



Implementation of Patient Legal Protection in Internal Policy Implementing BPJS Health in Wangaya Hospital, Denpasar City

I Gusti Agung Dhian Maharani Swari Dewi*, Ni Made Jaya Senastri and Ni Komang Arini Styawati

Master of Law, Universitas Warmadewa, Denpasar, Bali-Indonesia

*gustiagungdhiyan21@gmail.com

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Abstract

Policies in the implementation of health services at BPJS Health there are still obstacles experienced by patients and the hospital. Legal protection in health services aims to ensure legal certainty obtained by patients, so that patients avoid losses when receiving health services that should be optimally provided by health workers. The purpose of this study is to examine the implementation of the internal policies established by the Wangaya Hospital, Denpasar City in the implementation of BPJS Health services and to examine the legal protection for patients in BPJS Health services at Wangaya Hospital Denpasar City. This study uses empirical legal research methods, using the approach to legislation, analysis of legal concepts and facts. The research location is at Wangaya Hospital, Denpasar City. The results of this study showed that the implementation of internal policies at Wangaya Hospital, Denpasar City in providing BPJS Health services, namely with the authority of hospitals to be able to formulate and implement hospital regulations (hospital by laws) which contain general hospital services policies that support corporate governance and good governance, clinical governance. In the implementation of BPJS Health at Wangaya Hospital, Denpasar City, there are obstacles, such as: obstacles in claiming, technical, procurement of medicines that are not available or not yet available at distributors. Meanwhile, legal protection in BPJS Health services where patients are BPJS Health participants to be able to fulfill their rights as participants or patients. Patient rights have been regulated in the Medical Practice Law, Health Law, and Hospital Law. Legal protection is provided by the BPJS Health and the Hospital, namely by establishing a PIC (Personal in Charge) which functions to accommodate handling patient complaints or related to BPJS Health services.

Keywords: bpjs health; health services; policy; patient legal protection

INTRODUCTION

Health is part of national development which aims to increase awareness, willingness and ability to live healthy for everyone in order to realize the highest degree of public health (Arjaya et al. 2021). The health development is an effort of all the potentials of the Indonesian people, both the community, the private sector and the government (Rachmat, 2004). One of the basic principles of health development is that everyone has the same right to obtain the highest possible health, regardless of ethnicity, class, religion, and socioeconomic status (Rachmat, 2004). The government's attention to public health is contained in Article 28 H paragraph (1) of the 1945 Constitution of the Republic of Indonesia which states that:

"Everyone has the right to live in physical and spiritual prosperity, to have a place to

live, and to have a good and healthy environment. healthy and have the right to obtain health services.

This shows that the government is obliged to make the sick healthy and try to maintain the healthy to stay healthy (Yuningsih, 2022). Thus, health apart from being a human right is also an investment (Sujana et al. 2018).

The establishment of the Health Care Social Agency (hereinafter referred to as BPJS), BPJS is a public legal entity established under the Act to administer the health insurance program as referred to in Law Number 24 of 2011 concerning the Health Care Social Agency (hereinafter referred to as Law No. -Invite BPJS) (Frisyudha et al. 2021). Health insurance based on Article 1 of the General Provisions of the Presidential Regulation of the Republic of Indonesia Number 82 of 2018 concerning Health Insurance, states that:

"Health Insurance is a guarantee in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs given to every person who has paid health insurance contributions or whose health insurance contributions are paid by the central government or local governments".

Health service providers include all health facilities that collaborate with BPJS Health, both government-owned, regional and private health facilities that meet the requirements (Setyawati & Purnaweni, 2018).

The Denpasar Branch of Health Social Security Administering Body cooperates with Wangaya Hospital Denpasar City under agreement number 823/KTR/XI-01/1220 and number 415.4/3622/RSUDW concerning Advanced Level Referral Health Services for Participants in the Health Insurance Program. Based on report data in 2020 regarding the verification of services at the Wangaya Regional General Hospital for BPJS Health patients, there were 5,445 inpatients at the Wangaya Hospital, Denpasar City, 43,608 outpatients at the Wangaya Hospital, Denpasar City and 1,765 patients for follow-up claims at the Wangaya Hospital, Denpasar City, with a total claim of Rp. 41,710,646,500 and a follow-up claim of Rp. 5,173,405,898.

