



Transparency Disparities in the Social Health Insurance System: The Rights of Social Security Agency Patients to Cost Details in the Indonesian Case-Based Groups System

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Abstract

Introduction: There is an information disparity between Social Security Administration Agency patients and independent patient, where Social Security Administration Agency patients do not get detail of service fees because the INA-CBG (Indonesia Case Based Groups) payment system is based on the diagnosis group, while independent patients get a complete cost receipt.

Purposes of the Research: The Purpose of this study is to analyze the inequality of information transparency in the National Health Insurance system, especially related to the rights of Social Security Administration Agency patients to the details of service fees in the INA-CBG payment system. BPJS patients do not get details of costs like independent patients even though they use the same health facilities and evaluate the impact of the absence of such information on patients' rights to transparency and accountability of health services.

Methods of the Research: The research method used is normative juridical, namely legal research conducted by examining literature materials consisting of primary legal materials, secondary legal materials and tertiary legal material. This research uses a statute approach and an analytical approach.

Results Main Findings of the Research: The absence of detailed costs for Social Security Administration Agency patients has the potential to violate the right to public information and consumer protection, which ultimately weakens the position of patients in objecting to the health services received. This also reduces transparency and accountability in the implementation of the National Health Insurance, thereby hindering efforts to evaluate and improve the health service system for the community.

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INTRODUCTION

The implementation of National Health Insurance (JKN) has brought fundamental changes to the healthcare system in Indonesia. As a form of insurance-based social protection, JKN is designed to guarantee inclusive access to health services regardless of economic status. Through a collective approach, the state plays a central role in covering the cost of public healthcare. The system is financed by participant contributions, which are collected systematically and managed according to the principle of mutual cooperation.¹

¹ Haydi Suafisa, Okphilip Abdi Agam Zebua, Gita Br Sembirin, Hairani Siregar, "Menggali Manfaat Dan Kekurangan JKN: Peningkatan Layanan Kesehatan Di Padang Bulan, Medan", *Jurnal Administrasi Pemerintahan Desa* 06, no. 01 (2025), p. 5, <https://doi.org/10.47134/villages.v6i1.209>

The main objective is to protect the public from the risk of sudden high healthcare costs. Thus, JKN is expected to realize social justice in the field of healthcare. As the number of participants increases from year to year, the sustainability and effectiveness of JKN are increasingly being tested. The growth in participation reflects the high level of public trust in this system as the main pillar of healthcare services. This system not only reduces financial barriers but also encourages improvements in the quality of healthcare services nationwide. With its broad coverage, JKN plays a strategic role in strengthening a sustainable healthcare system. Efforts to equalize access to services continue to be strengthened through the integration of various healthcare facilities throughout Indonesia. In the context of modern healthcare development, JKN is an important foundation for realizing healthcare as a basic right of every citizen.²

In line with the increase in the number of JKN participants, there has been a major transformation in the health service financing and claims system. One of the fundamental changes is the implementation of the INA-CBG (Indonesian Case Based Groups) payment method, which replaces the retrospective fee-for-service system. Under this scheme, hospitals no longer submit claims based on detailed treatment costs, but rather based on service packages determined by the patient's diagnosis and medical procedures. This shift is intended to improve budget efficiency and maintain service quality, given that the previous payment system had the potential to lead to over-utilization or excessive use of services. With a package-based approach, the government is seeking to control wasteful spending on healthcare and ensure the sustainability of the JKN system. INA-CBG is considered a strategic step to regulate cash flow and make it more measurable and transparent for all healthcare facilities in Indonesia.³

Changes to the payment system in the National Health Insurance (JKN) program have had a major impact on participants' right to information, especially for patients covered by the Social Security Administration Agency (BPJS) for Health. Unlike general patients, who receive detailed information on costs and medical services, JKN patients only receive a diagnosis and summary of services without a detailed breakdown of costs. This inequality creates uncertainty for participants who regularly pay monthly premiums but do not know how their funds are used in health services. In fact, as consumers of public services, JKN participants are entitled to complete, accurate, and non-misleading information about their rights and obligations in health facilities. The right to obtain this information is explicitly regulated in Presidential Regulation No. 82 of 2018 concerning Health Insurance, which guarantees participants the right to obtain comprehensive information related to the implementation of JKN. Transparency in providing cost details is part of fulfilling the constitutional rights of participants as users of public health services.⁴

