



## BPJS Health Patient Guarantee on Claim for Birth Operation with The Indonesian Case Base Groups System Maqashid Syariah Perspective

<sup>1</sup>Wiwin Achmawanti, <sup>2</sup>Nur Aziz Muslim, <sup>3</sup>Qomarul Huda

<sup>1,2,3</sup>UIN Sayyid Ali Rahmatullah Tulungagung

[wiwinachmawanti@gmail.com](mailto:wiwinachmawanti@gmail.com), [nurazizmuslim@gmail.com](mailto:nurazizmuslim@gmail.com) [qohu1973@gmail.com](mailto:qohu1973@gmail.com)

### ABSTRACT :

The background of this research is that the claims payment system using INA-CBGs often results in problems in type C hospitals where the INA-CBG's tariff system is considered to be burdensome for hospitals because the comparison between INA-CBG's rates and real costs is very much different, one of which is the cost of caesarean delivery. for BPJS Health participants. Claims for INA-CBGs for caesarean section are based on the type of hospital and cost sharing is not allowed by the patient if the patient uses BPJS Health services according to class and drug administration must comply with the national formulary which is the provision of BPJS Health.

The formulation of the problems in this study are: (1) How is the guarantee for BPJS Kesehatan patients in claims for childbirth operations with the Indonesian Case Base Groups Perspective Maqashid Syariah system? (2) What is the practice of paying BPJS Kesehatan patients for claims for childbirth operations with the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital? (3) What is the impact caused by BPJS Health patients on claims for childbirth operations with the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital in terms of Maqashid Syariah Perspective?

To analyze the assurance of BPJS Kesehatan patients on claims for childbirth operations with the Indonesian Case Base Groups Perspective Maqashid Syariah system.

The results of this study indicate that (1) Guarantee of BPJS Kesehatan patients in claims for childbirth operations with the Indonesian Case Base Groups system in accordance with maqashid sharia protection for life/life (hifz al-nafs) where this protection is realized by making decisions at the right time to add medicines or replace them with drugs that are more needed by patients even with the consequence that the INS CBGs claim value is less than the operational costs incurred by Bhayangkara Tulungagung Hospital. (2) The practice of paying BPJS Kesehatan patients for claims for childbirth operations with the Indonesian Case Base Groups system at Bhayangkara Hospital is lower than the fee for service rate, causing the hospital to take efficiency measures by cutting actions that are not cost effective. (3) The impact caused by BPJS Kesehatan patients on claims for childbirth operations with the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital can be handled properly so that the benefits of religion and the world can be realized in accordance with Maqashid Syariah Hifdz An-Nafs.

**Key words:** *Guarantee, Health BPJS, Maqashid Syariah.*

## INTRODUCTION

Bhayangkara Tulungagung Hospital is one of the type C hospitals owned by the National Police (State Police of the Republic of Indonesia) which collaborates with BPJS Health (Health Social Security Administering Agency). BPJS Health is a Public Legal Entity which has the task of administering National Health Insurance for all Indonesian people and is directly responsible to the President. With the implementation of BPJS Health which has been operating since January 1 2014, every Indonesian citizen and foreign citizen who has worked in Indonesia for at least six months is required to become a member of BPJS Health.<sup>1</sup>

As a hospital that collaborates with BPJS Health, Bhayangkara Tulungagung Hospital must follow all the provisions contained in the agreement between both parties. Among the provisions contained in the agreement between Bhayangkara Tulungagung Hospital and BPJS Health is the payment model used by BPJS Health to reimburse claims billed by the hospital which is called the INA-CBGs (Indonesian Case Base Groups) system. The INA-CBGs payment system is a package rate that covers all hospital services and cost components, from non-medical services to medical procedures. In the INA CBGs system, patients are grouped into one episode which is linked to the cost of service where each group has the same clinical characteristics, namely a series of patient care until completion, the size of the fee will not be influenced by the number of days of treatment.

