

# Law Enforcement Against Medical Personnel as Perpetrators of Fraud in the National Health Insurance Program

Viona Priscilia<sup>1</sup>, I Made Kantikha<sup>1</sup>, Boedi Prasetyo<sup>1</sup>

<sup>1</sup>Military Law College Postgraduate Program, Indonesia

Corresponding Author: Viona Priscilia

Email: [vionapris@gmail.com](mailto:vionapris@gmail.com)

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**Abstract.** *JKN is program issued by the government aimed providing certainty in providing comprehensive health services for all Indonesian citizens. However, since JKN was first implemented until now, many challenges have been experienced, one of which is the large number of fraudulent acts in its implementation dominated by JKN participants themselves. Therefore, this research aims to find out. what prevention efforts have been carried out, the application of current sanctions, and how to update the application of sanctions for JKN participants who commit fraud in the implementation of JKN in Indonesia. This research is normative legal research referring to legal sources, especially statutory regulations relating to acts of fraud in health service programs. Legal sources in this writing consist of primary legal materials and secondary legal materials. The data collection technique used is library research. The data analysis techniques carried out in this research will go through a qualitative processing and analysis stage. The results of this research show that prevention efforts that have been carried out by the government include reporting suspected fraud to the Fraud Prevention and Handling Team, maintaining the confidentiality of residence identity and JKN KIS cards so that they are not misused, and complying with all existing regulations, then implementing sanctions against Currently, acts of fraud only take the form of administrative sanctions, therefore the effort to reform the application of sanctions is to include the concept of criminalization in the form of imprisonment in order to catch fraudsters in the implementation of JKN in Indonesia.*

**Keywords:** *Application of Sanctions, Fraud, JKN Participants, JKN Program*

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## INTRODUCTION

One of the basic rights for all people in a country and must be fulfilled by the state is the right to health. This is also in line with the hopes and ideals of this nation with the provisions on health rights in Pancasila and also the basis of our constitution, namely the 1945 Constitution of the Republic of Indonesia (hereinafter referred to as the 1945 Constitution). Because this provision is explicitly contained in Article 28H paragraph (1) which states that everyone must have the right to a safe and prosperous life, to have a place to shelter and also to have a healthy living environment so that they have the right to obtain health services. Therefore, as a sovereign country, Indonesia is obliged to set a standard of quality of health services for every Indonesian citizen, anyone without exception, whether from the wealthy or the poor (Failin et al., 2022).

Health itself is a primary thing for everyone's life, which we all know that health is very expensive and also valuable, this can be seen and also proven by the very large number of patients in hospitals every day, both those who are hospitalized or those who are just seeking treatment (Leff et al., 2005). However, as is also known, many people are reluctant to go to the hospital because of poor economic factors. So, to meet all the health needs of the community and so that it can be enjoyed comprehensively, the state seeks to reduce the cost of health services, especially for the underprivileged through the National Health Insurance (JKN) policy program. JKN itself is a program issued by the government with the aim of providing certainty in providing health services evenly and comprehensively to every Indonesian society (Nainggolan & Sitabuana, 2022).

This program is in line with the mandate in Article 34 paragraph (2) of the 1945 Constitution which states that "a country should and must be able to develop a system related to social security that is intended for the community and can empower the weak and underprivileged by adjusting and based on human dignity". Then it was strengthened by the mandate delivered at the 58th World Health Assembly which stated that as a country and every part of the country present at this International Conference, it must develop a health insurance program for its people. Based on the provisions of Article 34 paragraph (2) and to realize a global commitment, the JKN policy program should be implemented. In order for public welfare related to health insurance to be realized, the policy is attempted to be put into a regulation, namely Law Number 40 of 2004 concerning the National Social Health Insurance System (hereinafter referred to as the National Social Health Insurance System Law). The development of this national insurance system is carried out by looking at the reference to the basis of public infrastructure development that provides welfare based on justice where there are 3 (three) components, namely: (Hadiyono, 2020): (1) Economic Growth; (2) Increased Stability; (3) Fair Distribution.

