

REGULATION OF PRESIDENT OF THE REPUBLIC OF
INDONESIA
NO. 12 YEAR 2013
CONCERNING
HEALTH CARE BENEFITS

WITH THE BLESSING OF GOD THE ALMIGHTY,

PRESIDENT OF THE REPUBLIC OF INDONESIA

Considering: that, to implement regulation set forth in
Article 13 clause (2), Article 21 clause
(4), Article 22 clause (3), Article 23 clause (5),
Article 26, Article 27 clause (5)
and Article 28 clause (2) of Law No. 40/2004
on National Social Security System (SJSN), and
regulation set forth in Article 15 clause (3)
and Article 19 clause (5) letter a of Law No.
24/2011 on Social Security Provider (BPJS), it
is required to stipulate Presidential
Regulation on Healthcare Benefit

In view of: 1. Article 4 clause (1) of 1945 Constitution
of Republic of Indonesia;

2. Law No. 40/2004 concerning National Social
Security System (SJSN) (State Gazette of
Republic of Indonesia no. 150/2004, Additional
State Gazette of Republic of Indonesia no. 4456);

3. Law No. 24/2011 on Social Security Provider
(BPJS) (State Gazette of Republic of Indonesia
no. 116/2011, Additional State Gazette of
Republic of Indonesia No. 5256);

HEREBY RESOLVES:

To stipulate: PRESIDENTIAL REGULATION ON HEALTH
CARE BENEFITS

CHAPTER 1
GENERAL PROVISIONS

Article 1

The terms in this regulation shall have the following meanings :

1. Health Care Benefit is a benefit in a form of healthcare protection so that participants receive benefits in healthcare and protection of basic health needs which is given to every individual who has paid a premium or have the premium covered by the government
2. Health Care Social Security Provider, hereinafter referred as BPJS Healthcare is a legal institution formed to provide Healthcare Benefit program.
3. Recipients of Aid for Health Care Benefits Premium, hereinafter referred as PBI Health Care are poor and low income people as participants of health care benefits program.
4. Participant is every individual, including foreigner who has been employed for at least 6 (six) months and paid the premium.
5. Benefit is a Social Security benefit which is the rights of Participant and/or their family members.
6. Employee is every person who works and receives salary, wages or other form of compensation.
7. Salaried Employee is every person who is employed by employer and receives salary or wages.
8. Non Salaried Employee is every self employed person or someone who conduct business at their own risk.
9. Employer are either individual, entrepreneur, legal entity or other institutions which hire employee, or government institutions which employ civil servant and pay salary, wages or other form of compensation.
10. Salary or Wages is rights of Employee which is received and stated in monetary value as compensation from Employer to Employee. It is paid and stipulated in accordance with employment contract, agreement or

regulation. It includes allowance for Employee and their family for work and/or service which has been or will be performed.

11. Employment Termination, hereinafter referred as PHK is a termination of employment due to any reasons based on law and regulation which terminates the rights and obligations between Employee/worker and Employer.
12. Permanent Disability is any disabilities which prevent a person to work.
13. Health Care Benefits Premium is an amount of money paid regularly by Participant, Employer and/or Government for Health Care Benefits program.
14. Healthcare Facility is a healthcare facility for implementing individual healthcare services which can be in forms of promotion, prevention, curative or rehabilitative. The facility can be managed by Central Government, Regional Government and/or Public.
15. State Officials are chairman and member of state institutions as stipulated in 1945 Constitution of the Republic of Indonesia and other State Officials stipulated by Law.
16. Non Civil Servant Government Employees are non permanent employee, contract workers, special staff, and other employees paid by the State Budget or Regional Budget.
17. Member of Indonesian Military, hereinafter referred as TNI member are personnel/soldier who state defense apparatus is under Chief of Staff or jointly under the Military Commander-in-Chief.
18. Member of Police forces of Republic Indonesia, hereinafter referred as Polri members, are civil servant conducting police duties.
19. Veteran is Veteran of Republic of Indonesia as stipulated in Law No. 15/2012 concerning Veteran of Republic of Indonesia.
20. Independence Pioneers are Independence Pioneers as stipulated in Law No. 5 Prps/1964 concerning Tribute/Allowance for Independence/Nationality Pioneer.
21. Central Government, hereinafter referred as Government is President of the Republic of Indonesia who holds state authority of Republic of Indonesia as stipulated in 1945 Constitution.
22. Regional Government is Governor, Regent or Mayor and its staff which perform regional government duties.
23. Minister is Health Minister.

