

LEGAL PROTECTION FOR SOCIAL SECURITY ADMINISTERING BODY HEALTH PARTICIPANTS

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Abstract

In order to legally protect the rights of patients participating in the Social Security Administering Body (BPJS) of Health in obtaining health services, the government issued Law Number 24 of 2011, which stipulates that two state-owned enterprises, namely PT Askes (Persero) and PT Jamsostek (Persero) were transformed into public service agencies to implement five programs mandated by Law Number 40 of 2004, namely the health insurance program for BPJS Health and other programs are handed over to BPJS Employment. This study aims to analyze how to protect BPJS Health participants. This study uses a normative legal research method with field data as a complement. The results of the study Legal protection for BPJS Health participants who are hospitalized in hospitals from the regulatory aspect have protected their rights both as consumers of services, as hospital patients and as BPJS Health participants. The method of resolving BPJS Health service disputes through mediation reflects the importance of a consensual approach to dispute resolution. Mediation is chosen for several theoretical reasons, such as the dominance of a culture that prioritizes harmony and togetherness, and the balance of power between the disputing parties.

Keywords: Legal Protection, Participants, BPJS

INTRODUCTION

The existence of the Social Security Administering Agency (BPJS) Health is very helpful for patients to get services at health facilities both in government-owned hospitals and hospitals managed by the private sector. In the Hearing of the President Director of BPJS Kesehatan Ghufroon Mukti with Commission IX of the Indonesian House of Representatives, it was conveyed that as of March 1, 2024, the number of JKN participants had reached 268.74 million people. This indicates that more than 96.28 percent of the Indonesian population has been registered as JKN participants, which is a significant achievement in efforts to guarantee the health of all Indonesian people (Fadhilah, 2024).

The implementation of BPJS Health is based on: (1) Law No. 40 of 2004 concerning the National Health Insurance System. (2) Law No. 24 of 2011 concerning the Social Security Administering Body (BPJS) consisting of BPJS Health and BPJS Employment. The National Health Insurance (JKN) program emphasizes the need for health services at primary health facilities. Primary health facilities that collaborate with BPJS Health must provide comprehensive health services, including promotive, preventive, curative, rehabilitative efforts, obstetric services, and emergency medical care, including supporting services such as simple laboratory tests and pharmaceutical services (Suprpto & Malik, 2019).

Law Number 36 of 2009 concerning Health affirms that everyone has the same rights in obtaining access to health resources and obtaining safe, quality, and affordable health services. The government is obliged to ensure the availability of adequate, equitable, and affordable health service facilities for all levels of society.

In accordance with the relevant legislation, BPJS Kesehatan is entrusted with a number of obligations and responsibilities, including: (1) The implementation and/or acceptance of participant registration, (2) The collection and accumulation of contributions from participants and employers, (3) The receipt of contribution assistance from the government, (4) The administration of social security funds for the benefit of participants, (5) The collection and management of data In regard to social security program participants, the following duties are also incumbent upon the BPJS: (6) The disbursement of benefits and/or the provision of financing for health services in accordance with the provisions of the social security program; (7) The dissemination of information regarding the implementation of the social security program to participants and the community (BPJS, 2021).

A significant number of cases are experienced by BPJS Kesehatan participants, including instances of refusal of health services due to patient quota restrictions imposed by the hospital (Sari & Silaban, 2024). Furthermore, instances of discriminatory treatment by the hospital towards BPJS Kesehatan participants have been documented. The BPJS Watch Institute has reported that discriminatory actions against BPJS Kesehatan patients have been observed in nearly all primary to secondary health facilities, ranging from health centers to hospitals (BBC NEWS Indonesia, 2023).

Article 28 H, paragraph (3) of the 1945 Constitution of the Republic of Indonesia stipulates that "everyone has the right to social security that allows for the development of oneself as a dignified human being." The significance of social protection guarantees has become increasingly recognized, as evidenced by the 1945 Constitution of the Republic of Indonesia, Article 34, paragraph (2), which stipulates that the state is responsible for developing a social security system for the community.