In connection with the issuance of Law Number 40 of 2004 concerning the National Social Health Insurance System, the National Health Insurance itself began to be implemented in 2014 through a Social Security Administration Agency (BPJS) Health. Since the first time JKN was implemented until now, there have been many challenges experienced, one of which is the many acts of fraud in the implementation of the JKN program in Indonesia, both those carried out by Hospital management who work with the government regarding the JKN program or JKN Participants themselves. The definition of fraud in the implementation of the JKN program itself is an action carried out intentionally by BPJS Health officers, JKN Participants, Health service providers, providers of drugs or medical devices, which gain a financial advantage from the health insurance program that is run based on the National Social Security system. (Djasri et al., 2016). This fraudulent act was carried out intentionally with the aim of obtaining benefits that are not in line with applicable regulations.

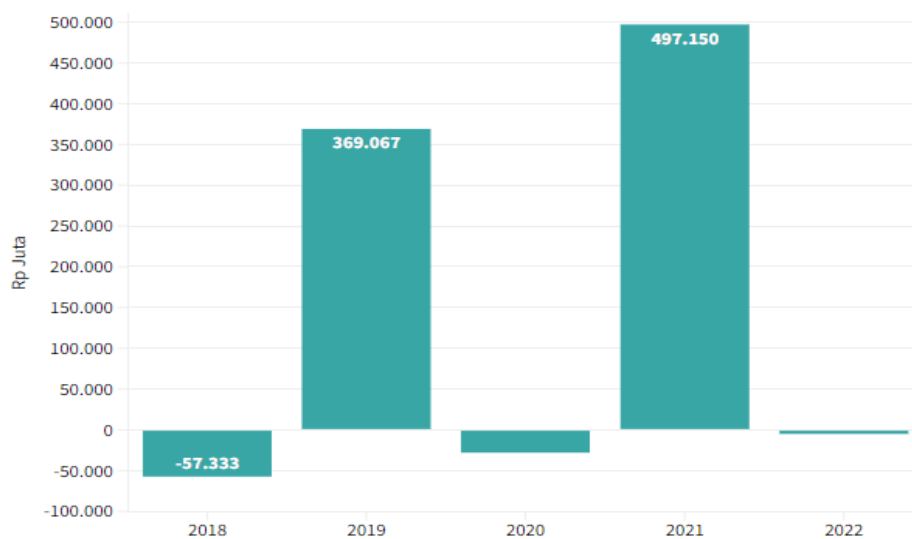


Figure 1. BPJS Health Profit and Loss Data 2018 – 2022

According to Rizka & Jati (2018), the BPJS National Health Insurance Program has never been free from fraudulent acts. Although what is often highlighted by the media is fraud experienced by hospitals or health facility providers, based on the statement made by the Director of Compliance, Law, and Inter-Institutional Relations of BPJS Kesehatan, it is known that the parties who often commit fraud are from among the JKN participants themselves. Then according to the BPJS Advocacy Coordinator, so far fraudulent acts originating from JKN participants have never been followed up (Priscilia et al., 2024). The impact of fraud in health services is very detrimental to the state because the source of BPJS claims comes from the APBN.

So this action can also be included in the category of criminal acts in the form of forgery or fraud (Marriska, 2020). However, looking at the provisions in the Minister of Health Regulation Number 16 of 2019 and also reinforced in BPJS Health Regulation Number 6 of 2020, it is known that fraud committed by participants intentionally in a manner that is not in accordance with the provisions of the Law will be subject to administrative sanctions in the form of the issuance of a letter of cancellation of the participant's eligibility in their participation in the health service insurance that is currently running.

Then the administrative sanctions that will be received can also be verbal in the form of notification to the employer or work unit which will later also provide a written warning to participants who are indicated to have committed fraud, copied to BPJS Health and the ministry implementing the JKN program. From these provisions, it can be seen that the rules regarding fraudulent behavior are still not expressly regulated in the BPJS Health Regulation, so it is necessary to further analyze the legal sanctions that can be imposed on JKN Participants who are indicated to have committed fraud. Then it is also necessary to analyze the policy to prevent fraud committed by JKN Participants in the implementation of the JKN program in Indonesia.