The ambiguity in the INA-CBG payment system highlights the importance of a thorough understanding of patient rights protection in the implementation of the JKN. Law No. 8 of 1999 on consumer protection explicitly stipulates the obligation of service providers to provide accurate, clear, and non-misleading information to every consumer, including

² Muhammad Nabil Faiz, Rahayu Sri Rezeki Kandau, Fitriani Pramita Gurning., "Evaluasi Implementasi JKN Dalam Peningkatan Akses Kesehatan di Medan", *Jurnal Kolaboratif Sains*, 8, no. 7 (2025), p. 4099-4100, <https://doi.org/10.56338/jks.v8i7.8206>

³ Devid Leonard, Yulia Fitriani, Tri Wijaya, Agung Rezal Sulaiman Senopati, Alisa Putri Fajriati, Elsa Yolanda, Sumiyati, Rahmawita., "Sosialisasi Pelaksanaan Sistem INA-CBG di Pelayanan Kesehatan", *Jurnal Abdidas* 1, no. 6 (2020), p. 843

⁴ Ola Mangu Kanisius, "Pelayanan Informasi dan Komplain Jaminan Kesehatan Nasional (JKN)", Ombudsman Republik Indonesia, 2018, <https://www.ombudsman.go.id/artikel/r/artikel--pelayanan-informasi-dan-komplain-jaminan-kesehatan-nasional-jkn>

patients who use health services. This principle is reinforced by Law Number 14 of 2008 on Public Information Disclosure, which affirms the right of every citizen to obtain information from public agencies without discrimination. In the context of JKN, the absence of details on the costs incurred by participants has the potential to violate both of these legal principles, as participants do not obtain a complete picture of how the funds they pay through monthly contributions are used. This can weaken public oversight of JKN fund management, which in turn hinders the realization of overall system accountability. Therefore, transparency in INA-CBG claims is not only a technical issue, but also part of fulfilling the constitutional and legal rights inherent to every JKN participant.

Therefore, this study formulates two main questions as the focus of the study: first, why do BPJS patients not receive detailed service costs such as payment receipts, even though independent patients receive complete information even though they use services at the same health facility? Second, how does the absence of detailed costs in the INA-CBG system weaken the rights of BPJS patients to transparency and accountability in health services compared to other service consumers? These two issues are important because they relate to the principles of fairness, transparency, and protection of patient rights in the era of digital public services.

Recent studies generally focus on evaluating the effectiveness of INA-CBG in improving hospital cost efficiency, optimizing claim management, and improving health administration data governance. Several studies also examine aspects of digitization, such as the use of electronic medical records and BPJS claim dashboards, to strengthen the internal management capacity of hospitals. However, there are still very few primary studies that directly explore the impact of the absence of service costs on BPJS patients on the protection of BPJS patients' rights from the perspective of information transparency and public accountability. In fact, within the framework of consumer protection and information disclosure laws, patients have the right to know the full cost components that form the basis of their health service claims. The consumer dimension as a primary right in the JKN system is rarely the main focus of research, which tends to focus on institutional and financial aspects of hospitals. As a result, there is a significant gap in the literature that ignores the perspective of participants as service recipients and premium payers, even though they are the ones most affected by the ambiguity of this payment system.

The gap in scientific studies shows the need for new research that places patients as the main subject of analysis, not just as objects in the administrative payment system. This research innovation lies in its legal and governance approach to the provision of health service information, as well as its exploration of the consequences of the absence of cost details on patients' rights to monitor, file complaints, and verify the services they receive. By focusing on consumer rights, this research aims to fill a gap in the literature, which has thus far emphasized system efficiency over accountability to participants. An analysis will be conducted of the legal framework governing information disclosure in health services, including the Consumer Protection Law and the Public Information Disclosure Law. The research findings are expected to produce balanced policy recommendations that combine the demands for efficiency of the INA-CBG payment system with a commitment to transparency and fulfillment of JKN patient rights. Thus, the JKN system can run sustainably while upholding the principles of public accountability and protection of patient rights.

Technically, the INA-CBG system classifies diagnoses and medical procedures based on costing and coding performed by hospitals, and refers to the International Classification of Diseases (ICD).⁵ The resulting rates are comprehensive, covering all service components, from doctor consultations, medications, medical procedures, to room and board costs. This approach is considered capable of improving the accuracy of budget planning and supporting efforts to control the quality of health services. However, despite the administrative efficiency it offers, this system has the potential to sacrifice patients' rights to obtain detailed information about the cost components that form the basis of claims. The lack of transparent cost details can hinder participants' ability to verify, monitor, and complain about the services they receive. Therefore, justifying the efficiency of the system should not override the principles of good governance, such as transparency, accountability, and participation, which are important foundations in the delivery of public services.