The BPJS Watch Advocacy Institute has documented 109 cases of discriminatory treatment of BPJS patients throughout 2022. These cases pertain to various forms of discriminatory treatment, including differential drug coverage, instances of readmission to the hospital, and instances of deactivation of membership (BBC News Indonesia, 2023). In order to implement improvements and optimize the provision of services, the government enacted Presidential Regulation No. 59 of 2024, which concerns the third amendment to Presidential Regulation No. 82 of 2018 concerning health insurance. This Presidential Regulation abolishes the previous classification of BPJS Kesehatan members into three tiers based on their contribution levels and the quality of inpatient facilities they are entitled to. The issuance of Presidential Regulation No. 59 of 2024 represents a step in the right direction, yet it is unclear whether this regulation will effectively address the issues experienced by participants. In light of the aforementioned description, the author is interested in conducting further research on the legal protection of BPJS Health participants, with the aim of contributing to legal reform in Indonesia. Based on the background of the problem, the following questions can be formulated: a. What is the legal protection of BPJS Health participants in Indonesia?; b. How can disputes in BPJS Health services be resolved?

RESEARCH METHOD

The author employs a descriptive analysis method to examine the relevant legislation and regulations pertaining to the legal theories and practices associated with the implementation of

positive law, particularly with regard to the legal protection of BPJS Kesehatan participants. A normative juridical method was employed, namely research conducted by analyzing the implementation of related laws (Susan & Effendi, 2014). In this case, the implementation of legal protection for BPJS Kesehatan participants was the focus of the analysis. The data were collected from both primary and secondary sources. The primary sources included laws and legal norms, while the secondary sources comprised literature and previous research. The laws that were the focus of the study were Law Number 36 of 2009 concerning Health and Law Number 24 of 2011 concerning the Social Security Administering Body.

RESULTS AND DISCUSSION

Legal Protection for BPJS Health Participants in Indonesia

A patient is defined as an individual who is afflicted with a disease or physical or mental disorder, and who requires assistance to facilitate a swift and complete recovery, enabling them to resume their roles and activities within society. In accordance with the definition provided by the Great Dictionary of the Indonesian Language, a patient is defined as a person who is afflicted with an illness and is undergoing treatment from a medical professional. In accordance with Article 1, Number 10 of Law Number 29 of 2004 concerning Medical Practice, a patient is defined as any individual who seeks consultation regarding their health concerns, with the objective of obtaining the requisite health services, either directly or indirectly, from a medical practitioner, including a physician or dentist. M. Sofyan Lubis posits that: It is not possible to legally identify patients with consumers, as the relationship between them is not a sale and purchase relationship as defined in the Civil Code and Commercial Code. Rather, the relationship between a doctor and a patient is a form of medical agreement, namely a "business" agreement (inspanning verbintenis), which is precisely the agreement for The healing efforts (therapeutic) are not a medical contract "result" (resultaat verbintenis). Furthermore, the medical profession in medical ethics still adheres to the principle of "devotion and humanity," which makes it challenging to equate patients with consumers in general (Purba et al., 2023).

Everyone has the right and obligation to obtain optimal health. That is why improving health must be continuously pursued to fulfill a healthy life. Article 28H of the 1945 Constitution of the Republic of Indonesia, Second Amendment, states that "Everyone has the right to live in physical and spiritual prosperity, and has the right to obtain health services."

Public services are indeed full of various problems, especially since their coverage area is very broad, covering both profit and non-profit sectors. The coverage is so broad that it is not easy to describe public perception of public services. The existence of differences in perception is indeed common as a consequence of different points of view, but it is not impossible to meet. Perception itself is actually nothing other than a person's understanding or comprehension of something (Shofie, 2009).

