

# Implementation of Health Insurance System in Independent Practice Midwives (Bpm) in the Framework of Maternal and Child Health According to Law Number 40 Year 2004 (Study in Surabaya City)

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## Abstract

**Introduction to the Problem:** Health is a basic right guaranteed by the Indonesian constitution. The government, through BPJS Kesehatan, seeks to provide access to health services for all, including mothers and children. However, Independent Practitioner Midwives (BPM) often face obstacles in cooperation with BPJS.

**Purpose/Study Objectives:** This study examines the implementation and constraints of the BPM health insurance system according to Law No. 40 of 2004.

**Design/Methodology/Approach:** Primary data was obtained through observation and interviews with independent practicing midwives (BPM) in Surabaya. Secondary data came from legislation and legal literature. The analysis is done qualitatively by integrating empirical data and literature study to get a systematic conclusion.

**Findings:** The health insurance system in independent midwives (BPM) provides access to maternal and child health in accordance with Law No. 40 Year 2004. BPMs are obliged to cooperate with BPJS Health to ensure affordable and quality health services. However, BPMs often face administrative and technical obstacles in establishing cooperation with BPJS, affecting the effectiveness of services. The implementation of the health insurance system in Independent Practitioner Midwives (BPM) in accordance with Law No. 40/2004 has improved access to maternal and child health in Indonesia. BPMs that cooperate with BPJS Health help reduce maternal and infant mortality rates. However, administrative, technical and financial constraints remain. Solutions include simplifying administration, improving facilities, and improving the claims payment system.

**Paper Type:** Research Article

**Keywords:** Independent Practicing Midwife (BPM); National Health Insurance (JKN); BPJS Health; Maternal and Child Health; Law Number 40 of 2004.



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## Introduction

The government itself in order to realize health protection for the people of Indonesia presents derivative rules in the form of Law Number 40 of 2004 concerning the National Social Security System, which with the birth of these rules becomes the basic manifestation of what is mandated by the constitution, besides that, in order to quickly implement a national social security system for the people of Indonesia, the government formed a non-profit legal entity engaged in health insurance owned by our nation, namely the Social Security Organizing Agency (BPJS) which was born through Law Number 24 of 2011, which is its flagship product in the form of the National Health Insurance program. (Hasbullah Thabrany,2015)

The National Health Insurance (Jaminan Kesehatan Nasional) was implemented to address inequalities in access to health services, with BPJS covering nearly 89% of Indonesia's population by 2021. The JKN benefit package in the field of maternal and child health focuses on providing Family Planning (KB) service commodities. BPJS in this case is formed by prioritizing the principles of Mutual Cooperation, Non-Profit, Openness, Prudence, Accountability, Portability, Compulsory membership, Trust Funds, and Social Security Management Results entirely for program development, and for the greatest benefit of Participants. As well as in this case there are principles of Humanity, Benefits, and Social Justice for all Indonesian people. The realization of the National Health Insurance is contained in the BPJS Health program, in this case in the form of a health service program with an insurance system, where all Indonesian people will be required to set aside part of their income or simply the community will contribute together for health insurance that covers a national scale, by clustering according to the economic capacity of each citizen, and specifically the poor will be borne by the government. (Qhisti Sabrina,2015)

As for this, usually those who interact very often with the community are Independent Practitioner Midwives (BPM), where these Midwives usually with their competence and authority can open a place of practice independently, choose their own place or collaborate with other parties to provide midwifery services to their patients, with usually the Midwife is certified with a Midwife Practice License (SIPB), as well as a Registration Certificate (STR) when they want to open an independent midwife practice.

With the implementation of the National Health Insurance at this time, it is important for a midwife to be affiliated with BPJS Kesehatan in order to facilitate the community, especially the lower middle class, which is usually faced by midwives so that they can get access to health services in the form of certain midwifery services with free financing because it has been covered by BPJS Health. However, sometimes practicing midwives cannot cooperate directly with BPJS Health, because usually BPJS Health cooperates with First Level Health Service Facilities (FKTP) or Advanced Health Service Health Facilities (FKTL), so the Independent Practice Midwives (BPM) must be affiliated with level I health facilities (Puskemas), or join Practicing Doctors which are indeed to improve maternal and child services. (Siti Solekah dkk,2017)

In this regard, in accordance with Article 8 paragraph 3C of the Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2013 concerning Health Services on the National Health Insurance, which states that practicing midwives must have a cooperation agreement with a doctor or puskesmas. However, this regulation also contains that in Article 8 paragraph 1, that BPJS Health can cooperate directly with midwives or nurses to provide first-level health services in accordance with the law if there is no doctor's practice in the area.