The difference in the pattern of information delivery between BPJS patients and independent patients in the INACBG system reflects an imbalance in the protection of patient rights.⁶ Independent patients have access to examine billing details, file complaints about discrepancies, and compare the quality of services between hospitals with adequate transaction evidence. Conversely, patients registered with BPJS Kesehatan face limitations in control mechanisms, making them more vulnerable in obtaining justice and quality services. These limitations have an impact on reducing participants' trust in the JKN system as a whole. In the long term, the risk of discrimination in health services may increase, given the lack of transparency for BPJS participants. Imbalanced access to information can hinder efforts to improve the quality and accountability of public service management. Therefore, it is important for the JKN system to prioritize equal treatment in providing information rights to all patient groups.

This study contributes scientifically through a normative legal analysis approach to regulations and previous research studies, which are collectively relevant to strengthening the JKN system to make it more equitable and transparent in Indonesia. One of the conceptual solutions proposed is the provision of structured medical summaries that list diagnoses, medical procedures, and medications that can be accessed directly by participants, without violating the principle of INA-CBG-based package payments. This approach allows participants to obtain important information for service verification without disrupting the efficiency of the claim system that has been implemented. The policy recommendations offered are based on an in-depth analysis of the legal framework and governance of health services, thus providing a strong foundation. By implementing these recommendations, it is hoped that there will be a significant improvement in information transparency, operational efficiency, and accountability of the public health service system. This study not only identifies problems but also offers sustainable solutions to strengthen public trust in the JKN.

The integration of technological innovation, policy reform, and health service management is key to achieving a balance between system efficiency and the protection of JKN participants' rights. BPJS Kesehatan needs to develop a digital platform that is easily accessible to participants, strengthen the provision of structured information such as

⁵ Devid Leonard, Oktamianiza, Linda Handayuni, Rahmawita., "Analisis Sistem INA-CBGs menggunakan metode HOT-FIT di RSUP Dr. M. Djamil", 2-TRIK: *Tunas-Tunas Riset Kesehatan* 10, no. 4 (2020): 295-302

⁶ Kompasiana, "Perbedaan Pelayanan Pasien BPJS dengan Pasien Umum, Kompasiana, 2023, <https://www.kompasiana.com/klendu109109/654f732cee794a653d6ef4f3/perbedaan-pelayanan-pasien-bpjs-dengan-pasien-umum>

electronic medical records, and expand the dissemination of information on participants' rights throughout all health facilities. Strengthening the JKN system must be directed at establishing a service data-based complaint and appeal mechanism, so that participants have clear means to monitor and demand accountability. These innovative steps can transform JKN into a fair and transparent public service model, in line with the principles of democracy and respect for human rights.

The transformation of the national health system in this study takes a perspective that places patient rights at the center of service change. The protection of the right to information is not merely a complement to policy, but rather the foundation of social legitimacy and active participant participation in service quality monitoring. Increasing transparency and accountability in the digital age must be a collective commitment of all stakeholders in the health sector. This study is expected to form the basis for the formulation of policies that are more responsive, fair, and supportive of the protection of BPJS Kesehatan participants' rights in the future.

METHODS OF THE RESEARCH

This research was conducted using a normative juridical method, which is an approach that focuses on analyzing written laws and other legal materials. This type of approach is commonly known as doctrinal legal research, because its scope of study is limited to legal norms that have been formulated in writing. Data collection was carried out through literature study, by examining various reading sources such as books, legal documents, scientific works, and relevant academic writings in depth.

RESULTS AND DISCUSSION

A. Disparity in Cost Information: BPJS Patients and Independent Patients

The National Health Insurance System (JKN), which implements the INA-CBG payment method, shows significant differences in the delivery of information between BPJS patients and independent patients. Self-paying patients who pay directly usually receive a detailed receipt listing each cost component, including medications, medical procedures, and doctor's services during treatment. These details allow them to verify the accuracy of the bill and serve as valid evidence in the health service complaint or audit process. In contrast, BPJS patients are only given a medical summary without a cost breakdown, because payments in the INA-CBG system are made based on service packages determined by diagnoses and medical procedures. This package-based approach implies that all service components are included in a fixed rate. This inequality in access to information raises fundamental questions about the principles of fairness and transparency in the delivery of public health services.