The need for legal protection in receiving health services, which aims to ensure legal certainty obtained by patients, so that patients avoid losses when receiving health services that should be provided properly and optimally by health workers. The need for legal protection in receiving health services, which aims to ensure legal certainty obtained by patients, so that patients avoid losses when receiving health services that should be provided properly and optimally by health workers. The indicator of the fulfillment of the right to health is the *progressive realization* of the availability and accessibility of health care facilities for all in the shortest possible time (Takdir, 2018). The implementation of the right to health must meet the principles of availability, affordability, acceptance and quality. The non-fulfillment of the right to health, which is the state's obligation, can be categorized as a form of human rights violation, both at the *commission* and omission. For example, problems that arise include those related to medical treatment or health services provided to patients are not optimal (Putra et al. 2021).

Research about patient legal protection in implementing Health Care Social Agency have been conducted previously by Ardiansah (2020) and Ramadhani et al. (2021). Ardiansah (2020) in his study revealed that Health services for the people of Indonesia has been mandated by The Indonesian Constitution. The denial of health services is a violation to the Indonesian constitution. The people have the right to get health services, whereas the state is responsible for providing health services. In addition, Ramadhani et al. (2021) found that the application of individual health services in the framework of legal protection for people who are not enrolled in the BPJS Health social security system is restricted to the supply of health facilities. The state does not offer legal protection in the form of duty for delivering health care, because individuals who are not enrolled as BPJS Health participants will be registered as general patients, requiring them to pay for treatments individually or through private insurance. Based on the background and the previous studies above, this study aims to examine the implementation of the internal policies established by the Wangaya Hospital, Denpasar City in the implementation of BPJS Health

services and to examine the legal protection for patients in BPJS Health services at Wangaya Hospital Denpasar City.

METHOD

The research used in this study is an empirical legal research method. Empirical research is a study of the law in reality in society (law in action) which studies and examines the reciprocal relationship between law and other social institutions. Soekanto and Mamudji (2003) explained that empirical or sociological legal research is legal research conducted by examining primary data (Soekanto & Mamudji, 2003). To discuss the problems contained in this study, this study used the statue approach, analytical and conceptual approach, and the fact approach. Through the approach to legislation, this study is analyzed and examined by laws and regulations that have relevance to the topics discussed in this study. The data sources used in this study are divided into two, namely: primary data in this study is field data, which is obtained from interviews, quantitative data related to the implementation of BPJS Kesehatan at Wangaya Hospital, Denpasar City. Secondary data in this study, namely data obtained from library research which includes books/literature, written works whether it is thesis, dissertation and journals (library research) and legislation, (Zainudin, 2009) related to the discussion of this research. The data obtained, both primary and secondary data, were then processed using qualitative descriptive analysis, where the data obtained were then arranged systematically (systematic and consistent recording of data), to be further analyzed qualitatively, to achieve clarity on the problems discussed. After collecting the processed data, it is linked to legal theory, principles, and opinions of legal experts in order to obtain clear conclusions and are presented in the form of descriptions in order to answer the problem.

DISCUSSION

The Implementation of Hospital Policies in the Implementation of BPJS Health

In providing health services related to the implementation of the BPJS Health program to the public or BPJS Health participants, namely based on the General Provisions of Article 1 paragraph 1 of the Law on Hospitals which states that:

"Hospitals are health service institutions that provide complete individual health services that provide inpatient, outpatient and emergency services".

Hospital management aims to, among others:

Facilitate public access to health services,

Provide protection for the safety of patients, the community, the hospital environment and human resources in the hospital

Provide legal certainty to patients, communities, human resources in hospitals, and

Improve the quality and maintain hospital service standards

In relation to the implementation of BPJS Health other than the hospital which is a forum for the implementation of the BPJS Health program, patients who are BPJS Health participants are closely related to the BPJS Health program at the hospital (Arjaya, 2022). Understanding Patients are people who are sick (who are treated by doctors), sufferers (sick). In Article 1 number 10 of Law Number 29 of 2004 concerning Medical Practice, the definition of a patient is stated as:

"Patient is any person who consults on his health problems to obtain the necessary health services either directly or indirectly to a doctor or dentist".