## LITERATURE REVIEW

In this study, the author employs several theories as analytical tools to examine the issues discussed, one of which is the Theory of Criminal Responsibility. Align with research from Hibatulloh (2025), Criminal responsibility, also referred to as criminal liability, pertains to the accountability for actions identified as criminal offenses, committed by a legal subject (either a person or an entity). Such liability arises when a legal subject engages in a criminal act, serving as a framework designed to respond to crime (Candra, 2013). According to Maulani (2013), criminal liability aims to address three key aspects: understanding the consequences of an act, recognizing that the act is socially prohibited, and determining the actor's capacity to fulfill the responsibility. For an act to be deemed criminally accountable, several conditions must be met (Maulani, 2013): the presence of a perpetrator who qualifies as a legal subject, the occurrence of the act (whether through action or omission), the existence of fault (intentional or unintentional), the capability of the actor to assume responsibility (with no evidence of justification or excuse), and the act must be unlawful and in violation of applicable laws and regulations.

State Administrative Law itself is a series of legal regulations whose existence must be considered by the rulers who act as state equipment when carrying out their duties in the wheels of government. (Pratiwi, 2021). Based on its own interests, an administration in government requires cooperation in it (Andranovich, 1995). Cooperation itself can be in the form of public and private activities, which in administrative science we can recognize as private administrative science and public administrative science (Anwar et al, 2021). So based on this, the interests of the state carried out by government institutions are the realm of public administration science and are part of public law. Where public law itself can be interpreted as a law that regulates all relations that occur between the government and its citizens (Anwar et al, 2021). As for the 3 (three) most important components in State Administrative Law in this study, 2 important aspects are brought, some of which can be explained as follows:

## **Regeling**

Regulation itself is an action taken by the government in a public law in the form of a rule that is general and abstract in nature (Nalle, 2016). The regulation referred to here is formed in the form of legislation, and various other regulations. so that later through this regulation the constitutional mandate represented by the legislative institution or the government can be realized. Therefore, every action taken within the scope of government which consists of legislation is intended to fulfill the duties that should be carried out by the government by issuing general regulations, the meaning of this general is the government or a state administrative official who makes efforts to regulate all the interests needed by citizens except for regulations that fall into the private sphere of a special nature.

## **Freies Ermessen**

Freies Ermessen itself definitively means freedom to be able to assess, guess, and also consider something. Then this term is typically used in the field of government and is often interpreted as a means to be able to become a space for the state's complementary tools to take action without then having to be fully bound by the law.

## **METHODS**

This investigation relies on normative juridical methodology to evaluate legal standards related to fraudulent activities which affect the National Health Insurance (JKN) program in Indonesia. Such research requires the normative approach to evaluate present legal instruments which aim to combat JKN participant fraud and decide the need for criminal penalty additions to administrative measures. The legal examination centers on statutory or statute-based methods because it draws conclusions from multiple official national health insurance documents. The national social security system is governed by Law Number 40 of 2004 as well as Presidential Regulation Number 12 of 2013 for Health Insurance and Minister of Health Regulation Number 16 of 2019 and BPJS Health Regulation Number 6 of 2020. The regulations act as fundamental authority to detect legal gaps and develop recommendations for enhancement purposes. The research adopts two classifications of legal materials which include primary and secondary legal sources. The core legal materials contain binding documents starting from statutes and extending to governmental regulations. The secondary legal materials include authoritative commentaries besides academic journal articles and textbooks and prior research that evaluate the statutory framework then examine administrative and criminal law principles relevant to JKN. To explain legal concepts and terminologies this research consults tertiary legal materials including legal dictionaries and encyclopedic references. This study gathers information by performing a literature review and library research where the analysis follows systematic documentation of selected legal materials. The research establishes the current state of fraud regulation through legal norms while evaluating the suitable sanctions for fraudulent JKN participants. The gathered legal information receives analysis through a qualitative method based on legal principles. The researcher analyzes legal norms through normative interpretation while performing doctrinal analysis of criminal and administrative liabilities and using appropriate comparative methods. The study conducts an evaluation assessment to establish if present administrative penalties effectively deter fraud within the JKN system or if making fraud illegal would be a more appropriate solution. The evaluation establishes practical legal improvement plans by aligning with doctrinal principles and statutory comprehension and governmental priorities.