The package-based payment system within the INA-CBG framework is designed to improve administrative efficiency and control spending, both at the hospital level and nationally. This approach allows hospitals to submit claims more quickly and in a structured manner, while also helping BPJS Kesehatan to project and manage its budget more accurately.⁷ However, the efficiency achieved often comes at the expense of

⁷ Fahmi Idris et al., "Sistem Pembayaran Mixed Metod INA CBGS Dan Global Budget Di Rumah Sakit: Tahap 1 Uji Coba Mixed Method INA-CBGs- Clobal Budget di Indonesia", *Jurnal Ekonomi Kesehatan Indonesia* 5, no. 2 (2020), p. 73, <https://doi.org/10.7454/eki.v5i2.4819>

transparency of information for BPJS patients. Although they are active contributors through monthly premium payments, participants are not given access to details of the cost components used in the health services they receive. This creates uncertainty about how the funds from their premiums are managed and allocated within the health care system.

The inability of BPJS patients to access specific cost details weakens the complaint and consumer protection mechanisms in the healthcare payment system. In situations of dispute or objection to the services received, the evidence that can be submitted by patients is very limited, generally only covering medical summaries that do not include financial aspects. This condition complicates the appeal or mediation process, as patients cannot trace service items in detail to prove overcharging, misdiagnosis, or fraudulent practices. This difference in treatment reflects discrimination in access to information, even though in principle all patients in health facilities are entitled to equal rights within the framework of the rule of law.⁸

From a legal perspective, the absence of detailed cost breakdowns undermines patients' right to control and ensure that services are provided correctly, honestly, and fairly. Independent patients have full authority to demand and audit service bills, while BPJS patients rely solely on global claim data based on INA-CBG packages designed to be understood individually. This inability places BPJS participants in a position that is more vulnerable to systemic injustice. If this condition is not corrected, the gap in rights, transparency, and consumer protection will widen, eroding the principles of fairness and accountability in the JKN system.⁹

Inequality in access to health service information has a significant impact on public trust in the national health insurance system (JKN), because when participants feel they have no control over data related to the services they receive, trust in the integrity of the system tends to decline. In the digital age, which is characterized by public awareness of rights and active participation, this lack of transparency can trigger widespread criticism and demands for reform from various parties. Therefore, it is very important for the JKN system to not only be administratively efficient, but also to ensure accountability and information transparency to all participants, so that public trust is maintained and the legitimacy of the system remains strong.¹⁰

This disparity in access to information underscores the need for policy adjustments that prioritize patient rights as part of consumer protection. Although the INA-CBG system is based on strong technical considerations for claim efficiency and cost control, the policy must not neglect human rights and accountability to participants. Regulators need to design solutions that allow BPJS patients to continue to obtain adequate information about their services without disrupting the applicable package payment mechanism. One concrete step that has been taken is to provide structured medical summaries that list diagnoses, medical procedures, and medications administered, so that participants can understand and verify the services they receive in accordance with their rights as JKN participants.

⁸ Salsa Izza Shafinaz Sukardi, Anisa Nur Fadilla, Muhammad Noer Falaq Al Amin., "Analisis Pelayanan BPJS Di Indonesia Dalam Meningkatkan Kesehatan Masyarakat Dengan Pendekatan Problem Three Analysis", *Jurnal Pahlawan* 7, no.1 (2024): 11-22

⁹ Ombudsman, "Pembatasan Layanan Pasien BPJS Kesehatan Diskriminatif, Ombudsman, 2023, <https://ombudsman.go.id/news/r/pembatasan-layanan-pasien-bpjs-kesehatan-diskriminatif>

¹⁰ Karel Martel, "PERS BRIEFING KIP: Transparansi KRIS BPJS Kesehatan Wujud Layanan Adil dan Akuntabel", Komisi Informasi Pusat, 2025, <https://komisiinformasi.go.id/read/20/02/2025/PERS-BRIEFING-KIP:-Transparansi-KRIS-BPJS-Kesehatan-Wujud-Layanan-Adil-dan-Akuntabel>

The implementation of these solutions can be strengthened through the acceleration of service digitalization and the reinforcement of information platforms that are easily accessible to participants,¹¹ By utilizing technology, BPJS Kesehatan is able to provide real-time access to service data in a format that is simple and easy for the public to understand. The JKN mobile application, for example, allows participants to access information such as service history, online queues, bed availability, and medical procedure schedules in a transparent manner. In addition, features such as teleconsultation and self-health screening empower participants to be more active in managing their health. With more open access to information, participants not only become more aware of their rights, but can also play a role in participatory service quality control. The JKN system can develop to be more responsive, inclusive, and accountable in serving all levels of society.

