



COPY

REGENT SUKOHARJO
PROVINCE OF CENTRAL JAVA
SUKOHARJO REGENCY REGULATIONS
NUMBER 24 OF 2022

ABOUT
ASSISTANCE WITH HEALTH SERVICE COSTS

BY THE GRACE OF ALMIGHTY GOD

REGENT SUKOHARJO,

Considering: a. that health is a human right and an element of prosperity that must be realized in accordance with the ideals of the Indonesian nation as intended in Pancasila and the 1945 Constitution of the Republic of Indonesia;

b. that in order to improve health services for people with social welfare problems who are not yet participants in National Health Insurance, cases of adverse events after immunization, victims of extraordinary events, sufferers of certain emerging infectious diseases as well as victims of violence against women and victims of violence against children, the Regional Government needs to providing assistance with health service costs;

c. that based on considerations as follows
referred to in letters a and b, then Sukoharjo Regent Regulation
Number 3 of 2021 concerning Assistance
Costs of Health Services to the Community
People with Social Welfare Problems Who Have Not Yet
Becoming a National Health Insurance Participant, Cases of
Adverse Events Post Immunization, Victims of External Events
Common and Sufferers of Certain Emerging Infectious Diseases
need to be replaced;

d. that based on the considerations as intended in letters a, b, and c, it
is necessary to stipulate a Regent's Regulation concerning
Assistance for Health Service Costs;

- Bearing in mind: 1. Law Number 13 of 1950 concerning the Establishment of Regency Regions within the Province of Central Java as amended by Law Number 9 of 1965 concerning the Establishment of the Batang II Level Region by amending Law No. 13 of 1950 concerning the Establishment of Regency Regions within the Province of Central Java (State Gazette of 1965 Number 52, Supplement to State Gazette Number 2757);
2. Law Number 23 of 2002 concerning Child Protection (State Gazette of the Republic of Indonesia of 2002 Number 109, Supplement to State Gazette of the Republic of Indonesia Number 4235) as amended by Law Number 35 of 2014 concerning Amendments to Law Number 23 of 2002 concerning Child Protection (2014 State Gazette of the Republic of Indonesia Number 297, Supplement to the State Gazette of the Republic of Indonesia Number 5606)
3. Law Number 23 of 2004 concerning the Elimination of Domestic Violence (State Gazette of the Republic of Indonesia of 2004 Number 95, Supplement to State Gazette of the Republic of Indonesia Number 4419);
4. Law Number 29 of 2004 concerning Medical Practice (State Gazette of the Republic of Indonesia of 2004 Number 116, Supplement to State Gazette of the Republic of Indonesia Number 4431);
5. Law Number 40 of 2004 concerning the National Social Security System (State Gazette of the Republic of Indonesia of 2004 Number 150, Supplement to State Gazette of the Republic of Indonesia Number 4436) as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia 2020 Number 245, Supplement State Gazette of the Republic of Indonesia Number 6573);
6. Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to State Gazette of the Republic of Indonesia Number 5063), as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia of 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573);
7. Law Number 44 of 2009 concerning Hospitals (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to State Gazette of the Republic of Indonesia Number 5072), as stated in amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia 2020 Number 245, Additional Gazette Republic of Indonesia Number 6573);