As the largest health service unit, the hospital has two functions, namely curative and preventive. The curative function focuses more on healing sick patients. The preventive function has the consequence that the health service mission is to increase human resistance to the threat of disease, for example, through the National Immunization Program (PIN).

Social protection organized by the state to guarantee its citizens to fulfill health insurance has basically been clearly regulated in Article 25 paragraph (1) of the 1948 UN Declaration on Human Rights and the 2005 World Health Assembly (WHA) Resolution. The declaration states that every country needs to develop a Universal Health Coverage (UHC) scheme through a social health insurance mechanism to guarantee sustainable health financing. Furthermore, the implementation of this social security needs to be accommodated in Article 28H paragraph (3) and Article 34 paragraph (2) of the 1945 Constitution of the Republic of Indonesia (UUD 1945).

Article 28H paragraph (3) of the 1945 Constitution states that everyone has the right to social security that allows for the development of themselves as a dignified human being. Therefore, in order to provide social security to every citizen, the government considers it necessary to develop a social security system for all people in accordance with the mandate of Article 34 paragraph (2) of the 1945 Constitution. Article 34 paragraph (2) of the 1945 Constitution states that the state develops a social security system for all people and empowers the weak and disadvantaged in society in accordance with human dignity. This is done as an effort to achieve the highest level of public health, as is the goal of health development.

So for legal protection related to BPJS Health participants in obtaining health services, the government issued Law of the Republic of Indonesia Number 24 of 2011 which stipulates that two BUMNs, namely PT Askes (Persero) and PT Jamsostek (Persero) were changed into Public Service

Agencies to implement 5 programs mandated by Law Number 40 of 2004, namely the Health Insurance program for BPJS Health and other programs handed over to BPJS Employment.

The government through the Minister of Health has established several regulations governing the implementation of the BPJS health program, both regarding rates and procedures for obtaining health services. In these regulations, participants are not charged if they use their rights to obtain services. Meanwhile, BPJS health has prepared officers in each hospital to be able to monitor and accompany and provide services to participants in utilizing their rights to seek treatment at designated health facilities (Fitriah, 2019) . .

With the implementation of JKN, it is hoped that there will be no more Indonesian people, especially the poor, who do not seek treatment at health care facilities when they are sick because they do not have the money. The implementation of JKN is basically a mandate of the SJSN Law and Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS Law), where health insurance is a guarantee in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs provided to everyone who has paid contributions or whose contributions are paid by the government. In simple terms, JKN developed by the government is part of SJSN which is organized using a mandatory social health insurance mechanism based on the SJSN Law. Therefore, all Indonesian residents are required to become participants in health insurance managed by BPJS, including foreigners who have worked for at least six months in Indonesia and have paid premiums.

Furthermore, in Article 1 number 3 of the Consumer Protection Law, it is explained that services are any service in the form of work or achievements provided to the public for use by consumers. The definition of "provided to the public" indicates that the service must be offered to the public. This means more than one person. If so, services that are special (closed) and individual are not included in this definition (Yessy & Sharon, 2022) .

BPJS (Social Security Administering Body) is a legal entity established to organize a social security program. BPJS is a State-Owned Enterprise (BUMN) specifically assigned by the government to organize a health insurance program for all Indonesian residents including foreigners who work for at least 6 (six) months in Indonesia. BPJS is responsible to the president. Based on Law of the Republic of Indonesia Number 24 of 2011 concerning the Social Security Administering Body Article 5 paragraph (2), BPJS is divided into two, namely:

- a. BPJS Health
- b. BPJS Employment

BPJS Kesehatan functions to organize health insurance programs, Employment while BPJS functions to organize work accident insurance programs, death insurance programs, pension insurance programs, and old age insurance programs. Payment of BPJS Kesehatan Contributions must be made no later than the 10th of each month. If BPJS participants are late in paying, they will be subject to a fine. However, if the delay in payment is more than one month, then BPJS participants will be temporarily suspended. In exercising its authority, BPJS has the right to:

- a. Obtain operational funds for program implementation sourced from social security funds and/or other sources.
- b. Obtaining monitoring and evaluation results for the implementation of social security and DSJN programs every 6 months.

