



Effectiveness of Administrative Sanctions in Overcoming Fraud by Health Facilities on JKN Participants

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Abstract. This study discusses the effectiveness of implementing administrative sanctions to overcome fraud practices by health facilities against National Health Insurance (JKN) participants in Indonesia. Fraud practices involving claim manipulation, bill inflation, and falsification of diagnoses result in losses for JKN participants and reduce the quality of health services. This study identifies challenges in supervision, regulatory weaknesses, and obstacles in law enforcement that affect the effectiveness of the administrative sanctions imposed. Based on the analysis, this study recommends regulatory reforms that include the implementation of stricter sanctions, strengthening supervision with information technology, and increasing outreach programs to raise awareness of the impacts of fraud. It is expected that with this reform, the JKN system can run more effectively and reduce fraud practices that are detrimental to all parties.

Keywords: Fraud, JKN, Administrative Sanctions, Health Facilities.

1. INTRODUCTION

The National Health Insurance System (JKN) is a program launched by the Indonesian government in 2014 as part of an effort to realize fair and equitable access to health care for all Indonesians. JKN is managed by BPJS Kesehatan and aims to provide social protection to all citizens, regardless of economic status, by providing access to quality and affordable health services. The main objective of JKN is to ensure that every individual, including those in vulnerable economic groups, can obtain the necessary health services without having to bear burdensome costs. This system aims to improve community quality through enhancing health services and disease prevention, as well as to reduce poverty rates caused by high healthcare costs (Badan Penyelenggara Jaminan Sosial, 2014).

In the implementation of JKN, health facilities have a very important role. Health facilities registered in the JKN system, such as hospitals, clinics, community health centers, and practicing doctors, are responsible for providing medical services to JKN participants by the standards set by BPJS Kesehatan and government regulations. These health facilities work together with BPJS Kesehatan to verify claims and ensure that the services provided are by participant rights. They also must maintain the quality of medical services, support disease prevention programs, and provide treatment by applicable medical procedures. The involvement of health facilities in JKN is crucial to creating an efficient, transparent, and abuse-

free system, including fraud, which can harm both participants and the health insurance system itself (Feriawati, 2015).

Health is a fundamental human right and is one of the important elements in achieving social welfare, as stated in the ideals of the Indonesian nation through Pancasila and the 1945 Constitution of the Republic of Indonesia. The right to a healthy life is a basic right for individual to be able to function normally in everyday life. It is reflected in Article 28H paragraph (1) of the 1945 Constitution, which states that everyone has the right to live in prosperity both physically and mentally, to have a place to live and to obtain a healthy environment and adequate health services. In addition, Article 34 Paragraph (2) of the 1945 Constitution also emphasizes that the state is obliged to develop a social security system for all Indonesian people and pay attention to the empowerment of weak or underprivileged communities while still upholding human dignity. (Murti, 2004)

As part of the implementation of this mandate, the state is also responsible for providing adequate healthcare facilities for all its citizens. It is stated in Article 34 Paragraph (3) of the 1945 Constitution which regulates the state's obligation to ensure the availability of health facilities that meet standards. In order to realize the right to health for every citizen, the House of Representatives together with the President of Indonesia finally established Law No. 40 of 2004 concerning the National Social Security System (SJSN), which aims to provide social health security for all Indonesian people. This law is a real step by the state in implementing the right to health as part of fulfilling social welfare for the people, which is in line with the basic principles of the state in the 1945 Constitution. (Afriko, 2016)

The process of implementing the National Health Insurance (JKN) has seen an increase in satisfaction among participants, especially for the underprivileged, who have easier access to health services. Based on a survey conducted in 2022, the level of satisfaction of BPJS Kesehatan participants was recorded at 89.6%, an increase of 2% compared to the previous year (Humas BPJS, 2023). However, there are still some complaints and dissatisfaction felt by JKN participants and various other stakeholders. One of the causes of this dissatisfaction is the potential for fraud that harms certain parties. This fraud can occur in various forms and involves several parties, such as participants, BPJS Kesehatan, health facilities, health service providers, drug providers, and medical devices. This fraud not only harms the system but can also reduce the quality of service received by JKN participants. (Notoatmojo, 2010)