8. Law Number 13 of 2011 concerning Handling of the Poor (State Gazette of the Republic of Indonesia of 2011 Number 83, Supplement to State Gazette of the Republic of Indonesia Number 5235);
9. Law Number 24 of 2011 concerning Social Security Administering Bodies (State Gazette of the Republic of Indonesia of 2011 Number 116, Supplement to State Gazette of the Republic of Indonesia Number 5256) as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia Year 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573);
10. Law Number 23 of 2014 concerning Regional Government (State Gazette of the Republic of Indonesia of 2014 Number 244, Supplement to State Gazette of the Republic of Indonesia Number 5587) as amended several times, most recently by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia Year 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573);
11. Law Number 8 of 2016 concerning Persons with Disabilities (State Gazette of the Republic of Indonesia of 2016 Number 69, Supplement to State Gazette of the Republic of Indonesia Number 5871);
12. Law Number 6 of 2018 concerning Health Quarantine (State Gazette of the Republic of Indonesia of 2018 Number 128, Supplement to State Gazette of the Republic of Indonesia Number 6236);
13. Government Regulation Number 12 of 2019 concerning Regional Financial Management (State Gazette of the Republic of Indonesia of 2019 Number 42, Supplement to State Gazette of the Republic of Indonesia Number 6322);
14. Presidential Regulation Number 82 of 2018 concerning Health Insurance (State Gazette of the Republic of Indonesia of 2018 Number 165), as amended several times, most recently by Presidential Regulation Number 64 of 2020 concerning the Second Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance (Gazette Republic of Indonesia Year 2020 Number 130);
15. Central Java Province Regional Regulation Number 3 of 2009 concerning the Implementation of Protection for Victims of Gender-Based Violence and Children (Central Java Province Regional Gazette of 2009 Number 3, Supplement to the Central Java Province Regional Gazette Number 20);
16. Sukoharjo Regency Regional Regulation Number 6 of 2011 concerning the Implementation of Protection for Victims of Gender-Based Violence and Children (Sukoharjo Regency Regional Gazette of 2011 Number 6, Supplement to Sukoharjo Regency Regional Gazette Number 186);

17. Sukoharjo Regency Regional Regulation Number 3 of 2015 concerning Implementation of Child Protection (Sukoharjo Regency Regional Gazette of 2015 Number 4, Supplement to Sukoharjo Regency Regional Gazette Number 219) As amended by Sukoharjo Regency Regional Regulation Number 16 of 2016 concerning Amendments to Regency Regional Regulations Sukoharjo Number 3 of 2015 concerning Implementation of Child Protection (Sukoharjo Regency Regional Gazette of 2016 Number 16, Supplement to Sukoharjo Regency Regional Gazette Number 240);
18. Sukoharjo Regency Regional Regulation Number 7 of 2021 concerning Regional Financial Management (Sukoharjo Regency Regional Gazette of 2021 Number 7, Supplement to Sukoharjo Regency Regional Gazette Number 300);
19. Regulation of the Minister of State for Women's Empowerment and Child Protection Number 2 of 2008 concerning Guidelines for Implementing Women's Protection;
20. Regulation of the Minister of State for Women's Empowerment and Child Protection Number 3 of 2008 concerning Guidelines for Implementing Child Protection;
21. Regulation of the Minister of Women's Empowerment and Child Protection Number 2 of 2011 concerning Guidelines for Handling Child Victims of Violence (State Gazette of the Republic of Indonesia of 2011 Number 42);
22. Regulation of the Minister of Women's Empowerment and Child Protection Number 6 of 2011 concerning Guidelines for Preventing Violence Against Children in the Family, Community and Educational Institutions (State Gazette of the Republic of Indonesia of 2011 Number 66);
23. Regulation of the Minister of Health Number 1 of 2012 concerning the Individual Health Service Referral System (State Gazette of the Republic of Indonesia of 2012 Number 122);
24. Regulation of the Minister of Health Number 71 of 2013 concerning Health Services in National Health Insurance (State Gazette of the Republic of Indonesia of 2013 Number 1400) as amended several times, most recently by Regulation of the Minister of Health of the Republic of Indonesia Number 7 of 2021 concerning the Fourth Amendment to Regulation of the Minister of Health Number 71 of 2013 concerning Health Services in National Health Insurance (State Gazette of the Republic of Indonesia of 2021 Number 33);
25. Regulation of the Minister of Health Number 25 of 2014 concerning Children's Health Efforts (State Gazette of the Republic of Indonesia of 2014 Number 825);

