

Legal Implications of Health Service Denial for BPJS Patients: A Study on the Principles of Universal Health Coverage

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ABSTRACT

Both the patients and the service providers face serious legal ramifications when health services are denied to BPJS Kesehatan participants. Such rejection might have serious legal repercussions in the context of Universal Health Coverage (UHC), which seeks to provide inclusive and equitable access to health treatments. Using the core tenets of UHC, which uphold everyone's access to healthcare free from discrimination, this article seeks to examine the legal ramifications of BPJS patients' refusal of health services. This article examines a number of variables that contribute to service denials and the legal tools that can be employed to safeguard patients' rights within the BPJS-based healthcare system by looking at pertinent legal legislation and industry practices.

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INTRODUCTION

Every person has the fundamental human right to health, which affects their total quality of life in addition to their physical well-being. Everyone has the right to enjoy a healthy life, according to Article 28H, Paragraph 1 of the 1945 Constitution of the Republic of Indonesia, which guarantees the right to health in a country with a rule of law like Indonesia. As the guardian of human rights, the state has a duty to support the achievement of this right for all citizens by providing infrastructure and services. The creation of the National Health Insurance System (JKN), run by BPJS Kesehatan, is one important step the Indonesian government has taken to realize the right to health.

One of the government's key initiatives to attain Universal Health Coverage (UHC) is the JKN/BPJS Kesehatan program. Under the tenet of leaving no one behind, UHC mandates that the state provide health services to all residents, without exception. Additionally, UHC wants to guarantee that no one is denied access to essential medical care because of exorbitant charges. The government aims to establish an inclusive healthcare system that offers fair access to healthcare services for all societal strata, particularly those who are economically challenged, through BPJS Kesehatan, which went into effect on January 1, 2014.

But even with the BPJS Kesehatan program's ambitious implementation and more than ten years of existence, there are still a number of obstacles to overcome. The denial of health services to BPJS participants is one of the most important and significant problems influencing the program's efficacy. In addition to having an impact on the patients' quality of life, such service refusal may jeopardize the core tenets of UHC, which ensure that everyone has equitable access to healthcare services. The current health insurance system is severely hampered by this phenomena of denial, which takes place in a variety of healthcare facilities, including public and commercial hospitals working with BPJS Kesehatan.

A number of intricate elements frequently lead to the denial of BPJS sufferers. Among the concerns are administrative ones, where healthcare providers may be reluctant to offer treatments due to inaccurate membership status or unconfirmed BPJS participant data in the system. Service denial may also be caused by operational and technological issues, such as shortages of healthcare personnel or medical facilities. However, healthcare practitioners' unfavorable opinions of low rates or difficult claim procedures frequently serve as justifications for failing to provide BPJS patients with quality care. The main objective of the national health insurance system is to guarantee that everyone, especially those who cannot afford it, can obtain the medical care they require without facing financial obstacles, even though these denials may occasionally be made for reasonable reasons.

In addition to having an individual impact on patients, this denial of health services runs the risk of escalating already-existing socioeconomic disparities. Most BPJS Kesehatan participants are from low-income neighborhoods, making them more susceptible to restricted access to medical treatment. Their health issues could deteriorate if they are refused care, which would keep them in a cycle of poverty. These kinds of denials frequently prevent patients from receiving appropriate treatment, which eventually drives up the cost of additional care for them.

When it comes to the law, BPJS patients may face serious consequences if they are denied medical attention. Patients have the right to protest to healthcare professionals or even pursue legal action if they believe that service refusal has breached their rights. A strong legal foundation for the rights and responsibilities of BPJS participants, as well as the duties of healthcare providers working with BPJS to offer services to all participants without discrimination, is provided by the articles of Law No. 24 of 2011 on BPJS. Service providers risk administrative repercussions, such as penalties or even contract termination with BPJS, if they don't meet these requirements. In more severe situations, if carelessness or deliberate wrongdoing is demonstrated, service denial could lead to criminal penalties.