In implementing the claims payment system using INA-CBGs, problems often occur in type C hospitals such as the Bhayangkara Tulungagung Hospital where the INA CBG's tariff system is considered difficult for hospitals because the comparison between INA CBG's tariffs and real costs is very different, one of which is caesarean section delivery costs for BPJS Health participants. Apart from the comparison of INA-CBGs tariffs and real costs which are very different, there are several technical matters that burden Bhayangkara Tulungagung Hospital as a BPJS Health provider. Some of the burdensome things include INA-CBGs claims for caesarean sections being given based on the type of hospital and not based on the severity of the case or disease, cost sharing/contribution of costs by the patient is not allowed if the patient uses BPJS Health services according to class and medication administration must be appropriate. The national formulary is a BPJS Health provision even though the drug is not in the e-catalog. For planned elective caesarean operations with the package rates determined by INA-CBGs, the real costs at Bhayangkara Tulungagung Hospital are greater than the INA-BCGs package rates, even Bhayangkara Tulungagung Hospital as a type C hospital which is a reference for midwife practices and clinics often finds Patients with emergency conditions, for example ruptured membranes, are induced for 1 day and fail and ultimately have to have a caesarean section. Of

---

<sup>1</sup> Andika Wijaya, *Hukum Jaminan Sosial Indonesia* (Jakarta: Sinar Grafika, 2017), 1

course, this situation will increase the hospital's financial burden. However, in the INA-CBGs package system, both delivery conditions will receive the same rates, so it is certain that the hospital will experience losses because the claim value is below the actuarial value.<sup>2</sup>

Indonesia is the country in Southeast Asia with the highest maternal mortality rate, and East Java is the province with the highest maternal mortality rate in Indonesia. Dean of the Faculty of Medicine, Airlangga University, Prof. Dr. Budi Santoso, Sp. OG. stated that the average maternal mortality rate in Indonesia before 2021 was between 4,000 and 4,900 people, but at the end of December 2021 the maternal mortality rate increased to 6,800 people. Professor. Dr. Budi Santoso, dr., Sp. OG (K) Dean of the Faculty of Medicine (FK) Airlangga University (Unair) said that Indonesia's Maternal Mortality Rate (MMR) is still the highest in Asia. In fact, this figure is an indicator of the quality of a country's health. Maternal mortality reached 365 per hundred thousand births. Based on data collected by Rosmans and Graham, the location where most maternal deaths occur is in hospitals, namely around 40-70%. Meanwhile, 20-35% of maternal deaths occur when giving birth at home, and 10-18% of maternal deaths occur when giving birth while traveling.<sup>3</sup>

Seeing the fact that many maternal deaths occur due to childbirth in hospitals, it is necessary to focus efforts to reduce maternal deaths in hospitals. In utilizing JKN midwifery services in hospitals, there is a referral mechanism which has an impact on the costs that JKN participants must bear for the guaranteed benefits. It is hoped that through improvements to financing controls, the implementation of JKN can fulfill the principles of universal coverage, which is able to accommodate all BPJS patients.

JKN participants are entitled to health facility services free of charge, as long as participants follow service procedures. In fact, emergency services at health facilities that do not collaborate with BPJS Health are still reimbursed by BPJS. Participants are guaranteed not to incur any costs. Cost sharing is imposed on JKN participants only if the participant uses inpatient accommodation one level above their rights.

Islam really protects human rights where the aim of establishing Islamic law is for the happiness and welfare of mankind both in this world and in the afterlife. The five objectives of establishing Islamic law, namely: Maintaining the benefit of religion (din); Maintaining the benefit of the soul (nafs); Maintaining the benefit of reason (aql); Maintaining the benefit of descendants (nasl); Maintaining the benefit of assets (mall). These five objectives of Islamic law became

---

<sup>2</sup> Undang-Undang Republik Indonesia Nomor 40 Tahun 2004 tentang Sistem Jaminan Sosial Nasional Nasional, paragraf 3