According to the Regulation of the Minister of Health, No. 16 of 2019 concerning the Prevention and Handling of Fraud, fraud in the Health Insurance program is an attempt made intentionally to obtain financial gain through actions that are not by the provisions applicable

in the national social security system. Some forms of fraud that often occur include claim manipulation, false claims, inflation of drug and medical device bills, and the splitting of service episodes that should be combined. In addition, fraudulent practices such as pseudo-referrals, repeat claims, and document falsification are also forms of fraud that are often found. All of these types of fraud not only harm BPJS Kesehatan but also have a direct impact on the quality of service received by JKN participants, who potentially feel treated differently compared to non-BPJS patients in hospitals. (Solehuddin, 2023)

For example, many patients who use BPJS cards complain about the services they receive at the hospital. They often feel that BPJS patients are treated differently from patients who pay privately. Complaints that often arise include the lack of friendliness of medical personnel, rushed examinations, and lack of response to health complaints submitted. It creates dissatisfaction among JKN participants, who should receive equal services and their rights. This phenomenon indicates problems in the quality of services in several health facilities that work with BPJS Kesehatan, which ultimately contributes to negative perceptions of the JKN system itself. (Budianto, 2010)

In addition, since the start of the JKN program in 2014, the Corruption Eradication Commission (KPK) has noted the potential for corruption in the health sector, which is a form of fraud. In this context, fraud in health services can involve misuse of assets or falsification of claims by parties involved in the health insurance system, including hospitals and other health facilities. Some examples of fraud committed by health service providers include manipulation of diagnoses or medical procedures, copying claims from other patients (cloning), and inflating the costs of drugs and medical devices. In addition, there is also the practice of splitting services into several separate bills, even though the costs should be combined in one service package, or even billing for procedures that were never performed. These practices are not only detrimental to the system but can also worsen the image and effectiveness of JKN as a national health protection program that should provide benefits to all Indonesian people (Alfrida, 2020).

In the implementation of administrative sanctions related to fraud practices in the National Health Insurance (JKN), there are various challenges faced by the authorities, such as BPJS Kesehatan and the Ministry of Health, in supervising health facilities. One of the main challenges is the limited resources owned by the authorities in carrying out comprehensive and continuous supervision. Supervision of all health facilities participating in JKN, both hospitals, clinics, and health centers, requires a team that is trained and can conduct in-depth audits (Asyhadie, 2015). Without adequate resources, both in terms of the number of officers and supporting technology, it will be difficult to detect fraudulent practices that occur in the field.

Alongside, reactive supervision, which is only carried out after a complaint or report, also limits the effectiveness of fraud prevention, because many violations go undetected without a proactive monitoring system. (Hady, 2017)

Another challenge in supervision is the difficulty in obtaining accurate and timely data. In many cases, claims data and medical records submitted by health facilities can be manipulated or disguised, making it more difficult to identify as part of fraudulent practices. The claim verification process involving a large number of health facilities and JKN participants often takes a long time and involves many parties, increasing the possibility of loopholes that can be exploited by irresponsible individuals. In addition, coordination between BPJS Kesehatan, the Ministry of Health, and other law enforcement agencies such as the police or prosecutors is also often hampered by bureaucratic obstacles that can slow down follow-up on fraud cases that are found.

Regarding the effectiveness of the implementation of administrative sanctions, although there have been efforts to combat fraud practices by imposing administrative sanctions, their implementation has not been fully optimal. One of the main obstacles to the effectiveness of sanction enforcement is the lack of firmness and consistency in the application of sanctions to health facilities that are proven to have committed violations. Administrative sanctions, such as revocation of practice permits or claim restrictions, are indeed regulated in laws and regulations, but in many cases, the implementation of these sanctions can be hampered by lengthy legal processes or even political influence that influences the decisions taken. In addition, most health facilities, especially larger ones with strong resources, can often avoid sanctions or minimize the impact of the sanctions imposed.

Another factor that hinders the effectiveness of the implementation of administrative sanctions is the misalignment between existing regulations and practices in the field. Although administrative sanctions are clearly regulated, in practice, many cases of fraud cannot be proven legally due to a lack of strong evidence or because of complicated procedures in collecting evidence. Often, supervision of these fraudulent acts is carried out after the losses have occurred, which makes the impact greater before it can be prevented. In addition, there is still room to improve coordination between the authorities in terms of implementing and supervising JKN, so that the law enforcement process against fraud can be more effective. By improving the supervision system, improving audit quality, and enforcing sanctions more consistently and firmly, the implementation of administrative sanctions is expected to be more effective in overcoming fraud in the JKN system.