CHAPTER 2
PARTICIPANTS AND MEMBERSHIP

Section One
Participant of Health Care Benefits

Article 2

Participants of Healthcare Benefit are :

- a. PBI Health Care Benefits; and,
- b. Non PBI Health Care Benefits.

Article 3

- (1) Participants of PBI Health Care Benefits as referred in Article 2 letter a, include poor people and low income people.
- (2) Stipulation of Participants of PBI Health Care Benefits as referred in clause (1) will be in accordance with state law.

Article 4

- (1) Participants Non PBI Health Care Benefits as referred in Article 2 letter b, are Participant who are not classified as poor and low income people and they consist of :
 - a. Salaried Employee and their family members;
 - b. Non Salaried Employee and their family members;
 - and
 - c. non Employee and their family members.
- (2) Salaried Employees as referred in Article 1 letter a, consist of :
 - a. Civil Servants;
 - b. TNI Members;
 - c. Polri Members;
 - d. State Officials;
 - e. Non Civil Servant Government Employees;
 - f. private employees;
 - g. Employees who are not classified in letter a to letter f and received salary.
- (3) Non Salaried Employees as referred in clause (1) letter b, consist of :
 - a. Employees without employment contract or self employed; and

- b. Employees who are not classified in letter a and not receive wages/salary.
- (4) Non Employees as referred in clause (1) letter c, consist of :
 - a. investors;
 - b. Employers;
 - c. pensioners;
 - d. Veterans;
 - e. Independence Pioneers; and
 - f. non Employees who can not classified in letter a through e and can afford to pay the premium.
- (5) Pensioners as referred in clause (4) letter c consist of :
 - a. Retired Civil Servants with pension rights;
 - b. Retired TNI Members and Polri Members with pension rights;
 - c. Retired State Officials with pension rights;
 - d. pensioners outside the classifications in letter a, letter b and letter c; and
 - e. surviving wife, husband or children of pensioners as referred in letter a to letter d with pension rights.
- (6) Employees as referred in clause (1) letter a and letter b also include foreigners who have been working in Indonesia for at least 6 (six) months.
- (7) Health Benefits for Employees who are Indonesian citizen and employed overseas will be regulated in separate law.

Article 5

- (1) Family members as referred in Article 4 clause (1) letter a, consist of :
 - a. legal husband or wife of Participants; and
 - b. biological children, step children and/or legally adopted children of Participants with the following criteria :
 - i. never married nor having their own income; and
 - ii. under 21 (twenty one) years old or under 25 (twenty five) years old and still continue their formal education.
- (2) Participants non PBI Health Care Benefits can include other family members.

Section Two

Membership of Health Care Benefits

Article 6

- (1) Membership of Health Care Benefits is mandatory and done in phases to reach the whole populations.
- (2) Phases as referred in clause (1) are implemented as :
 - a. First phase starting from January 1, 2014, covers at least the followings :
 - i. PBI Health Care Benefits;
 - ii. TNI Members/Civil Servants under Defense Ministry and their family members;
 - iii. Polri Member/Civil Servant under Police Forces and their family member;
 - iv. Participants of ASKES (the Indonesian Health Insurance) health insurance and their family members; and
 - v. Participant of JAMSOSTEK (Social Security for Employees) healthcare insurance and their family members;
 - b. Second phase will cover all populations who have not joined BPJS Health Care by 1 January, 2019 at the latest.

Section Three

Participants Suffering from Employment Termination and Permanent Disabilities

Article 7

- (1) Participants as referred in Article 4 clause(1) letter a, who are getting the PHK still have the rights to get Health Care Benefits without paying the premium for the maximum of 6 (six) months since the PHK date.
- (2) Participants as referred in clause (1) who have been employed is obliged to extend the membership status by paying the premium.
- (3) In the case that Participants as referred in clause (1) and clause (2) are not employed again and can not afford to work, they have the rights to become Participants of PBI Health care Benefits.