Strengthening patients' right to information reflects the application of the principle of good governance in the health care system. Transparency, accountability, and fair, effective, and accountable public participation. By providing adequate access to information, JKN participants are no longer placed as mere administrative objects, but as active subjects in the health service process. This position is important for building the social legitimacy of the JKN system, because public trust grows from openness and participant involvement in service quality control. Policy reforms oriented towards patient rights, including the right to accurate, clear, and honest information, will strengthen the accountability of the system and prevent potential abuse. Thus, the national health insurance system can run sustainably, supported by active community participation and continued trust.¹²

Therefore, the difference in access to information between independent patients and BPJS patients in the INA-CBG system needs to be a serious concern for regulators and all stakeholders in the health sector. This inequality is not only related to technical aspects of payment, but also reflects fundamental issues of fairness, transparency, and the constitutional rights of patients as users of public services. BPJS patients, despite paying premiums regularly, often do not receive the same level of service cost details as independent patients, thereby hindering their right to audit or question the services they receive. This condition weakens participatory oversight mechanisms and has the potential to undermine trust in JKN patients as a whole. Concrete steps must be taken to improve access to information, such as providing structured medical summaries and expanding digital features in the JKN Mobile app. The JKN system can transform into a public service model that is not only efficient but also fair and inclusive. Such a transformation will strengthen accountability, increase public participation, and ensure the sustainability of the JKN system in the future.

B. The Absence of Cost Details in the Ina-Cbg System Undermines BPJS Patients' Rights to Transparency and Accountability in Health Services

Hospitals managed by the government or private entities are categorized as public institutions because they perform health services. Article 193 of Law Number 17 of 2023 concerning Health (Health Law) stipulates that hospitals are obliged to take responsibility for losses arising from negligence on the part of their health personnel. This provision

¹¹ Indra Rizki Hasibuan, Rahmi Syahriza., "Peran Teknologi Informasi dalam Meningkatkan Efisiensi Administrasi Di BPJS Kesehatan Cabang Padang Sidiempuan", *Jurnal Riview Pendidikan Dan Pengajaran* 8, no. 1 (2025), p. 1759

¹² Veby Adytya Putri et al., "Pemenuhan Hak Pasien Pengguna Layanan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Oleh Pihak Rumah Sakit", *Sakato Law Journal* 1, no. 2 (2023): 259-263

demonstrates continuity in the regulation of legal liability for health institutions in Indonesia.¹³

Article 1 point 3 of Law -Law Number 14 of 2008 concerning Public Information Disclosure (KIP Law) defines a public agency as an institution that performs public functions, whether established by the government or the private sector, whose funds are sourced in part or in whole from the State Budget (APBN) or the Regional Budget (APBD). Hospitals that receive funding from the JKN program through BPJS Kesehatan meet these criteria, as they manage vital health services for the community and receive significant public funding. Therefore, these hospitals are required to apply the principles of transparency and accountability as part of their legal obligations as public agencies. This provision emphasizes that the obligation of information disclosure is not limited to government agencies, but also includes private entities that perform strategic functions in public services.

Hospitals, as public institutions, are required to provide information regarding the details of healthcare costs on a regular basis in accordance with the provisions of the law. Article 11 paragraph (1) of the KIP Law mandates that every public institution must disclose information related to decisions, policies, and supporting documents, including billing processes and service cost components. Although Article 17 letter h of the KIP Law exempts information regarding medical history and treatment from the disclosure obligation, this exemption does not apply if the patient, as the owner of the information, submits a request directly, as stipulated in Article 18 paragraph (2) of the KIP Law.

This confirms that the patient's right to their personal information is dominant and cannot be overridden by reasons of administrative confidentiality.¹⁴ These patient rights are also explained in Article 276 of the Health Law. Therefore, BPJS patients have the full right to request details of the costs of the services they receive, and hospitals are obliged to fulfill these requests. This obligation is further strengthened by the fact that hospitals receive funds from the JKN program, which is sourced from public finances, so that transparency of information becomes an integral part of their legal responsibility and accountability as service providers.

The absence of cost details in the INA-CBG system directly affects the rights of BPJS participants as consumers of public services, especially in terms of information disclosure, which is protected by the Public Information Disclosure Law (KIP Law). Article 2 of the KIP Law affirms the right of every individual to access and know public information, including information about health services provided by BPJS. In practice, the absence of cost details prevents this right from being realized, because participants do not know the components of the services they receive in a transparent manner. This condition contradicts the principle of information disclosure. Therefore, the unavailability of cost details is not merely a technical administrative issue, but a violation of the constitutional rights of citizens.