In carrying out its duties, BPJS is obliged to:

- a. Provide a single number to the participant's identity
- b. Developing social security fund assets and BPJS assets for the greatest benefit of participants
- c. Providing information through print and electronic mass media regarding performance, financial conditions, and wealth and development results.
- d. Providing benefits to all participants in accordance with the SJSN law
- e. Provide information to participants regarding their rights and obligations to comply with applicable provisions.
- f. Provide information to participants regarding the procedures for obtaining their rights and fulfilling their obligations.
- g. Provide information to participants regarding the old age security balance and its development once a year
- h. Provide information to participants regarding pension rights once a year
- i. Forming technical reserves in accordance with generally accepted and applicable actuarial practice standards
- j. Carrying out bookkeeping in accordance with applicable accounting standards in the implementation of social security

- k. Reporting the implementation of each P program, including financial conditions, periodically every 6 months to the president with a copy to the DSJN.

Public services are indeed full of various problems, especially since their coverage area is very broad, covering both profit and non-profit sectors. So broad.

The success of health efforts depends on the availability of health resources in the form of personnel, facilities, and infrastructure in adequate quantity and quality. Hospitals are one of the health facilities organized by both the government and the community (Nadhif, 2023) . Therefore, everyone has the right to receive the highest possible health services and health standards (Hendrik, 2013) . Because rights are everything that must be obtained by everyone who has existed since birth and even before birth. Rights are something that everyone must have, both their rights as part of a social system and even their rights as humans.

In law, rights are legal interests protected by law. Interest itself means a demand that is expected to be fulfilled. So it can be said that rights are a demand whose fulfillment is protected by law Mertokusumo, 1985 in (Widjaja, 2020) . Patient rights are basic rights that originate from the basic rights of individuals in the health sector. In the relationship between doctors and patients, patients are relatively in a weaker position. The patient's inability to defend their interests in health care situations gives rise to the need to question patient rights when dealing with health professionals.

The rights of patients must be balanced with their obligations. So a good society or patient will fulfill their obligations after their rights are fulfilled by the health workers or doctors who serve them (Harahap, 2021) . In Article 53 of Law Number 29 of 2004 concerning Medical Practice, patients in receiving services in medical practice have the following obligations:

- a. Provide complete and honest information about his/her health problems.
- b. Follow the advice and instructions of your doctor or dentist.
- c. Comply with the provisions in force in health service facilities, and
- d. Providing compensation for services received.

The regulations regarding legal protection of patients are spread across various laws and regulations. In the Agreement known in the field of health services is a therapeutic agreement. A therapeutic agreement is an agreement between a doctor and a patient, in the form of a legal relationship that gives rise to rights and obligations for both parties. The object of the agreement is the efforts made by the doctor to cure the patient (Riswandie & Khalid, 2023) . So, the relationship established between a doctor and a patient in the perspective of civil law is an agreement. The validity of this agreement is regulated in Article 1320 of the Civil Code.

Based on the therapeutic agreement, violations that can occur are acts of default and unlawful acts (onrechtmatige daad). Default (broken promise) in health services is a situation where health workers do not carry out their obligations not because of force majeure (overmacht). An act can be said to be a default if Subekti 2005 in (Novriansyah et al., 2021) :

- a. Not doing what you promised to do.
- b. Carrying out what was promised, but not as promised.
- c. Did what was promised but was late.
- d. Doing something that according to the agreement is not allowed to be done.

