



AN ANALYSIS OF THE SOCIAL SECURITY AGENCY ON HEALTH SYSTEM AGAINST PARTICIPANTS WITH ARREARS: THE CONCEPT OF ISLAMIC ECONOMIC SERVICES

Muh. Sajjaj Sudirman¹, Abd. Rauf Wajo², Rosita Alting³, Nirwan Umasugi⁴

^{1,2,3,4}Institut Agama Islam Negeri Ternate, Indonesia

Correspondence. E-mail: sajjajsudirman@iain-ternate.ac.id

Abstract

This study aims to analyze the service system of BPJS Healthcare in Ternate City towards contribution-defaulting participants from an Islamic economics perspective. The research method employed is qualitative descriptive with primary and secondary data collected through interviews, observation, and documentation. Research informants consist of 2 BPJS Healthcare participants, 2 lecturers from IAIN Ternate, 5 employees of BPJS Healthcare Ternate City, and 1 representative from MUI (Indonesian Ulema Council) North Maluku Province. The research findings show that BPJS Healthcare Ternate City has introduced the Gradual Payment Plan (REHAB) program and Contribution Assistance Recipients (PBI) for participants with arrears of 4 to 24 months through an installment mechanism. This program is conceptually aligned with five Islamic service concepts: mutual assistance (ta'awun), providing ease (at-taysir), equality (musawah), mutual love (muhabbah), gentleness (al-layin), and kinship (ukhuwah), which represent the embodiment of Syirkah Ta'awun. However, the operational implementation of BPJS Healthcare has not fully complied with sharia principles. The findings reveal five fundamental problems: first, elements of uncertainty (gharar) in coverage; second, elements of gambling (maysir) when contributions can be forfeited or provide disproportionate benefits; third, elements of usury (riba) from the imposition of a 5% penalty; fourth, service termination that contradicts the concept of takaful and hifdz al-nafs; fifth, a shift in orientation from social function towards business. Gaps were also found in service implementation at healthcare facilities that demonstrate discrimination against BPJS participants. Comprehensive reform in policy and supervision is needed to realize a just healthcare service system in accordance with Islamic economic values.

Kata Kunci: BPJS Health, Islamic Economics, Defaulting Participants, Sharia Service.

1. Introduction

Healthcare services constitute one of the most needed forms of service by society. Based on Law Number 17 of 2023, the state guarantees the right of every citizen to achieve a decent, healthy, and prosperous life both physically and mentally to realize national goals in protecting all Indonesian people and advancing public welfare as mandated by the 1945 Constitution of the Republic of Indonesia. The government as a service provider needs to give special attention to



healthcare services because health is the most valuable asset for every individual (Berdame, 2024). Health is a basic human need equal to the need for clothing, food, and shelter.

The health insurance system in Indonesia was introduced through the National Social Security System (SJSN) regulated by Law Number 40 of 2004, one of its main programs being the National Health Insurance (JKN). The JKN program is implemented by the Social Security Organizing Agency (BPJS) Healthcare, which was established based on Law Number 24 of 2011 and began operating on January 1, 2014 (Safarah & Fanida, 2023). The establishment of BPJS Healthcare demonstrates the government's commitment to providing comprehensive healthcare services for the community and becomes the primary hope for every individual to obtain adequate healthcare services (Astuti, 2024).

BPJS Healthcare is a public legal entity responsible for organizing health insurance for all Indonesian people, including residents of Ternate City. One of the main challenges faced by BPJS Healthcare in Ternate City is the presence of participants who default on contributions. The high rate of default potentially disrupts financial stability and the operational smoothness of BPJS Healthcare, which ultimately can impact the quality of healthcare services provided (Solechan, 2019).