## **RESULT AND DISCUSSION**

The National Health Insurance (JKN) program of Indonesia experiences ongoing fraudulent activities that cause significant losses to its operations. Health insurance participants together with health service providers persist in committing fraudulent acts that involve both identity manipulation and false claim submission (Anggun, 2022). BPJS Kesehatan has identified JKN service financial losses from fraud activities at IDR 866 billion for the year 2023. The substantial money lost annually through healthcare fraud vindicates that the problem exists on a

widespread scale where traditional penalties fail to discourage perpetuation. Research by media outlets uncovered that participant-initiated fraud forms a major portion of violations while escaping punishment (Rothstein, 2019). The discovered evidence demonstrates that trailing research indicates the immediate requirement for a thorough and balanced legal system to combat fraud effectively.

### Fraud Prevention Strategies in JKN Implementation

If reviewed in general in the Regulation of the Minister of Health Number 16 of 2019, namely explicitly in the guidelines for preventing and handling fraud and handling administrative sanctions against fraud in the implementation of the JKN program, it is stated that the objective of preventing fraud in JKN activities will be more effective if it contains the following 5 (five) things: (1) Prevention; is an effort made to prevent fraud that is actually carried out in all lines of the organization; (2) Deterrence; is an effort made to be able to ward off various parties who try to carry out fraudulent acts and at this stage also to create a deterrent effect on the perpetrators of fraud; (3) Disruption; namely an effort made with the aim of complicating the movements or steps of the perpetrators of fraud so that they cannot leave or avoid as far as possible; (4) Identification; namely an effort made by identifying various activities that have high risks and the control aspects can be said to be weak; (5) Civil action prosecution; the last is an effort to provide a lawsuit or impose sanctions on all fraudulent acts carried out by the perpetrators concerned.

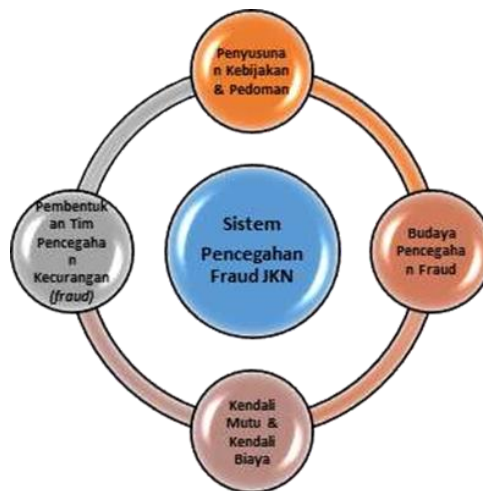


Figure 2. Fraud Prevention System in the Health Insurance Program

Then following up on these principles, the implementation of fraud prevention by JKN participants carried out by the government includes reporting to the fraud prevention team for fraud committed by JKN participants, then being advised to maintain confidentiality regarding the identity of JKN participants that are misused by irresponsible parties, then must comply with all existing regulations related to JKN. Based on the Guidelines for fraud prevention that are currently enforced in the Minister of Health. It is known that the regulations governing efforts to prevent fraud by JKN participants are still very minimal and need more evaluation. This can be one indication of why fraud still occurs in the implementation of the health insurance program in Indonesia, both at the lowest level and at the central level.