<sup>3</sup> Frisca Anindhita, M.Kesos, Nila Kusumawati Elison, MPH Bunga Pelangi, SKM, Lina Rintis Susanti, Sip (*Women Research Institute Lembaga penelitian yang memfokuskan kerjanya dengan menggunakan analisis femini*)

known as al maqashid al khamsah or al maqashid al syari`ah. The essential aim of enshrining Islamic law is to achieve Allah's pleasure in human life in this world and the hereafter. Islamic teachings have influenced the character of Indonesian society for years or even hundreds of years. Therefore, Islamic teachings also influence the legal system in Indonesia. Any law according to the Islamic religion, if based on the aim of protecting the soul, is guaranteed to be correct. In Islam, life is very valuable, if due to less than optimal efforts from the hospital because the claim from the BPJS Health package system (INA CBGs) is lower than the real cost then the patient's life is at stake and this is a sin. Because Islam highly values efforts to save lives as much as possible in accordance with the Hifdz An-Nafs Concept. Therefore, every thing or effort related to efforts to save human lives is interpreted as a religious obligation and command that applies to anyone and anywhere.

Bhayangkara Tulungagung Hospital is a type C hospital owned by the National Police which is the largest type C hospital in Tulungagung Regency, where problems with the value of BPJS Health claims most often occur at this type of hospital. And this is the main reason for researchers to make Bhayangkara Tulungagung Hospital a research site.

In connection with the problems described above, the researcher is interested in presenting research with the title: "BPJS KESEHATAN PATIENT GUARANTEE IN CLAIM FOR BIRTH OPERATION USING THE INDONESIAN CASE BASE GROUPS SYSTEM MAQASHID SYARIAH PERSPECTIVE (Case Study at Bhayangkara Tulungagung Hospital)".

## **Methods**

This research is classified as a descriptive qualitative type of research because this research provides an overview of the research results by describing the actual data obtained in the field. Qualitative research is research that intends to understand phenomena about what is experienced by research subjects such as behavior, perception, motivation, actions and so on holistically and by means of descriptions in the form of words and language, in a special natural context by utilizing various natural methods.

This research will describe the object in a natural way, namely the Guarantee of BPJS Health Patients in Childbirth Operation Claims using the Indonesian Case Base Groups System Perspective Maqashid Syariah at Bhayangkara Tulungagung Hospital.<sup>4</sup>

Qualitative research is a naturalistic investigative process that seeks a deep understanding of natural social phenomena. Qualitative research emphasizes quality, not quantity, and the data collected does not come from questionnaires but comes from interviews, direct observation and

---

<sup>4</sup> Moleong, *Metodologi Penelitian Kualitatif* (Bandung, 2018), 1

other related official documents. Qualitative research also emphasizes the process aspect rather than the results obtained. This is because the relationship between the parts being studied will be much clearer if observed in the process.

This research will describe a natural object, namely the Guarantee of BPJS Health Patients in Childbirth Operation Claims using the Indonesian Case Base Groups System from a Maqashid Syariah Perspective at Bhayangkara Tulungagung Hospital.

## **Result**

### ***1. Findings regarding guarantees for BPJS Health patients in childbirth operation claims using the Indonesian Case Base Groups Perspective Maqashid Syariah system.***

- a. "Guaranteed treatment with BPJS Health, the INA CBGs tariff system at Bhayangkara Tulungagung Hospital is paid per episode of health services, namely a series of patient care until completion, in the package payment includes: (1) Doctor's consultation (2) Supporting examinations, such as laboratories, radiology (X-rays), etc. (3) National Formulary Medicines (4) Consumable medical materials and equipment (5) Accommodation or treatment rooms (6) Other costs related to patient health services"<sup>5</sup>
- b. "The thing that BPJS Health patients most often complain about is the administration of generic drugs. Because there is an opinion that by using generic drugs their disease will not be cured, even though the regulations from BPJS Health are clear that for the INA CBGs package use drugs that have been determined in the national formulary and for BPJS Health patients who occupy appropriate classes, cost sharing is not permitted."<sup>6</sup>
- c. "Indeed, initially we, as doctors in charge of services at Bhayangkara Tulungagung Hospital, had intended to implement a clinical pathway for cases without complications, but along the way, several times the patient's condition worsened, requiring additional therapy, for example bleeding that was more than expected, so we had to get a blood transfusion. Or in the process of sewing the stomach lining, it turns out that the thread that was previously calculated is not sufficient, so it has to be added. There are also incidents where patients feel so much pain after surgery that they have to receive additional intravenous analgesic therapy. Because the clinical pathway has already mentioned the type of drug that will be used, but alternative types have not been