In the conventional system, BPJS Healthcare applies a fairly strict mechanism towards participants who default on contributions. Based on Presidential Regulation Number 64 of 2020 concerning the second amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance, participants who do not pay contributions by the end of the current month will experience temporary suspension of coverage starting from the 1st of the following month. Membership status will become inactive and participants cannot access healthcare services through BPJS Healthcare. To reactivate membership status, participants must settle all contribution arrears, at most for a period of 24 months. After settling arrears, participants are still burdened with an additional



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obligation in the form of a penalty of 5% of the estimated cost for each inpatient healthcare service at advanced healthcare facilities. This penalty is charged for each month in arrears with a maximum of 12 months and an upper limit of Rp30,000,000. This mechanism shows that the conventional BPJS system prioritizes principles of financial balance and individual responsibility of participants in fulfilling their obligations (Winowod, 2021).

The conventional system creates a dilemma for participants experiencing economic difficulties. Data shows that the amount of BPJS Healthcare participant arrears in Ternate City area up to 2024 reached 17,523,760,800 billion rupiah. Of 46,000 Non-Contribution Assistance Recipients (Non-PBI) participants in Ternate City, not a few experience difficulties paying contributions regularly (Irwan Djailan, 2024). When they need healthcare services while in arrears, they are faced with a difficult choice: settle the arrears or not receive healthcare services at all. This condition creates a paradox where health insurance that should protect the community cannot be accessed when most needed. Although the government has provided alternatives in the form of the Gradual Payment Plan (REHAB) program that allows participants to pay arrears in installments with arrears age of 4 to 24 months and the Contribution Assistance Recipients (PBI) program for underprivileged communities, the administrative process and requirements that must be met often become obstacles. Participants who need urgent healthcare services must first go through a validation and verification process that takes time while their health condition may not be able to wait.

This phenomenon becomes important to review from an Islamic economics perspective because the BPJS system, which claims to be based on principles of mutual cooperation and social justice, should align with the fundamental principles of Islamic economics, namely justice (al-'adalah), benefit (al-maslahah), and mutual assistance (ta'awun) (Fathurrahman et al., 2024). However, the practice of service termination towards defaulting participants potentially contradicts the principle of public benefit which is the objective of sharia



(maqasid al-syariah), especially in the aspect of life preservation (hifdz al-nafs). Islamic economics emphasizes the importance of social responsibility and distributive justice that are relevant in managing social security such as BPJS Healthcare. The concept of takaful (mutual guarantee) in Islamic economics basically emphasizes social solidarity and collective risk distribution, not individual penalties that can worsen the economic condition of participants who are already struggling (Permata Wulandari, 2024).

The Indonesian Ulema Council (MUI) has criticized several problematic principles in BPJS operations. Based on DSN MUI Fatwa No. 21/DSN-MUI/X/2011 concerning general guidelines for sharia insurance, BPJS Healthcare has not fully reflected the ideal concept of social security according to Islam (Zamroni et al., 2020). This is evident from three main aspects: first, the presence of gharar (uncertainty) elements in premium payment and benefits received, where participants know with certainty the amount of contributions paid but do not get certainty about the amount of coverage to be received. Second, the presence of mukhatharah (speculation) elements that potentially lead to maysir (gambling), especially when premiums paid can be forfeited if not used or conversely provide benefits far greater than contributions paid. Third, indications of riba fadhil, namely imbalance between the amount paid and received, and the imposition of penalties that can be categorized as unfair additions. There are gaps between theory and practice in BPJS Healthcare services (Ridwan, 2022). Although conceptually BPJS is designed to help underprivileged communities with mutual cooperation principles, in reality many participants experience difficulties when claiming BPJS benefits, with processes that are often slow and convoluted. BPJS participants also complain about service discrimination between BPJS patients and general patients at healthcare facilities, long queues, unavailable medicines that must be purchased outside, and less friendly staff attitudes. This shows inconsistency with Islamic economic concepts that emphasize excellent service (ihsan), ease (taysir), and equality (musawah) in



providing services to all parties without discrimination (Zulfahmi & Maulana, 2022).