26. Minister of Health Regulation Number 28 of 2014 concerning Guidelines for Implementing the National Health Insurance Program (State Gazette of the Republic of Indonesia of 2014 Number 874);
27. Regulation of the Minister of Health Number 59 of 2016 concerning Exemption of Fees for Patients with Certain Emerging Infectious Diseases (State Gazette of the Republic of Indonesia of 2016 Number 1968);
28. Minister of Health Regulation Number 12 of 2017 concerning Implementation of Immunization (State Gazette of the Republic of Indonesia of 2017 Number 559);
29. Regulation of the Minister of Women's Empowerment and Child Protection Number 4 of 2018 concerning Guidelines for the Establishment of Regional Technical Implementation Units for the Protection of Women and Children (State Gazette of the Republic of Indonesia of 2018 Number 532)
30. Minister of Health Regulation Number 43 of 2019 about the Community Health Center (State Gazette Republic of Indonesia Year 2019 Number 1335);
31. Minister of Health Regulation Number 75 of 2019 concerning Health Crisis Management (State Gazette Republic of Indonesia Year 2019 Number 1781);
32. Regulation of the Minister of Health Number 21 of 2021 concerning Health Services for the Pre-Pregnancy, Pregnancy, Childbirth and Post-Birth Period, Providing Contraception Services and Sexual Health Services (State Gazette of the Republic of Indonesia 2021 Number 853);

DECIDE:

To stipulate: REGENT'S REGULATION CONCERNING COST ASSISTANCE HEALTH SERVICES.

CHAPTER I

GENERAL REQUIREMENTS

article 1

In this Regent's Regulation what is meant by:

1. The region is Sukoharjo Regency.
2. The Regional Government is the Regent as an element the Regional Government administrator who leads the implementation of government affairs that become autonomous regional authority.
3. The Regent is the Regent of Sukoharjo.

4. Regional apparatus are the supporting elements of the Regent and District House of Representatives under maintenance Government Affairs which are the authority of the Region.
5. Health Service is the Sukoharjo District Health Service.
6. Social Service is the Sukoharjo Regency Social Service.
7. Population Control, Family Planning and Women's Empowerment and Child Protection Service, hereinafter abbreviated as DPPKBP3A, is the Population Control, Family Planning and Women's Empowerment and Child Protection Service

Sukoharjo Regency.

8. Health Social Security Administering Body, hereinafter abbreviated as BPJS Health, is a body laws established to administer the program health insurance.
9. Health Service Facilities hereinafter referred to Fasyankes is a place used for organize good health service efforts promotive, preventive, curative and rehabilitative carried out by the Government, Regional Government and/or public.
10. Community Health Center, hereinafter referred to Puskesmas is a health service facility carrying out public health efforts and first level individual health efforts, with prioritize promotive and preventive efforts, to achieve the highest level of public health in the work area.
11. First Level Health Service Facilities, hereinafter referred to as First Level Health Facilities, are health facilities that provide services basic health.
12. Advanced Level Health Service Facilities, hereinafter referred to as Advanced Level Health Facilities, are: health facilities that provide services specialist and subspecialty health.
13. Health insurance is a guarantee in the form of protection health so that participants can benefit health maintenance and protection in meeting the basic health needs provided to everyone who has paid the fees/contributions are paid by the Government.
14. National Health Insurance, hereinafter abbreviated JKN is a guarantee in the form of health protection so that participants obtain the benefits of health care and protection in meeting the basic needs provided to everyone who has pay dues/contributions paid by the Government.

15. Assistance for Health Service Costs is a Program Assistance for Financing Health Services in Health facilities for people with problems Social Welfare who are not yet participants National health insurance.
16. People with Social Welfare Problems who hereinafter abbreviated as PMKS is a person, family or community groups who, due to certain obstacles, difficulty or interference, unable to carry out social function, so that life needs (physical, spiritual and social) cannot be met adequate and appropriate.
17. Persons with Disabilities are everyone who experiencing physical, mental, intellectual or sensory limitations for a long period of time interacting environment and attitudes the community may experience obstacles and difficulties to participate fully and effectively with other citizens on the basis of equal rights.
18. Beggars are those who get income by asking for alms and by full of hope in public in various ways and reason to expect mercy from people another.
19. Homeless people are people who live in the situation is not in accordance with the norms of a decent life in the local community and does not have a permanent place to live and work in certain areas and live wandering in place general.
20. A neglected person is someone who for certain reasons (poor and/or unable), so they can't basic needs are met in a reasonable manner physical, spiritual and social.
21. Extraordinary Event, hereinafter abbreviated as KLB is the emergence or increase in the incidence of disease or epidemiologically significant death in an area in a certain time period.
22. Poliomyelitis is a paralytic disease caused by the Polio virus which can cause disability or death.
23. Ebola virus disease is one of the diseases The clinical symptoms are fever with bleeding often fatal in humans and primates such as monkeys, gorillas and chimpanzees.
24. MERS virus disease is a disease that spreads in Saudi Arabia with clinical symptoms of pneumonia *Acute Respiratory Distress Syndrome (ARDS)* and patients with kidney failure and pericarditis were also found dan *Disseminated Intravascular Coagulation (DIC)*.

