

REGULATION OF THE SOCIAL SECURITY AGENCY FOR EMPLOYMENT
NUMBER 1 OF 2024
ON
PROCEDURES FOR COOPERATION AND SUBMISSION OF PAYMENTS
FROM HEALTH SERVICE FACILITIES
BY THE BLESSINGS OF ALMIGHTY GOD

PRESIDENT DIRECTOR
OF THE SOCIAL SECURITY AGENCY FOR EMPLOYMENT,

Considering : that in order to implement the provisions of Article 46 section (2) of the Government Regulation Number 44 of 2015 on Implementation of Employment Injury Security and Death Security Programs and provisions of Article 6 section (3) of Regulation of the Minister of Manpower Number 11 of 2016 on Health Services and Tariff in Implementation of Employment Injury Security, it is necessary to issue Regulation of the Social Security Agency for Employment on Procedures for Cooperation and Submission of Payments from Health Service Facilities;

Observing : 1. Law Number 24 of 2011 on Social Security Agency (State Gazette of the Republic of Indonesia of 2011 Number 116, Supplement to the State Gazette of the Republic of Indonesia Number 5256) as amended several times, last by Government Regulation in Lieu of Law Number 2 of 2022 on Job Creation (State Gazette of the Republic of Indonesia of 2022 Number 238, Supplement to the State Gazette of the Republic of Indonesia Number 6841);
2. Government Regulation Number 44 of 2015 on Employment Injury Security and Death Security Programs (State Gazette of the Republic of Indonesia of 2015 Number 154, Supplement to the State Gazette of the Republic of Indonesia Number 5714) as amended several times, last by Government Regulation Number

49 of 2023 on the Second Amendment to Government Regulation Number 44 of 2015 on Implementation of Employment Injury Security and Death Security Programs (State Gazette of the Republic of Indonesia of 2023 Number 128, Supplement to the State Gazette of the Republic of Indonesia Number 6893);

3. Regulation of the Minister of Manpower Number 11 of 2016 on Health Services and Tariff in Implementation of Employment Injury Security Program (State Bulletin of the Republic of Indonesia of 2016 Number 338);

HAS DECIDED:

To issue : REGULATION OF THE SOCIAL SECURITY AGENCY FOR EMPLOYMENT ON PROCEDURES FOR COOPERATION AND SUBMISSION OF PAYMENTS FROM HEALTH SERVICE FACILITIES.

CHAPTER I
GENERAL PROVISIONS

Article 1

In this Agency Regulation:

1. Social Security Agency for Employment, (*Badan Penyelenggara Jaminan Sosial Ketenagakerjaan*) hereinafter referred to as BPJS Ketenagakerjaan, means a public legal entity established based on Law Number 24 of 2011 on Social Security Agency.
2. Employment Injury means an accident occurred during employment relations, including the accident occurred during the commutes from home to the workplace or vice versa, and disease caused by work environment.
3. Occupational Diseases (*Penyakit Akibat Kerja*), hereinafter abbreviated as PAK, mean diseases caused by works and/or work environment.
4. Cases mean incidents of Employment Injury or Occupational Diseases.
5. Health Service Facilities means facilities which are used for health and rehabilitation services carried out by the government, local governments, and/ or private companies.
6. Member means any person including a foreigner national who works for at least 6 (six) months in Indonesia, who has paid contributions.
7. BPJS Ketenagakerjaan Member Card, means a card indicating Membership in BPJS Ketenagakerjaan having a single identity number applicable for employment injury security, old age security, pension

security, and death security programs, pursuant to membership stages.

8. Credentialing means an assessment of the implementation of employment injury security program services by BPJS Ketenagakerjaan to find out the available service standards, capacity, and quality of prospective partners that will collaborate and partners who have collaborated.

CHAPTER II COOPERATION PROCEDURES

Part One Health Service Facilities

Article 2

(1) BPJS Ketenagakerjaan, in providing health services for Members suffering from Employment Injuries, PAKs, alleged Employment Injuries and/or PAKs, cooperates with the Health Service Facilities.

(2) The Health Service Facilities as referred to in section (1) include:

- independent practice of medical professionals or health professionals;
- public health centers;
- clinics;
- hospitals; and
- supporting Health Service Facilities.

(3) The Health Service Facilities as referred to in section (1) provide comprehensive health services in accordance with the medical needs based on the scope of services at the Health Service Facilities.

(4) The comprehensive health services as referred to in section (3) are health services in the form of promotive, preventive, curative and rehabilitative health services in accordance with the provisions of legislation.

