclusion of new family members. The identification of initial participants for the Aceh Health Insurance program is based on end-of-year health service utilization data of the Acehnese population obtained from the Health Social Security Administration Agency, which are subsequently verified and validated by the Aceh Government's reconciliation team, submitted to the Ministry of Home Affairs for further review, and ultimately confirmed as the official list of initial participants. Pursuant to Regulation of the Minister of Health Number 28 of 2014, revisions to the list of recipients of contribution assistance may be proposed by regional governments through a multistage process that includes deliberations at the village or sub-district level, verification by sub-district social welfare personnel, data collection conducted by the district or municipal Central Statistics Agency, and final validation by the social affairs office. Inaccurate beneficiary data may lead to overlapping membership with the Aceh Health Insurance program; therefore, comprehensive and reliable data collection is essential to ensure that individuals who are financially capable of paying contributions independently are properly identified, including through regulatory measures that assign responsibilities to village officials in line with the provisions governing the allocation and use of village funds.

The Aceh government's obligation to pay contributions for the poor in Aceh as participants of the Aceh Health Insurance

The theory of obligation is applied as an analytical tool to examine the responsibility of the Aceh Government in financing health insurance contributions for impoverished and vulnerable populations. This responsibility is stipulated in Article 22 paragraph (1) letters a and b of Aceh Qanun Number 4 of 2010 on Health, which mandates the provision of health services based on medical necessity while ensuring compliance with minimum service standards and prioritizing the needs of disadvantaged groups. In practice, the delivery of health insurance for the Acehnese population constitutes a shared responsibility among the Aceh Government, as well as district and municipal governments, implemented through coordinated funding efforts to achieve effective and comprehensive health services.

Aceh Health Insurance is provided for all Acehnese residents and is not limited to the poor, considering that most of the poor have been covered by the Central Government, while the role of the Aceh Government is complementary. Law Number 24 of 2011 concerning the Social Security Administration Agency emphasizes that contribution assistance is a contribution paid by the government for the poor and underprivileged as participants in the social security program, as emphasized in Presidential Regulation Number 82 of 2018 concerning Health Insurance.

Presidential Regulation Number 82 of 2018 further divides health insurance participants into recipients of contribution assistance and not recipients of contribution assistance, with the determination of recipients of contribution assistance carried out by the minister in charge of government affairs in the social sector. Contribution payments are carried out according to the authority of each party, namely by the Central Government for recipients of contribution assistance, by the Regional Government for residents registered by the region, by employers and workers for wage earners, and by the participants themselves for independent participants and non-workers, including the obligation to pay contributions for newborns in accordance with the provisions of laws and regulations.

Referring to Presidential Regulation Number 59 of 2024 on Health Insurance, health insurance constitutes a form of protection aimed at ensuring participants' access to health maintenance services and the fulfillment of essential healthcare needs, whether for individuals who pay contributions independently or for those whose contributions are financed by the Central Government or Regional Governments. Health insurance contributions are understood as periodic payments made by participants, employers, or the government as financial support for the sustainability of the health insurance system.

The implementation of Aceh Health Insurance by the Aceh Government refers to Article 43 of Qanun Aceh Number 4 of 2010, which requires the implementation of health insurance in a complete manner based on the principle of social health insurance. Thus, all Acehnese residents, both the able and the underprivileged, get health protection through the Aceh Health Insurance Program. The explanation of the paragraph emphasizes that health insurance in its entirety includes promotive, preventive, curative, and rehabilitative efforts in an integrated and sustainable manner, although it does not explicitly explain the mechanism of contribution assistance for the entire population.

The Aceh Health Insurance Program provides protection for all Acehnese residents, both the able and the underprivileged, with financing partly coming from the Aceh Government's funds. However, from 2025, local governments will begin to conduct strict evaluations of participants because the budget is increasingly limited due to the reduction of special autonomy funds. The Aceh Special Autonomy Fund is valid for twenty years, with a portion of two percent of the National General Allocation Fund ceiling from 2008 to 2022, and drops to one percent from 2023 to 2027, thus starting to burden the budget to finance the Aceh Health Insurance program.

Since the integration of the Aceh Health Insurance into the National Health Insurance program, the participant's contribution rates have undergone several changes. Based on Presidential Regulation Number 111 of 2013, the contribution for participants who receive health insurance and resident contribution assistance registered by the local government is nineteen thousand two hundred and twenty-five rupiah per person every month. The change then occurred through Presidential Regulation Number 19 of 2016 to twenty-three thousand rupiah per person, and then Presidential Regulation Number 82 of 2018 affirmed the same rate. Furthermore, Presidential Regulation Number 75 of 2019 stipulates a contribution of forty-two thousand rupiah per person every month, with the central government providing funding assistance of nineteen thousand rupiah per person in the period from August to December 2019.

The change in the contribution rate further increases the budget needs of the Aceh Health Insurance program, while the special autonomy fund is decreasing and will end in 2027. This condition forces the Aceh Government and the Aceh House of Representatives to conduct periodic reconciliation and evaluation of program priorities, adjust the number of participants to the region's financial capabilities, and set strict criteria so that the available funds are used efficiently for the population who really need it. As a local government, the Aceh Government pays a contribution of two thousand five hundred rupiah per person every month for the poor who are participants in receiving contribution assistance from the Central Government. This contribution is mandatory and is a form of participation and responsibility of the Aceh Government in supporting the implementation of health social security for all underprivileged Acehnese residents.

The implementation of the Aceh Health Insurance Program is currently different from the initial implementation period. In the past, patients were allowed to go home after their condition had completely recovered, while currently the rules of the Health Social Security Administration limit the length of hospitalization between three to five days. There is no difference in the class of inpatient care between the poor and the able-bodied, so that all participants of the Aceh Health Insurance receive equal services.

In the case of out-of-region referrals, the patient's costs are borne by the Health Social Security Agency, while the accompanying costs are not included in the coverage of the Health Social Security Agency. The Aceh government provides additional support, for example, in West Aceh, each patient companion receives an allowance of one million rupiah for each referral. This policy is intended to facilitate transportation and family assistance, especially for the poor, although there are positive and negative effects related to the increase in referrals. The Aceh government remains obliged to prioritize the interests of the poor in obtaining health services according to medical needs, while still paying attention to regional capabilities at all levels of health services.

4. Conclusion

From 2010 to 2013, the Aceh Government organized the Aceh Health Insurance by adhering to the principle of social health insurance through a claim system in collaboration with the Askes Company. Furthermore, since 2014, the implementation of the Aceh Health Insurance has switched to using a premium system with a contribution payment mechanism to the Health Social Security Organizing Agency.

In its implementation, the Aceh Government provides Aceh Health Insurance coverage to all residents who have Aceh Identity Cards and Family Cards, including in the financing of contributions that have not been guaranteed by the central government and business entities. In addition, the Aceh Government also bears the cost of referral transportation, companions, and companion consumption for patients referred between provinces, regardless of the level of economic ability of the population.

The Aceh government has implemented the obligation to pay contributions for the poor. However, in financing the cost of transportation for advanced outpatient referrals, companions, and companion consumption from the district service level to the province, priority for the poor and underprivileged has not been fully implemented.

It is suggested that the Governor of Aceh and the Aceh People's Representative Council need to revise Article 43 of the Aceh Qanun Number 4 of 2010 concerning Health to be in line with changes in the Aceh Health Insurance implementation system. In addition, evaluation and re-data of participants is needed to ensure that contribution assistance and referral and companion costs are prioritized for the poor and underprivileged.

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