---

<sup>5</sup> Interview with N (BPJS Claims Section, Bhayangkara Tulungagung Hospital), May 10 2023

<sup>6</sup> Interview with P (Public Relations Section of Bhayangkara Tulungagung Hospital), May 10 2023

provided other drugs so that if a specific case is found, to save the patient's life we immediately prescribe another drug and most importantly the patient's life is saved."<sup>7</sup>

- d. "If the rates for obstetricians and anesthesia specialists can be reduced for the INA CBGs package, perhaps Bhayangkara Tulungagung Hospital will not suffer too much loss. The problem is that we don't have organic specialist doctors, almost all specialist doctors at Bhayangkara Tulungagung Hospital are visiting doctors. Meanwhile, it is very difficult for specialist doctors from outside to enter the Tulungagung Regency area to practice because they must have permission from a senior specialist doctor before entering and practicing in the Tulungagung Regency Indonesian Doctors Association area. "So competition for specialist doctors in Tulungagung Regency is very limited, perhaps that is why it is difficult for Bhayangkara Tulungagung Hospital to reduce rates for obstetricians and anesthesiologists."<sup>8</sup>
- e. "The availability of third class rooms for BPJS Health patients at Bhayangkara Tulungagung Hospital is in accordance with regulations from the Minister of Health for Type C Hospitals, namely a minimum of 30% of the total number of appropriate beds."<sup>9</sup>

## ***2. Findings regarding BPJS Health patient payment practices for birth operation claims using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital.***

- a. "There are no additional costs for BPJS Health patient payments for childbirth surgery claims at Bhayangkara Tulungagung Hospital, as long as the patient is in the insurance class. "From arrival until the patient goes home, there are no additional costs at all, everything is in accordance with the claims from BPJS Health."<sup>10</sup>
- b. "For patients who are upgraded to treatment class at their own request, there is additional cost sharing in accordance with BPJS Health regulations. "Before going up a class, our officers will explain the cost reduction estimate, so patients can estimate the costs they will incur for downgrading costs."<sup>11</sup>
- c. "We try to provide the best service for BPJS Health patients so that they are quite satisfied with the service according to their insurance class and do not need to increase costs or cost sharing."<sup>12</sup>

---

<sup>7</sup> Interview with E (Obgyn Doctor, Bhayangkara Tulungagung Hospital), May 10 2023

<sup>8</sup> Interview with S (Administrative Section of Bhayangkara Tulungagung Hospital), May 10 2023

<sup>9</sup> Interview with H (Service Supervisor Section at Bhayangkara Tulungagung Hospital), May 11 2023

<sup>10</sup> Interview with N (Claims Department of Bhayangkara Tulungagung Hospital), May 11 2023

<sup>11</sup> Interview with N (Claims Department of Bhayangkara Tulungagung Hospital), May 11 2023

<sup>12</sup> Interview with H (Service Supervisor Section at Bhayangkara Tulungagung Hospital), May 11 2023

***3. Findings regarding the impact of BPJS Health patients on childbirth operation claims using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital viewed from the Maqashid Syariah perspective.***