Article 8

- (1) Participants of non PBI Health Care Benefits who suffer from Permanent Disabilities and can not afford to work have the rights to become Participants of PBI Health Care Benefits.
- (2) Stipulation on Permanent Disabilities as referred in clause(1) shall be done by authorized physicians.

Section Four Membership Status Change

Article 9

- (1) Membership status change from Participants of PBI Health Care Benefits to Participant non PBI Health Care Benefits shall be done by registration to BPJS and paying the first premium.
- (2) Membership change as referred in clause(1) do not discontinue Healthcare Benefits.
- (3) Membership change from Participants non PBI Health Care Benefits to Participants PBI Health Care Benefits shall be done in accordance with the law.

CHAPTER 3 PARTICIPANTS REGISTRATION AND REVISION OF PARTICIPANTS DATA

Article 10

- (1) Government will register PBI Health Care Benefits as Participants of BPJS Healthcare.
- (2) Registration of Participants of PBI Health Care Benefits as referred in clause(1) shall be in accordance to the law.

Article 11

- (1) It is mandatory for every Employer to register themselves and their Employees as Participants of Health Care Benefits to BPJS Healthcare by paying the premium.

- (2) In the case of Employers clearly do not register their Employees to BPJS Healthcare, Employees have their rights to register themselves as Participants of Health Care Benefits.
- (3) It is mandatory for all Non Salaried Employee to register themselves and their family members either as a group or as individual as Participants of Health Care Benefits to BPJS Healthcare by paying the premium.
- (4) It is mandatory for all non Employees to register themselves and their family members as Participants of Health Care Benefit to BPJS Healthcare by paying the premium.

Article 12

- (1) Each registered Participant to BPJS Healthcare have the rights to get Participant identity.
- (2) Identity as referred in clause (1) contains at least a name and participant number.
- (3) Participant number as referred in v (2) is a unique identity number valid for all Social Security Program.

Article 13

- (1) It is mandatory for Salaried Employees to report changes in their membership data to the Employers.
- (2) It is mandatory for Employers to further report the changes as referred in clause (1) to BPJS Healthcare.
- (3) In the case that Employers clearly do not report data changes to BPJS Healthcare, Employees have the rights to directly report the changes to BPJS Healthcare.
- (4) It is mandatory for Non Salaried Employees and non Employees to report their membership changes to BPJS Healthcare.

Article 14

Participants who change Employer are obliged to report their membership status and identity of new Employers to BPJS Healthcare by showing their Participant identity.

Article 15

Further regulation on the process of registration, verification of membership, changes in membership data and Participants identity as referred in Article 11, Article 12, Article 13 and Article 14 shall be regulated under a Regulation of BPJS Healthcare after a coordination with related minister/state institutions.

CHAPTER 4 PREMIUM

Section One Amount of Premium

Article 16

- (1) Health Care Benefits Premium for PBI Health Care Benefits are paid by Government.
- (2) Health Care Benefits Premium for Salaried Employee are paid by Employer and Employee.
- (3) Health Care Benefits Premium for Non Salaried Employee and non Employee is paid by the Participants themselves.
- (4) Further regulation on amount of Health Care Benefits Premium as referred in clause (1), clause(2) and clause (3) will be regulated by a Presidential Regulation.

Section Two Premium Payment

Article 17

- (1) It is mandatory for Employers to fulfill Health Care Benefits Premium monthly payment for Participants under their responsibility to BPJS Healthcare on the 10th day of each month at the latest.
- (2) If the 10th (tenth)day as referred in clause (1) is holiday, payment shall be done in the next working day.
- (3) Payment as referred in clause (1) includes premium which is the responsibility of Participants.
- (4) Penalty for late payment as referred in clause(1) is

an administrative penalty amounting to 2% (two percent) of outstanding balance and shall be borne by Employers.

- (5) It is mandatory for Non Salaried Employees and non Employees Participant to pay monthly Health Care Benefits Premium to BPJS Healthcare by the 10th (tenth) day of a month at the latest
- (6) Payment for Health Care Benefits Premium for a period of more than 1 (one) month can be done upfront.
- (7) Further regulation on administrative penalty shall be done in BPJS Healthcare Regulation.