An Independent Practice Midwife (BPM) is one of the parties that is quite important in the distribution of family planning health because of their important role in the delivery of family planning services and maternal and child health, especially when we can see that so far 41% of family planning services are provided by private midwives. As for data from the Indonesian Midwives Association in December 2021 claim reimbursement from JKN, there were around 98% of Independent Practice Midwives (BPM) who did not receive claim reimbursement from JKN. Because it is considered that they do not establish a network of cooperation contracts with JKN organizers, namely BPJS.( Pan, H.J Archer dan R. Kolesar,2022)

Based on the author's initial observations in the field, where the author met an Independent Practice Midwife (BPM) with the initials AMS in the city of Surabaya, they still feel ambiguous regarding the collaboration of BPJS Health with Independent Practice Midwives (BPM), because if you reflect on the BPJS Health rules it can work with Independent Practice Midwives (BPM) but in the field it often cannot, then there are also problems such as the settlement of delays in claims for services and services provided by midwives, referral

systems for claim requirements, cost information, and special reports on Health Insurance claims.

### **Methodology**

We can inspire legal research as a coherent stage in examining an existing legal rule, of course based on legal principles and doctrines in answering the legal issues being studied, of course, it needs the right method to help reveal existing legal problems.( Peter Mahmud Marzuki, 2010) As in the legal research used by the author in this case is empirical juridical research, where legal studies are based on their implementation in society.( Bambang Sunggono, 2016)

So the author in carrying out his legal research by examining in depth the legal problems in accordance with the real conditions in society, based on existing empirical facts related to legal subjects and legal objects, with further identification of solutions to existing problems. (Bambang Waluyo,2012) In this regard, in this case the author analyzes a legal phenomenon in the field where the implementation of the Health Insurance System organized by BPJS Health often makes confusion for Independent Practice Midwives (BPM) when establishing a partnership, where from the author's own initial observations, Independent Practice Midwives (BPM) are often unable to establish communication and cooperation networks with BPJS Law, while related to cooperation between the two has been determined in the rules regulated by the government. That way in this case the author wants to make direct observations to the parties in the legal issues studied by the author.

After the data needed in the research is collected, data analysis will then be carried out on the data that has been collected, in this study the analysis method used is qualitative analysis method, where the data that has been obtained through collection methods such as interviews with sources, observation of reality in the field, questionnaires to the community and also with documentation studies will be combined into one, processed in a descriptive and sustainable unit and then understood and interpreted so that later conclusions can be drawn in outline on this research problem by writing it in the form of sentences that are arranged neatly and systematically.( Milles dan Huberman, 2012)

## Results and Discussion

### ***Implementation of the Health Insurance System in Independent Practicing Midwives (BPM)***

The implementation of a health insurance system in Indonesia is a strategic step to provide equitable access to health for all levels of society, especially for mothers and children. Law No. 40/2004 on the National Social Security System (SJSN) is the legal basis that regulates the implementation of this health insurance.

Law No. 40/2004 mandates the establishment of the Health Social Security Organizing Agency (BPJS) as the organizer of the National Health Insurance (JKN). JKN aims to provide financial protection to all Indonesians in accessing health services, including maternal and child health services.

Independent Practitioner Midwives (BPM) as primary health facilities have an obligation to participate in the JKN program. This means that BPM must accept JKN patients and provide health services according to the standards set by BPJS Kesehatan. To facilitate community access to quality and affordable health services, BPM needs to establish a partnership with BPJS Kesehatan. With this collaboration, the community, especially the lower middle class, can obtain maternal and child health services without financial constraints.

The implementation of this system in BPM plays an important role in reducing maternal and infant mortality and improving maternal and child health. In addition to the Social Security Law, the implementation of health insurance is further regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2013 concerning Health Services in the National Health Insurance. Article 8 paragraph (3) confirms that practicing midwives must have a cooperation agreement with a doctor or health center supervisor to provide health services.