Additionally, the denial of healthcare services also indicates inequalities in the national health insurance system's implementation, which are directly tied to the public's perception of the quality of services they receive. Healthcare facilities working with BPJS Kesehatan frequently have resource constraints in some places, particularly isolated or impoverished communities, whether in terms of available bed capacity, medical staff, or equipment. This may result in different levels of service quality in rural and urban locations. Those most in need of access to healthcare, which is UHC's main objective, suffer additional harm as a result of this inequity.

A decline in public confidence in the government-run health insurance system can also result from service rejection. The public loses faith in BPJS Kesehatan as a tool to uphold their right to health when they see that they are being treated unfairly or adversely. As a result, the government must guarantee not just the increase and sustainability of access, but also accountability and openness in the BPJS system's execution. Reforms to the national health system must include strict oversight of healthcare practitioners and the claims procedure, as well as improved public education regarding their rights as BPJS participants.

Achieving Universal Health Coverage (UHC) is a commendable objective that calls for steadfast dedication from the government, healthcare professionals, and the general public. Effective oversight, appropriate public awareness campaigns, and legislative protections that uphold patients' rights to quality healthcare services are all necessary for the best possible implementation of UHC. In order to achieve the inclusive and equitable UHC ideal in Indonesia, one of the major obstacles that must be addressed is the denial of healthcare services to BPJS patients.

In light of this, the purpose of this article is to further investigate the legal ramifications of health service rejections for patients of BPJS Kesehatan, highlighting the several elements that contribute to these denials and their relationship to the Universal Health Coverage (UHC) principles. The legal tools available to safeguard the rights of BPJS sufferers will also be discussed in this article, along with the steps the government and pertinent organizations can take to resolve this problem. It is intended that by using this study, better ways to ensure that the BPJS Kesehatan program actually achieves its goal of ensuring that everyone in Indonesia has fair and equal access to healthcare would be discovered.

RESEARCH METHOD

The legal ramifications of denying health services to BPJS patients and how it relates to the tenets of Universal Health Coverage (UHC) are examined in this study using a qualitative methodology and

descriptive-analytic research design. Because of its depth and flexibility, a qualitative technique is selected, which allows the researcher to collect detailed information on the causes causing service rejection and to comprehend the viewpoints of healthcare providers and the general public on this matter. It is intended that this method will provide a deeper knowledge of the issues that BPJS patients confront and how they connect to UHC's objectives in Indonesia's national health insurance system.

Primary and secondary data were the sources of information used in this study. In-depth interviews are conducted with BPJS Kesehatan and other health authorities, as well as BPJS patients and healthcare professionals in healthcare facilities (hospitals, public health centers, and clinics) in order to gather primary data. These interviews are meant to collect firsthand accounts of the service denial experiences that BPJS patients have, as well as the opinions of service providers on the difficulties they have while trying to assist BPJS participants.

The government or associated institutions' statistical data that address the implementation and assessment of the BPJS Kesehatan system, as well as pertinent articles, journals, books, regulations, and BPJS Kesehatan's annual reports, are sources of secondary data. Previous research on health care denial concerns and their effects on patient rights and UHC accomplishment in Indonesia is also included in this literature.

This study uses two key methods for gathering data: participatory observation and in-depth interviews. In-depth interviews are carried out to learn more about the experiences of BPJS patients who have been denied services, as well as to acquire viewpoints from BPJS authorities and healthcare professionals regarding the obstacles and causes of service delivery. In order to directly monitor the healthcare service process, determine whether denials of service to BPJS patients actually occur in practice, and comprehend the administrative procedures associated with such denials, participatory observation is conducted at a number of healthcare facilities that work with BPJS.

Both descriptive and analytical analyses will be performed on the information gathered from observations and interviews. The phenomena of health service denial experienced by BPJS patients is described using descriptive analysis, along with the administrative, technological, and healthcare provider perception elements that contribute to the denial. To determine whether such service denial is in line with the goals of Indonesia's national health insurance system, analytical analysis is utilized to relate the research findings to the relevant legal principles, such as Law No. 24 of 2011 on BPJS and the principles of Universal Health Coverage (UHC).