25. Influenza A (H5N1)/Bird Flu is a disease which attack especially the respiratory tract caused by the *AH5N1 Influenza virus*.
26. Hanta virus disease is a viral disease that is transmitted from rodents to humans and causes severe lung and kidney infections.
27. Nipah virus disease is a disease caused by the Nipah virus with symptoms varying from no symptoms at all to fever, cough, pain headache, shortness of breath, and confusion, in a state If it gets worse, the patient will fall into a coma for one day up to two days, also experienced complications such as brain inflammation and seizures after recovery.
28. Yellow fever is an acute viral infectious disease with a short incubation period of 3-6 (three to six) days with varying mortality rates, caused by the yellow fever virus of *the Genus Flavivirus, family Flaviviridae*, vektor perantaranya nyamuk *Aedes aegypti*.
29. Lassa fever is a viral hemorrhagic fever caused by the Lassa virus with symptoms of fever, weakness, headache, vomiting and muscle aches, transmitted through contact with urine or feces from mice infected *multimammate*.
30. Congo fever is an infectious disease spread by a virus with symptoms including fever, muscle aches, pain headache, vomiting, diarrhea, and bleeding on the skin and transmitted through ticks, fleas that infest them various livestock and pets.
31. *Meningococcal meningitis* is an acute disease of inflammation of the lining of the brain caused by *Neisseria* bacteria. meningitis.
32. *Coronavirus Disease 2019* hereinafter referred to *Covid-19* is an infectious disease caused by *Severe Acute Respiratory Syndrome-Corona Virus-2*.
33. A new emerging infectious disease is a disease that appears and attacks a population for the first time or has existed before but is increasing quickly, both within a population and spread to new geographic areas.
34. The *Covid-19* Extraordinary Event , hereinafter referred to as the *Covid-19* Extraordinary Event , is if one case is found confirmed *Covid-19*.
35. Next *Indonesian-Case Based Groups* tariff
The so-called *INA-CBG* tariff is the amount of claim payment by BPJS Health to Advanced Level Referral Health Facilities for based service packages to the grouping of disease diagnoses and procedures.

36. Isolation is the process of reducing the risk of transmission through efforts to separate individuals who are already sick laboratory confirmed or have symptoms of Covid-19 with the wider community.
37. Quarantine is a process of reducing the risk of transmission and early identification of Covid-19 through efforts to separate individuals who are healthy or do not have symptoms of Covid-19 but have a history of contact with confirmed Covid-19 patients or have a history of traveling to the area where local transmission has occurred.
38. Special facility quarantine is quarantine carried out in special facilities provided by the competent authorities and is based on people who have symptoms and a history of contact with someone who is positive.
39. Self-isolation is the act of voluntarily limiting one's interactions according to certain protocols in order to prevent or reduce the possibility spread of Covid-19.
40. Participants in self-isolation are residents of the Region and/or people domiciled in the Region for at least 3 (three) months who are confirmed cases without symptoms and/or mild symptoms without comorbidities.
41. Self-isolation facilities are special facilities provided by the competent authority which are intended for confirmed cases without symptoms/mild symptoms, without comorbidities, do not have quarantine facilities adequate house.
42. Post-Immunization Adverse Events, hereinafter abbreviated as KIPi, are suspected medical events related to immunization.
43. Medical personnel are medical experts with Its main function is to provide medical services to patients with the best possible quality by using procedures and techniques based on medical science and applicable and acceptable ethics held accountable.
44. Violence is any act that results in or can result in misery or suffering, whether physical, sexual, economic, social or psychological, to the victim.
45. Violence against women is any action that results in or could result in physical, psychological or sexual misery or suffering for women, including threats of certain actions, coercion or arbitrary deprivation of liberty, whether occurring in public or private spaces, including violence in the household, violence in emergency situations and special conditions, and violence in employment.