Part Two Cooperation Requirements

Article 3

(1) Cooperation with the Health Service Facilities as referred to in Article 2 section (1) is carried out through a cooperation agreement.

(2) The cooperation agreement as referred to in section (1) is a guideline for BPJS Ketenagakerjaan and Health Service Facilities in providing health services for BPJS Ketenagakerjaan Members suffering from Employment Injuries, PAKs, or alleged Employment Injuries/PAKs.

(3) Before cooperating with BPJS Ketenagakerjaan, the Health Service Facilities as referred to in Article 2 section (2) must meet the following requirements:

- a. requirements for independent practice by medical professionals or health professionals include:
 1. have practice license;
 2. have been registered with the ministry administering government affairs in the field of health in accordance with the provisions of legislation;
 3. have a taxpayer identification number;
 4. have been registered in the social security program for employment and comply with the obligation to pay contributions in accordance with the provisions of legislation; and
 5. independent medical or health professional practitioners have been registered as Members in the social security program for employment in accordance with the provisions of legislation,
- b. requirements for the public health center include:
 1. have operating license;
 2. have accreditation certificate;
 3. have been registered with the ministry administering government affairs in the field of health in accordance with the provisions of legislation;
 4. have a practice license for any medical professionals who handle Employment Injuries and/or PAKs;
 5. have been registered in the social security program for employment and comply with the obligation to pay contribution in accordance with the provisions of legislation; and
 6. any public health center workers have been registered as Members in the social security program for employment in accordance with the provisions of legislation,
- c. requirements for clinics include:
 1. have operating license;
 2. have been registered with the ministry administering government affairs in the field

- of health in accordance with the provisions of legislation;
- 3. have practice license for any medical professionals who handle Employment Injuries and/or PAKs;
- 4. have a taxpayer identification number;
- 5. have been registered in the social security program for employment and comply with the obligation to pay contribution in accordance with the provisions of legislation; and
- 6. clinic workers have been registered as Members in the social security program for employment in accordance with the provisions of legislation,

- d. requirements for hospitals include:
 - 1. have operating license;
 - 2. have accreditation certificate;
 - 3. have been registered with the ministry administering government affairs in the field of health in accordance with the provisions of legislation;
 - 4. have a practice license for any medical professionals who handle Employment Injuries and/or PAKs;
 - 5. have a taxpayer identification number;
 - 6. have been registered in the social security program for employment and comply with the obligation to pay contribution;
 - 7. hospital workers have been registered as Members in the social security program for employment in accordance with the provisions of legislation; and
 - 8. able to provide medical rehabilitation services of physiotherapy services and/or occupational therapy services,
- e. requirements for the supporting Health Service Facilities include:
 - 1. have operating license;
 - 2. have been registered with the ministry administering government affairs in the field of health in accordance with the provisions of legislation;
 - 3. have a practice license for any medical professionals who handle Employment Injuries and/or PAKs;
 - 4. have a taxpayer identification number;
 - 5. have been registered in the social security program for employment and comply with the

obligation to pay contribution in accordance with the provisions of legislation;

6. the supporting health service facility workers have been registered as Members in the social security program for employment in accordance with the provisions of legislation.

Part Three Implementation of Cooperation

Article 4

- (1) BPJS Ketenagakerjaan, prior to entering into a cooperation agreement with a Health Service Facility, reviews the formation of cooperation.
- (2) The review on the formation of cooperation as referred to in section (1) at least mentions:
 - a. background;
 - b. analysis of the formation of cooperation by considering factors consisting of:
 1. needs of the Members to be served; and
 2. needs of the Health Service Facilities,
 - c. Credentialing results; and
 - d. conclusion(s).
- (3) In the event that the cooperation is carried out based on an offer from a Health Service Facility, BPJS Ketenagakerjaan submits a response letter based on the review on the formation of the cooperation to the Health Service Facility no later than 30 (thirty) work days since the offer is received.

Article 5

- (1) The Credentialing as referred to in Article 4 section (2) point c includes the following aspects:
 - a. legality;
 - b. human resources;
 - c. means and infrastructures; and
 - d. other aspects in accordance with the needs of BPJS Ketenagakerjaan.
- (2) The Credentialing as referred to in section (1) is determined by the BPJS Ketenagakerjaan Board of Directors.
- (3) BPJS Ketenagakerjaan may use valid BPJS Kesehatan (Health) Credentialing results as a consideration in collaborating with the Health Service Facilities.