For legal protection related to BPJS health participants in obtaining health services, the government issued Law of the Republic of Indonesia Number 24 of 2011 which stipulates that two BUMNs, namely PT Askes (Persero) and PT Jamsostek (Persero) were changed into Public Service Agencies to implement five programs mandated by Law Number 40 of 2004, namely the Health Insurance program for BPJS Health and other programs handed over to BPJS Employment. The government through the Minister of Health has stipulated several regulations governing the implementation of the BPJS health program, both regarding rates and procedures for obtaining health services. In these regulations, participants are not charged if they use their rights to obtain services. Meanwhile, BPJS Health has prepared officers in each Hospital to be able to monitor and accompany and provide services to participants in using their rights to seek treatment at designated health facilities.

The position of BPJS Kesehatan participants as patients is legally protected as stated in various regulations related to the implementation of health, including Law Number 36 of 2009 concerning Health and Law Number 44 of 2009 concerning Hospitals. However, in its implementation, many problems are encountered by BPJS Kesehatan participants, such as when they are going to the hospital for treatment and are required to be hospitalized. One of the problems that often arises when PJS Kesehatan Participants are going to be hospitalized is the problem of information on the availability of treatment rooms and the lack of information by the hospital to BPJS Kesehatan Participants and the patient's family.

Therefore, there needs to be a policy of government institutions that organize health services to require hospitals that cooperate with BPJS Kesehatan to provide information media facilities regarding the availability of inpatient rooms and treatment cost packages in the sections that handle these matters that can be viewed publicly by BPJS Kesehatan participants. This is in accordance with the contents of Article 13 (E) and (F) of Law Number 24 of 2011 concerning BPJS Kesehatan concerning the provision of information to BPJS Kesehatan participants regarding rights and obligations as well as service procedures. Based on Article 53 of Law Number 36 of 2009 concerning Health, it is emphasized that individual health services are intended to cure diseases and restore the health of individuals and families. In addition, based on Article 54 of Law Number 36 of 2009 concerning Health, it is regulated that the implementation of health services is carried out responsibly.

Settlement in the Event of Disputes in BPJS Health Services.

Mediation is: "A problem-solving negotiation process in which an impartial external party works with the disputing parties to help reach a satisfactory agreement" (Marbun et al., 2012) .

One essential question in relation to efforts to build a dispute resolution system based on a consensus approach, namely negotiation and mediation, is why people or parties in dispute want to resolve disputes through consensus or consensus. There are at least two competing theoretical views that can explain or answer this essential problem. The first theoretical view refers to culture as a dominant factor. Based on this first view, consensus resolution methods such as negotiation and mediation can be accepted and used by society because the approach is in accordance with the way the community views life itself. People or communities who inherit cultural traditions that emphasize the important values of harmony and togetherness in life will be more able to accept and use consensus methods in resolving disputes (Rahmadi, 2010) .

The second theoretical view sees the power possessed by the disputing parties as the dominant fact. According to this theoretical view, people are willing to undergo mediation more because of the relatively balanced power of the parties. People are willing to undergo negotiations not because they feel sorry for the other party or because they are bound by cultural or spiritual values, but because they really need cooperation from the other party so that they can achieve their goals or realize their interests (Rahmadi, 2010) .

Settlement through mediation is carried out through a mediator called a mediator. Mediation is an intervention in a dispute by a third party who is acceptable, impartial and neutral and helps the disputing parties reach a voluntary agreement on the disputed issues (Mashudi, 2019) . Mediation is a problem-solving negotiation process, in which an impartial outside party works with the disputing parties to seek mutual agreement. The mediator is not authorized to decide the dispute, but only to assist the parties to resolve the issues authorized to him (Umam, 2010) .