The KIP Law mandates that every public agency must provide information related to public services, including financial reports and accountability for the management of public funds. Within this framework, BPJS, as the administrator of JKN, is a public agency that is

¹³ Sunanda Naibaho, Yeni Triana, Silm Oktapani., "Tanggung Jawab Hukum Rumah Sakit Terhadap Hak Pasien Dalam Pelayanan Kesehatan", *Jurnal Kesehatan Tambusai* 5, no. 1 (2024), p. 788

¹⁴ Julius Parlin, Tiarsen Buaton, "Prespektif Hukum Pada Hak Pasien Atas Informasi Dalam Pelayanan Pembedahan", *Jurnal Cahaya Mandalika* 3, no.1 (2024): 651-655, <https://doi.org/10.36312/jcm.v3i1.3662>

obliged to comply with the principle of transparency. Although the INA-CBG system applies a package-based payment scheme, the legal obligation to provide adequate information to participants still applies.¹⁵ Participants have the right to know the components of the services they receive, even if they are not presented in the form of a detailed cost breakdown, as a form of accountability for the monthly contributions they pay. This obligation is clarified in Article 9 of the KIP Law, which regulates the types of information that must be provided periodically by public agencies.

The rights of BPJS participants are also protected under Article 4(c) of the Consumer Protection Law, which states that consumers have the right to accurate, clear, and honest information regarding the conditions and guarantees of the goods or services they receive. In this context, BPJS participants are consumers who pay contributions as a contribution to the promised services. When cost details are not provided, the information received becomes incomplete and does not meet the principle of clarity as stipulated by the Consumer Protection Law. This weakens the position of BPJS participants as consumers who should receive legal protection.

The implementation of the INA-CBG payment system does not automatically become a valid reason to ignore the legal obligation to provide information to participants. The principle of administrative efficiency must be balanced with the principles of accountability and transparency as mandated by law. BPJS Kesehatan can still fulfill these obligations by providing structured medical summaries that include diagnoses, medical procedures, and medications administered, without the need to include detailed costs in the form of monetary amounts. This approach still fulfills participants' rights to information about services.

The KIP Law emphasizes the importance of public participation in overseeing state administration. With adequate access to information, BPJS Kesehatan participants can play an active role in monitoring the quality and integrity of the health services provided.¹⁶ Conversely, the lack of detailed access to service information weakens the community's oversight mechanisms, which in turn hinders the achievement of the KIP Law's objectives in strengthening public oversight of public agencies and government administration. Thus, information transparency is not only a legal obligation, but also a strategic function in creating democracy and realizing good governance.

Strengthening the right to information for participants is in line with the principles of good governance as stipulated in various laws and regulations. Transparency, accountability, and public participation are the main pillars of fair and effective public service delivery,¹⁷ By making participants the main subject, rather than merely objects of an administrative process, the JKN system can gain stronger social legitimacy. Existing regulations need to be implemented consistently to ensure that participants' rights are fulfilled in a comprehensive and sustainable manner.

¹⁵ Farida Munawaroh, Dwi Nita Aryani, Widanarni Pudjiastuti., "Analisis Akuntabilitas Perbandingan Tarif INA-CBGS dan Tarif Rumah Sakit Pada Tindakan Kateterisasi Jantung Dengan Pemasangan Stent (Percutaneous Coronary Intervensi) Di RSI Aisyiyah Malang", *Jurnal of Educational and Language Research* 1, no. 9 (2022), p. 1256.

¹⁶ Adella Sitanggang et al., "Peran Hukum Kesehatan Dalam Melindungi Peserta Program Badan Penyelenggara Jaminan Sosial Kesehatan Berdasarkan Undang-Undang Nomor 24 Tahun 2011", *Jurnal Interpretasi Hukum* 5, no. 2 (2024), p. 1006.

¹⁷ Janhary Risky, Ratna Cempaka, Nina Aprilia., "Pemanfaatan E-Government Untuk Meningkatkan Transparansi Dan Akuntabilitas Pelayanan Public", *NETWORK: Jurnal Teknologi Informasi, Komunikasi Dan Komputer Sains* 1, no. 1 (2025), p. 25-26

The KIP Law provides a strong legal basis for BPJS Kesehatan participants to demand information about the services they receive. However, limitations in implementation mean that this right has not been optimally fulfilled. To strengthen its legal commitment, BPJS Kesehatan needs to develop internal policies that support the principle of openness, such as providing a digital platform that allows access to service data. Through this approach, participants can obtain information directly, in a timely manner, and in an easily understandable form.