46. Violence against children is any act against a child that results in physical, mental, sexual, and/or neglect, suffering or suffering, including threats to commit acts, coercion, or unlawful deprivation of liberty.

BAB II

PARTICIPANTS RECIPIENT HEALTH SERVICE AID

Section 2

- (1) Participants who receive assistance for health service costs as follows:
 - a. PMKS who are not yet JKN participants;
 - b. AEFI cases;
 - c. KLB victims;
 - d. Sufferers from Certain Emerging Infectious Diseases;
 - e. victims of violence against women; And
 - f. victims of violence against children.
- (2) Participants who receive health service costs as follows referred to in paragraph (1) includes:
 - a. beggars, homeless people and abandoned people;
 - b. the residents of the orphanage are poor and/or underprivileged people who live in the institution and do not have a residential identity;
 - c. people with disabilities who need assistive devices and not yet guaranteed by the JKN program;
 - d. sufferers of AEFI cases who are residents Regions and/or communities who receive immunization services in the Region;
 - e. KLB victims, both regional residents and residents outside the region determined by Local government;
 - f. sufferers of certain emerging infectious diseases are good residents of the Region or residents outside the Region who are determined by medical personnel as providers service;
 - g. victims of violence against women are residents of the Region and/or people domiciled in the Region; And
 - h. victims of violence against children who are Regional residents and/or people domiciled in the Region.

- (3) AEFI cases also include suspect cases, namely someone who has one of the following criteria:
- a. People with Acute Respiratory Infection (ARI) and in the last 14 (fourteen) days before symptoms appeared had a history of travel or lived in a country/territory of Indonesia that reported local transmission;
 - b. People with one of the symptoms/signs of ARI and in the last 14 (fourteen) days before symptoms appeared had a history of contact with a confirmed/probable case of *Covid-19*; And
 - c. People with severe ARI/severe pneumonia who require hospital treatment and there is no other cause based on a convincing clinical picture.
- (4) Certain Emerging Infectious Diseases include:
- a. *Poliomyelitis*;
 - b. Ebola Virus Disease;
 - c. *Mers* Virus Disease ;
 - d. Influenza A (*H5n1*)/*Flu* Burung;
 - e. Hanta Virus Disease;
 - f. Nipah Virus Disease;
 - g. Yellow fever;
 - h. Lassa Fever ;
 - i. Congo Fever ; j.
- Meningococcal Meningitis*;
- k. *Covid-19*; And
 - l. New emerging infectious disease.

CHAPTER III

HEALTH SERVICES PROVIDER

Article 3

- (1) Provider of health services for the PMKS community

namely: a. First Level Health Facilities belonging to the Regional Government, namely Community Health Centers

and their networks; and/or b. Advanced Level Health Facilities are hospitals that collaborate with the Health Service.

- (2) Health service providers for AEFI cases are:

- a. First Level Health Facilities belonging to the Regional Government, namely Community Health Centers and their networks;
- b. Non-Regional Government First Level Health Facilities that collaborate with the Health Service; and/or