Unlike judges or arbitrators, mediators do not have the authority to decide disputes between the parties, but in this case the parties authorize the mediator to help them resolve the issues between them. The assumption is that a third party will be able to change the strength and social dynamics of the conflict relationship by influencing the beliefs and personal/individual behavior of the parties by providing knowledge or information or thereby helping the participants to resolve the disputed issues. Thus, in a dispute where one party is stronger and tends to show its power, the third party plays a very important role in equalizing it. The agreement reached through mediation because the disputing parties managed to reach mutual understanding. They together formulate a dispute resolution without concrete direction from a third party (mediator). The binding force of the results of mediation is the same as an agreement because it is made based on the free agreement of the parties, for that, it must be implemented in good faith. Because between the two parties choosing mediation as an effort to resolve the dispute that arises, there must be a neutral third party who is expected to be able to assist in the implementation of mediation or what is known as a mediator. As a mediator, he does not legally have the authority to decide or provide a resolution to the dispute that occurs, but he can offer various alternative solutions after understanding the problems raised by the parties (Triana, 2019). Attitude of mediators, conciliators and arbitrators:

1. Open without taking sides with either party
2. Breaking away from the desire to be a problem solver;
3. Drive the process of problem diagnosis, problem analysis and problem solving;
4. Providing appropriate references, broad perspective, mastering the problem and understanding the law;
5. Using the art of negotiation (Pitoyo, 2010) .

Furthermore, the responsibility of BPJS Health towards BPJS participants who experience disappointment or dissatisfaction related to health services at primary health facilities (health centers)

or advanced health facilities (hospitals) is that BPJS Health receives reports and is required to follow up on them.

This is explained in Presidential Regulation Number 19 of 2016 concerning health insurance, Article 45 as follows (Rusyad, 2018) :

"(1) If the Participant is not satisfied with the Health Insurance services provided by the Health Facility cooperating with BPJS Health, the Participant can submit a complaint to the Health Facility and/or BPJS Health.

(3) The submission of complaints as referred to in paragraph (1) and paragraph (2) must be handled and resolved adequately and within a short time and feedback must be provided to the party submitting the complaint."

The legal protection provided to BPJS Health participants is that participants have the right to submit complaints and grievances regarding the health services they receive as regulated in Article 25 paragraph (1) letter e of the Health Social Security Administration Regulation Number 1 of 2014 concerning the provision of health insurance, which reads:

"(1) Every participant has the right to: submit complaints to the collaborating Health Facilities and/or BPJS Health"

Participants can request information and submit complaints, criticisms, or suggestions via email, the BPJS Kesehatan call center at 1500400, BPJS Kesehatan's official social media such as Instagram or Twitter, and can also come directly to the BPJS Kesehatan office in their respective areas and meet the Participant Information and Complaints Handling (PIPP) officer.

If there is a complaint received, it will be immediately followed up by the PIPP officer by confirming to the participant regarding the complaint and the problem then confirming to the health facility related to the complaint, after that the PIPP officer checks the chronology of the truth and finds a way out of the complaint experienced by the participant. After that the PIPP officer will mediate the participant and the representative from the Health Facility to reach an agreement.²

Complaint resolution as explained in Article 48 of Law Number 24 of 2011 concerning BPJS Health, namely:

1. BPJS is required to form a quality control unit for handling participant complaints.
2. BPJS is obliged to handle complaints within a maximum of (five) 5 working days from the time the complaint is received.

Disputes can be resolved through mediation in accordance with Article 49 of Law Number 24 of 2011 concerning the Social Security Administration Agency with the following procedures:

1. Dispute resolution can be done through a mediation mechanism
2. The mediation mechanism is carried out with the assistance of a mediator agreed upon by both parties concerned in writing.
3. Dispute resolution through mediation shall be carried out no later than 30 (thirty) working days from the signing of the agreement.
4. Dispute resolution through a mediation mechanism is final and binding after there is an agreement from both parties.

Based on Article 32 letters (q) and (r) of Law Number 44 of 2009 concerning hospitals, it is explained that legal protection is given to patients who experience discriminatory actions or rejection by hospitals in health services, then patients have the right to: "Every patient has the right:

q. sue and/or demand the Hospital if the Hospital is suspected of providing services that do not comply with standards, either civilly or criminally; and r. complain about Hospital services that do not comply with service standards through print and electronic media in accordance with the provisions of laws and regulations."