### Legal Analysis of Sanctions for JKN Fraud

Examining fraud within Indonesia's National Health Insurance (JKN) Program requires understanding that it stems from structural inadequacies in law enforcement and institutional management operations (Trisnantoro et al., 2024). The current administrative management system developed in Minister of Health Regulation No. 16 of 2019 and BPJS Regulation No. 6 of 2020 shows no indications of creating an effective deterrent against fraud. The health care system revealed in 2023 through BPJS Kesehatan reports a total fraud loss amounting to IDR 866 billion (Antara News, 2023). The repetitious extent of losses proves that administrative sanctions cannot

sufficiently compel participants to change their behaviors or follow the law (Khairunnisa & Sitabuana, 2022). The current legal framework shows its main weakness because of unequal regulations. Service providers and hospitals undergo intense examination while JKN program participants who commit fraud typically avoid severe consequences that do not amount to criminal prosecution. The existence of unequal penalties for first-class health providers and insurance recipients creates contradictions between the principles of fair treatment under the law (Kurniati et al., 2021). Khariza (2015) explains that unequal distribution of responsibility between hospitals and JKN participants leads to inconsistent legal regulations that enable participants to feel untouchable especially disadvantaged members who view fraud as acceptable behavior.

The existing regulatory framework fails to prevent fraud activity because the Frauds Triangle theory developed by Donald Cressey indicates fraudsters need three elements (Sadikin & Adisasmito, 2016): pressure, opportunity, and rationalization. Within the framework of JKN pressure emerges from healthcare emergency conditions or financial constraints and weak monitoring mechanisms and light penalties produce opportunities although rationalization happens through cultural tolerance regarding these actions. This logical justification becomes possible because there are no effective consequences under law which undermines both public confidence and expands systemic abuse (Blasi & Jost, 2006).

State-funded social insurance programs need more than administrative law to properly address the severe extent of fraud by their beneficiaries. According to Effendi (1986) criminal law fulfills both punishment functions and it creates defined moral limits to protect public welfare and maintain social ethics (Sinaga, 2022). The unethical conduct in JKN disrupts the fundamental concept of solidarity along with damaging the ethical framework that supports collective healthcare contributions. People who use deceptive methods with the system both violate policy limitations while taking away healthcare resources from rightful beneficiaries at the expense of the comprehensive health insurance sustainability.

The present legal framework creates constitutional problems because it does not meet its objectives. Article 34(2) within the 1945 Constitution requires states to establish programs providing social protection for disadvantaged people. The system abuse by JKN participants who avoid legal consequences disrupts the constitutional goals toward equal healthcare access along with social justice principles (Bakry et al., 2025). Significant losses to the state due to fraudulent activities require more than administrative remediation to resolve. A proper legal resolution is necessary to align with these monetary losses created by improper actions.

Special care needs to guide legal policies before implementing criminal penalties. According to Adhari (2024), criminal law functions as *ultimum remedium* by using penalties only after other legal instruments prove inadequate to restrain or reduce harm. Evidence from JKN shows that administrative controls within the organization prove inadequate to stop abuse while losses continue to grow. The use of criminal penalties finds justification because it serves punishment functions in addition to its preventive role and educational objectives and system restoration for public trust (Gabbay, 2005). Code enforcement should focus on specific intentional fraudulent behavior which includes deliberate identity fraud alongside ill health exaggerations along with ambitions between patients and providers to submit claims deceptively. Article 378 of the Indonesian Penal Code includes these fraudulent acts as deceptive behavior which results in obtaining illegal benefits. The authorized provisions lack sufficient implementation to combat fraudulent activities related to the JKN program (Sari et al., 2022). State-specific healthcare rules must include explicit elements which define legal boundaries to better guide enforcement efforts.

The same time as legal reform institutions need to develop their capabilities for effective implementation (Shoimuna, 2024). The success of criminal sanctions as a deterrent requires fraud detection teams with proper training and transparent reporting systems together with BPJS's coordinated involvement with law enforcement and the judiciary. Public legal education

programs need expansion to modify social beliefs about compliance as well as ethical responsibilities. The authors Rizka (2018) explain that making systems transparent and increasing public awareness will help stop corruption during the distribution of health services in decentralized systems. Current discussion shows that JKN Program sustainable reform needs to achieve basic legal changes to address participant-initiated fraud because single administrative changes remain insufficient (Hanafi et al., 2025). Implementing transparent criminal penalties into the system will make Indonesia's universal healthcare ethical while providing fair enforcement and meeting constitutional expectations for the public (Sunarso, 2023).