- c. Advanced Level Health Facilities are hospitals that collaborate with the Health Service.
- (3) Providers of health services for KLB victims, namely:
- a. First Level Health Facilities belong to the Regional Government namely Community Health Centers and their networks; b. Non-Regional Government First Level Health Facilities who collaborate with the Health Service; and/or
- c. Advanced Level Health Facilities are hospitals that collaborate with the Health Service.
- (4) Provider of health services for disease sufferers
Certain Emerging Infections as intended in Article 2 paragraph (3) letters a, b, c, d, e, letter f, letter g, letter h, letter i, letter j and letter l are national reference hospitals, hospitals provincial referral, regional referral hospitals, and other hospitals designated by the Minister.
- (5) Provider of health services for sufferers
Covid-19 as referred to in Article 2 paragraph (3) letter k, namely:
- a. First Level Health Facilities belong to the Regional Government namely Community Health Centers and their networks;
 - b. Non-Regional Government First Level Health Facilities that collaborate with the Health Service;
 - c. Advanced Level Health Facilities, namely hospitals that collaborate with the Health Service; and/or
 - d. Independent isolation facilities that have been determined by the Regional Government and/or other parties.
- (6) Providers of health services for victims of violence against women and victims of violence against children, namely:
- a. First Level Health Facilities belonging to the Regional Government, namely Community Health Centers and their networks; and/or
 - b. Advanced Level Health Facilities are hospitals that collaborate with the Health Service.

CHAPTER IV

HEALTH SERVICES

Article 4

- (1) Guaranteed health services for aid recipients as intended in Article 2 paragraph (1) consists of :
- a. First Level Health Facilities which include services non-specialist health which includes:
 - 1. service administration;

2. promotive and preventive services;
 3. examination, treatment and medical consultation;
 4. non-specialized medical procedures, both operative or non-operative;
 5. services for medicines, medical devices and medical materials habispakai;
 6. laboratory diagnostic supporting examinations first level; And
 7. First level hospitalization according to indications medical.
- b. Advanced Referral Health Services, including health services that include:
1. service administration;
 2. examination, treatment and consultation specialties and subspecialties;
 3. specialist and sub-specialty medical procedures, both surgical and non-surgical are appropriate medical indication;
 4. services for medicines, medical devices and medical materials habispakai;
 5. appropriate advanced diagnostic support services with medical indications;
 6. medical rehabilitation;
 7. blood services;
 8. disposing of the bodies of participants who died at Health Facilities;
 9. non-intensive inpatient treatment; And
 10. Inpatient treatment in intensive care.
- c. Health Services as referred to in letter b number 6 also applies to giving aid costs for the need for assistive devices for people with disabilities disability.
- d. Health services at self-isolation facilities includes:
1. Accommodation and nutrition; And
 2. Referral service.
- (2) Health services as intended in paragraph (1) can only utilize class III treatment rooms in inpatient care and equivalent to class III or regular services in outpatient services.
- (3) Health services as referred to in paragraph 1 in letters a and b are excluded from *post mortem et repertum* examination services and/ or *deoxyribonucleic acid* (DNA) examination services provided by the Indonesian National Police for victims of violence against women and victims of violence against children who The case has reached the investigation stage.

BAB V

ADMINISTRATIVE REQUIREMENTS

Article 5

Participants who receive health service assistance as intended in Article 2 complete the following administrative requirements: a. beggars, homeless people and

abandoned people with letters

recommendation from the Social Service;

b. the occupants of the orphanage are determined by a Regent's

Decree; c. nursing home residents who have not yet entered the data by letter recommendation from the Social Service;

d. AEFI cases by attaching a letter of AEFI determination by the Medical Personnel handling the AEFI case; e. the need for

assistive devices for disabilities by attaching an Order from the Medical Personnel or Doctor Responsible for the Patient;

f. KLB victims attach a letter of government determination Area;

g. Certain Emerging Sufferers screening form and/or medical resume from health facilities as health service providers;

h. Covid-19 cases with confirmation without symptoms and/or confirmation with mild symptoms and not suffering from comorbidities for Regional residents attach a photocopy of their Resident Identity Card (KTP) or Family Card (KK); And

i. Covid-19 cases with confirmation without symptoms and/or confirmation with mild symptoms and not suffering from comorbidities who are domiciled in the Region attach a certificate of domicile for at least 3 (three) months issued by the Village Head or Village Head.