Article 6

- (1) During the cooperation term with the Health Service Facilities, BPJS Ketenagakerjaan may carry out re-Credentialing to ensure that the Health Service Facilities continue to meet health service standards in accordance with the provisions of legislation and cooperation agreement between BPJS Ketenagakerjaan and the Health Service Facilities.
- (2) The re-Credentialing as referred to in section (1) is carried out using the criteria as referred to in Article 5 section (1).
- (3) The re-Credentialing of the Health Service Facilities is carried out at least once in 1 (one) year.

Article 7

The Health Service Facilities in collaboration with BPJS Ketenagakerjaan may provide any information required by BPJS Ketenagakerjaan in connection with the cooperation in health services, including data on Health supporting or assistance personnel at other institutions placed in the Health Service Facilities in accordance with the provisions of legislation.

Part Four

Termination of Cooperation

Article 8

- (1) In the event that the Health Service Facility does not implement the agreements as stated in the cooperation contract between BPJS Ketenagakerjaan and the Health Service Facilities, BPJS Ketenagakerjaan issues a written warning to the Health Service Facilities.
- (2) If the Health Service Facilities have been given a written warning as referred to in section (1) but they remain not performing the agreements stated in the cooperation contract, BPJS Ketenagakerjaan follows up by:
 - a. unilaterally terminating the cooperation contract with the Health Service Facilities; and/or
 - b. claiming for a compensation for any losses caused by the Health Service Facility, if any.

Article 9

- (1) In the event that there is an alleged fraudulent activity in the performance of the cooperation between BPJS Ketenagakerjaan and the Health Service Facilities, it is settled amicably.

- (2) The amicable settlement as referred to in section (1) may involve the ministry administering government affairs in the field of manpower, the ministry administering government affairs in the field of health, the National Social Security Council, professional organizations, experts, and/or other related parties as necessary.
- (3) In the event that the amicable settlement as referred to in section (1) is not successful, the settlement is carried out in accordance with the provisions of legislation.

CHAPTER III

HEALTH SERVICE COST INVOICING PROCEDURE

Part One

Submission of Invoices from the Health Facilities

Article 10

- (1) The Health Service Facilities provide health services to the BPJS Ketenagakerjaan Members who suffer from any Employment Injuries, PAKs, alleged Employment Injuries and alleged PAKs based on a service eligibility letter from BPJS Ketenagakerjaan.
- (2) The service eligibility letter as referred to in section (1) is submitted to the Health Service Facilities as a stage I reporting follow-up from the employers or Members to BPJS Ketenagakerjaan using the stage I Employment Injury form which has been set-out in accordance with the provisions of legislation.

Article 11

- (1) Costs arising from the health services provided by the Health Service Facilities as referred to in Article 10 section (1) are billed to BPJS Ketenagakerjaan.
- (2) Invoices from the Health Service Facilities for any health service costs are collectively submitted to BPJS Ketenagakerjaan 1 (one) time by no later than the 10th (tenth) day of the following month.
- (3) In the event that the 10th (tenth) day falls on a holiday, the deadline for the Invoice submission from the Health Service Facilities as referred to in section (2) is the next immediate work day.
- (4) The costs billed as referred to in section (2) are the costs of medical care and treatment services for Cases which are ongoing or the Members have been declared

cured/disabled/deceased by the treating doctor in the current month.

(5) The invoices from the Health Service Facilities as referred to in section (2) may be submitted online and/or offline.

Part Two
Required Documents

Article 12

(1) The required documents for submitting invoices from the Health Service Facilities include:

- a. BPJS Ketenagakerjaan Member Card;
- b. resident identity card or passport for foreign nationals;
- c. payment invoice submission letter;
- d. BPJS Ketenagakerjaan service eligibility letter;
- e. receipt with sufficient duty stamp or digital/electronic receipt;
- f. proof of the current month's contribution payment for the social security program for employment; and
- g. other supporting documents which are required.

(2) In addition to the documents as referred to in section (1), BPJS Ketenagakerjaan may request the following documents:

- a. supporting medical check-up results;
- b. medical intervention report;
- c. Member's medical resume; and/or
- d. reference letters among the Health Service Facility previously used.

(3) In the event that the invoices are submitted online as referred to in Article 11 section (5), the required documents as referred to in section (1) point e and section (2) are submitted physically to BPJS Ketenagakerjaan.

(4) The required documents submitted physically to BPJS Ketenagakerjaan as referred to in section (3) take at the maximum 3 (three) days after online submission of invoices from the Health Service Facility.

