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Article Title

Legal Protection for BPJS (Social Security Administrating Body) Participants in Health Services

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ABSTRACT

This study aims to analyze the legal protection afforded to BPJS Health participants in healthcare services, particularly inpatient services at Andi Makkasau Regional General Hospital, Parepare, by examining the conformity between legal norms and service practices in the field. The research employs an empirical method with a qualitative approach through interviews and literature review of relevant laws and regulations. The findings indicate that the rights and obligations of BPJS Health participants have a strong legal basis, primarily grounded in the National Social Security System Act and BPJS Health Regulation Number 1 of 2014, and have generally been implemented in accordance with applicable provisions, including services based on treatment class, medical indications, and the guarantee of emergency services without additional charges. Existing problems faced by BPJS participants include limited facilities, complex administrative procedures, and low levels of participant understanding of the tiered service mechanism, which give rise to perceptions of unequal treatment. This study concludes that legal protection for BPJS Health participants must continue to be strengthened through improvements in service quality, administrative simplification, and enhanced education and supervision to ensure that the fulfillment of the right to health services can be realized in a fair and dignified manner.

Keywords: *BPJS Health; Inpatient Services; Patient Rights; Regional General Hospital*

INTRODUCTION

Health constitutes a fundamental right of every individual and simultaneously represents a state responsibility to ensure its fulfillment. The right to health is not limited to physical well-being but also encompasses mental and social welfare that enables individuals to live decent and dignified lives. The fulfillment of health rights forms an integral part of the state's obligation to protect and enhance the quality of life of its population (Rahman, 2025).

Development in the health sector holds a strategic position within the framework of national development. The level of public health significantly determines the quality of human resources as the primary drivers of development. A healthy society tends to be more productive, adaptive, and competitive, while the failure of the state to ensure adequate health services may have far-reaching social and economic consequences (Sulaiman, 2021).

Constitutional recognition of the right to health is explicitly stipulated in Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which affirms that every person has the right to live in physical and spiritual prosperity, to enjoy a good and healthy environment, and to receive health services. This provision positions health services as part of non-derogable human rights (Alfandi, 2019).

The state's responsibility to fulfill health rights is further reinforced by Article 34 paragraphs (2) and (3) of the 1945 Constitution, which mandate the development of a social security system for all citizens and the provision of adequate healthcare facilities. These provisions indicate that healthcare services are not merely administrative policies but constitutional legal obligations (Ardinata, 2020).

The implementation of this constitutional mandate materialized through the enactment of Law Number 40 of 2004 concerning the National Social Security System. This law was designed to establish a comprehensive, integrated, and sustainable social protection system, with health insurance positioned as one of its central pillars (Nurhadi, 2024).

The establishment of the Social Security Administering Body (BPJS) through Law Number 24 of 2011 represents a concrete step by the state in administering health insurance. Since commencing operations on January 1, 2014, BPJS Health has been mandated to implement the National Health Insurance Program for all Indonesian residents, including both self-funded participants and those whose contributions are subsidized by the government (Razak & Situmorang, 2020).

The National Health Insurance Program aims to provide health protection based on principles of mutual cooperation and cross-subsidization. This system enables all participants to access healthcare services regardless of their social and economic background. Covered benefits include promotive, preventive, curative, and rehabilitative services, as well as the provision of medicines and consumable medical supplies according to medical needs (Betan et al., 2023).

The implementation of the JKN Program involves cooperation between BPJS Health and various healthcare facilities. Community health centers, clinics, and both public and private hospitals serve as partners in providing healthcare services to BPJS participants. These cooperative relationships are formalized through agreements governing the rights and obligations of each party (Octora, Efrila, & Maryani, 2024).

Hospitals, as referral healthcare facilities, play a strategic role in the implementation of JKN. Hospitals are required not only to provide medical services but also to ensure service quality, patient safety, and fair and humane treatment. Every BPJS Health participant has equal rights to obtain optimal healthcare services in accordance with applicable laws and regulations (Nuraeni & Sihombing, 2024).

In practice, the delivery of healthcare services through BPJS Health in public hospitals continues to face various challenges. Public complaints regarding complicated administrative procedures, long waiting times, limited facilities, and differences in treatment between BPJS and non-BPJS patients remain prevalent, potentially leading to dissatisfaction and losses for BPJS participants (Putra et al., 2024).