Section Three Excess and Shortage of Premium

Article 18

- (1) BPJS Healthcare shall calculate excess or shortage of Healthcare Benefit Premium based on the Salary or Wages of Participant.
- (2) In case of excess or shortage in premium as referred in clause (1), BPJS Healthcare shall provide written statement to Employer and/or Employee latest by 14 (fourteen) days after the payment is received.
- (3) Excess and shortage premium payment as referred in clause (2) shall be included in the following month payment calculation.

Article 19

Further regulation on procedure of premium payment shall be regulated in BPJS Healthcare Regulation after coordination with related minister/state institution.

CHAPTER 5 HEALTHCARE BENEFITS

Article 20

- (1) Every Participant has the rights to Healthcare Benefits in a form of individual healthcare service covering promotive services, preventive, curative, and rehabilitative including medicine and medical

- consumables in accordance with medical requirement.
- (2) Healthcare Benefits as referred in clause (1) consist of Medical Benefits and non Medical Benefits.
 - (3) Medical Benefits as referred in clause (2) are not bound with the premium amount.
 - (4) Non Medical Benefits as referred in clause (2) consist of Accommodation Benefits and ambulance services.
 - (5) Accommodation Benefits as referred in clause (4) will be classified based on the amount of premium paid.
 - (6) Ambulance as referred in clause (4) shall be provided for patient referred from Healthcare Facilities with certain condition as stipulated by BPJS Healthcare.

Article 21

- (1) Promotive services and preventive consists of service provision in the form of :
 - a. Individual health counseling;
 - b. Basic immunization;
 - c. family planning; and
 - d. health screening.
- (2) Individual health counseling as referred in clause (1) letter a cover at least counseling on disease risk factor and healthy lifestyle.
- (3) Basic immunization as referred in clause (1) letter b consist of *Baccile Calmett Guerin (BCG)*, *Difteri Pertusis Tetanus* and *Hepatitis-B (DPT-HB)*, Polio and Measles.
- (4) Family planning as referred in clause (1) letter c consist of : counseling, basic contraception, vasectomy and tubectomy working with family planning institution.
- (5) Vaccine for basic immunization and basic contraception materials as referred in clause (3) and clause (4) are provided by Government and/or Regional Government.
- (6) Health screening services as referred in clause (1) letter d is provided to selective individual to detect disease risk and further impact of certain diseases.
- (7) Regulation on procedure of health screening, type of diseases and schedule of health screening services as referred in clause (6) shall be regulated on

Minister Regulation.

Article 22

- (1) Healthcare services benefits consist of :
 - a. First degree healthcare which is non specialties healthcare services covering :
 1. administrative services;
 2. promotive services and preventive;
 3. medical examination, treatment and medical consultation.
 4. non specialties medical treatment either surgical or non surgical;
 5. medicine and medical consumables services;
 6. blood transfusion in line with medical requirement;
 7. first level supporting laboratory examination; and
 8. first degree inpatient.
 - b. Advanced referral medical services covering :
 1. outpatient which consist of :
 - a) administrative services;
 - b) examination, treatment and specialist consultation by medical specialist and sub-specialist;
 - c) specialistic medical treatment in line with medical diagnosis.
 - d) medicine and medical consumables services;
 - e) medical implant services;
 - f) supporting advanced diagnostic in line with medical diagnosis;
 - g) medical rehabilitation;
 - h) blood services;
 - i) medical forensic services;
 - j) morgue services at Healthcare Facilities.
 2. inpatient which consist of :
 - a) non intensive care hospitalization; and
 - b) intensive care hospitalization.
 - c) other medical services as stipulated by Minister.
- (2) In case that other medical services as referred in clause (1) letter c is covered under government program, then it will be excluded from the coverage benefit.

- (3) Beside healthcare services as referred in clause (1), in case it is required, Participant has rights to received medical aid devices.
- (4) Type and ceiling price for medical aid devices as referred in clause (3) will be stipulated by Minister.