2. METHOD

The normative legal research method is an approach used in legal studies by prioritizing existing legal sources, be it laws and regulations, doctrine, or jurisprudence. This research focuses on the norms or legal provisions that apply in resolving a legal problem. In the context of research on the effectiveness of administrative sanctions in overcoming fraud among JKN participants, this approach will analyze various regulations governing administrative sanctions, including regulations issued by BPJS Kesehatan, the Ministry of Health, and laws governing the health insurance system in Indonesia. Through this method, the research will assess whether the existing provisions are by the principles of justice and whether these regulations can be effective in overcoming fraudulent practices in JKN.

Meanwhile, the legislative approach in normative legal research aims to study and analyze relevant laws and regulations in the context of the problem at hand. In this study, the legislative approach will be used to examine all regulations related to the implementation of JKN and the application of administrative sanctions against fraudulent acts. This approach focuses on analyzing existing legal texts to determine the extent to which the regulations applied are by the objectives of the law and can be implemented effectively. On the other hand, a conceptual approach will be used to understand the legal concepts underlying the JKN system, including an understanding of administrative sanctions and fraud in health insurance. This approach is important to explore existing theories or views on fraud in health services and to understand the relationship between existing regulations and the principles that must be maintained in the implementation of the national health insurance system.

3. RESULT AND DISCUSSION

Regulation of Administrative Sanctions Against Fraudulent Practices in the Implementation of National Health Insurance (JKN) in Indonesia

Law enforcement related to fraud in the implementation of the National Health Insurance Program (JKN) in Indonesia is regulated in the Regulation of the Minister of Health Number 16 of 2019 concerning the Prevention and Handling of Fraud and the Imposition of Administrative Sanctions Against Fraud in the Implementation of the Health Insurance Program. In the relevant articles, namely Articles 6, 7, and 8, it is explained that administrative sanctions for fraudulent acts include verbal warnings, written warnings, and/or orders to return losses incurred due to fraud to the injured party. These sanctions are designed to provide a warning to the perpetrator of fraud not to repeat it, and to address the losses caused by the act. In some cases, administrative sanctions can also be accompanied by fines, which are given to

the party harmed by fraud, as well as revocation of permits for health facilities or individuals proven to have committed fraud in accordance with the provisions of applicable regulations (Herawati, 2020).

However, although this regulation already regulates administrative sanctions, it is important to note that the regulation only covers administrative sanctions and does not regulate criminal sanctions. It means that for fraud perpetrators involved in fraud in the JKN system, there are no criminal provisions that are directly applied, unless there are other, larger violations or involve criminal acts regulated in separate laws. One of the weaknesses of this administrative sanction is its inability to provide a significant deterrent effect on fraud perpetrators. It causes fraudulent practices to continuously appear even though administrative sanctions have been imposed. In many cases, law enforcement often only relies on these regulations without any more severe criminal follow-up, which ultimately creates a precedent for perpetrators to feel fearless in carrying out similar actions (Wijaya, 2018).

Based on this reality, law enforcement against fraud in the implementation of JKN in Indonesia is often considered suboptimal. Administrative sanctions imposed do not always provide sufficient deterrent effect, because fraud perpetrators may see it as a risk that can be borne. On the other hand, law enforcers, both BPJS Kesehatan and other related agencies, sometimes do not have the authority or do not have enough resources to handle fraud cases comprehensively. This often makes law enforcement hampered by various obstacles, such as limited evidence, complicated administrative processes, and lack of proactive supervision. In this case, further evaluation is needed regarding the effectiveness of existing administrative sanctions, as well as the need to strengthen law enforcement mechanisms by involving criminal sanctions to provide a greater deterrent effect for perpetrators of fraud in the JKN system. (Rusyd, 2018)

Fraud committed by health facilities against National Health Insurance (JKN) participants in medical services can cause losses for JKN participants. This fraud is categorized as an unlawful act, which is carried out intentionally through trickery or fraud, and is a despicable act. Legal experts argue that such acts should be subject to criminal sanctions because they violate applicable legal norms. One form of fraud that often occurs is when health facilities do not provide drugs that have been prescribed by doctors to JKN participants. As a result, JKN participants are forced to buy the medicine outside the hospital pharmacy because the medicine is not available at the health facility. Legally, JKN participants have the right to receive medicine according to a doctor's prescription, as regulated in Presidential Regulation

Number 59 of 2024. Health facilities are required to provide medicines for all JKN patients, and failure to fulfill this obligation violates patient rights (Praptianingsih, 2006).