j. victims of violence against women for Regional residents attach a photocopy of their Resident Identity Card (KTP) or Family Card (KK) and a certificate of violence against women from the head of DPPKBP3A; k. victims of violence against children for Regional

residents attach a photocopy of their Child Identity Card (KIA) or Family Card (KK) and a certificate of violence against children from the head of DPPKBP3A;

l. victims of violence against women who live in the Region for at least 3 (three) months attach a domicile certificate issued by the Village Head or Village Head and attach a certificate of violence against women from the head of DPPKBP3A; m. victims of violence against children who live in the Region for at least 3 (three) months attach a domicile

certificate issued by the Village Head or Village Head and attach a certificate of violence against children from the head of DPPKBP3A;

Article 6

- (1) Health service providers at Community Health Centers, Health Facilities Non-Government and Hospitals are entitled to receive services and operational funds according to provisions legislation.
- (2) Health service providers at Community Health Centers, Health Facilities Non-Government and Hospitals provide services according to standards, submit bills/claims and submit appropriate health service reports the provisions of the legislation.

Article 7

- (1) Health service providers in self-isolation facilities have the right to receive payment for lodging and nutrition costs that have been carried out accordingly provision.
- (2) Health service providers in self-isolation facilities provide services according to established procedures, submit bills/claims and deliver health service reports in accordance with regulatory provisions legislation.

Article 8

- (1) Participants who receive assistance for health service costs referred to in Article 2 paragraph (1) receive outpatient and inpatient services in accordance with the tiered referral service system except in emergency cases emergency, people with mental disorders, beggars, homeless and homeless people.
- (2) Rights as a recipient of service fee assistance health as intended in paragraph (1) is lost, if the participant receiving assistance wants to be treated in a higher class and chooses the doctor and type services not based on medical indications.
- (3) Sufferers from Certain Emerging Infectious Diseases with Covid-19 in cases confirmed without symptoms and/or confirmed with mild symptoms and no suffering from comorbidities can stay for a maximum of 10 (ten) days at the facility self-isolation.

BAB VI

FINANCING

Article 9

- (1) Financing that can be provided to PMKS as intended in Article 2 paragraph (1) letter a includes:
 - a. health services at Community Health Centers and their networks without paying fees using tariffs
Public health center.

b. Health services at the hospital consist of:

1. Cost of inpatient services with procedures maximum operation amounting to IDR 10,000,000.00 (ten million rupiah);
2. costs for inpatient health services without a maximum operation of IDR 5,000,000.00 (five million rupiah);
3. the cost of outpatient health services in hospitals is a maximum of IDR 5,000,000.00 (five million rupiah) within 30 (thirty) days;
4. The cost of inpatient services is given in 1 (one) health care episode; And
5. The amount of assistance for aid costs people with disabilities who are not yet covered by JKN is a maximum of IDR 4,000,000.00 (four million rupiah) in 1 (one) year.

(2) Funding provided for AEFI cases without costs as intended in Article 2 paragraph (1) letter b, include:

- a. health services at Community Health Centers and their networks according to Puskesmas rates;
- b. health services at level health facilities non-government first according to health facility rates; And
- c. home health services at hospital rates. appropriate pain

(3) Financing provided to isolation participants independently in self-isolation facilities and health centers, includes:

- a. the highest costs for self-isolation facilities amount of IDR 500,000.00 (five hundred thousand rupiah) per person per day; And
- b. the amount of the referral service fee is according to the tariff Public health center.

(4) Funding provided to the Victim community
The KLB as intended in Article 2 paragraph (1) letter c includes:

- a. Government-owned First Level Health Facilities, namely Community Health Centers and their networks which serve KLB victims in outpatient cases for JKN participants at a capitation fee, non-JKN patients at no charge;
- b. First Level Health Facilities owned by the government, namely Puskesmas and its network which serves KLB victims in cases of hospitalization for JKN participants and non-JKN participants. JKN is free of charge;
- c. Non-Government First Level Health Facilities that collaborate with the Health Service to serve KLB victims in outpatient cases
JKN participants with capitation funds, non-JKN participants no charge;

- d. First Level Health Facilities are non-government owned who collaborate with the Health Service and serve KLB victims in cases of hospitalization for JKN and non-JKN participants at no cost; And
- e. Advanced Level Health Facilities are hospitals that collaborate with the Health Service and serve KLB victims in outpatient cases and inpatient care for JKN and non-JKN participants without cost.