Empirical findings from previous studies reinforce this depiction. Research by Ahmad Nur Khoir indicates that the quality of services for BPJS patients at Mojowarno Hospital in Jombang Regency remains suboptimal (Khoiri & Hermastutik, 2014). Ulinuha (2014) found that patient satisfaction levels among BPJS participants at Permata Medika Hospital in Semarang ranged only between 50 and 55 percent.

These healthcare service conditions align with the broader landscape of public service quality in Indonesia. A World Bank report indicates that the quality of public services in Indonesia ranks relatively low compared to other countries. Public services, including healthcare, are considered effective when they meet public needs and expectations in a fair, efficient, and sustainable manner (Lindawaty et al., 2018).

From a legal perspective, healthcare services constitute a legal relationship between patients, hospitals, and BPJS Health. BPJS participants occupy a vulnerable position, situated between BPJS as the health insurance administrator and hospitals as service providers. When services received fail to meet established standards or participant rights, legal protection becomes a critical issue for examination (Raisari, 2022).

The urgency of legal protection for BPJS Health participants is directly linked to the status of health insurance as a constitutional right and a component of human rights. Law Number 36 of 2009 on Health emphasizes the government's responsibility to provide adequate healthcare facilities and services. Healthcare services that fail to meet established standards may be regarded as violations of the state's legal obligations (Sartono et al., 2025).

The reality of healthcare services in public hospitals demonstrates a gap between legal norms and practical implementation. This gap underscores the need for an in-depth examination of available legal protection mechanisms for BPJS Health participants, particularly when participants suffer losses due to services that deviate from statutory provisions. This study is expected to contribute to ensuring the fair and dignified fulfillment of BPJS Health participants' rights.

METHOD

This study employs an empirical research method with a qualitative approach aimed at obtaining a factual and contextual understanding of legal protection for BPJS Health participants in healthcare services provided by public hospitals. Empirical research emphasizes the collection of data based on direct observation in the field to assess the conformity between applicable legal norms and the actual healthcare services experienced by BPJS participants. The research was conducted at Andi Makkasau Regional General Hospital, Parepare City, South Sulawesi Province. The research population consists of BPJS Health participants residing in Parepare City, with a sample comprising two BPJS Health participants and one hospital representative willing to provide information.

The types and sources of data used include primary and secondary data. Primary data were obtained through direct interviews with informants relevant to the research object, particularly BPJS Health participants and hospital officials. Secondary data were collected through literature review of relevant laws and regulations, legal textbooks, scientific journals, research reports, and other documents related to the legal

protection of BPJS Health participants. Data analysis was conducted using descriptive qualitative methods with content analysis to examine, interpret, and draw conclusions regarding the implementation of legal protection and the fulfillment of the rights and obligations of BPJS Health participants in accordance with applicable legal provisions.

RESULT AND DISCUSSION

A. Rights and Obligations of BPJS Health Participants in Inpatient Health Services at Andi Makkasau Regional General Hospital, Parepare

The rights and obligations of BPJS Health participants in inpatient health services at Andi Makkasau Regional General Hospital, Parepare, are fundamentally aligned with the concept of consumer rights and obligations in healthcare services. BPJS participants are positioned as legal subjects who are entitled to safe, high-quality, and non-discriminatory healthcare services, while simultaneously bearing the obligation to comply with the applicable provisions within the national health insurance system.

The concept of consumer rights in healthcare services can be traced back to the ideas of J.F. Kennedy in 1962, who articulated four basic consumer rights: the right to safety, the right to be informed, the right to choose, and the right to be heard. These four rights were later recognized as part of the broader development of human rights and remain highly relevant in the context of healthcare services, including services provided to BPJS Health participants.

Further strengthening of consumer rights was advanced by the International Organization of Consumers Union (IOCU), which introduced additional rights, including the right to the fulfillment of basic needs, the right to consumer education, the right to compensation, and the right to a clean and healthy environment. These rights are directly correlated with healthcare services, as they relate to patient safety, access to medical information, and the quality of the treatment environment within hospitals.

Normatively, the rights of BPJS Health participants are regulated under Articles 24 to 26 of BPJS Health Regulation Number 1 of 2014 concerning the Administration of Health Insurance. These provisions affirm that every participant has the right to obtain a participant identification card, receive healthcare services at facilities cooperating with BPJS Health, obtain information regarding rights, obligations, and service procedures, and submit complaints, criticisms, and suggestions to BPJS Health.