Article 23

Accommodation benefits as referred in Article 20 clause (5) is inpatient services are:

- a. Third grade room for :
 1. Participants of PBI Health Care Benefits; and
 2. Non Salaried Employees and non Employees with premium for third grade room Benefits.
- b. Second grade room for :
 1. Grade I and Grade II Civil Servant and retired Civil Servant with their family members;
 2. TNI Member and retired TNI Member equal to level of Grade I and Grade II Civil Servant with their family members;
 3. Polri Member and retired Polri Member equal to level of Grade I and Grade II Civil Servant with their family members;
 4. Government Employee non Civil Servant equal to level of Grade I and Grade II Civil Servant with their family members;
 5. Salaried Employee with 2 (two) times non taxable income, married with 1 (one) children and their family members; and
 6. Non Salaried Employee and non Employee with premium for Benefit for Second Grade room.
- c. First grade room for :
 1. State Officials and their family member;
 2. Grade III and Grade IV Civil Servant and retired Civil Servant with their family member;
 3. TNI Member and retired TNI Member equal to level of Grade III and Grade IV Civil Servant with their family members;
 4. Polri Member and retired Polri Member equal to level of Grade III and Grade IV Civil Servant with their family members;
 5. Government Employee non Civil Servant equal to level of Grade III and Grade IV Civil Servant with their family members;
 6. Veteran and Independence Pioneer with their family members;

7. Salaried Employee with 2 (two) times non taxable income, married with 1 (one) children and their family members; and
8. Non Salaried Employee and non Employee with premium for First Grade room Benefits.

Article 24

Participants who request benefits over their existing plan can upgrade their rights by participating in additional healthcare insurance, or paid the difference between their benefits under BPJS Healthcare and the upgraded level.

Article 25

Exclusion to the services are:

- a. healthcare services conducted outside of the procedure stipulated in prevailing law.
- b. healthcare services at Healthcare Facilities not affiliated with BPJS Healthcare, except for emergency cases;
- c. healthcare services which are already covered under work protection insurance scheme or injuries due to work related accident.
- d. healthcare services performed overseas;
- e. healthcare services with esthetic objectives;
- f. services to cure infertilities;
- g. orthodontic services;
- h. illness or medical condition due to drug and/or alcoholic addiction;
- i. medical condition which cause is self inflicted or due to extreme hobby which has potential danger to the person itself.
- j. complementary, alternative and traditional treatment, including : acupuncture, *shin she*, *chiropractic* which has not be declared effective according to health technology assessment.
- k. treatment and medical service deemed as experiment.
- l. contraception materials, cosmetic, baby food, and milk;
- m. household medical supply;
- n. healthcare service during disaster, emergency situation, special circumstances/plague; and
- o. other expenses not related with provided Healthcare Benefit.

Article 26

- (1) New technology application under Healthcare Benefits shall refer to medical requirement in line with health technology assessment.
- (2) Application of health technology assessment as referred in clause (1) shall be stipulated by Minister.
- (3) Regulation on application procedure of health technology assessment as referred in clause (2) shall be regulated under BPJS Healthcare Regulation.

CHAPTER 6 BENEFIT COORDINATION

Article 27

- (1) Participants of Healthcare Benefit can enroll in additional healthcare insurance.
- (2) BPJS Healthcare and additional healthcare insurance provider as referred in clause (1) can coordinate to provide Benefits for Participant who has coverage under additional healthcare insurance.

Article 28

Regulation on coordination procedure on Benefits as referred in Article 27 shall be regulated under agreement between BPJS Healthcare and additional healthcare insurance provider.

CHAPTER 7 HEALTHCARE SERVICES IMPLEMENTATION

Section One Healthcare Services Procedure

Article 29

- (1) Initially BPJS Healthcare will register each Participant to one first level Healthcare Facility which will be appointed by BPJS Healthcare based on the recommendation from Health Department at regency/city level.
- (2) After the first 3 (three) months, Participant has the rights to select their own first level Healthcare Facility.
- (3) Participant has to acquire healthcare services at Healthcare Facility where the Participant is registered.
- (4) Under certain circumstances, terms of clause (3) can be waived for Participant who :
 - a. is outside of coverage area of Healthcare Facility where Participant is registered; or
 - b. under emergency medical condition.
- (5) In case that Participant require advance medical facilities, first level Healthcare Facility must refer to the nearest advanced facilities in accordance with referral system as stipulated by law.
- (6) Further regulation on first level healthcare services and advanced medical referral shall be regulated under Minister Regulation.