An evaluation of the current legislative safeguards for BPJS patients' rights as well as viable remedies for service denial problems are also part of this analytical process. The analysis will also take into account a number of social, political, and economic factors that influence how well the BPJS Kesehatan program performs in reaching UHC.

Triangulation techniques are used in this study to compare the interview results with secondary data and field observations in order to guarantee the quality and reliability of the data. The purpose of this triangulation is to reduce bias in the analytical process and guarantee that the data collected is reliable and representative of the current situation. By contrasting results from multiple sources with distinct viewpoints, including BPJS patients, medical professionals, and BPJS Kesehatan officials, data veracity is also evaluated.

DISCUSSION

This section will go into great detail about a few of the study's main topics, including the legal ramifications of BPJS patients being denied health services and how these relate to the Universal Health Coverage (UHC) tenets. Four significant subtopics that touch different dimensions will be covered in this talk: (1) Causes of Health Service Denial, (2) Impact of Denial on BPJS Patients, (3) Legal Review of Service Denial, and (4) Efforts for Resolution and Improvement in Achieving Inclusive and Just UHC.

Causes of Health Service Denial

BPJS patients may be denied health services for a number of reasons, such as administrative, structural, or perceptual problems. The complexity of the issue that must be resolved in order to establish an inclusive and just UHC is explained by these various causes.

Administrative Barriers and Participant Data Verification

Administrative obstacles, including mistakes in BPJS participant data verification, are a major cause of service denial. To make sure that qualified participants are listed in the BPJS system and fulfill the prerequisites for service delivery, this verification procedure is essential. However, updating participant data that is not linked with the BPJS system presents challenges for many healthcare facilities in practice. Even when participants fulfill the standards, this ineffective administrative procedure frequently results in service delays or even refusal.

Limitations of Healthcare Facility Capacity

Service denial for BPJS patients is largely caused by administrative problems as well as the capacity constraints of healthcare facilities. Meeting service expectations is frequently difficult for many hospitals or clinics that work with BPJS Kesehatan, particularly when it comes to emergency situations or chronic conditions that call for prompt attention. Furthermore, a hospital's capacity may exceed available resources if it is situated in a densely populated location, which could result in lengthier wait times or even denial of services for BPJS patients because of inadequate facilities.

Negative Perception of BPJS Kesehatan

The unfavorable opinion that facility administrators and healthcare providers have of the BPJS program is another concern. Many people believe that BPJS does not fairly compensate for the services that are provided. One of the primary causes of healthcare professionals' or facility managers' disinclination to offer BPJS patients the best care possible is the drop in BPJS claim rates, which are out of proportion to operating expenses and hospital funding. Participants in BPJS may receive inadequate or insufficient care as a result of this circumstance, which leads to inequity in service access.

Impact of Service Denial on BPJS Patients

Denying BPJS patients access to healthcare treatments has a substantial negative influence on their social, economic, and psychological well-being in addition to their medical state. This fact suggests that the health insurance system, which is meant to protect each citizen's fundamental rights, is not working as intended.

Long-Term Health Impact

Long-term health problems could result from service denial, especially for patients in need of emergency care or severe medical treatment. Patients who could have healed with early medical attention may develop more serious health issues if they do not receive appropriate and timely treatment. For example, among BPJS participants, patients with symptoms that necessitate prompt treatment or those with chronic illnesses that require regular monitoring may experience worsened conditions or even greater fatality rates.

Psychological Impact and Trust in the Health System

Service denial has an impact on patients' psychological well-being in addition to their physical health. After being refused care, many patients experience feelings of disappointment and neglect, particularly if they believe their rights as health insurance participants have been violated. As a result, future participation in the BPJS program may decline as public confidence in the system declines. Disparities in service access, where only those who can afford private healthcare receive the best quality of care, can be made worse by mistrust in the health insurance system.