In the specific context of Ternate City, this research becomes important given the high arrears rate reaching Rp17 billion and the large number of participants threatened with losing access to healthcare services. JKN participants in North Maluku in 2024 numbered 1,391,162 people with Ternate City contributing a significant portion. Of 248,000 residents covered by BPJS Healthcare in Ternate City, 46,000 are Non PBI who are vulnerable to experiencing arrears (Wahyudi Cahya, 2024). This condition requires solutions that are not only technical-administrative, but also consider humanitarian aspects and social justice that are core values of Islamic economics. Understanding the Islamic service concept that includes principles of mutual assistance (*ta'awun*), providing ease (*at-taysir*), equality (*musawah*), mutual love (*muhabbah*), gentleness (*al-layin*), and kinship (*ukhuwah*) can provide an alternative perspective in designing a more humane and just service system (Nurhadi, 2020).

This research becomes important to explore how the BPJS Healthcare service system towards defaulting participants can run more in accordance with Islamic economic concepts, especially in addressing the problem of contribution default without sacrificing participants' rights to receive healthcare services. This analysis is expected to provide policy recommendations that are more just and aligned with sharia principles, while maintaining the sustainability of the JKN program. This research is also relevant in the context of developing sharia-based social security systems in Indonesia that are increasingly receiving attention, as well as an effort to realize Universal Health Coverage (UHC) that is not only comprehensive in coverage, but also just in its implementation.

2. Research Method

The methodology used in this research is qualitative research with descriptive research nature (Sugiyono, 2011). According to Sugiyono, descriptive qualitative research method is research based on post-positivism philosophy used to research natural object conditions where the researcher is the key instrument.



This research includes primary and secondary data collected through observation, interviews, and documentation. Informants in this research are 2 BPJS Healthcare participants in Ternate, 2 sharia economics lecturers, 5 BPJS Healthcare Ternate employees, and 1 MUI representative from North Maluku Province. The data collection techniques for this research are interviews, observation, documentation, and focused group discussions (FGD) (Rahardjo, 2011). The data analysis technique for this research refers to the opinion of (Miles, 2009), which consists of four interrelated stages: data collection is done to obtain information according to the research focus, data reduction is done by selecting and simplifying data so that only relevant data is used, data presentation is done by systematically arranging data so it is easy to understand, and drawing conclusions is done to summarize analysis results and answer research objectives clearly and logically.

3. Results and Discussions

3.1 Social Security Agency on Health (BPJS)

The Social Security Organizing Agency (BPJS) is a legal entity established to organize social security programs (Law No. 24 of 2011). BPJS consists of BPJS Healthcare and BPJS Employment. BPJS Healthcare is a legal entity established to organize health insurance programs (Safarah & Fanida, 2023). Healthcare is insurance in the form of health protection so that participants obtain health maintenance benefits and protection in meeting basic health needs provided to every person who has paid contributions or whose contributions are paid by the government (Rombot, 2024).

3.2 The Islamic Concept of Service

According to the Encyclopedia of Islam in research by (Nurhadi, 2020), service is an obligation whose implementation must comply with sharia principles. For service in service companies to be more directed, all parties need to have guidelines and principles based on Islamic teachings (Sudirman et al., 2024). Islamic healthcare service is all forms of medical care and nursing activities carried out based on Islamic rules, through teaching about social



