

Government Action In The Prevention Of Suspected Fraud (Fraud) Transfer Of Data Membership Guarantee Program Health In Lebak Regency

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ABSTRACT

Health Insurance is a guarantee that participants obtain health care benefits and protection in meeting basic health needs provided to every person who has paid contributions or whose contributions are paid by the government. The existence of fraud (Fraud) in the implementation of Public Health Insurance can be interpreted as an unlawful act committed by people from within and/or outside the organization, with the intention of obtaining personal or group benefits which directly harm other parties, One form of fraud that is detrimental to the community is the transfer of membership data without the knowledge or wishes of the community as participants in the National Health Insurance program. This research aims to analyze government actions in preventing fraudulent transfer of participant data as well as the effectiveness and efficiency of procedural data transfer for National Health Insurance program participants in the Lebak Regency area. The research method used is empirical juridical carried out to obtain clarity and understanding of research problems based on existing reality. The data collection technique involves collecting and reviewing existing regulations, followed by conducting in-depth interviews with office holders who are directly related to the data protection policy for National Health Insurance Program participants. The results of this research show that fraud prevention measures have been taken, but the weak implementation of sanctions according to existing regulations has not had a deterrent effect on the perpetrators. To be more effective and efficient in protecting participation data, support from all elements of society and the injured party is needed to report it so that individuals who commit fraud can immediately be given warnings and sanctions and preventive measures can be taken to prevent repeat cases. The results of this research show that fraud prevention measures have been taken, but the weak implementation of sanctions according to existing regulations has not had a deterrent effect on the perpetrators. To be more effective and efficient in protecting participation data, support from all elements of society and the injured party is needed to report so that individuals who commit fraud can immediately be given warnings and sanctions and preventive measures can be taken to prevent repeat cases It is hoped that this research can evaluate and determine risk mitigation efforts for factors that can influence the occurrence of fraud and as additional literature that can be used by Regional Governments to prevent fraud.

Keywords: Fraud, Health Insurance, Government Action

I. INTRODUCTION

Health development is one of the efforts to fulfill the basic rights of the community, namely the right to obtain health in accordance with the mandate of the 1945 Constitution. In realizing health development, through Presidential Regulation No. 72 of 2012, the National Health System (SKN) was developed including elements: health services, health financing, health human resources, drugs and health supplies, community empowerment, health management and research development. To realize the development of Health is strengthened by the transformation of health through six pillars, one of which is the transformation of the health financing system. On the pillar of health financing by strengthening National Health Insurance. One of the efforts undertaken is Universal Health Coverage (UHC) or Universal Health Coverage.

Health insurance is a guarantee that participants obtain health maintenance benefits and protection in meeting basic health needs provided to everyone who has paid their dues or dues paid by the government.(Regulation Number 19. 2016). Health is a human

right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and written in the Preamble to the 1945 Constitution, namely: “protecting the whole nation and to promote the general welfare based on the general welfare based on Pancasila”. It can also be seen especially the 5th precept and in Article 28H and Article 34 of the 1945 Constitution.

Furthermore, in law No. 17 of 2023 concerning health in Article 4 paragraph (1) point C states that “everyone has the right to obtain safe, quality and affordable health services, in order to improve the highest degree of Health. In Article 3 of Law No. 17 of 2023, states that “the implementation of Health aims to provide protection and legal certainty for patients, health human resources and the community.”. (UUNomor 17. 2017)

Legal protection is an attempt to overshadow the human rights of those who have been harmed as well as provide security to witnesses and/or victims. Law enforcement is an activity to harmonize the relationship of values outlined in the rules / views of values that are steady and manifest and the attitude of action as a series of elaboration of the value of the final stage to create, maintain and maintain peace of social life. That is, that health development must be able to provide protection and legal certainty to providers and recipients of Health Services. As stated in Article 3 of Law No. 28 of 1999 on the implementation of a clean and Free State from corruption, collusion and nepotism (KKN) mentioned some general principles of State Administration are as follows :(UUNomor 24. 2011)

1. The principle of legal certainty, which is the principle in a state of law that prioritizes the basis of legislation, propriety and justice in every policy of the state administration.
2. The principle of Order of the State Administration is the principle that is the basis of order, harmony and balance in the control of the state administration.
3. The principle of Public Interest is the principle that prioritizes the general welfare in an aspirational, accommodative and selective way.
4. The principle of openness is the principle that opens up to the right of the community to obtain true , honest, and non-discriminatory information about the implementation of the state.
5. The principle of proportionality is the principle that prioritizes the balance between the rights and obligations of State administrators.
6. The principle of professionalism is the principle that prioritizes expertise based on the code of ethics and the provisions of applicable laws and regulations.
7. The principle of accountability is the principle that determines that every activity that is the end result of the activities of State administrators must be accountable to the community.