The patient is a person who is suffering from an illness or physical/spiritual disorder who needs help so that he can recover quickly and return to function as a member of the community (Amir, 1997).

In his statement with the organizers of BPJS Health at the Wangaya Hospital, Denpasar City, where the hospital has regulated the patient's rights to get health services at the Wangaya Hospital, Denpasar City. Patient rights which have been regulated based on the Decree of the Director of the Wangaya Hospital Denpasar City Number 188.45/319/

RSUDW/2018 concerning the Establishment of a Policy on the Rights and Obligations of Patients and Families at the Wangaya Regional General Hospital Denpasar City, are as follows:

The rights of patients and families, namely:

Obtain information about the rules and regulations that apply in the hospital;

Obtain information about the rights and obligations of patients;

Obtain quality health services in accordance with professional standards and operational standards (SPO);

Obtain effective and efficient services so that patients avoid physical and material losses;

File a complaint on the quality of service obtained

Choose a doctor and treatment class according to his wishes and the regulations that apply in the hospital;

Choose a doctor and treatment class in accordance with his wishes and the regulations that apply in the Hospital;

Asking for consultation about the disease he is suffering from from other doctors who have a Practice Permit (SIP) both inside and outside the Hospital;

Obtain privacy and confidentiality of the illness, including medical data;

Receive information which includes diagnosis and procedures for medical action, objectives of medical action, alternative actions, risks and complications that may occur, and prognosis of the actions taken as well as the estimated cost of treatment;

Giving approval or refusing the action to be taken by the health worker regarding the illness he or she is suffering from;

Accompanied by his family in critical condition;

Performing worship according to his religion or belief as long as it does not disturb other patients;

Obtain safety and security while in hospital treatment;

Submit proposals, suggestions for improvement of the hospital's treatment of itself;

Refuse spiritual guidance that is not in accordance with the religion and beliefs he adheres to;

Sue the hospital if the hospital is suspected of providing services that are not in accordance with standards, both civil and criminal; and

Complaining about hospital services that are not in accordance with service standards through print and electronic media in accordance with the provisions of laws and regulations.

In addition to the rights of patients who are the responsibility of the hospital to provide health services, the patient's obligations in carrying out or carrying out treatment at the hospital include:

Comply with the applicable regulations in the hospital;

Use hospital facilities responsibly;

Respect the rights of other patients, visitors and the rights of health workers and other officers who work in hospitals;

Provide honest, complete and accurate information according to their abilities and knowledge about their health problems;

Provide information about their financial capabilities and health insurance;

Comply with the plan but which is recommended by health workers at the hospital and approved by the patient concerned after receiving an explanation in accordance with the decision of the legislation;

Accept all the consequences of his personal decision to refuse the therapy plan recommended by the health worker and/or not to comply with the instructions given by the health worker in the context of curing his illness or health problem; and

Provide compensation for services received.

Everyone has the right to obtain health services and the highest degree of health (Hendrik, 2013:12) because rights are everything that must be obtained by everyone who has existed since birth even before birth. Rights are something that must be owned by everyone, both their rights as part of a community system and even their rights as human beings (Is, 2015:102).

In law, rights are legal interests that are protected by law. Self-interest means demands that are expected to be fulfilled. So, it can be said that rights are demands whose fulfillment is protected by law (Mertokusumo, 1985:2). Patient rights are human rights that originate from individual basic rights in the health sector. In the relationship between doctor and patient, the patient is in a relatively weak position. The inability of patients to defend their interests in health care situations creates a need to dispute patients' rights in dealing with health professionals. The rights of the patient must be balanced with their obligations. Then the community or a good patient will fulfill his obligations after his rights are fulfilled by the health officer or doctor who serves him (Notoatmodjo, 2010).