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interaction and concern for others. This service is based on special teachings, namely morals, and is practiced with elements of faith and sharia, and is part of worship (Wulandari & Anshori, 2022). Islam emphasizes the validity of a service in accordance with consumer expectations who feel maximum satisfaction (Handayani et al., 2023). The service concepts according to Fadla in research by (Andrian & Nilasari, 2023) are: The principle of mutual assistance (Ta'awun) states that providing the best service to fellow human beings is very noble work and is a door of goodness for whoever does it, The principle of providing ease (At-Taysir) is an important principle in Islam given by Allah so that humans remain enthusiastic and diligent in carrying out religious teachings, especially in difficult situations and making everything easy and workable and not difficult, The principle of equality (Musawah) states that all humans have equal standing because they come from the same source, namely earth, and from the same ancestor, namely Adam who was created from earth, meaning no party feels higher than others, so they can impose their will, The principle of mutual love (Muhabbah) is Allah's love for His servants, a servant's love for Allah, and a servant's love for worldly things, The principle of gentleness (Al-Layin) contains the meaning of gentleness in every word and deed (Sulaeman & Hidayatulloh, 2024). In daily life, this is the attitude that must be put forward. Avoiding harsh attitudes that can bring harm. Being gentle will actually bring goodness, The principle of kinship (Ukhuwah) is brotherhood that is established among Muslims. Islam emphasizes the importance of service validity based on good intentions. Service that has good intentions according to Islam is service provided according to customer expectations with maximum satisfaction level, there are difficulties in the service process but customers are not aware of it, and if there are errors in service, customers avoid and feel dissatisfied with the work results of service officers (Kurniawan, 2020).



3.3 Service System for Participants with arrears in contribution

Based on interview results with the head, staff, and participants of BPJS Healthcare Ternate City, it can be understood that the service system towards defaulting participants has been formally regulated through applicable regulations.

Andi Megawati as Membership Administration Staff of BPJS Healthcare Ternate City explained the formal regulations governing defaulting participants: *"Based on Presidential Regulation Number 64 of 2020, participants who do not pay contributions will experience temporary suspension of coverage. Membership status can be reactivated after paying arrears for a maximum of 24 months, but participants are still charged a penalty of 5% of the package cost for inpatient services, with a maximum of 12 months of arrears and the highest penalty of Rp30,000,000. Outpatient services are not charged penalties."*

This statement shows that the BPJS system applies administrative sanction mechanisms in the form of service termination and penalties. Although there is flexibility in arrears payment up to 24 months, the imposition of a 5% penalty can become an additional burden for participants who are already experiencing economic difficulties. From an Islamic economics perspective, the imposition of this penalty potentially contains elements of *riba* because it is an addition to the outstanding debt.

Roestan as head of benefit coverage and utilization division of BPJS Healthcare Ternate City confirmed that *"Participants with inactive status due to arrears cannot use BPJS services. The alternatives offered are joining the Gradual Payment Plan (REHAB) program with an installment system, or switching to become Contribution Assistance Recipients (PBI) participants covered by the government."*

This statement confirms the system's firmness in terminating services for defaulting participants. However, the existence of REHAB and PBI programs shows BPJS efforts to provide solutions for participants experiencing financial difficulties. This aligns with the principles of *ta'awun* (mutual assistance) and at-



taysir (providing ease) in Islamic economics, although its implementation still requires procedural improvements.

Tubagus Harista as communication and secretariat staff of BPJS Healthcare Ternate City informed that *"80% of BPJS Healthcare Ternate City participants are PBI participants financed by the government. PBI participants who have become economically established must deactivate their status and switch to become independent participants so that the quota can be transferred to other underprivileged communities."*

This data shows that the majority of Ternate City residents are in the underprivileged category requiring government assistance. The status transfer mechanism reflects the principle of distributive justice in Islamic economics (al-'adalah), where limited resources are allocated to those most in need. However, the mechanism for monitoring and evaluating participants' economic status needs to be strengthened to ensure proper targeting.

A. Gani Kahar as head of membership division of BPJS Healthcare Ternate City explained that *"Contribution arrears remain attached to participants even though their status has switched to PBI APBD participants in the UHC (Universal Health Coverage) program. If participants want to return to become independent participants, those arrears must be settled first."*

This policy raises questions from an Islamic economics perspective. On one hand, this policy reflects the principle of individual responsibility for obligations that have come due. However, on the other hand, maintaining the burden of arrears for participants who have switched to the underprivileged category (PBI) can contradict the principles of benefit (al-maslahah) and ease (at-taysir). The concept of takaful in Islam emphasizes bearing burdens collectively, not maintaining individual debts that can hinder health access.