(5) In the event that the Members have been stated to be cured, disabled or passed away by the examining doctor, the required documents as referred to in section (1) are added with a doctor's note on Employment Injury Case or a doctor's note on PAK Case in accordance with the provisions of legislation.

(6) The required documents as referred to in section (1) point a and point b may be in the form of electronic documents or photocopies.

Part Three
Document Check and Verification

Article 13

(1) BPJS Ketenagakerjaan checks the completeness of the payment application document files from the Health Service Facility and submits the check results no later than 7 (seven) work days after the payment application is received from the Health Service Facility.

(2) In the event that the documents submitted by the Health Service Facility as referred to in section (1) are incomplete, BPJS Ketenagakerjaan returns the payment application file to be completed and resubmitted by the Health Service Facility together with the application for the following month's health service costs as referred to in Article 11 section (2).

(3) In the event that the documents submitted by the Health Service Facility as referred to in section (1) are complete, BPJS Ketenagakerjaan carries out a verification no later than 10 (ten) work days in accordance with the provisions of the standard tariffs and services as stipulated in the cooperation agreement between BPJS Ketenagakerjaan and the Health Service Facilities.

Article 14

(1) In the event that the verification results are deemed noncompliant, BPJS Ketenagakerjaan informs the Health Service Facility to make adjustment to the invoice submission files.

(2) The Health Service Facilities make adjustment to the invoice submission files as referred to in section (1) and resubmit them to BPJS Ketenagakerjaan no later than 2 (two) work days.

(3) In the event that the Health Service Facility does not make the adjustments nor resubmit the invoice submission files to BPJS Ketenagakerjaan within the period as referred to in section (2), BPJS Ketenagakerjaan returns the noncompliant invoice submission files to the Health Service Facility.

(4) The Health Service Facility may resubmit the invoice submission files as referred to in section (3) if they have

been adjusted together with the next month's health cost invoice submission as referred to in Article 11 section (2).

Part Four
Expiry Period of the Health Service Cost Submission

Chapter 15

- (1) The expiry period for submitting the health service costs by the Health Service Facilities to BPJS Ketenagakerjaan is no later than 6 (six) months after the health service has been provided.
- (2) The expiry period as referred to in section (1) applies to the following invoices submitted:
 - a. health service costs which have not been billed to BPJS Ketenagakerjaan;
 - b. health service costs which have been billed to BPJS Ketenagakerjaan, but the documents are incomplete and have not been rebilled to BPJS Ketenagakerjaan; and
 - c. health service cost bills which need to be adjusted based on the results of BPJS Ketenagakerjaan's verification and are not rebilled to BPJS Ketenagakerjaan.
- (3) In the event that the deadline for submitting the health service costs as referred to in section (1) has passed, the health service costs may not be resubmitted.

CHAPTER IV
PAYMENT METHOD AND HEALTH SERVICE TARIFF

Part One
Health Service Cost Payment and Tariff

Article 16

- (1) BPJS Ketenagakerjaan pays the Health Service Facility's bills based on verification results in accordance with the provisions of standard tariff and services stipulated in the cooperation agreement between BPJS Ketenagakerjaan and the Health Service Facilities.
- (2) The claims as referred to in section (1) are paid no later than 7 (seven) work days after the payment claim documents are declared complete and correct based on the results of BPJS Ketenagakerjaan's verification.

Article 17

- (1) The tariff used to reimburse the health service costs are the health service tariff agreed upon between BPJS Ketenagakerjaan and the Health Service Facility and included in the Cooperation Agreement.
- (2) The health service tariff as referred to in section (1) refers to the provisions of legislation.

Article 18

- (1) For the purposes of paying the health service costs, BPJS Ketenagakerjaan may request for the Member's medical record of a summary of the medical record to the Health Service Facility in accordance with the provisions of legislation.
- (2) In the event that it is required for the purposes of claim administration audits, BPJS Ketenagakerjaan may request for other necessary service proofs and view, record or document the Member's medical records from the Health Service Facilities while maintaining the confidentiality of the medical record contents in accordance with the provisions of legislation.
- (3) In the event that a shortfall in payment by BPJS Ketenagakerjaan to the Health Service Facilities is found in the claim administration audit process or verification after claim, BPJS Ketenagakerjaan pays the remaining amount to the Health Service Facilities.
- (4) In the event that an overpayment by BPJS Ketenagakerjaan to the Health Service Facility is found in the claim administration audit process or post-claim verification, the Health Service Facility returns the excess payment to BPJS Ketenagakerjaan.
- (5) The audit as referred to in section (2) to section (4) is carried out in the context of internal and external general supervision in accordance with the provisions of legislation.