Article 30

- (1) It is mandatory for Healthcare Facility to ensure inpatient Participant received medicine and medical consumables in line with its medical indication.
- (2) Outpatient Healthcare Facilities which do not possess supporting facilities is obliged to network with supporting Healthcare Facilities to guarantee availability of medicine, medical consumables and supporting examination as required.

Article 31

Further regulation on healthcare services procedure as referred in Article 29 and Article 30 shall be regulated under Minister Regulation and BPJS Healthcare Regulation in accordance with its authority.

Section Two Medicine and Medical Consumables Services

Article 32

- (1) Medicine and medical consumables services for Participant of Healthcare Benefit at Healthcare Facilities shall refer to list and price list of medicine and medical consumables stipulated by Minister.
- (2) List and price list of medicine and medical consumables as referred in clause (1) shall be updated at least every 2 (two) years.

Section Three Services under Medical Emergency Condition

Article 33

- (1) Participant who require medical emergency shall directly received services on any Healthcare Facilities.
- (2) Participant who received healthcare services at Healthcare Facilities not affiliated with BPJS Healthcare, must be immediately referred to Healthcare Facilities under partnership with BPJS Healthcare after the emergency condition has been treated and patient can be transferred.

Section Four Services in the case of Inadequate Healthcare Facilities

Article 34

- (1) In the case of area where adequate Healthcare Facilities to fulfill medical needs of some Participant is not available, it is mandatory for

- BPJS Healthcare to provide compensation.
- (2) Compensation as referred in clause (1) can be in the form of :
 - a. cash;
 - b. provision of medical personal; or
 - c. substitution of certain Healthcare Facilities.
 - (3) Cash as referred in clause (2) letter a, shall cover medical services expenses and transportation expenses.
 - (4) Further regulation on compensation as referred in clause (1) and clause (2) shall be regulated under Minister Regulation.

CHAPTER 8 HEALTHCARE FACILITIES

Section One Responsibility of Provisioning Healthcare Facilities and Implementation of Healthcare Services

Article 35

- (1) Government and Regional Government are responsible to provision Healthcare Facilities and implement Healthcare Services to fulfill Healthcare Benefit program.
- (2) Government and Regional Government may invite private participation to fulfill provisioning of Healthcare Facilities and implementation of healthcare services.

Section Two Implementation of Healthcare Services

Article 36

- (1) Healthcare services provider comprises of all Healthcare Facilities which has partnership with BPJS Healthcare.
- (2) It is mandatory for Government and Regional Government Healthcare Facilities that meet the

- requirements to have partnership with BPJS Healthcare.
- (3) Private Healthcare Facilities that meet the requirements may form partnership with BPJS Healthcare.
 - (4) Partnership as referred in clause (2) and clause (3) shall be in form of written agreement.
 - (5) Requirement as referred in clause (2) and clause (3) shall be regulated under Minister Regulation.

Section Three Amount and Schedule of Payment

Article 37

- (1) Amount of payment to Healthcare Facilities shall refer to the agreement between BPJS Healthcare and association of Healthcare Facilities in particular area with reference to standard tariff issued by Minister.
- (2) In case where the deal can not be reached on payment amount as referred in clause (1), Minister shall determine the amount of payment for Healthcare Benefit program.
- (3) Association of Healthcare Facilities as referred in clause (1) shall be stipulated by Minister.

Article 38

It is mandatory for BPJS Healthcare to pay Healthcare Facilities for the service incurred, at the latest, by 15 (fifteen) days after the complete claim documents is received.

Section Four Procedure of Payment to Healthcare Facilities

Article 39

- (1) BPJS Healthcare shall paid first level Healthcare Facilities by pre effort based on capitation of number of registered Participant at first level Healthcare Facilities.
- (2) In case at certain area not possible to pay based on

capitation as referred in clause (1), BPJS Healthcare is authorized to seek more effective payment mechanism.

- (3) BPJS Healthcare shall paid advanced referral Healthcare Facilities based on *Indonesian Case Base Groups* (INA-CBG's).
- (4) Amount of capitation and *Indonesian Case Base Groups* (INA-CBG's) will be reviewed at least every 2 (two) years by Minister after coordination with Finance Minister.