An authoritative policy process is a policy process based on the authority of policy makers. Policy-making authority is an authority that is formed based on a balanced community power and control (Ananta et al., 2021). Community control is control based on real conditions and real expectations of the community towards policies formed by policy makers. Policies that are formed must be in accordance with community expectations. The controlling nature of the community over the policies that are formed is the suitability (contrary/not), compliance, and the applicability of community expectations into the policy material (Arjaya & Martina, 2019). A policy is said to be authoritative only if it conforms to and meets the expectations of society. The authoritative nature is determined from the elements of authority and control, where control is the fulfillment of the needs, interests, and expectations of the community. Law without control is not law but arbitrariness and coercion against the law (Putra, 2016). There are 4 main elements in public policy, namely:

Input, namely things that affect public policy such as human knowledge and technology, information and values that apply in society.

Goals is the direction of a policy to be achieved by policy makers.

Instruments, tools used in implementing a policy.

Impact, the results obtained from a policy, whether desired or not.

Of the four main elements, it is the basis that determines the forms of public policy that are implemented.

Factors that influence policy are not just a mechanism for translating policy objectives into routine procedures and techniques, involving various factors ranging from resources, relationships between organizational units, resource levels, relationships between units to certain political groups who may not agree. established policy (Putra, 2016:142).

In the implementation of health services at the Wangaya Hospital, Denpasar City, the President Director of the Wangaya Hospital, Denpasar City, represented by the JKN team at the Wangaya Hospital, Denpasar City, to find out and monitor the implementation of services for patients or BPJS Health participants in the Wangaya Hospital Denpasar City (Arjaya & Martina, 2019). It can be seen in the implementation of services for BPJS Health patients at Wangaya Hospital, Denpasar City, among others, in compliance with applicable provisions and regulations. Where it can be seen from the level of compliance at the Wangaya Hospital, Denpasar City as a health facility as well as a partner of BPJS Health, it can be measured through indicators such as compliance with requirements, compliance with claim reporting and the *Integrated Clinical Pathway* (ICP) that follows and is based on the *Indonesia-Case Base Group* (INA-CBGs). From this it can be described as follows:

In fulfilling the requirements, namely establishing a Cooperation with BPJS Health,

Wangaya Hospital Denpasar City carries out a Cooperation agreement and signs an MoU with BPJS Health, because this is a requirement that must be met and in the Cooperation Agreement there are conditions that regulate both parties. party.

Health Services, namely every participant and patient of BPJS Kesehatan has the right to obtain health services which include:

Advanced Outpatient Health Services (RJTL) and Advanced Inpatient Care (RITL); Emergency Services; Drug Services; Medical Device Services; Partial Referral Services; Ambulance Service; services *Continuous Ambulatory Peritoneal Dialysis* (CAPD).

Guarantee benefits provided to patients and BPJS Health participants in the form of comprehensive or comprehensive health services based on the necessary medical needs.

Policy implementation is a follow-up step based on a policy formulation. The definition commonly used regarding implementation policies is that implementation is actions taken by individuals, officials, or government or private groups that are directed at achieving the goals outlined in policy decisions (Wahab, 1997:63). The series of policy implementation activities include the preparation of a set of further regulations which are interpretations of the policy, such as preparing resources to drive implementation including facilities and infrastructure, and accountability for implementing the policy. The series of public policy implementations can be clearly observed, starting from the program, then the project and ending with the activities (Arjaya, 2018). The implementation of internal policies in the implementation of BPJS Health at Wangaya Hospital, Denpasar City is very relevant to legal theory with a policy orientation, in which the policy process or the process of law formation in a democratic country should be based on and refer to the needs of the community which is the context, including (1). The community process is the context of the policy-making process. Process Community are a source of *input* for the policy process. (2) The policy process produces policies (*outputs*) that are used to meet community needs or expectations, the policy process is a response to community expectations generated by community processes, as a form of response to community needs. (3) A policy should be made based on the needs of the context (*community expectations*) and for the purpose of meeting the needs of the context. Based on the analysis of the character of the law, McDougal concludes that law is not just a set of norms, but the entire policy process that determines the form and material of the law that results from the policy process. The internal policies established include forming a JKN team that has the task and function to complete the BPJS Health claim file, forming a PIC (*Personal in Charge*) which functions to accommodate handling patient complaints or related dissatisfaction with health services at Wangaya Hospital, Denpasar City.