Article 46 of Law Number 44 of 2009 concerning hospitals explains that: "Hospitals are legally responsible for all losses caused by negligence by health workers at the Hospital."

This responsibility can be in the form of providing compensation, as regulated in Article 32 letter q of Law Number 44 of 2009 concerning Hospitals.

The compensation referred to as explained in Article 58 of Law Number 39 of 2009 concerning health is:

"Everyone has the right to claim compensation from a person, health worker, and/or health provider who causes losses due to errors or negligence in the health services received."

Hospitals as one of the health facilities that play an important role in supporting national health insurance services BPJS Kesehatan, considering that complaints are dominated by participants who complain about health services in hospitals, health services in hospitals must be implemented and carried out based on Pancasila and provisions of the law, the principle of justice, the principle of

humanity, the principle of benefit, and professionalism in accordance with applicable laws and regulations. Based on Article 29 (1) Every Hospital has the obligation to:

- a. Providing correct information about hospital services to the public
- b. Providing safe, quality, anti-discriminatory, effective health services that prioritize patient interests in accordance with hospital service standards.
- c. Provide emergency services to patients according to service capabilities
- d. Play an active role in providing health services during disasters, according to service capabilities
- e. Providing facilities and services for the underprivileged or poor
- f. Carrying out social functions, among others, by providing service facilities for poor or needy patients, emergency services without down payment, free ambulances, services for victims of disasters and extraordinary events, or social services for humanitarian missions.
- g. Create, implement and maintain quality standards for health services in hospitals as a reference in serving patients.
- h. Organizing medical records
- i. Providing adequate public facilities and infrastructure such as places of worship, parking, waiting rooms, facilities for the disabled, breastfeeding women, children, and the elderly.
- j. Implementing a referral system
- k. Refusing patient wishes that conflict with professional and ethical standards and statutory regulations
- l. Providing correct, clear and honest information regarding patient rights and obligations
- m. Respecting and protecting patient rights
- n. Implementing hospital ethics
- o. Have an accident prevention and disaster response system
- p. Implementing government programs in the health sector both regionally and nationally
- q. Create a list of medical personnel who practice medicine or dentistry and other health workers
- r. Prepare and implement internal hospital regulations (hospital by laws)
- s. Protect and provide legal assistance to all hospital staff in carrying out their duties
- t. Enforcing the entire hospital environment as a smoke-free area

As the main facility for advanced health facilities, hospitals are prohibited from carrying out discriminatory actions and refusing patients for any reason, including BPJS Health patients. This can be categorized as a violation of health service obligations and is subject to sanctions. Based on Law Number 44 of 2009 concerning Hospitals, Article 29 paragraph (2) hospitals that are proven to have committed violations are subject to administrative sanctions in the form of:

- a. reprimand;
- b. written warning or
- c. fines and revocation of hospital permits

CONCLUSION

Based on the results of the research and discussion described in the previous chapter, the author in this study draws the conclusion that legal protection for BPJS Kesehatan patients who are hospitalized in hospitals from the regulatory aspect has protected their rights both as consumers of services, as hospital patients and as BPJS Kesehatan participants. However, in its implementation there are still shortcomings that cause patient dissatisfaction with hospital services, such as the lack of information provided by the hospital to BPJS Kesehatan Participants. The method of resolving disputes in BPJS Kesehatan services through mediation reflects the importance of a consensus approach in handling disputes.

Mediation is chosen for several theoretical reasons, such as the dominance of culture that prioritizes harmony and togetherness, and the balance of power between the disputing parties. Mediation is carried out by a neutral mediator who does not have the authority to decide the dispute, but rather helps the disputing parties reach a mutual agreement. This mediation mechanism is legally recognized in various regulations, including Law Number 24 of 2011 concerning BPJS Health and Law Number 44 of 2009 concerning Hospitals, which stipulate that mediation must be carried out voluntarily and the results are final and binding if agreed by both parties.

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