Article 40

- (1) Expenses of emergency services performed by Healthcare Facilities not affiliated with BPJS Healthcare shall be done on reimbursement basis.
- (2) The expenses as referred in clause (1) shall be invoiced directly by Healthcare Facilities to BPJS Healthcare.
- (3) Payment from BPJS Healthcare to Healthcare Facilities as referred in clause (2) shall be equivalent to tariff applicable it the particular area.
- (4) Healthcare Facilities is prohibited to extract payment for healthcare services from Participant.
- (5) Further regulation on assessment of emergency condition and procedure for emergency services expense reimbursement shall be regulated under BPJS Healthcare Regulation.

CHAPTER 9 QUALITY CONTRIL AND IMPLEMENTATION COST OF HEALTHCARE BENEFIT

Article 41

- (1) Minister issues standard tariff on healthcare services which will become reference for implementation of Healthcare Benefit.
- (2) Standard tariff on healthcare services as referred in clause (1) shall be compiled with regards to

availability of Healthcare Facilities, consumer price index and area price disparity index.

Article 42

- (1) Healthcare services provided to Participant of Healthcare Benefit shall consider : quality of service, oriented to safety aspect of patient, treatment effectiveness, match with patient requirement and cost effective.
- (2) Integrated quality control system for Healthcare Benefit comprise of : fulfillment of Healthcare Facilities quality standard, ensuring that healthcare services process meet the prevailing standard and monitoring of Participant health condition.
- (3) Regulation on integrated quality control system for Healthcare Benefit as referred in clause (2) shall be regulated under BPJS Healthcare Regulation.

Article 43

- (1) To guarantee quality control and cost, Minister is responsible for :
 - a. health technology assessment;
 - b. clinical advisory and benefit of Healthcare Benefit;
 - c. standard tariff calculation; and
 - d. monitoring and evaluation of Healthcare Benefit services.
- (2) To implement monitoring and evaluation as referred in clause (1) letter d, Minister will coordinate with National Council on Social Security (DJSN).

Article 44

Further regulation on implementation and enhancement of services quality control system as referred in Article 42 and guarantee of quality control and cost as referred in Article 43 shall be under Minister Regulation.

CHAPTER 10 COMPLAINT HANDLING

Article 45

- (1) In case Participant is not satisfied with Healthcare Benefit services performed by Healthcare Facilities in partnership with BPJS Healthcare, complaint can be raised to Healthcare Facilities and/or BPJS Healthcare.
- (2) In case Participant do not received proper services from BPJS Healthcare, complaint can be raised to Minister.
- (3) Complaint raised as referred in clause (1) and clause (2) shall be handled appropriately and in short period and shall provide feedback to complaining Participant.
- (4) Raising complaint as referred in clause (3) shall be in accordance of prevailing law.

CHAPTER 11 DISPUTE RESOLUTION

Article 46

- (1) First attempt to resolve dispute among the followings shall be with consensus.
 - a. Participant and Healthcare Facilities;
 - b. Participant and BPJS Healthcare;
 - c. BPJS Healthcare and Healthcare Facilities; or
 - d. BPJS Healthcare and Association of Healthcare Facilities;
- (2) In case settlement can not be reached by consensus, resolution shall be done using mediation or through court of law.
- (3) Procedure of mediation and court as referred in clause (2) shall be in accordance to prevailing law.

CHAPTER 12 CLOSING PROVISIONS

Article 46

This Regulation comes into force on January 1, 2014. In order that everyone shall take cognizance, this Regulation shall be enacted by placing it in the State Gazette of the Republic of Indonesia.

Stipulated in Jakarta

January 18, 2013
PRESIDENT
OF THE REPUBLIC OF INDONESIA
signed and sealed
DR.H. SUSILO BAMBANG YUDHOYONO

Enacted in Jakarta
January 23, 2013
MINISTER OF JUSTICE
AND HUMAN RIGHTS
OF THE REPUBLIC
OF INDONESIA
signed
AMIR SYAMSUDIN

STATE GAZETTE OF THE REPUBLIC OF INDONESIA OF 2013 NO. 29

Copy in accordance with the original
CABINET SECRETARY OF REPUBLIC OF INDONESIA
Deputy Social Welfare

Siswanto Roesyidi