JKN implementation in BPM still faces various challenges. One of the main obstacles is the inability of BPM to work directly with BPJS Kesehatan. BPM must first become a network at a level I health facility such as a community health center, individual practitioner, or private clinic. Socialization of cooperation mechanisms, procedures, claim payment systems, and the scope of obstetric and neonatal services covered by JKN is still less than optimal.

The Indonesian Midwives Association (IBI) hopes that BPM can work directly with BPJS Health as in the Jampersal and JKBM programs. If BPMs are not directly involved as JKN providers, this could hamper the government's efforts

to reduce maternal mortality and promote family planning (IBI, 2014). BPM participants stated that the JKN program is a good program and should be supported, but needs many improvements.

“The benefits are good. The program is actually good, but the financing needs to be improved so that participants are not burdened with the cost of childbirth at the beginning...” (Informant 1)

“This program is good for reducing maternal and infant mortality, and we as midwives strongly support this goal. However, on the other hand, the financing needs to be improved...” (Informant 2)

Based on observations and interviews with several samples of BPM practices in Surabaya City, it is known that BPM has collaborated with clinics or doctor practices as BPJS organizers. The implementation of health insurance in BPM shows success in providing maternal and child health services. BPMs in Surabaya that have collaborated with BPJS Health are able to provide more affordable and quality services to the community.

The implementation of the health insurance system in Independent Practitioner Midwives (BPM) in the context of maternal and child health is in accordance with Law Number 40 Year 2004. Cooperation between BPM and BPJS Kesehatan plays an important role in providing access to affordable and quality health services to the community, especially mothers and children. Increased socialization and optimization of cooperation mechanisms between BPM and BPJS Kesehatan are needed to overcome existing obstacles and improve the effectiveness of the JKN program.

### ***Implementation and Constraints of the Implementation of Law No. 40 of 2004 in the Health Insurance System in Independent Practicing Midwives (Bpm)***

#### ***1. Implementation of the Health Insurance System at BPM***

The implementation of Law No. 40 Year 2004 in BPM is not free from a number of obstacles. For example, many BPMs face a complicated registration process and a lack of clear information on the cooperation procedures and administrative requirements from BPJS Kesehatan. These administrative constraints prevented BPMs from understanding and fulfilling the requirements set out in the law.

In addition to administrative constraints, BPM also faces technical constraints such as lack of adequate facilities and limited access to information technology. Lack of training for health workers at BPM also hampers optimal service delivery. Financial constraints are also a significant issue, with BPMs often experiencing delays in claim payments from BPJS Kesehatan. This has a negative impact on BPM operations, as many BPMs depend on claim payments to cover daily operational costs.

The low reimbursement rate for obstetric and neonatal services under the JKN program was the main issue raised by BPM participants. One informant stated, "To be honest, the price is too... not... not in accordance with what we have..." (Informant 3).

BPM participants stated that the claims given were not proportional to the efforts they made. BPMs are highly committed to helping the government succeed in reducing maternal and infant mortality rates in Indonesia. One informant said, "It's actually good if you look at it from this point of view, let it enter to reduce maternal and infant mortality. We midwives, whatever the goal is to reduce the mortality rate, we are still committed to supporting it, but on the one hand, maybe the financing needs to be increased" (Informant 4).

The BPM's opinion is in line with the results of Indrayathi's research (2013) on the participation of Private Practice Midwives in Denpasar City in the JKN Program. Midwives stated that their participation in the JKN program was because they wanted to participate in the success of government programs and help the community, it was just that the service fees provided were very low when compared to the general rates applied by midwives, which ultimately discouraged many from participating in the JKN program.

## ***2. Constraints and Solutions in the Implementation of Law No. 40 Year 2004***

The implementation of Law No. 40 Year 2004 in BPM is faced with various administrative, technical, and financial constraints that affect the effectiveness of health service delivery.

### ***3. Administrative and Technical Constraints***

Administrative barriers include a complicated registration process and unclear information on collaboration procedures and service claims. BPMs often find it difficult to understand and fulfill the administrative requirements set by BPJS Kesehatan. One informant stated, "The registration is difficult,

there is a lot of unclear information. So we have to go back and forth to take care of it" (Informant 5).