In this context, the Regulation of the Minister of Health Number 73 of 2016 concerning Standards of Pharmaceutical Services in Pharmacies also regulates the obligations of health facilities in providing drugs and other medical materials. Article 3 of the regulation explains that the standards of pharmaceutical services in pharmacies include the management of pharmaceutical supplies, medical devices, disposable medical materials, and clinical pharmacy services that must be carried out in an organized manner, starting from planning, and procurement, to reporting. This aims to ensure the availability and safety of drugs and other medical materials, which must meet the quality and safety standards set by laws and regulations. Therefore, health facilities are required to meet all of these standards, including providing the drugs needed by JKN patients by applicable provisions, for the safety and health of patients.

In addition, Law Number 17 of 2023 concerning Health Article 189 paragraph (1) also emphasizes the obligation of hospitals to provide safe, quality, and effective services by applicable standards. Hospitals are required to provide correct information about the services provided, as well as to protect patient rights, including in terms of providing prescribed drugs. In this case, the hospital must provide drugs according to the doctor's prescription without charging additional fees to JKN patients, unless the drug is not covered in the national formulary or does not comply with the established medical indications. Minister of Health Regulation Number 28 of 2014, which regulates the guidelines for implementing the JKN program, clearly states that every patient who receives treatment at a health facility with JKN insurance and who receives a prescription for drugs that are not included in the national formulary, should not be charged additional fees. This obligation aims to protect the rights of JKN participants and ensure that the health services provided are by applicable legal provisions.

In the implementation of the National Health Insurance Program (JKN), various types of fraud practices can harm participants, health facilities, and the system as a whole. Some common forms of fraud include claim manipulation, bill inflation, falsification of diagnoses, and manipulation of medical data to increase payments or reimbursements. Claim manipulation occurs when a health facility or other party submits a claim for a medical procedure that was never performed or did not comply with the provisions. Inflated bills involve adding unnecessary costs, such as higher than actual drug costs or unnecessary additional costs. Falsification of diagnosis can involve making a false diagnosis to obtain more funds from BPJS

Kesehatan. These fraudulent practices are regulated in various regulations, such as the Regulation of the Minister of Health Number 16 of 2019, which explicitly regulates fraud and states that such actions can be subject to administrative sanctions, such as verbal warnings, written warnings, unauthorized refunds, and even revocation of operating licenses for health facilities found guilty.

The application of administrative sanctions against parties proven to have committed fraudulent practices in JKN is carried out through a structured procedure and requires several stages. This process begins with the identification and collection of evidence through supervision carried out by BPJS Kesehatan, the Ministry of Health, or other supervisory institutions. After the evidence is collected, the party committing the fraud will be summoned to provide clarification. If sufficient evidence is found, administrative sanctions will be imposed. BPJS Kesehatan or the Ministry of Health can provide a warning, either verbally or in writing, to the relevant party, and the sanctions can be aggravated by the return of unauthorized costs or even the revocation of the health facility's license if the fraudulent act is very detrimental. In some cases, the injured party, either a JKN participant or the state, can file further claims to obtain compensation or further sanctions.

The parties who have the authority to follow up and apply administrative sanctions against fraudulent practices in JKN consist of several institutions, with BPJS Kesehatan as the main institution that manages claims and supervision. In addition, the Ministry of Health plays a role in providing regulations related to health service standards and supervision of health facilities involved in the implementation of JKN. Supervisory institutions such as the Audit Board of Indonesia (BPK) also have an important role in conducting audits and examinations of the use of JKN funds. Each party has its responsibility in the supervision process, with BPJS Kesehatan responsible for ensuring that services provided are by the provisions and reporting any suspected fraud, while the Ministry of Health is responsible for issuing regulations and monitoring their implementation in the field. In this case, collaboration between these institutions is necessary to ensure that fraudulent practices can be suppressed and administrative sanctions can be implemented firmly.