- a. "Because for birth surgery patients with BPJS Health who occupy the appropriate class or are not promoted, we are not allowed to share costs, Bhayangkara Tulungagung Hospital covers the shortfall in costs with cross-subsidies from BPJS Health patient services that are not at a loss. "So Bhayangkara Tulungagung Hospital calculates all claims, not per service, because if you calculate it per service, there will definitely be some losses, but if you count all services in one claim, Bhayangkara Hospital still makes a profit."<sup>13</sup>
- b. "Indeed, the INA-CBGs tariff is an economical tariff which often makes type C and D hospitals suffer losses in several services because the claim value is lower than type A and B hospitals even though the service value is almost the same. For example, in difficult childbirth operations. The way to overcome this is by maximizing the performance of health workers at Bhayangkara Tulungagung Hospital to reduce the value of services provided. "We are trying to maximize the health workforce at Bhayangkara Tulungagung Hospital by recruiting competent health workers."<sup>14</sup>
- c. "Indeed, one way that the costs for the INA CBGs package payment system can be reduced is by reducing the length of patient treatment. However, so far the issue that has developed in society that we often hear is the bad one, namely that BPJS Health patients will be discharged more quickly than patients who are not BPJS Health. In fact, from a medical aspect, the longer the length of treatment, the less good the quality of medical performance is because the patient has to be treated longer (takes longer to recover). On the other hand, if the length of treatment becomes shorter, it can be understood that the quality of medical performance is good. However, on the other hand, the short duration of treatment is also influenced by the patient's discharge method, which is divided into five categories, namely recovery, reconciliation, death, forced return home, etc. "So far, at Bhayangkara Tulungagung Hospital, the most common way to go home is to recover, so even though the length of treatment is short, the quality of medical performance at Bhayangkara Tulungagung Hospital is good."<sup>15</sup>

---

<sup>13</sup> Interview with S (Administrative Section of Bhayangkara Tulungagung Hospital), May 12 2023

<sup>14</sup> Wawancara dengan H (Bagian Pengawas Pelayanan Rumah Sakit Bhayangkara Tulungagung), tanggal 12 Mei 2023

<sup>15</sup> Interview with D (Medical Records Section, Bhayangkara Tulungagung Hospital), May 12 2023

- d. "Savings don't mean it always results in poor quality, indeed with the INA CBGs rates we have to save money, especially on consumable medical equipment for operations by implementing the correct Standard Operating Procedures. Because there are still many health workers who use consumable medical equipment wastefully. For example, excessive use of gauze, plaster and gloves actually has no benefit for the patient and only adds unnecessary costs."<sup>16</sup>

## **Discussion**

Based on data from observations, interviews and document studies regarding BPJS Health Patient Guarantee in Childbirth Operation Claims using the Indonesian Case Base Groups Perspective Maqashid Syariah System at Bhayangkara Tulungagung Hospital, the researchers obtained the following findings:

### ***1. Discussion about guarantees for BPJS Health patients in childbirth operation claims using the Indonesian Case Base Groups Perspective Maqashid Syariah system.***

In Article 19 Paragraph (2) of Law Number 40 of 2004 concerning SJSN, it is stated that health insurance is provided with the aim of ensuring that participants receive health care benefits and protection in meeting basic health needs. Furthermore, Article 22 Paragraph (1) of the Law states that health insurance benefits are individual services in the form of health services which include promotive, preventive, curative and rehabilitative services, including medicines and necessary consumable medical materials. In the explanation of Article 22 Paragraph (1) it is stated that health services include health services and education, immunization, family planning services, outpatient care, inpatient care, emergency services and other medical procedures, including dialysis and heart surgery. These services are provided in accordance with standard services, both quality and type of service in order to ensure program continuity and participant satisfaction. The extent of health services is adjusted to the changing needs of participants and the financial capabilities of BPJS Health.

Then, Article 3 of Law Number 24 of 2011 concerning BPJS states that BPJS aims to provide guarantees for the fulfillment of the basic needs of a decent life for each participant and/or their family members. In the explanation of Article 3, it is stated that what is meant by basic living needs are the essential needs of every person in order to live a decent life, for the sake of realizing social welfare for all Indonesian people.

Meanwhile, Article 46 Paragraph (1) of Presidential Decree Number 82 of 2018 concerning Health Insurance, as most recently amended by Presidential Decree Number 64 of 2020 concerning the Second Amendment to Presidential Regulation Number 82 of 2018

---

<sup>16</sup> Interview with H (Service Supervisor Section at Bhayangkara Tulungagung Hospital), May 12 2023



concerning Health Insurance, states that every participant has the right to obtain health insurance benefits. is an individual health service, covering promotive, preventive, curative and rehabilitative services, including drug services, medical devices and consumable medical materials according to medical needs. Furthermore, paragraph (2) states that the health insurance benefits as intended in paragraph (1) consist of medical benefits and non-medical benefits, and paragraph (4) states that non-medical benefits as intended in paragraph (2) are provided based on the amount of the participant's contribution.