The National Health Insurance Program (JKN) began running in Indonesia on January 1, 2014. Until now in April 2024 the coverage of JKN participants has reached 270,491,965 million or 96.1% of the total population of Indonesia. The participants consisted of 71,523,453 (35.8%) participants receiving contribution assistance from the state budget (PBI-APBN), as many as 54,129,453 (20.0 %) participants receiving wage workers (PPU), as many as 42,924,025 (025%) participants receiving contribution assistance from the regional budget (PBI-APBD), and as many as 71,523,453 (25.4 %) non- wage earners (pbpu).(BPJS Kesehatan (2024). Fraud in health services is a form of deliberate effort by creating a benefit that should not be enjoyed by individuals or institutions and can harm others. It is feared that this could increase health costs that are detrimental to the country,

along with the increasing number of participants in the National Health Insurance (JKN) and health facilities, more and more criticism has emerged from various parties, including from national health insurance providers (JKN), namely puskesmas, hospitals, and private clinics regarding allegations of fraud.

II. LITERATURE REVIEW

The definition of fraud or fraud in JKN is an action that is carried out deliberately by participants, BPJS health officers, health service providers, and drug and medical device providers, to obtain financial benefits from the health insurance program in the National Social Security system through fraudulent acts that are not in accordance with the provisions. Based on this, the loss of Health Social Security funds due to fraud, there is a need for fraud prevention measures so that the implementation of the National Health Insurance program can run effectively and efficiently. As stated in Article 1 Number 1 of the regulation of the Minister of health of the Republic of Indonesia Number 16 of 2019 concerning the Prevention of fraud in the implementation of the Health Insurance Program. In the National Social Security System, it is stated that fraud in the implementation of National Health Insurance can be committed by various parties such as: participants, BPJS officers, health service providers and providers of drugs and medical devices.

Types of fraud by BPJS Kesehatan, working with participants to publish the identity of participants who are not in accordance with the provisions, working with participants and/or health facilities to file claims that are not in accordance with the provisions; approving/ allowing/manipulating benefits that are not guaranteed in health insurance with the intention of obtaining financial and non-financial benefits from participants or health facilities. Giving and / or receiving bribes and / or rewards, and / or having a conflict of interest that affects decision making in accordance with its authority, using health insurance funds for personal interests, withdrawing the amount of contributions that are not in accordance with the provisions of laws and regulations; and receiving deposits for payment of contributions from participants and not deposited into BPJS Kesehatan accounts.

Fraud in BPJS needs to be prevented so as not to cause losses. This is as mandated in Article 3 Paragraph (1) Permenkes No. 16 of 2019, that in the implementation of the Health Insurance Program in the National Social Security System, BPJS Kesehatan, District/City Health Offices, and FKTP in collaboration with BPJS, must build a JKN fraud prevention system including clinics and health centers as first level health facilities (FKTP) (Muhaimin. 2020). To solve the problems in the implementation of government, regulation of government administration is expected to be a solution in providing legal protection for both citizens and government officials, the existence of laws on government administration becomes the legal basis needed to underlie decisions and or actions of government officials to meet the legal needs of the community in government administration. (Law No. 30. 2014)

Based on the above background, there are allegations of fraud (Fraud) transfer of membership data in the implementation of the guarantee program that is detrimental to participants, for that the authors analyze prevention efforts and pour it in the form of a thesis entitled "government action in the Prevention of alleged fraud (FRAUD) transfer of membership DATA in the health insurance PROGRAM in LEBAK regency."

III. RESEARCH METHODOLOGY

This type of research uses the character according to its typology this study refers to the method of empirical juridical approach. Empirical juridical approach is carried out to obtain clarity and understanding of research problems based on existing reality. This type of empirical juridical research can be in the form of research on the enactment of positive law, research on the effect of the enactment of positive law on people's lives, research on the influence of non- legal factors on the formation of positive legal provisions, and research on the influence of non- legal factors on the enactment of positive legal provisions.