### **Reforming Sanctions for Fraud in the JKN Program**

So, to achieve protection and welfare, a form of sanction in the form of criminalization is very necessary in the implementation of fraudulent acts in current JKN services. The definition of criminalization itself is simply a process of determining an act that was initially not a criminal act to be a criminal act and can be threatened with criminal sanctions (Waqiah, 2019). Before determining whether the act can be criminalized or not, there are several indicator guidelines that must be known and considered in criminalization, including the following: (Prawira, 2024): (1) Criminalization is prohibited from giving the impression that it can cause overcriminalization which falls into the category of the misuse of criminal sanction; (2) Criminalization is prohibited from being ad hoc; (3) Criminalization must have definite elements such as the existence of victims, both actual and potential; (4) Criminalization must be calculated in terms of cost analysis, results, and also the principle of ultimim remedium; (5) Criminalization must be able to produce enforceable regulations; (6) Criminalization must receive support from the public; (7) Criminalization must contain elements of subsociality where the act can cause harm to society even though it is small; and finally; (8) Criminalization must be able to pay attention to the warning that every regulation that falls into the criminal realm limits people's freedom and can provide law enforcement officers with the possibility of being able to restrict this freedom.

In the view put forward by Soedarto, there are also things that need to be considered when dealing with problems or actions that can be criminalized, namely: (Luthan, 2009): (1) The use of criminal law must depart from and pay attention to the objectives of national development, namely to create a just and prosperous society both materially and spiritually based on Pancasila; (2) Acts that must then be attempted to be prevented and dealt with with criminal sanctions are acts that are not desired in the sense that they can cause a loss; (1) The use of criminal law must pay attention to the principle of costs and results; (2) The use of criminal law must pay attention to the entire capacity and ability of the workforce of law enforcement officers. Various doctrines put forward by legal experts make it necessary to implement criminal sanctions for perpetrators of fraud, especially those committed by JKN Participants. This is important because of the various factors that support the implementation of this criminalization in fraudulent acts that occur in the implementation of the JKN program in Indonesia (Fatimah et al., 2021).

The criminal provisions that must be included in the regulations relating to the enforcement of fraudulent acts in the JKN program must be concrete, clear, and not give rise to multiple interpretations so that when they are enacted and implemented in cases of fraud, they can be completely resolved. Criminal sanctions should be included in the Regulation of the Minister of Health of the Republic of Indonesia Number 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, this is due to the many weaknesses of the regulation so that an element of criminalization needs to be added to this regulation. If viewed in the provisions of the current regulation, the administrative sanctions regulated are not sufficient to be able to provide law enforcement related to fraudulent acts (Kolompoy, 2016). Including criminal sanctions in the Minister of Health Regulation is also important because talking about fraudulent acts is always associated with administrative sanctions in the Minister of Health Regulation.

Therefore, provisions regarding criminalization should be included in the Minister of Health Regulation and must be carried out to be able to resolve and find solutions related to the term criminalization for JKN Participants or perpetrators who commit fraud in the implementation of JKN services. This is also useful in order to assist and facilitate the performance of the government and law enforcers in supervising and handling fraudulent acts in the implementation of the JKN program (Fajarwati et al., 2024). So it is very necessary to include provisions regarding criminalization in the Minister of Health Regulation.

The rules that should be included in the Minister of Health Regulation No. 16 of 2019 concerning the Prevention and Handling of Fraud (FRAUD) and the Imposition of Administrative Sanctions Against Fraud (FRAUD) in the Implementation of the Health Insurance Program pay attention to several things up to the execution of the crime, including the following: (1) The legal subject that will later be regulated in a criminalization related to fraud in the implementation of the health insurance program is every person or can be referred to as a legal subject recognized in criminal law (individuals and legal entities), whose age has legally adults (over 18 years old) or someone who is legally considered not yet an adult (under 18 years old) can be responsible and understand the cause and effect of the actions they have committed.