Meanwhile, guarantees for patients seeking treatment using BPJS Health at Bhayangkara Tulungagung Hospital include: (1) Doctor consultation (2) Supporting examinations, such as laboratory, radiology (X-ray), etc. (3) National Formulary Medicines (4) Materials and consumable medical equipment (5) Accommodation or treatment rooms (6) Other costs related to patient health services.

Use of drugs during birth operations at Bhayangkara Tulungagung Hospital in accordance with the provisions of the national formulary and clinical pathway. However, when the patient's condition worsened several times and required additional therapy, to save the patient's life, the doctor in charge of services at Bhayangkara Tulungagung Hospital immediately prescribed another drug because the most important thing was that the patient's life could be saved.

Almost all of the specialist doctors at Bhayangkara Tulungagung Hospital are visiting doctors. Meanwhile, it is very difficult for specialist doctors from outside to enter the Tulungagung Regency area to practice because they must have permission from a senior specialist doctor before entering and practicing in the Tulungagung Regency Indonesian Doctors Association area. So the competition for specialist doctors in Tulungagung Regency is very limited, perhaps that is why it is difficult for the Bhayangkara Tulungagung Hospital to reduce the rates for obstetricians and anesthesia specialists to save on INA CBGs rates.

The availability of class 1, 2 and 3 rooms for BPJS Health patients at Bhayangkara Tulungagung Hospital is in accordance with regulations from the Minister of Health for type C hospitals. So BPJS Health patients will be well served at Bhayangkara Tulungagung Hospital.

According to researchers, BPJS Health patient assurance claims for childbirth operations using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital have fulfilled the benefits of health care and protection in meeting basic health needs in accordance with applicable laws. Meanwhile, the use of drugs or medical devices that do not comply with the provisions of the national formulary causes the claim value to be insufficient for operational costs due to the interests and safety of the patient.

Patient safety during birth operations is very important for Bhayangkara Tulungagung Hospital because the lives that must be saved are not only the mother's but also the baby's. This is in accordance with the protection of life/soul (*ḥifẓ al-nafs*) meaning the preservation of the soul, where this protection is realized by making decisions at the right time to add medicines or replace them with medicines that are more needed by the patient despite the consequences for their value. INS claims CBGs are less than the operational costs incurred by Bhayangkara Tulungagung Hospital.

## ***2. Discussion of BPJS Health patient payment practices for birth operation claims using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital.***

Minister of Health Regulation No. 76 of 2016 concerning INA-CBG Guidelines for Implementing JKN, it is stated that health financing is an important part of implementing JKN. BPJS Health pays hospitals after the Health Facility provides services to BPJS Health participants. The aim of the INA CBG system is to encourage quality, encourage patient-oriented services, encourage efficiency by not giving rewards to providers who over-treat and encourage team service. With the right financing system, it is hoped that the above objectives will be achieved.

Hospital payment methods using INA-CBGs must be followed by various changes in hospitals both at the management and professional levels, especially doctors. Because changes are not only made to the perspective of managing patients but also the perspective of managing hospitals.

Some efforts that hospitals should make are: (1) Building a hospital team, (2) Increasing efficiency, (3) Improving the quality of medical records, (5) Improving the speed and quality of claims, (6) Standardizing, (7) Establishing Hospital Casemix Team/INA-CBG Team, (8) Utilizing claims data, (9) Carrying out post-claim reviews, (10) Payment for medical services, (11) In the future it is hoped that all hospital providers will, (12) JKN can contribute to sending coding data and costing data so that rates can be generated that reflect the actual cost of services at the hospital.

The practice of paying BPJS Health patients for childbirth surgery claims using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital is carried out in accordance with the guidelines and instructions from the Ministry of Health of the Republic of Indonesia. For patients who occupy the insurance class, there is never any additional cost, but for those who, at the request of the patient or their own family, wish to be upgraded, there is cost sharing in accordance with the rules and regulations of BPJS Health.