Effectiveness of Implementation of Administrative Sanctions in Overcoming Fraud Practices by Health Facilities Against JKN Participants

The effectiveness of the implementation of administrative sanctions in overcoming fraudulent practices by health facilities against JKN participants is a crucial issue that must be considered in the health insurance system in Indonesia. Fraud in the implementation of JKN

can harm not only participants but also damage the integrity of the health system as a whole. Therefore, the implementation of strict and effective administrative sanctions is expected to provide a deterrent effect for health facilities involved in fraudulent practices. Although regulations already exist, the implementation of administrative sanctions, such as warnings, restitution of losses, and revocation of permits, still face various challenges and obstacles that affect their effectiveness. In this sub-chapter, we will discuss the extent to which the administrative sanctions applied can reduce fraudulent acts, as well as the obstacles faced in their enforcement, by considering the need for evaluation and policy updates to create a more transparent and accountable system.

A review of the effectiveness of administrative sanctions applied in overcoming fraudulent practices by health facilities against JKN participants shows that administrative sanctions such as verbal warnings, written warnings, restitution of losses, and revocation of operational permits have an important role in regulating the behavior of health service providers. However, the impact of these sanctions has not fully provided a significant deterrent effect, considering the many cases of fraud that continue to occur. Verbal and written warnings may not be enough to put pressure on health facilities that are accustomed to the system, while restitution is more remedial and cannot always fully recoup losses. Heavier sanctions, such as revocation of operational permits, do have a more decisive impact, but their application is still limited to certain cases and requires strong evidence, so not all fraud cases are followed up with these severe sanctions.

Based on existing data, although there has been an increase in awareness of fraud and increased compliance in several health facilities after the implementation of administrative sanctions, a significant decrease in the number of fraud cases has not been seen consistently. This shows that although there are administrative sanctions regulated in the regulations, inconsistent application, limited supervision, and low law enforcement against fraud perpetrators are the main obstacles. To achieve more effective changes in the behavior of health facilities, further evaluation is needed regarding the effectiveness of these sanctions and whether the enforcement of administrative sanctions needs to be combined with other, more assertive approaches, such as criminal sanctions or updates to existing regulations. This evaluation is critical to ensure that any fraud can be minimized and not repeated.

The implementation of administrative sanctions against health facilities involved in fraudulent practices in the JKN system faces various obstacles that affect the effectiveness of law enforcement. One of the main challenges faced by the authorities, such as BPJS Kesehatan and the Ministry of Health, is limited supervision. Supervision of a very large number of health

facilities requires large resources, both in terms of the number of supervisory officers and supporting infrastructure. Without an adequate supervision system and efficient technology, early detection of fraud becomes more difficult, so the enforcement of administrative sanctions against fraud perpetrators is often late or not fully implemented. This delay in supervision opens up loopholes for health facilities to continue to practice fraud without fear of receiving adequate sanctions.

In addition, another obstacle faced is the difficulty in identifying fraud, which often involves sophisticated manipulation of data and documents. Fraudulent practices in JKN services, such as claim manipulation or bill inflation, are often difficult to detect without in-depth investigations and strong evidence. On the other hand, the potential for corruption and manipulation in law enforcement is also an inhibiting factor. In some cases, the relationship between health facilities and supervisory officers or BPJS Kesehatan can worsen the situation, causing law enforcement to be less objective or less firm. This shows that in addition to strict supervision, the integrity of the law enforcement system also needs to be strengthened to ensure that every perpetrator of fraud receives appropriate sanctions.

One of the weaknesses that emerges in existing regulations is the reliance on administrative sanctions which are often considered not firm enough to provide a deterrent effect. Administrative sanctions such as verbal warnings, written warnings, or restitution of losses may be considered insufficient to provide a deterrent effect for perpetrators of fraud, especially when compared to more severe criminal sanctions. Current regulations prioritize administrative resolution but are inadequate in regulating criminal actions that should also be imposed on perpetrators of fraud. It shows the need for regulatory updates so that law enforcement against fraud in the implementation of JKN can be more effective. The application of stricter sanctions, such as criminal sanctions or tighter supervision, must be considered to ensure that fraud can be minimized and avoided in the future.