The obligations of BPJS Health participants are also clearly stipulated in the same regulation. These obligations include registering oneself and family members, providing accurate and complete data, paying monthly contributions, reporting changes in membership data, and safeguarding the participant card from misuse. Fulfillment of these obligations constitutes an administrative prerequisite for accessing healthcare services optimally.

Healthcare services for BPJS Health participants represent an absolute right encompassing primary healthcare services, advanced referral services, and supporting medical services. Article 47 paragraph (3) of BPJS Health Regulation Number 1 of 2014 specifies that covered services include emergency care, ambulance services, outpatient and inpatient care, medicines and consumable medical supplies, health screening services, and other services determined by the Minister of Health.

The health insurance benefits provided by BPJS Health cover promotive, preventive, curative, and rehabilitative services. These benefits include service administration, medical consultations, examinations, treatment, non-specialist and specialist medical procedures, laboratory examinations, blood transfusions, as well as primary and advanced inpatient care. This comprehensive scope of benefits reflects the design of BPJS Health as an integrated health protection system.

Andi Makkasau Regional General Hospital, Parepare, as a referral hospital, plays a strategic role in the implementation of inpatient services for BPJS Health participants. The hospital is obligated to provide services in accordance with established medical standards and designated treatment classes, while ensuring patient safety and comfort throughout the treatment process.

Empirical data indicate a continuous increase in the number of BPJS Health participants utilizing healthcare services at Andi Makkasau Regional General Hospital over the past three years. This trend reflects the high level of community dependence on BPJS-based healthcare services and the growing public trust in government-owned healthcare facilities.

Table 1. Number of BPJS Health Patients at Andi Makkasau Regional General Hospital, Parepare

Year	Number of Patients
2022	2,562
2023	2,853
2024	3,584

Source: Andi Makkasau Regional General Hospital, Parepare (processed data)

The increase in BPJS Health patients from 2022 to 2024 demonstrates a significant upward trend. This condition has direct implications for the hospital's service capacity, particularly in terms of healthcare workforce availability, inpatient facilities, and the overall quality of services received by BPJS Health participants.

Interviews with BPJS Health patients provide empirical insights into the practical implementation of participants' rights. An informant, Sri Aryani, stated that BPJS participants are entitled to receive the same healthcare services as general patients

based on medical indications without discriminatory treatment. This statement reflects participants' awareness of their rights as BPJS patients.

An interview with another informant, A. Syarifuddin, revealed that inpatient services are provided in accordance with the treatment class to which BPJS participants are entitled, provided that administrative and referral requirements are fulfilled. This experience indicates that, both normatively and practically, the hospital has made efforts to deliver services in compliance with statutory regulations.

Legal protection for BPJS Health participants is further reinforced by Article 66 of BPJS Health Regulation Number 1 of 2014, which prohibits healthcare facilities from charging any fees to BPJS participants in emergency situations. This provision underscores the obligation to prioritize medical treatment without financial barriers in emergency care.

The alignment between normative regulations and service practices at Andi Makkasau Regional General Hospital indicates that legal protection for BPJS Health participants has been implemented, despite ongoing challenges related to increasing patient numbers and limited facilities. These conditions necessitate strengthened supervision, improvement of infrastructure, and optimization of the roles of both BPJS Health and healthcare facilities.

This analysis demonstrates that the rights and obligations of BPJS Health participants in inpatient services are supported by a strong legal framework and have been relatively well implemented. Continued strengthening of legal protection remains essential to ensure that the right to equitable, high-quality, and dignified healthcare services can be fully realized by all BPJS Health participants.

B. Problems Faced by BPJS Participants and Legal Protection Efforts for Inpatients at Andi Makkasau Regional General Hospital, Parepare

Health has been universally recognized as a fundamental human right and a social investment that determines the quality of life of society. The World Health Organization (WHO) emphasizes that health is not merely an individual need but a prerequisite for sustainable human development. This principle aligns with Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which guarantees the right of every person to obtain healthcare services.