Socioeconomic Impact

Denial of service also has a major socioeconomic impact. When healthcare facilities reject BPJS patients, who are primarily from lower-middle-class families, they frequently struggle to locate alternative, more costly medical care. This makes things more expensive for families, particularly if the patient is the main provider. Family savings are frequently exhausted when choosing private healthcare facilities, and in certain situations, the patient's family may experience financial collapse as a result.

Legal Review of Service Denial

Refusing to provide services to BPJS patients reveals issues with medical care as well as legal issues that require further investigation. According to Indonesian law, the constitution guarantees the right to healthcare.

Human Rights and National Health Insurance Guarantee

According to Article 28H, paragraph (1) of the 1945 Indonesian Constitution, everyone is entitled to a respectable life and sufficient medical care. This idea encompasses patients' rights to nondiscriminatory medical care. Consequently, it is against human rights, especially the right to health, as stated in the 1945 Constitution and international agreements like the International Covenant on Economic, Social, and Cultural Rights (ICESCR), to refuse service to BPJS patients.

BPJS Regulations and Provider Responsibility

Service providers are required by BPJS Law No. 24 of 2011 to offer medical care to BPJS participants without discriminating against them on the basis of their social or economic background. Hospitals or other healthcare institutions working with BPJS may be subject to administrative sanctions, which could range

from warnings to termination of cooperation, if they are found to have violated these regulations by refusing services. Additionally, patients can complain to BPJS or other appropriate authorities if they feel harmed by a service denial.

Dispute Resolution and Legal Protection for Patients

Patients have the option to file complaints via the BPJS internal procedures or legal channels if they believe their rights have been infringed. The execution of the right to health services might also be supervised by the National Commission on Human Rights (Komnas HAM). To stop discriminatory behavior, service providers that break the law should face harsher criminal and administrative penalties.

Efforts for Resolution and Improvement in Achieving Inclusive and Just UHC

The government, healthcare providers, society, and oversight organizations must all work together to achieve Universal Health Coverage (UHC), which is genuinely inclusive and just. The problem of service denial can be addressed in a number of ways, such as:

Reforming the BPJS System and Information Technology

To guarantee that participant data is accurately and current and to remove administrative grounds for denial, the BPJS administration system must be modified. Errors in data recording and verification can be minimized by improving the information technology system.

Improving Healthcare Facility Capacity

It is important to improve healthcare facilities' capacity and quality in a systematic way, especially in densely populated areas. Service denials brought on by hospital or clinic capacity constraints will decrease with investments in healthcare infrastructure and human resources.

Strengthening Supervision and Law Enforcement

To make sure that BPJS service providers do not refuse services to qualified patients, stricter oversight is required. The quality of healthcare services will be improved and a deterrence effect will result from strict law enforcement against service providers who violate patient rights.

Education and Socialization for Healthcare Providers

A better grasp of the health insurance system depends on healthcare providers receiving training and education about the rights of BPJS patients and appropriate claims procedures. It is intended that by doing this, service denials brought on by ignorance or unfavorable opinions of BPJS will be avoided.

CONCLUSION

One major obstacle to achieving a just and inclusive healthcare system is the denial of medical care to BPJS sufferers. The main causes of these denials include a number of variables, including administrative obstacles, a lack of healthcare facilities, and unfavorable opinions about BPJS. In addition to individuals experiencing worsening health conditions, the impact also exacerbates social and economic inequalities in society by increasing the financial and social cost. In order to keep public confidence in the national health insurance system from declining, this service denial issue must be taken seriously.

Comprehensive changes are needed to address this problem, such as strengthening the BPJS administrative structure, expanding the capacity of medical facilities, and imposing more stringent rules on service providers who turn away BPJS consumers. It is envisaged that these enhancements will enable Indonesia's health insurance system to function more efficiently and offer equitable services to all societal members. In order to prevent discrimination against BPJS participants and guarantee that the ideals of Universal Health Coverage (UHC) are completely achieved, it is also imperative to increase oversight and strengthen knowledge among healthcare practitioners.

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