Comparing the effectiveness of administrative sanctions with other penalties, such as criminal sanctions or economic sanctions, is important to assess whether the existing approach is sufficient to overcome fraud practices in the health sector. Administrative sanctions, although intended to provide reprimands and warnings, are often not strict enough to provide a deterrent effect on health facilities involved in fraud. When compared to criminal sanctions that provide heavier penalties and can include fines or imprisonment, administrative sanctions often only result in license revocation or restitution of losses, which do not always have an adequate effect. Economic sanctions that are more in the form of fines or financial compensation may be able to pressure health facilities involved in fraud, but need to be

strengthened in supervision and law enforcement. Therefore, there may be a need to update existing regulations by adding criminal sanctions as an additional step to overcome fraud more effectively and create a more transparent and accountable system.

Law enforcement through administrative sanctions does have a role in minimizing fraud practices, but these sanctions do not seem effective enough in overcoming the problem as a whole. This is due to the lack of firmness and consistency in the application of administrative sanctions and the inability to overcome fraud as a whole without more severe criminal sanctions. In addition, supervision of a large number of health facilities is also a challenge, making it difficult to detect violations early. There is an urgent need to update regulations to better support fraud prevention with a more comprehensive approach, including involving stricter legal mechanisms and strengthening supervision at various levels. This also requires increased cooperation between BPJS Kesehatan, the Ministry of Health, and other supervisory institutions to create a more effective system in preventing and handling fraud.

Effective counseling and socialization to health facilities and JKN participants regarding the impact of fraud practices and the sanctions that can be imposed also play an important role in preventing fraud from the start. Educational programs that are implemented need to be strengthened so that all parties, both health service providers and JKN participants, fully understand the legal consequences of fraud. This counseling can help create awareness that fraud not only harms the parties involved, but also damages the integrity of the health system as a whole. However, the effectiveness of outreach programs is often limited to the accessibility and acceptance of information. In this case, evaluation of the success of existing outreach programs, both in terms of coverage and impact, is very important to ensure that fraud prevention messages can be received and understood by all parties involved in the JKN system.

Reforms that Need to be Made in the Regulation and Enforcement of Administrative Sanctions to Overcome Fraud in JKN to be More Effective and Efficient

The implementation of administrative sanctions in the National Health Insurance (JKN) system has become an important tool in overcoming fraud practices by health facilities. Although existing regulations have regulated various forms of sanctions, there are still many challenges faced in their implementation, such as ineffective supervision and weak deterrent effects. To improve the effectiveness of law enforcement and prevent fraud, it is important to reform the regulation and enforcement of administrative sanctions. This reform includes an evaluation of existing regulations, the implementation of stricter sanctions, strengthening supervision through technology and more transparent audits, and increasing education and

socialization to all related parties. In addition, collaboration between supervisory institutions also needs to be strengthened to create a more effective and efficient system in overcoming fraud in the JKN program.

Evaluation and improvement of existing regulations are necessary to strengthen supervision and law enforcement against fraud practices in the National Health Insurance (JKN) program. Regulation of the Minister of Health Number 16 of 2019 concerning Prevention and Handling of Fraud has indeed regulated administrative sanctions for perpetrators of fraud, but this regulation has not been fully effective in overcoming increasingly complex fraud. Some loopholes in this regulation may allow fraudsters to manipulate the system, such as in the case of filing claims or misuse of health facilities. Therefore, stricter regulatory updates or additions are needed, such as the affirmation of heavier sanctions, and strengthening of more transparent fraud monitoring and reporting procedures. This update should include more detailed regulations regarding fraud identification and reporting mechanisms that can be utilized by the authorities.

To increase the effectiveness of law enforcement against fraud perpetrators, it is necessary to apply stricter and more diverse administrative sanctions. Current sanctions, such as warnings and restitution of losses, are indeed important, but they are not enough to provide a deterrent effect on health facilities that commit fraud. Therefore, sanctions such as imposing larger fines, revoking operational permits, or even the criminal sanctions can be options to strengthen the impact of punishment. Increasing the authority of supervisory institutions, such as BPJS Kesehatan and the Ministry of Health, is a crucial factor in ensuring that every fraud perpetrator can be prosecuted firmly. Stronger law enforcement will reduce the potential for fraud and create public trust in the JKN system. With more severe and effective sanctions, perpetrators will be more careful, and it is hoped that this can prevent fraudulent acts that harm many parties, especially JKN participants who need proper health services.