The obligation to provide information to the public is further reinforced by Government Regulation Number 61 of 2010 concerning the Implementation of Law No. 14 of 2008 concerning Public Information Disclosure, which regulates in detail the mechanisms for public information services. This regulation stipulates that Public Agencies must provide information quickly, in a timely manner, and in a way that is easily accessible to the public. As the administrator of the National Health Insurance (JKN), BPJS Kesehatan is included in the scope of public agencies that comply with these provisions. By utilizing information technology, BPJS can fulfill this legal obligation more efficiently and effectively, while also improving the quality of service to participants.¹⁸ Therefore, concrete steps need to be implemented immediately to improve access to information for BPJS Kesehatan participants. Collaboration between regulators, BPJS Kesehatan, and health facilities is key to realizing a more transparent and accountable service system. Through a holistic approach based on human rights, the JKN system can be transformed into a public service that is not only efficient, but also fair, inclusive, and sustainable in accordance with regulatory requirements and the dynamics of the digital era.

CONCLUSION

The absence of detailed service costs for BPJS Kesehatan participants in the INA-CBG system creates structural inequality that violates patients' rights to public information and consumer protection. Hospitals that receive JKN funds meet the criteria of public agencies and are therefore required to provide service information to the public. Patients have the right to access data on the services they receive, and medical confidentiality does not prevent access if requested directly by BPJS participants. In addition, as consumers who pay regular premiums, BPJS participants are entitled to accurate, clear, and honest information in accordance with consumer protection. The absence of service details hinders the ability of BPJS participants to audit or question services, weakens public oversight mechanisms, and erodes trust in the JKN system. This situation is not merely an administrative issue, but a violation of the principles of transparency and accountability in the provision of health services. Regulators and BPJS Kesehatan must ensure that hospitals provide transparent service information to participants, in accordance with legal obligations and consumer protection. Awareness of participants' rights and strengthening oversight by independent institutions such as ombudsmen and information commissions need to be enhanced to uphold accountability and improve trust in the JKN system. BPJS Kesehatan's operational measures should utilize the Mobile JKN application to provide easy and real-time access to service data for each participant. Hospitals are required to compile and submit structured

¹⁸ Made Adya Febriana Putri et al., "Efektivitas Aplikasi Mobile Jaminan Kesehatan Nasional (JKN) Dalam Meningkatkan Kualitas Pelayanan (Studi Kantor Badan Penyelenggara Jaminan Social Cabang Denpasar)", *Socio-Polical Communication and Policy Review* 1, no. 2 (2024): 41-52.

medical summaries that include diagnoses, medical procedures, and medications administered, as a form of service accountability and fulfillment of the right to information.