Part Two

Health Service Costs which Are Not Covered by BPJS
Ketenagakerjaan

Article 19

- (1) BPJS Ketenagakerjaan does not cover health service costs for the Members apart from those stipulated in the provisions of legislation.
- (2) BPJS Ketenagakerjaan does not cover health service costs for the Members who fall into the following categories:

- a. work-related diseases, namely diseases which are triggered or aggravated by work or work environment;
- b. deliberate acts of self-harm;
- c. Employment Injuries and PAKs due to any unlawful acts;
- d. medicines containing plant or animal extracts, or vitamins which are not in accordance with medical indications;
- e. cosmetic surgery and drugs for aesthetic purposes;
- f. complementary, alternative and traditional medicine which has not been declared effective based on any health technology assessments;
- g. medical care and procedures which are categorized as a trial or experiment;
- h. health service referred to overseas; or
- i. other categories in accordance with the provisions of legislation.

Part Three
Development of an Electronic Payment Claim Management System

Article 20

- (1) In order to improve the payment claim administrative management from the Health Service Facilities, BPJS Ketenagakerjaan may develop an electronic claim management system or integrate it with the existing system in the Health Service Facility.
- (2) In order to develop an electronic claim management system as referred to in section (1), BPJS Ketenagakerjaan may request for complete claim documents in the form of electronic documents.

CHAPTER V
FORCE MAJEURE

Article 21

- (1) In the event of any force majeure, the Submission of invoices from the Health Service Facilities as referred to in Article 11 section (1) and/or payment of invoices from BPJS Ketenagakerjaan as referred to in 16 section (2) are decided in the cooperation agreement between BPJS Ketenagakerjaan and the Health Service Facilities.
- (2) The force majeure as referred to in section (1) in accordance with the provisions of legislation.

CHAPTER VI MONITORING AND EVALUATION

Article 22

- (1) Monitoring and evaluation of the cooperation agreement performance between BPJS Ketenagakerjaan and the Health Service Facilities are carried out every 6 (six) months at the maximum.
- (2) The monitoring and evaluation as referred to in section (1) includes:
 - a. administrative and operational requirements as a Health Service Facility;
 - b. compliance with employment social security program;
 - c. means and infrastructures; and
 - d. service quality.
- (3) BPJS Ketenagakerjaan may collaborate with other parties according to their expertise to review the health services provided by the health service facilities to ensure that the medical actions taken comply with the clinical practice guidelines for the Members who suffer from an Employment Injury and/or PAK.

CHAPTER VII TRANSITIONAL PROVISIONS

Article 23

- (1) Any cooperation agreements, memorandums of understanding and/or technical instructions agreed upon between BPJS Ketenagakerjaan and the Health Service Facilities prior to the promulgation of this Agency Regulation remain in effect and are adjusted with this Agency Regulation no later than 6 (six) months since the promulgation of this Agency Regulation.
- (2) Costs for the health services provided by the Health Service Facilities to the Members prior to the promulgation of this Agency Regulation are billed to BPJS Ketenagakerjaan no later than 6 (six) months since the promulgation of this Agency Regulation.
- (3) In the event that the Health Service Facilities do not bill within the deadline as referred to in section (2), the health service costs cannot be billed to BPJS Ketenagakerjaan.

CHAPTER VIII CLOSING PROVISIONS

Article 24

This Agency Regulation comes into force on the date of its promulgation.

In order that every person may know hereof, it is ordered to promulgate this Agency Regulation by its placement in the State Bulletin of the Republic of Indonesia.

Issued in Jakarta
on 24 October 2024

PRESIDENT DIRECTOR OF THE SOCIAL
SECURITY AGENCY FOR EMPLOYMENT,

signed

ANGGORO EKO CAHYO

Promulgated in Jakarta
on 1 November 2024

DIRECTOR GENERAL OF LEGISLATION AD INTERIM
OF THE MINISTRY OF LAW AND HUMAN RIGHTS
OF THE REPUBLIC OF INDONESIA

signed

ASEP N. MULYANA

STATE BULLETIN OF THE REPUBLIC OF INDONESIA OF 2024 NUMBER 800

Jakarta, 23 December 2025
Has been translated as an Official Translation
on behalf of the Minister of Law
of the Republic of Indonesia

DIRECTOR GENERAL OF LEGISLATION,