Almira P. Radjaloa as head of Health Human Resources (SDMK) division of BPJS Healthcare Ternate City explained *"Special mechanisms for areas that have achieved UHC like Ternate City. Participants proposed by the Health Office*



to be registered in the PBPU BP Regional Government segment can be directly active and access healthcare services. However, if arrears are found in participants submitting proposals, the Health Office will request settlement or suggest the REHAB installment program first."

The UHC policy in Ternate City shows the local government's commitment to realizing universal health insurance. The direct activation mechanism for new participants reflects the principle of ease of access (*at-taysir*). However, the requirement to settle arrears for old participants who want to switch segments shows inconsistency in applying the principle of justice (*musawah*). From an Islamic economics perspective, all participants in need should receive the same treatment without being burdened with arrears that hinder health access.

After understanding the system from the BPJS management perspective, it is important to see participants' responses to services received at healthcare facilities.

Adi Mus Dimar as a BPJS Healthcare participant whose contributions are paid by the government, conveyed "Dissatisfaction with medical services. Although the BPJS card is active without arrears, the request for tonsil surgery was rejected by the hospital."

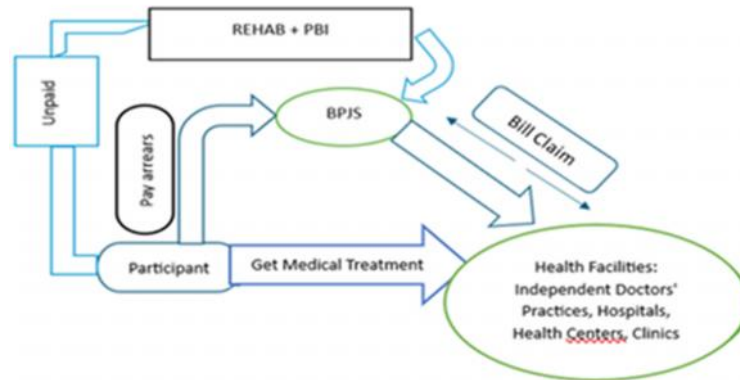
This experience reveals a serious problem in BPJS service implementation at the healthcare facility level. Service rejection towards active participants without arrears shows discrimination that contradicts the principle of equality (*musawah*) in Islamic economics. This also violates the basic rights of participants who have fulfilled their obligations. This problem indicates the need for stricter supervision of healthcare facilities and enforcement of sanctions for those who discriminate.

Fitri as another BPJS participant complained about "*Unfriendly service, long queues, limited medicine availability requiring purchase outside, and indications that doctors prioritize general patients over BPJS patients.*"



This complaint reinforces previous findings about the service quality gap between BPJS participants and general patients. Unfriendly attitudes contradict the principles of gentleness (*al-layin*) and *muhabbah* (mutual love) in Islamic service. Long queues and medicine limitations indicate problems in management and resource allocation. Prioritizing general patients clearly violates the principles of justice (*al-'adalah*) and equality (*musawah*). This condition shows that although conceptually BPJS adheres to mutual cooperation principles aligned with Islamic economics, field implementation is still far from ideal and requires comprehensive improvements in supervision, sanctions, and service culture aspects.

Interview results show that the BPJS Healthcare Ternate City service system towards defaulting participants has a clear regulatory framework and provides solution programs in the form of REHAB and PBI that conceptually align with Islamic economic principles. However, there are several aspects that are not yet in accordance with sharia perspective. First, the imposition of a 5% penalty on defaulting participants indicates elements of *riba* because it is an addition to outstanding obligations. Second, policies that establish arrears remain attached to participants even though they have switched to the underprivileged category (PBI) potentially contradict the principles of benefit and ease. Third, there is a significant gap between ideal service concepts and practices at healthcare facilities. Findings regarding service discrimination towards BPJS participants at hospitals indicate that Islamic service principles such as equality (*musawah*), excellent service (*ihsan*), gentleness (*al-layin*), and compassion (*muhabbah*) have not been optimally implemented. Therefore, comprehensive reform is needed both at the policy level and field implementation supervision mechanisms to realize a just healthcare service system in accordance with Islamic economic values. The BPJS Healthcare Service Flow for Contribution-Defaulting Participants is as follows:



Picture 1. The BPJS Healthcare Service Flow for Contribution-Defaulting Participants

3.4 Islamic Service Concept for Participants with Arrears of Contributions

Based on interview results with ulema and sharia economics academics, it can be understood that the BPJS Healthcare Ternate City service concept has several aspects that need to be examined from an Islamic economics perspective.