IV. RESULT AND DISCUSSION

a. **Government action in the Prevention of suspected fraud and data protection of participation in the implementation of health insurance programs in Lebak regency**

Fraud in health insurance financing or often called fraud is still a serious problem in the implementation of health insurance programs in Indonesia. Government policy through the Minister of Health establishes policies at the level of ministerial regulations to prevent, handle fraud and provide sanctions for acts of fraud committed in the implementation of the Health Insurance program, namely with the issuance of Permenkes No. 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 an effort to prevent fraud, government officials have the right to use their authority in making decisions and or actions as seen from the results of interviews on the role and authority in the National Health Insurance Program.

b. **Effectiveness and efficiency of procedural transfer of membership in the National Health Insurance program in Lebak regency.**

The concepts of efficiency and effectiveness have different meanings. Efficiency is more focused on achieving big results with as little sacrifice as possible. While the notion of effective is more focused on the goals achieved without giving importance to the sacrifices made. In the implementation of the National Health Insurance program The steps and procedures for National Health Insurance participants are as follows, the flow and procedure for registration of participants: * Prepare the required files / documents such as: KTP/KK, passbook, Faskes selection, nursing class and cellphone number Candidates can register as BPJS Kesehatan participants online through the JKN Mobile application or offline by coming to the nearest BPJS Kesehatan Office. Private PPU participants/ local governments can register/add participants through the eDabu application and PIC of their respective agencies by preparing assignment letters, KK, salary slips and FKTP elections. To prepare sktm in the village and then to the social service to make a recommendation letter to the Social Office as a basis for BPJS Health to register residents as participants of the local government PBPU.

c. **Hambatan dalam Pencegahan dan penanganan dugaan kecurangan serta pemberian sanksi (FRAUD).**

To improve the Prevention and treatment of suspected fraud in the implementation of the Health Insurance Program, a fraud prevention and treatment team was formed at the central and provincial levels Fraud prevention and handling team (Fraud) at the central level set by the minister Fraud prevention and treatment team (Fraud) at the provincial level set by the Governor Fraud prevention and handling team (Fraud) sebagaimana in intent in Paragraph 1 consists of Sub team Prevention and sub team handling.

Guidance and supervision of the implementation of prevention and handling of fraud in the implementation of the Health Insurance program is carried out by the Minister, Head of the Provincial Health Office, head of the District/City Health Office in accordance with their respective authorities. Coaching and supervision can be carried out in BPJS Kesehatan, hospitals, in main or equivalent

clinics and FKTP, in drug providers and medical device providers, and in other stakeholders. Guidance and supervision is carried out through: advocacy, socialization, and technical guidance, training and capacity building of Human Resources, Monitoring and evaluation Constraints in administrative sanctions Obstacles and constraints in the event that participants, BPJS Health, Health Facilities or health service providers, drug providers and medical devices and other stakeholders commit alleged fraud in the implementation of the Health Insurance program, the Minister, Head of the Provincial Health Office, head of the District/City Health Office or an authorized agency official may impose administrative sanctions in the form of: Verbal reprimand; Written reprimand; Order for the return of losses due to acts of fraud (fraud) to the injured party; Additional administrative fines; and / or revocation of licenses. The implementation of the Health Insurance Program in the National Social Security system needs to be adjusted to the needs of the Health Insurance program.

V. CONCLUSION

Based on the discussion in the previous chapters, the authors draw conclusions from this thesis are as follows:

1. The present form of government action represented by the JKN Fraud Prevention Team (TPK) is the spearhead of the implementation of fraud control programs in the National Health Insurance program that cause losses both from financial aspects, patient safety, and damage to the image of the perpetrator. The occurrence of allegations of fraud (Fraud) transfer of membership data conducted without the knowledge and permission of the participants of the National Health Insurance (JKN) in the implementation of the National Health Insurance program in Lebak regency Banten province is very detrimental to the community of participants in the National Health Insurance. National Health Insurance is a good health scheme for the whole community where the health financing system ensures the availability of public access to health services and provides protection to them against financial risks. With the principle of portability and the principle of mutual cooperation, it is expected that all people can access health services anywhere in the territory of the Unitary State of the Republic of Indonesia, without distinction to examinations and medicines needed. With a financing scheme that supports each other where the Able and the poor and the government create a sense of unity in realizing a healthy Indonesian society.
2. Government policies and actions in an effort to prevent fraud the transfer of membership data carried out by persons without the knowledge of the participants is itself an act that is not in accordance with the authority/applicable laws and regulations , it is necessary to integrate the authority in carrying out more optimal actions and efforts from the government ranging from prevention to action so that a deterrent effect arises and fear of persons who will commit fraud in the implementation of the National Health Insurance (JKN). Still the occurrence of obstacles and technical constraints that cause the reluctance of some people to participate in the National Health Insurance (JKN) is expected to process improvements continue to be made and for this it takes an understanding of the JKN and the active role of the community to provide input and oversee the processes that exist in the field to realize health services that are safe, quality, and affordable can be realized.

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