Legal Protection for BPJS Health Patients in Health Services at Wangaya Hospital Denpasar City

For the sake of creating legal certainty and justice as a right of a citizen, the meaning of the state as a guarantor of public welfare is obliged to create or provide legal protection for the rights of every citizen. In the opinion of CST Kansil, he stated that legal protection is all legal efforts that must be provided by law enforcement officials in order to provide a sense of security, both mentally and physically from interference and various threats from any party (Kansil, 1989:40). Meanwhile, according to Philipus M. Hadjon's view, that legal protection is the protection of the dignity and worth, as well as the recognition of human rights owned by legal subjects based on general provisions of the *kewangan* or as a collection of rules or rules that will be able to protect a Other things (Hadjon, 1987:2). According to Philipus M. Hadjon legal protection is a collection of rules or rules that will protect one thing from another. In relation to the protection of patients, it means that the law provides protection for the rights of patients from something that results in the non-fulfillment of these rights. Legal protection is an effort to fulfill rights and provide assistance to provide a sense of security to witnesses and/or victims. Legal protection of crime victims as part of community protection can be realized in various forms, such as through the provision of restitution, compensation, medical services, and legal assistance (Soekanto, 1984:133).

In the implementation of BPJS Health, there are many problems experienced by

BPJS Health participants, such as when going to a hospital for treatment and being required to be hospitalized. One of the problems that often arise when BPJS Health Participants will be hospitalized is the problem of information on the availability of treatment rooms and the lack of information by the hospital to the BPJS Health Participants and the patient's family. Therefore, there is a need for a policy of government health providers to oblige BPJS Health corporation hospitals to provide information media facilities regarding the availability of inpatient rooms and medical cost packages for the departments that handle this matter, generally seen by BPJS Health participants. This is in accordance with the contents of Article 13 (E) and (F) of Law Number 24 of 2011 concerning BPJS Health regarding the provision of information to BPJS Health participants regarding rights and obligations as well as service procedures.

Efforts have been made by BPJS Health in supporting health services for BPJS Health participants if they feel that there are obstacles or mistakes either by the hospital or by the BPJS Health itself. The first BPJS Health effort is to place several BPJS Health officers in hospitals that are partners of BPJS Health. BPJS Health participants can make complaints or complaints about dissatisfaction with the health services they receive and BPJS Health itself has made innovations in solving problems regarding the lack of information about health facilities by making a dashboard regarding information on room availability openly (*transparently*) so that BPJS Health participants can see directly to the health facility.

Legal efforts that can be taken by BPJS participants to claim losses that have been carried out by the hospital, such as mediation (non-litigation) and filing a lawsuit through the court (litigation). Mediation legal efforts (non-litigation) are regulated in Article 29 of Law Number 36 of 2009 concerning Health. Settlement of complaints or disputes through mediation must be done first, this is adjusted to the provisions of Article 29 of Law Number 36 of 2009 concerning Health which emphasizes, among other things: in the event that a health worker is suspected of being negligent in carrying out his profession, the negligence must be resolved first, through mediation. Then in Article 30 B paragraph (1) of Law Number 24 of 2011 concerning BPJS it is stated that health facilities and BPJS Health are required to develop a mechanism for managing complaints from participants or the public by prioritizing the principle of quick and complete settlement.

In the implementation of health insurance, there are obstacles that result in *dispute* claims between the hospital and BPJS Health, which consist of:

Aspect *coding*, namely claims with the *INA-CBG's*, *really* depends on the accuracy of the diagnostic research that is included in the code. Code research errors can result in *under coding*, *over coding*, and *wrong coding*. This error has an impact on the amount of treatment cost claims and can touch the legal realm.

Administrative aspects, namely the completeness of filing such as the completeness of patient data. As for example in incomplete filing of related units, such as incomplete assessments. And the obstacle in service, if the patient brings a JKN card but in fact the card is no longer active and BPJS Health patients/participants do not know where to report.

The medical aspect, namely the diagnosis of the patient's disease, and drugs. Such as obstacles in the procurement of drugs that are not available or not yet available at distributors.