Technical constraints, such as the lack of adequate facilities and limited access to information technology, are also major barriers. The lack of training for health workers at BPM exacerbates this situation, resulting in suboptimal services. An informant mentioned, "The facilities in our place are inadequate, and access to technology is also limited. We need training to be able to provide better services" (Informant 3).

#### **4. Financial Constraints**

The financial problems faced by BPM are related to the delayed payment of claims by BPJS Kesehatan and low reimbursement rates for services. This has an impact on the smooth operation of BPMs, as many BPMs depend on claim payments to cover their daily operational costs.

BPM participants stated that the claims are not worth the effort they put in. Although BPMs are highly committed to assisting the government's program to reduce maternal and infant mortality, low rewards are a major obstacle. One informant complained, "We work hard, but the claims we get are not proportional to our efforts. It is very burdensome" (Informant 4).

Participants also complained of administrative fee deductions from the cooperating family doctors, which affected their income. "The administration fee deduction from the family doctor is quite large, so our income is reduced. This needs to be addressed" (Informant 4).

#### **5. Solutions and Recommendations**

To overcome these constraints, several solutions and recommendations have been identified:

1) Simplification of the Administrative Process: BPJS Kesehatan needs to simplify the registration and claim submission process. Clear and accessible information on collaboration procedures and administrative requirements should be provided to facilitate BPM. One informant suggested, "The registration and claims process should be simpler. Clear information is very helpful" (Informant 2).

2) Improved Facilities and Technology: The government needs to provide support in the form of adequate medical equipment and improved access to information technology. Training for health workers at BPM should also be



improved to ensure optimal service delivery. “We need better facilities and access to adequate technology. Training is also important so that we can provide the best service” (Informant 3).

3) Improving the Claims Payment System: BPJS Kesehatan needs to improve the claims payment system to make it faster and more efficient. This will help BPM maintain smooth operations and ensure optimal health services for the community. “The claim payment system must be improved. If claims are paid faster, we can operate better” (Informant 5).

The implementation of Law No. 40/2004 in the health insurance system for independent practicing midwives (BPM) in Indonesia faces a number of challenges that require serious attention. The administrative, technical and financial constraints faced by BPMs indicate that the current system still needs much improvement. Simplifying administrative processes, improving facilities and technology, and improving the claims payment system are important steps that need to be taken to overcome these obstacles.

Consistent support from the government and BPJS Kesehatan is needed to ensure that BPM can function optimally and provide quality health services to mothers and children in Indonesia. By addressing these constraints, BPM can play a more effective role in the national health insurance system, contribute to improving maternal and child health, and support government programs to reduce maternal and infant mortality.

### **Conclusion**

The implementation of the health insurance system in Independent Practicing Midwives (BPM) in accordance with the mandate of Law Number 40 of 2004 concerning the National Social Security System (SJSN) has had a positive impact in providing more equitable and quality access to health for mothers and children in Indonesia. BPM in collaboration with BPJS Kesehatan plays an important role in reducing maternal and infant mortality rates, and improving the overall quality of maternal and child health.

The implementation of this system in BPM has shown some success, especially in providing affordable and quality health services to the community. BPMs that have collaborated with BPJS Kesehatan are able to provide maternal and child health services without cost constraints, especially for people from the lower middle class.

However, the implementation of this health insurance system still faces various obstacles, both administrative, technical, and financial. The

complicated registration process, lack of clear information on cooperation procedures and claims submission, and limited facilities and technology at BPM are the main obstacles that need to be overcome. Financial constraints such as delayed claim payments and low reimbursement rates also negatively impact BPM operations.

To address these constraints, several solutions have been identified, including simplifying administrative processes, improving facilities and access to technology, and improving the claims payment system. Consistent support from the government and BPJS Kesehatan is needed to ensure that BPM can function optimally and provide quality health services to mothers and children in Indonesia.

BPJS Kesehatan needs to simplify the registration and claim submission process. Clear and accessible information on cooperation procedures and administrative requirements should be provided to facilitate BPM. A simpler process will reduce administrative burden and allow BPM to focus on providing health services.

The government needs to provide support in the form of adequate medical equipment and improved access to information technology. Training for health workers at BPMs should also be improved to ensure optimal service delivery. Better facilities and access to technology will improve the quality of health services provided by BPM.

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