REFERENCES

- Adella Sitanggang et al., "Peran Hukum Kesehatan Dalam Melindungi Peserta Program Badan Penyelenggara Jaminan Sosial Kesehatan Berdasarkan Undang-Undang Nomor 24 Tahun 2011", *Jurnal Interpretasi Hukum* 5, no. 2 (2024).
- Devid Leonard, Yulia Fitriani, Tri Wijaya, Agung Rezal Sulaiman Senopati, Alisa Putri Fajriati, Elsa Yolanda, Sumiyati, Rahmawita., "Sosialisasi Pelaksanaan Sistem INA-CBGS di Pelayanan Kesehatan", *Jurnal Abdidas* 1, no. 6 (2020).
- Devid Leonard, Oktamianiza, Linda Handayuni, Rahmawita., "Analisis Sistem INA-CBGS menggunakan metode HOT-FIT di RSUP Dr. M. Djamil", *2-TRIK: Tunas-Tunas Riset Kesehatan* 10, no. 4 (2020): 295-302.
- Fahmi Idris et al., "Sistem Pembayaran Mixed Metod INA CBGS Dan Global Budget Di Rumah Sakit: Tahap 1 Uji Coba Mixed Method INA-CBGS- Clobal Budget di Indonesia", *Jurnal Ekonomi Kesehatan Indonesia* 5, no. 2 (2020), p. 73, <https://doi.org/10.7454/eki.v5i2.4819>.
- Farida Munawaroh, Dwi Nita Aryani, Widanarni Pudjiastuti., "Analisis Akuntabilitas Perbandingan Tarif INA-CBGS dan Tarif Rumah Sakit Pada Tindakan Kateterisasi Jantung Dengan Pemasangan Stent (Percutaneous Coronary Intervensi) Di RSI Aisyiyah Malang", *Jurnal of Educational and Language Research* 1, no. 9 (2022).
- Haydi Suafisa, Okphilip Abdi Agam Zebua, Gita Br Sembirin, Hairani Siregar, "Menggali Manfaat Dan Kekurangan JKN: Peningkatan Layanan Kesehatan Di Padang Bulan, Medan", *Jurnal Administrasi Pemerintahan Desa* 06, no. 01 (2025), p. 5, <https://doi.org/10.47134/villages.v6i1.209>.
- Indra Rizki Hasibuan, Rahmi Syahriza., "Peran Teknologi Informasi dalam Meningkatkan Efisiensi Administrasi Di BPJS Kesehatan Cabang Padang Sidiempuan", *Jurnal Riview Pendidikan Dan Pengajaran* 8, no. 1 (2025).
- Janhary Risky, Ratna Cempaka, Nina Aprilia., "Pemanfaatan E-Government Untuk Meningkatkan Transparansi Dan Akuntabilitas Pelayanan Public", *NETWORK: Jurnal Teknologi Informasi, Komunikasi Dan Komputer Sains* 1, no. 1 (2025).
- Julius Parlin, Tiarsen Buaton, "Prespektif Hukum Pada Hak Pasien Atas Informasi Dalam Pelayanan Pembedahan", *Jurnal Cahaya Mandalika* 3, no.1 (2024): 651-655, <https://doi.org/10.36312/jcm.v3i1.3662>.
- Karel Martel, "PERS BRIEFING KIP: Transparansi KRIS BPJS Kesehatan Wujud Layanan Adil dan Akuntabel", Komisi Informasi Pusat, 2025, <https://komisiinformasi.go.id/read/20/02/2025/PERS-BRIEFING-KIP:-Transparansi-KRIS-BPJS-Kesehatan-Wujud-Layanan-Adil-dan-Akuntabel>.
- Kompasiana, "Perbedaan Pelayanan Pasien BPJS dengan Pasien Umum, Kompasiana, 2023, <https://www.kompasiana.com/klendu109109/654f732cee794a653d6ef4f3/perbedaan-pelayanan-pasien-bpjs-dengan-pasien-umum>.

- Made Adya Febriana Putri et al., "Efektivitas Aplikasi Mobile Jaminan Kesehatan Nasional (JKN) Dalam Meningkatkan Kualitas Pelayanan (Studi Kantor Badan Penyelenggara Jaminan Social Cabang Denpasar)", *Socio-Polical Communication and Policy Review* 1, no. 2 (2024): 41-52.
- Muhammad Nabil Faiz, Rahayu Sri Rezeki Kandau, Fitriani Pramita Gurning., "Evaluasi Implementasi JKN Dalam Peningkatan Akses Kesehatan di Medan", *Jurnal Kolaboratif Sains*, 8, no. 7 (2025), p. 4099-4100, <https://doi.org/10.56338/jks.v8i7.8206>.
- Ola Mangu Kanisius, "Pelayanan Informasi dan Komplain Jaminan Kesehatan Nasional (JKN)", Ombudsman Republik Indonesia, 2018, <https://www.ombudsman.go.id/artikel/r/artikel--pelayanan-informasi-dan-komplain-jaminan-kesehatan-nasional-jkn>.
- Ombudsman, "Pembatasan Layanan Pasien BPJS Kesehatan Diskriminatif, Ombudsman, 2023, <https://ombudsman.go.id/news/r/pembatasan-layanan-pasien-bpjs-kesehatan-diskriminatif>.
- Salsa Izza Shafinaz Sukardi, Anisa Nur Fadilla, Muhammad Noer Falaq Al Amin., "Analisis Pelayanan BPJS Di Indonesia Dalam Meningkatkan Kesehatan Masyarakat Dengan Pendekatan Problem Three Analysis", *Jurnal Pahlawan* 7, no.1 (2024): 11-22.
- Sunanda Naibaho, Yeni Triana, Silm Oktapani., "Tanggung Jawab Hukum Rumah Sakit Terhadap Hak Pasien Dalam Pelayanan Kesehatan", *Jurnal Kesehatan Tambusai* 5, no. 1 (2024).
- Veby Adytya Putri et al., "Pemenuhan Hak Pasien Pengguna Layanan Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan Oleh Pihak Rumah Sakit", *Sakato Law Journal* 1, no. 2 (2023): 259-263.

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