Strengthening supervision and auditing is an equally important part of the renewal of the fraud prevention system in the health sector. The use of information technology and data analytics can increase efficiency in detecting fraud early. For example, the implementation of an electronic fraud reporting system that allows authorities to monitor in real time. In addition, a more transparent and effective audit system will facilitate the identification of fraudulent acts that occur in health services. The use of technology, such as big data and artificial intelligence (AI), can help BPJS Kesehatan and the Ministry of Health analyze claim patterns and detect anomalies that have the potential for fraud. A stronger and more transparent audit system can

also ensure that all health facilities involved in JKN carry out their obligations by applicable provisions, so that they can prevent and overcome fraud more quickly and accurately.

More comprehensive education and socialization about fraud in the JKN program are key to preventing fraudulent practices that harm participants and the health system as a whole. Intensive counseling programs for health facilities and JKN participants are very important to raise awareness of the negative impacts of fraud and the sanctions that can be imposed on perpetrators. Although there are currently training and socialization programs, their effectiveness needs to be evaluated. One thing that needs to be considered is the format and accessibility of the training. More interesting, interactive, and easily accessible educational programs for all stakeholders, both through digital platforms and face-to-face meetings, can improve understanding of regulations and the importance of integrity in health services. This is expected to build a culture of honesty among health service providers and increase awareness of JKN participants regarding their rights and the correct procedures for filing claims.

Collaboration between institutions involved in monitoring and enforcing the law against fraudulent practices is important to ensure more effective law enforcement. BPJS Kesehatan, the Ministry of Health, the Police, the Prosecutor's Office, and other supervisory institutions must work closely to address this issue. Each institution has different roles and responsibilities, but coordinated collaboration can create a stronger and more responsive oversight system. In addition, the formation of a special task force to handle fraud cases in the health sector can accelerate the handling of fraud cases and ensure that law enforcement is more efficient. This task force can coordinate investigations, conduct audits, and provide recommendations regarding corrective steps that need to be taken by health facilities. Through this collaboration, the law enforcement process will be more focused, and fraud perpetrators will feel more supervised, thus creating a greater deterrent effect.

With better education and more coordinated collaboration between institutions, the law enforcement system against fraud practices in JKN is expected to be more effective and efficient. This will not only protect JKN participants from losses, but also improve the overall quality of health services. This change will also build public trust in the JKN system, because they will feel safer in getting proper health services that are in accordance with their rights. Success in implementing education, socialization, and collaboration between institutions is very important to create a health insurance system that is fair and free from detrimental fraud practices.

4. CONCLUSION

That although the regulation and implementation of administrative sanctions against fraudulent practices in the implementation of the JKN program have been regulated in the Regulation of the Minister of Health Number 16 of 2019, its effectiveness is still not optimal in overcoming fraudulent acts. Existing sanctions, such as warnings, restitution of losses, and revocation of operational permits, have not fully provided a deterrent effect for health facilities involved in fraudulent practices. In addition, obstacles in supervision, lack of early detection, and potential manipulation in law enforcement are challenges that hinder the success of this system. Improvements in regulations, strengthening of supervisory mechanisms, and stricter law enforcement are needed so that administrative sanctions can have a more significant impact in overcoming fraudulent practices in JKN.

Based on these findings, several suggestions can be given to increase the effectiveness of overcoming fraud in JKN. First, there needs to be an evaluation and updating of existing regulations, including the imposition of stricter and more varied sanctions, such as larger fines and enforcement of criminal sanctions. Second, strengthening supervision and audits by utilizing information technology to detect fraud early must be a priority. The use of analytical data and electronic reporting systems can accelerate the identification of fraudulent practices. Third, it is important to implement more intensive and easily accessible counseling programs for health facilities and JKN participants to raise awareness of the impact of fraud and the sanctions that can be imposed. Finally, collaboration between related institutions, such as BPJS Kesehatan, the Ministry of Health, and law enforcement agencies, needs to be strengthened to ensure more coordinated and effective law enforcement. With these steps, it is hoped that the JKN system can be more optimal in providing fair health services and avoiding detrimental fraud practices.

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