Efforts to handle the obstacles faced by the Wangaya Hospital in Denpasar City are:

Obstacles in administration related to inactive participant cards, the Wangaya City Hospital Denpasar will facilitate patients to the PIC (*Personal In Charge*) of Wangaya Hospital Denpasar City so that they can be submitted to the BPJS Health, and will classify whether it is possible to still be activated

Constraints in medical and *coding* that can affect the filing of incomplete claims, the Wangaya Hospital, Denpasar City has made a recap regarding the incomplete filing and contacted the related DPJP (Doctor in Charge of Service), and informed the Medical Committee regarding filing claims. pending or require completeness of files

Medical problems related to the procurement of medicines, the Wangaya Hospital in

Denpasar City cooperates with distributors, and if there is a shortage of medicines, then to expedite the provision of health services to patients, the Wangaya Hospital in Denpasar City will buy drugs directly from other hospitals or to other pharmacies.

The efforts made by the Wangaya Hospital, Denpasar City in fulfilling the rights of participants and patients of BPJS Health, include:

Provide health services in accordance with applicable standards

Provide educational information and patient education as needed

Prepare facilities and infrastructure in accordance with the availability of existing funds.

Provide a patient complaint unit

Provide drugs and medical consumables according to available funds.

Provide human resources in accordance with hospital needs.

In the implementation of BPJS Health services at Wangaya Hospital, Denpasar City, it provides legal certainty and protection to patients or BPJS Health participants regarding clear health service information in order to avoid confusion among participants, as well as employees who handle it directly, but if there is a misunderstanding during policy implementation, the hospital will quickly resolve the problem, besides that a good form of implementation in this hospital has been stated in the rules that have been set regarding patient care in the hospital's SOP (Standard Operating Procedure) (Purwanta et al., 2021). In legal protection of patients related to health services, Wangaya Hospital, Denpasar City, carries out direct supervision of a tiered system, namely medical services and nursing services, where monitoring is carried out by doctors and nurses. Supervision is carried out through regular monthly evaluations, daily reports, namely by monitoring *morning reports* (Wijaya, 2021).

CONCLUSION

Implementation of internal policies at the Wangaya Hospital, Denpasar City in providing BPJS Health services, namely with the authority of hospitals to be able to formulate and implement hospital regulations (*hospital by laws*) which contain general policies for hospital services that support *corporate governance* and good governance, clinical *governance*. Constraints faced in the implementation of BPJS Health services at Wangaya Hospital, Denpasar City, namely obstacles related to claiming, administration, and drug procurement. Efforts to handle these obstacles, the Wangaya Hospital in Denpasar City carried out efforts through policies by making follow-up claims, informing the related DPJP (Doctor in Charge of Service), and Wangaya Hospital Denpasar City collaborating with distributors, and will buy drugs directly to other hospitals or other hospitals. to another pharmacy. Legal protection in BPJS Health services at Wangaya Hospital for patients as BPJS Health participants, namely: Legal protection in BPJS Health services where patients are BPJS Health participants to be able to fulfill their rights as participants or patients. Patient rights have been regulated in the Medical Practice Law, Health Law, and Hospital Law; Legal protection provided by the BPJS Health and the Hospital, namely by establishing a PIC (*Personal In Charge*) which functions to accommodate handling patient complaints or related to BPJS Health services; In the event that a patient or participant of BPJS Health receives health services that are not in accordance with their rights and are not in accordance with hospital standards, then legal protection for BPJS Health patients can claim compensation from the hospital as the provider of health services and/or health workers.

Based on the conclusions above, on this occasion the researchers put forward several suggestions, namely: 1) to the Government or BPJS Health, in order to be able to pay the BPJS Health claims on time submitted by the hospital, so that the hospital will be ready to improve both facilities and infrastructure as well as service quality in the implementation of health services to patients. 2) To the Wangaya Hospital Denpasar City, it is hoped that they can make a clearer policy or regulation regarding the implementation of BPJS Health services at Wangaya Hospital Denpasar City in the future, and it is hoped that

the management of the BPJS Health service implementation team will be able to socialize health service programs, especially BPJS Health services to the public. doctors, nurses, and staff who treat patients. 3) To BPJS Health Participants, to be more orderly in paying the mandatory contributions that have been agreed with BPJS Health, so that when carrying out health services there are no obstacles and patients or BPJS Health participants get services according to their rights, and can follow the flow and procedures in the implementation of Health services.