***3. Discussion of the impact of BPJS Health patients on childbirth operation claims using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital from a Maqashid Syariah perspective.***

Islamic Sharia really values a person's life, not just the lives of followers of Islam, even the lives of infidels or evil people. The threat of the qishash law is a guarantee that no life is permitted.

Islam is a religion that protects the safety of the human soul, so anything that damages or disturbs the soul is not permitted in Islam. The same as religious protection, life protection is divided into three, namely daruriyat, hajiyayat and tahsiniyat.

Protection for BPJS Health patients when claiming childbirth operations using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital from adverse impacts is Daruriyat protection, namely at the first level (primary), because the impact is the safety of the lives of the mother and baby.

The safety of the lives of mothers and babies of BPJS Health patients who claim childbirth operations using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital can be protected because Bhayangkara Tulungagung Hospital responds to INA CBGs claims which are lower than hospital operational costs in a good and non-injurious way. soul safety. Therefore, the impact caused by BPJS Health patients on claims for childbirth operations using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital can be handled properly so that the benefit of religion and the world can be realized in accordance with Maqashid Syariah Hifdz An-Nafs.

**Conclusion**

1. Guarantee for BPJS Health patients in claims for childbirth operations using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital is in accordance with the maqashid sharia concept of protection for life/soul (*hifz al-nafs*) where this protection is realized by making decisions at the right time to add medicines or replace them with medicines that are more needed by the patient even though the value of the INA CBGs claim is less than the operational costs incurred by the Bhayangkara Tulungagung Hospital. To cover the shortfall in rising costs, Bhayangkara Tulungagung Hospital is trying to save on other components that do not endanger patient safety, such as repairing class III rooms so that patients are comfortable and do not need to be upgraded, providing an explanation of the benefits of generic drugs which are actually the same as non-generic drugs and saving money. use of consumable health equipment.

2. The practice of paying BPJS Health patients for childbirth surgery claims using the Indonesian Case Base Groups system at Bhayangkara Hospital is lower than the fee for service rate, resulting in the hospital having to take efficiency measures by cutting measures that do not have cost effective value.
3. The impact caused by BPJS Health patients on childbirth operation claims using the Indonesian Case Base Groups system at Bhayangkara Tulungagung Hospital can be handled in good ways and not injure life safety so that the benefit of religion and the world can be realized in accordance with Maqashid Syariah Hifdz An -Nafs.

## **Bibliography**

Undang-Undang Republik Indonesia Nomor 40 Tahun 2004 tentang Sistem Jaminan Sosial Nasional Nasional(**Book**)

Undang-Undang Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial(**Book**)

Undang-Undang Nomor 7 Tahun 2014 tentang Hukum Dagang(**Book**)

Peraturan Menteri Kesehatan Nomor 28 Tahun 2014 tentang Pedoman Pelaksanaan Program Jaminas Kesehatan Nasional(**Book**)

Peraturan Menteri Kesehatan Republik Indonesia Nomor 76 Tahun 2016 tentang Pedoman Indonesian Case Base Groups (INA-CBG) dalam Pelaksanaan Jaminan Kesehatan Nasional(**Book**)

Panduan Praktis Administrasi Klaim Fasilitas Kesehatan BPJS Kesehatan(**Book**)

Rumah Sakit Bhayangkara Tulungagung. *Profil Rumah Sakit Bhayangkara Tulungagung*, 2023. (**Book**)

Andika Wijaya, *Hukum Jaminan Sosial Indonesia*, Jakarta: Sinar Grafika, 2017(**Book**)

Syakir Sula, *Asuransi Syariah: Konsep dan Sistem Operasional*, Jakarta, 2004.(**Book**)

Abdulah Amrin, *Asuransi Syariah*, Jakarta: PT. Elex Media Komputindo,2006.(**Book**)

Amir Syarifudin. *Ushul Fiqh*. Bandung : Kencana Prenada Media Group, 2011.(**Book**)