(5) Funding provided to Disease Sufferers

Certain Emerging Infections as referred to in Article 2 paragraph (4) letter a, letter b, letter c, letter d, letter e, letter f, letter g, letter h, letter i, letter j and letter l includes:

- a. The government's first level health facilities are the Puskesmas and its network of services for cases outpatient care for JKN participants at a capitation fee, non-JKN patients free of charge;
- b. Government-owned First Level Health Facilities, namely Community Health Centers and their network provide services for inpatient cases for JKN and non-JKN participants at no cost;
- c. Non-Government First Level Health Facilities that collaborate with the Health Service services in outpatient cases for JKN participants with capitation funds for non-JKN participants at no cost;
- d. First Level Health Facilities are non-government owned which collaborates with the Health Service services in inpatient cases for JKN participants and non-JKN without fees; And
- e. Advanced Level Health Facilities are hospitals that collaborate with the Health Service services for outpatient and inpatient cases for JKN and non-JKN participants free of charge.

(6) Financing provided to *Covid-19* sufferers with suspected cases as referred to in Article 2 paragraph (4) letter k includes:

- a. The government's first level health facilities are the Puskesmas and its network of services for cases outpatient care for JKN participants at a capitation fee, non-JKN patients free of charge;
- b. Government-owned First Level Health Facilities, namely Community Health Centers and their network provide services for inpatient cases for JKN and non-JKN participants at no cost;
- c. Non-government First Level Health Facilities that collaborate with the Health Service services in outpatient cases for JKN participants with capitation funds for non-JKN participants at no cost;

- d. First Level Health Facilities are non-government owned which collaborates with the Health Service services in inpatient cases for JKN participants and non-JKN without fees;
 - e. Advanced Level Health Facilities, namely Hospitals collaborate with the Health Service services in outpatient and inpatient cases for JKN and non-JKN participants at no cost with using *the INA-CBG tariff*;
 - f. Advanced Level Health Facilities in Hospitals for outpatient and inpatient health services for JKN participants and non-JKN participants have Suspect status no fees; And
 - g. Self-isolation facilities for overnight services for JKN participants and non-JKN participants status as a confirmed case without symptoms and/or confirmed with mild symptoms and no suffering other diseases.
- (7) Funding that can be provided to victims of violence against women and victims of violence against children as intended in Article 2 paragraph (2) letters g and h includes:

- a. health services at Community Health Centers and their networks without paying fees using tariffs
Public health center.
- b. health services at the Advanced Level, namely hospitals that collaborate with the Department Health services in outpatient, emergency and/or inpatient cases for JKN and non-JKN participants are free of charge using hospital rates.

Article 10

Financing health services for aid recipients
Health service costs come from the budget
District Income and Expenditure.

BAB VII

CLOSING

Article 11

When this Regent's Regulation comes into force, Regulation Regent of Sukoharjo Number 3 of 2021 concerning Assistance Costs of Health Services for People with Social Welfare Problems Who Are Not Yet Participants National Health Insurance, Victims of Extraordinary Events and Sufferers of Certain Emerging Infectious Diseases in Sukoharjo Regency (Sukoharjo Regency Regional Gazette 2021 Number 3) is revoked and declared invalid.

Article 12

This Regent's Regulation comes into force on the date of promulgation.
So that everyone is aware, this Regent's Regulation is ordered to be promulgated by placing it in the Regional Gazette of Sukoharjo Regency.

Stipulated in Sukoharjo on
May 11 2022
REGENT SUKOHARJO,
signed

ETIK SURYANI

Promulgated in Sukoharjo on
May 11 2022

REGIONAL SECRETARY
SUKOHARJO DISTRICT,

signed

WIDODO

REGIONAL NEWS SUKOHARJO DISTRICT
YEAR 2022 NUMBER 24

The copy corresponds to the original
HEAD OF LEGAL SECTION,

signed

RETNO WIDIYANTIB, SH
NIP Level I
Arranger. 19790801 200501 2 010