REFERENCES

- Amir. (1997). *Bunga Rampai Hukum Kesehatan*. Medan: Woya Medika.
- Ananta, G. A., Arjaya, I. M., & Agung, A. A. I. (2021). Law Enforcement and Protection of Notaries in the Criminal Domain and Law of Notary Position (Case Study of Decision Number 196/PID.B/2019/PN Denpasar). *NOTARILL Jurnal Kenotariatan*, 6(1), 38–45. doi:10.22225/jn.6.1.3612.38-45
- Ardiansah, A. (2020). Responsibility of Public Health Service Based on the Constitution of Indonesia. *Diponegoro Law Review*, 5(1), 51–66. doi:10.14710/dilrev.5.1.2020.51-66
- Arjaya, I. M. (2018). *The Role of Administrator and Procedure of Payment Suspension in the Commercial Court: A Case Study*. In *Proceedings of the International Conference on Business Law and Local Wisdom in Tourism (ICBLT 2018)* (pp. 67–69). Paris, France: Atlantis Press. doi:10.2991/icblt-18.2018.16
- Arjaya, I. M. (2022). The Strength of Traditional Villages in Managing Coastal Areas in Bali. *Law Doctoral Community Service Journal*, 1(1), 54–59. doi:10.55637/lcdcsj.1.1.4430.54-59
- Arjaya, I. M., Budiarta, I. N. P., & Jayasenastrri, N. M. (2021). *The Role of Indigenous Communities and Entrepreneurs in Developing Village with an Ecological Insight in Bali by Implementing CSR*. In *Proceedings of the 2nd International Conference on Business Law and Local Wisdom in Tourism (ICBLT 2021)* (pp. 172–175). Atlantis Press. doi:https://dx.doi.org/10.2991/assehr.k.211203.038
- Arjaya, I. M., & Martina, N. W. U. (2019). The Role of the Curator as a Mediator in the Settlement of a Bankruptcy Case. *Sociological Jurisprudence Journal*, 2(1), 58–61. doi:https://doi.org/10.22225/scj.2.1.997.58-61
- Frisyudha, A. B., Budiarta, I. N. P., & Arini Styawati, N. K. (2021). Renegosiasi sebagai Upaya Penyelesaian Wanprestasi dalam Kontrak Bisnis Selama Masa Pandemi Covid-19. *Jurnal Konstruksi Hukum*, 2(2), 344–349. doi:10.22225/jkh.2.2.3253.344-349
- Hadjon, P. M. (1987). *Perlindungan Hukum Bagu Rakyat Indonesia*. Surabaya: Bina Ilmu.
- Hendrik. (2013). *Etika dan Hukum Kesehatan*. Jakarta: EGC.
- Is, M. S. (2015). *Pengantar Ilmu Hukum*. Jakarta: PT. Kharisma Putra Utama.
- Kansil, C. S. . (1989). *Pengantar Ilmu Hukum Dan Tata Hukum Indonesia*. Jakarta: Balai Pustaka.
- Mertokusumo, S. (1985). *Mengenal Hukum Suatu Pengantar*. Yogyakarta: Liberty.
- Notoatmodjo, S. (2010). *Etika Hukum dan kesehatan*. Jakarta: PT. Rineka Cipta.
- Purwanta, P. S. F., Suwitra, I. M., & Wijaya, K. K. A. (2021). Legal Protection for Buyers in Buying and Selling with Counterfeit Certificate Object. *Jurnal Hukum Prasada*, 8(2), 136–144. doi:10.22225/jhp.8.2.2021.136-144
- Putra, I. B. W. (2016). *Teori Hukum Dengan Orientasi Kebijakan*. Denpasar: Udayana University Press.
- Putra, I. M. W., Wati, N. L. M. M., & Styawati, N. K. A. (2021). Akibat Pandemi Covid-19 Sebagai Alasan Force Majeure dalam Perjanjian Pinjam-Meminjam Uang. *Jurnal Interpretasi Hukum*, 2(2), 234–240. doi:10.22225/juinhum.2.2.3410.234-240
- Rachmat, H. H. (2004). *Pembangunan Kesehatan di Indonesia*. Yogyakarta: Gadjah Mada University Press.
- Ramadhani, A. N. A., Aspan, Z., & Hasrul, M. (2021). Legal Protection for unregistered citizen at Healthcare and Social Security Agency (BPJS). *Jurnal Hukum Volkgeist*, 6(1), 69–78. doi:10.35326/volkgeist.v6i1.1548
- Setyawati, D. A., & Purnaweni, H. (2018). Implementasi Kebijakan Kerjasama Pemerintah dengan Swasta (Public Private Partnership) dalam Pengelolaan Sampah di TPA Jatibarang (Studi Kasus Kerjasama Pemerintah Kota Semarang dengan PT. Narpati). *Journal Of Public Policy And Management Review*, 7(4), 227–237. doi:https://doi.org/10.14710/jppmr.v7i4.21940
- Soekanto, S. (1984). *Pengantar Penelitian Hukum*. Jakarta: UI Press.
- Soekanto, S., & Mamudji, S. (2003). *Penelitian Hukum Normatif: Suatu Tinjauan Singkat*. Jakarta:

PT. Raja Grafindo Persada.

- Sujana, I. N., Setyawati, K. A., & Ujanti, N. M. P. (2018). The Existence of The Lesbian, Gay, Bisexual and Transgender (LGBT) Community in the Perspective of a State Based on Pancasila. *Mimbar Hukum - Fakultas Hukum Universitas Gadjah Mada*, 30(1), 126. doi:10.22146/jmh.28655
- Takdir. (2018). *Pengantar Hukum Kesehatan*. Palopo: Lembaga Penerbit Kampus IAIN Palopo.
- Wahab, S. . (1997). *Analisa Kebijakan dari Formulasi Implementasi Kebijakan Negara* (Ed. 2). Jakarta: Bumi Aksara.
- Wijaya, I. K. K. A. (2021). *Principles of General Benefits in Arrangements of Water Resources Enterprises to Realize Welfare and Community Justice*. In *2nd International Conference on Business Law and Local Wisdom in Tourism (ICBLT 2021)* (pp. 156–158). Atlantis Press. Retrieved from <https://www.atlantis-press.com/proceedings/icblt-21/125965372>
- Yuningsih, H., Kridasakti, S. W., Fadli, M., Majid, A., & Jayasenastri, N. M. (2022). Studi Kasus Pengaturan Hubungan Kelembagaan Pemerintahan Desa-Birokrasi dengan Desa-Adat di Wilayah Provinsi Bali. *Jurnal Supremasi*, 12(1), 25–43. doi:10.35457/supremasi.v12i1.1825
- Zainudin, A. (2009). *Metode Penelitian Hukum*. Jakarta: Sinar Grafika.
- Kesepakatan Bersama Panduan Penatalaksanaan Solusi Permasalahan Klaim INA-CBG Tahun 2009
- Laporan Rincian Data Hasil Verifikasi Pelayanan Kesehatan BPJS Kesehatan RITL, RJTL, dan Susulan RSUD Wangaya Kota Denpasar Tahun 2020
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 26 Tahun 2021 tentang Pedoman *Indonesia Care Base Groups* (INA-CBG) Dalam Pelaksanaan Jaminan Kesehatan
- Perjanjian Kerjasama antara Badan Penyelenggara Jaminan Sosial Kesehatan Cabang Denpasar dengan Rumah Sakit Umum Daerah Wangaya Kota Denpasar tentang Pelayanan Kesehatan Rujukan Tingkat Lanjutan Bagi Peserta Program Jaminan Kesehatan
- Undang-Undang Nomor 8 Tahun 1999 tentang Perlindungan konsumen (Lembaran Negara Republik Indonesia Tahun 1999 Nomor 22, Tambahan Lembaran Negara Republik Indonesia Nomor 3821)
- Undang-Undang Nomor 36 Tahun 2009 Tentang Kesehatan, (Lembaran Negara Republik Indonesia Tahun 2009 Nomor 144, Tambahan Lembaran Negara Republik Indonesia Nomor 5063)
- Undang-Undang Nomor 44 Tahun 2009 Tentang Rumah Sakit, (Lembaran Negara Republik Indonesia Tahun 2009 Nomor 153, Tambahan Lembaran Negara Republik Indonesia Nomor 5072)