Asep Hedi Turmudi as Deputy Secretary of MUI North Maluku Province explained *"Insurance principles in Islamic law perspective based on DSN MUI Fatwa. Insurance in accordance with Islam must meet three conditions: not containing gharar (uncertainty), maysir (gambling), and riba (usury). The sharia insurance concept is 'Kaful Wata'awun' (mutually strengthening and helping), so defaulting participants should still be served. The BPJS practice of delaying service is deemed not in accordance with DSN MUI Fatwa and Islamic law. The Islamic economic principle is non-profit with the concept of ta'awun (mutual assistance). He explained the principle 'Malayuritukullu layuritukullu' (if you cannot do everything, don't abandon everything), so at minimum something is covered. The takaful concept emphasizes comprehensive guarantee with the principle 'Wata'awanu alal birri wattaqwa' (help each other in goodness and piety), but there is still balance between rights and obligations."*

MUI's view provides fundamental criticism of BPJS operations. Gharar elements are seen from the uncertainty of coverage amount although contributions



are paid certainly. Maysir elements emerge when contributions can be forfeited or participants receive benefits far greater than what was paid. Riba elements are identified from the 5% penalty which is an addition to debt. Service termination for defaulting participants contradicts the takaful concept that emphasizes collective solidarity. REHAB and PBI programs represent the application of the principle "*Malayuritukullu layuritukullu*," although their implementation is still far from ideal because BPJS still focuses on financial balance that sacrifices participants' rights.

Asep Hedi Turmudi also explained "*Five types of contracts in sharia insurance: tabarru contract (mutual assistance) where defaulting participants are not charged penalties; ijarah contract (commercial) for profit; wakala bil ujah contract (authorization to manage funds); mudarabah contract (profit sharing); and mudarabah musyarakah contract (profit sharing based on ratio)*. Andi Megawati as Membership Administration Staff of BPJS explained that agreement is made during registration by filling out FDIPE, completing requirements, and giving service approval."

Based on its social and mutual cooperation nature, BPJS should use tabarru contract, not commercial contract. In tabarru contract, penalty imposition is not justified because it contradicts mutual assistance principles. BPJS practice of imposing penalties and terminating service reflects commercial contract that prioritizes profit. Administrative agreement shows lack of education about rights and obligations based on sharia principles, especially regarding risks of gharar and maysir in the system.

Nirwan Umasugi as sharia economics lecturer at IAIN Ternate stated "*BPJS service has not been implemented well from the economic justice side. Economic justice is not evenly distributed because the 1945 Constitution Article 34 paragraph 1 mandates the state to care for the poor. In Islamic economics there are five basic needs (maqashid sharia): maintaining religion, life, reason, lineage,*



and property. Health includes life preservation (*hifdz al-nafs*) and reason (*hifdz al-aql*) which are high priorities."

The BPJS system has not fulfilled the constitutional mandate and maqashid sharia principles. Service termination for defaulting participants contradicts *hifdz al-nafs* which is a basic need in Islam. When someone is sick, this condition is an emergency situation that should be prioritized without considering arrears. The fact that 80% of Ternate City participants are PBI shows the system should be more flexible. Justice in Islamic economics is not only equal treatment, but also distributive justice that considers individual capacity and needs.