The constitutional recognition of the right to health is reinforced by Law Number 36 of 2009 on Health, which affirms the state's obligation to provide equitable, accessible, and affordable healthcare services for all citizens. This policy serves as a normative foundation for the government to formulate a national health insurance system capable of reaching poor and vulnerable populations.

Government efforts to ensure access to healthcare for low-income communities began with the Public Health Maintenance Program (PJPKM), known as Askeskin. This

program later evolved into the Community Health Insurance Program (Jamkesmas) as part of policy refinement in social protection within the health sector.

Reform of the health insurance system reached a critical milestone with the establishment of BPJS based on Law Number 40 of 2004 on the National Social Security System and Law Number 24 of 2011 on BPJS. These regulations constitute the primary legal framework for a mandatory and comprehensive national health insurance system.

The position of BPJS as a public legal entity carries a constitutional mandate to effectively ensure the fulfillment of participants' health rights. Articles 9 and 10 of Law Number 24 of 2011 emphasize that BPJS performs public service functions with a participant-protection orientation rather than purely administrative management.

BPJS duties include participant registration, contribution collection, management of social security funds, and financing of healthcare services in accordance with statutory provisions. These duties illustrate BPJS's strategic role as an intermediary between participants and healthcare facilities.

BPJS authority, as stipulated in Article 11 of Law Number 24 of 2011, includes collecting contributions, establishing cooperation with healthcare facilities, supervising participant and employer compliance, and imposing administrative sanctions. These powers are intended to ensure the sustainability and fairness of the national health insurance system.

In practice, healthcare services for BPJS participants continue to face various challenges, particularly in inpatient services. Some BPJS patients at Andi Makkasau Regional General Hospital, Parepare, report experiencing differences in service compared to non-BPJS patients, particularly regarding room availability and service speed.

Limited inpatient facilities often constitute the primary source of BPJS participant complaints. This condition gives rise to perceptions of discrimination, especially when BPJS patients experience longer waiting times or placement in specific treatment classes based on their membership status.

Administrative aspects also pose significant challenges for BPJS participants. Tiered referral procedures, document completeness requirements, and verification processes are frequently perceived as complicated, particularly for individuals with low levels of legal and health literacy.

Perceptions of discriminatory treatment are closely related to participants' limited understanding of the BPJS service mechanism. The BPJS healthcare system differentiates services based on healthcare facility levels, namely Primary Healthcare Providers (PPK I) and Advanced Healthcare Providers (PPK II), each with distinct procedures and authorities.

Services at PPK I facilities, such as community health centers, clinics, and family doctors, serve as the main entry point for BPJS participants. Referrals to PPK II facilities, such as hospitals, may only be issued when supported by specific medical indications. Non-compliance with these procedures often results in denial of advanced services.

Public healthcare services inherently involve complex interactions between public interests, institutional capacity, and government policies. Differences in public perceptions of service quality arise from variations in individual experiences, social backgrounds, and expectations of healthcare services.

Legal protection for BPJS patients in inpatient services may be pursued through complaint mechanisms directed to hospitals, BPJS Health, or public service oversight institutions. Participants' rights to humane and non-discriminatory services have a strong legal basis in statutory regulations.

The BPJS claims process represents a critical factor influencing hospital service quality. BPJS claims involve hospital submissions for patient treatment costs to BPJS Health based on INA-CBG's tariffs. Completeness of claim documentation constitutes a hospital obligation to ensure timely reimbursement and to prevent disruption of service continuity for BPJS participants.

CONCLUSION AND SUGGESTIONS

The rights and obligations of BPJS Health participants in inpatient services at Andi Makkasau Regional General Hospital, Parepare, have a strong legal foundation and are generally implemented in accordance with BPJS Health Regulation Number 1 of 2014, with services provided based on treatment class, medical indications, and guarantees of emergency care without additional charges. The increasing number of BPJS patients reflects high public demand while simultaneously necessitating strengthened supervision and improvements in service quality. Persisting problems primarily relate to limited facilities, complex administrative procedures, and participants' limited understanding of the tiered service mechanism, which contribute to perceptions of unequal treatment. Consequently, legal protection that is normatively guaranteed by constitutional and statutory provisions must be optimized through enhancement of inpatient service quality and capacity, expansion of infrastructure, strengthening of human resources, administrative simplification, and continuous education and supervision to ensure the fair, transparent, and dignified fulfillment of BPJS Health participants' rights.

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