Mulyadi Nitisusastro, *Asuransi dan Usaha Peransuransian di Indonesia*, (Bandung: Alfabeth, 2013) (**Book**)

Frisca Anindhita, M.Kesos, Nila Kusumawati Elison, MPH Bunga Pelangi, SKM, Lina Rintis Susanti, Sip (*Women Research Institute Lembaga penelitian yang memfokuskan kerjanya dengan menggunakan analisis femini*) (**Book**)

Mulyadi Nitisusastro, *Asuransi dan Usaha Peransuransian di Indonesia*, (Bandung:Alfabeth, 2013) (**Book**)

- Muchtar R, *Sinopsis Obstetri* (Edisi 2, Jilid 1, . Jakarta :EGC,1998) **(Book)**
- Edi Susilo Devi Fadiya Ramadhani Muhammad Iqbal Fasa, *Maqashid Syariah Perbankan Indonesian dan Malaysia*, (Jebara :2022) **(Book)**
- Panduan Praktis Administrasi Klaim Fasilitas Kesehatan BPJS Kesehatan**(Book)**
- Duski Ibrahim, *Al Qawa'id Al Maqashidiyah (Kaidah-Kaidah Maqashid)* (Sleman, 2019) **(Book)**
- Muhammad Syukri Albani Nasution, Rahmad Hidayat Nasution, *Filsafat Hukum Islam dan Maqashid Syariah* (Jakarta, Kencana:2020), 47-48**(Book)**
- Yudian Wahyudi, *Hukum Islam antara filsafat dan politik*, (Yogyakarta; Pesantren Nawesea Press,2015)**(Book)**
- Muhammad Faisol, *Pendekatan Sistem Jasser Anda terhadap Hukum Islam : ke arab fiqh Post-Postmodernisme* (Lampung: jurnal Kalam, volume 6, 2012), 52**(Book)**
- Zainuddin Ali, *Hukum Asuransi Syariah* (Sinar Grafika, Jakarta:2008), **(Book)**
- Zulhamdi M Saad, *Prinsip-Prinsip Dasar Asuransi Syariah* (Arkatama, Jakarta:2020), **(Book)**
- Moleong, *Metodologi Penelitian Kualitatif* (Bandung, 2018) **(Book)**
- Jaih Mubarak, Khotibul Umam, Destri Budi Nugraheni, Veri Antoni, Kusumawati Syafei, Shandy Primadasetyo, *Ekonomi Syariah*, Jakarta, 2021
- Pertiwi M, Nurcahyanto H. *Efektivitas Program Bpjs Kesehatan Di Kota Semarang (Studi Kasus pada Pasien Pengguna Jasa BPJS Kesehatan di Puskesmas Sronol)*. J Public Policy Manag Rev [Internet]. 2017;6(2):416–30. Available from: <https://ejournal3.undip.ac.id/index.php/jppmr/article/view/16050>**(Article in online journal)**
- BPJS Kesehatan. *Perubahan Tarif INA-Cbgs Membuat Biaya Kesehatan Lebih Efektif*. Jakarta: Badan Penyelenggara Jaminan Sosial Pusat, 2014. **(Article in online journal)**
- Aulia D, Ayu SF, Nasution NH. *Analisis Upaya Rumah Sakit dalam Menutupi Kekurangan Biaya Klaim Indonesia Case Base Group (INA-CBGs) Yang Dihitung dengan Metode Activities Base Costing pada Rumah Sakit Swasta Kelas C di Kota Medan Tahun 2017*, 2017. **(Article in online journal)**
- Mahayanti DGN. *Gambaran Penerapan Sistem Indonesian Case Based Groups Pada Rumah Sakit Provider Bpjs Kesehatan Di Kabupaten Badung Tahun 2015*. Universitas Udayana; 2015. **(Article in online journal)**
- Wa Ode DW, Karimuna SR, Munandar S. *Studi Penerapan Sistem Pembayaran Layanan Kesehatan dengan Sistem Diagnosis Penyakit (Indonesia Case Based Groups / Ina-cbgs)* **(Article in online journal)**