Sudin Yamani as muamalah lecturer at IAIN Ternate gave sharp criticism that *"BPJS purpose should be to provide relief, but in reality it complicates. Defaulting participants who cannot afford are required to settle when sick. BPJS on one hand helps, on the other hand 'kills' because it does not serve if they cannot pay. BPJS is considered to have become a business venue that prioritizes money, different from the past which was more flexible by paying part of the arrears first and the rest in installments after treatment."*

This criticism reveals the shift in BPJS orientation from social function towards business orientation that contradicts Islamic economics. The term "kills" describes the seriousness of policy impact on the poor who lose health access when most needed. In Islamic economics, the principle of *dharurat* (emergency state) allows exceptions to save lives. The change from flexible to rigid policy shows BPJS moving away from *ta'awun* and *at-taysir* principles. As state property financed by people's taxes, BPJS should operate for the people's interests without profit motive.

Based on interview results, it can be concluded that BPJS Healthcare Ternate City service in Islamic economics perspective faces five fundamental problems. First, there are three elements that contradict sharia: *gharar* (coverage uncertainty), *maysir* (speculation), and *riba* (penalty on arrears). Second, service termination for defaulting participants contradicts the *takaful* concept that



emphasizes collective solidarity. Third, contract ambiguity between tabarru (social) or ijarah (commercial), when it should be tabarru which does not justify penalties. Fourth, health access termination violates the hifdz al-nafs principle which is a priority in Islam. Fifth, there is a shift from social function towards business orientation that contradicts ta'awun and at-taysir principles. Although REHAB and PBI programs show solution efforts, their implementation is not yet optimal and still burdens underprivileged participants. Comprehensive reform is needed so BPJS is more in accordance with Islamic economic principles, especially penalty elimination, service flexibility for defaulting participants, and strengthening social function.

4. Conclusion

Based on research results and discussion regarding the BPJS Healthcare Ternate City service system towards contribution-defaulting participants in Islamic economics perspective, several conclusions can be drawn as follows:

First, the BPJS Healthcare Ternate City service system in its management has been in accordance with the mandate of Law Number 24 of 2011 concerning BPJS and Presidential Regulation Number 64 of 2020. BPJS Healthcare Ternate City has introduced solution programs in the form of Gradual Payment Plan (REHAB) and Contribution Assistance Recipients (PBI) for participants who have arrears aged 4 to 24 months that can be paid gradually through installment mechanisms. These programs are conceptually aligned with five service concepts in Islamic economics, namely mutual assistance (ta'awun), providing ease (at-taysir), equality (musawah), mutual love (muhabbah), gentleness (al-layin), and kinship (ukhuwah) which represent the embodiment of Syirkah Ta'awun principles as mutual cooperation in charity to others.

Second, although conceptually REHAB and PBI programs align with Islamic economic principles, in their operational implementation BPJS Healthcare has not fully complied with sharia principles. Field findings show there are five fundamental problems. First, elements of uncertainty (gharar) in the coverage



system where participants know with certainty the amount of contributions paid but do not get certainty about the amount of coverage to be received. Second, elements of gambling or betting (maysir) that emerge when contributions can be forfeited if not used until the end of membership period, or conversely participants receive benefits far greater than contributions paid. Third, elements of riba in the imposition of a 5% penalty on defaulting participants which is an addition to outstanding obligations. Fourth, service termination policy towards defaulting participants contradicts the takaful concept that emphasizes solidarity and collective risk distribution, and violates the principle of hifdz al-nafs (life preservation) in maqashid sharia. Fifth, there is a shift in BPJS orientation from social function towards business orientation that prioritizes financial balance over participant benefit.

Third, service implementation at healthcare facilities shows a significant gap between ideal concepts and field practices. Discrimination in service towards BPJS participants compared to general patients was found, less friendly staff attitudes, long queues, and limited medicine availability. This condition indicates that Islamic service principles such as equality (musawah), excellent service (ihsan), gentleness (al-layin), and compassion (muhabbah) have not been optimally implemented. Therefore, comprehensive reform is needed both at the policy level and field supervision mechanisms to realize a just healthcare service system in accordance with Islamic economic values.

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