The imposition of criminal sanctions on someone who has not yet reached adulthood needs to be considered in the contents of this regulation because in the concept of fraud itself, it is not impossible for children under the age of 18 to commit fraud in the implementation of the JKN program; (2) In the criminal provisions that are suggested to be included are fraudulent acts in the implementation of the JKN program. Then there needs to be a further explanation of fraudulent acts that can be subject to criminal sanctions, namely fraudulent acts that are carried out intentionally with the aim of obtaining as much financial gain as possible that are detrimental to the state through fraudulent acts that are very inconsistent with the provisions of the laws and regulations related to the Health Insurance program in the National Social Security System; (3) This form of criminal liability can befall anyone, both those who are legally adults and those who are not legally adults, provided that they are able to be responsible and at the time of committing fraudulent acts in the implementation of the health insurance program there is no excuse for them (Dwipayana et al., 2022).

In this concept, it must be explained concretely that someone who commits fraud is someone who understands that the act is something that is prohibited and contrary to laws and regulations. An exception to this sanction will be given to someone who commits fraud but in his actions there is a reason for him to excuse them; (4) Then for the criminal threat required in determining this sanction is imprisonment, this is because of the increasing number of fraud cases that are increasingly carried out by irresponsible individuals, and an administrative sanction has been attempted but does not provide a significant impact and maximum deterrent effect on perpetrators of fraud in the implementation of the JKN program. So then the criminal threat that should be stated in this provision must be an effective and efficient preventive effort, the goal of course is to reduce the potential for state losses due to the many fraudulent acts that still happening (Lubis, 2021). It is even hoped that this fraudulent act can be eliminated by the existence of criminalization efforts in the form of imprisonment for perpetrators who violate it.

The use of the threat of imprisonment is also based on the National Criminal Code where in its provisions it uses imprisonment as one of the various ways to achieve the objectives of criminal law itself (Seconegoro & Diana, 2017). And regarding the determination of the length of imprisonment that will later be obtained, the author returns it to the authorized policy maker; (5) Regarding the reporting mechanism and also the proof that will later be applied to this fraudulent act, it is included in ordinary crimes where anyone who sees, hears, experiences directly, the existence of an act of fraud in the implementation of the JKN program can immediately report it to the authorities and to the fraud prevention team, on condition that the fraudulent act actually occurred and was actually carried out. (6) And finally, regarding the execution of the crime in this concept, it will be carried out by law enforcement officers, namely prosecutors and judges as the determinants of the prison sentence for the perpetrators if they

have entered the decision stage and have obtained permanent legal force. Then, considering the strategy carried out to prevent fraudulent acts by JKN participants in the implementation of the JKN program, the strategy that can be carried out in the future is to provide wider socialization to create awareness among all related parties, especially the community itself as JKN participants.

## CONCLUSION

If reviewed in general in the Regulation of the Minister of Health Number 16 of 2019, namely explicitly in the guidelines for preventing and handling fraud and handling administrative sanctions against fraud in the implementation of the JKN program, it is stated that the goal of preventing fraud in JKN activities will be more effective if it contains 5 (five) things, namely: (1) Prevention; (2) Deterrence; (3) Disruption; (4) Identification. Then in the Minister of Health's Regulation, a fraud prevention system is also regulated, which is divided into several parts. This is done as an effort to prevent fraudulent actions that are likely to be carried out by JKN Participants. Based on the legal review related to the application of sanctions for JKN participants who commit fraud in the implementation of JKN, currently regulated in Permenkes 16 of 2019 in its guidelines, it is stated that the sanctions obtained are in the form of administrative sanctions. Then related to administrative sanctions for JKN participants who commit fraud, it is strengthened in Article 17 of BPJS Kesehatan Regulation Number 6 of 2020 where the sanctions given are only in the form of administrative sanctions consisting of cancellation as a member, and also giving a written warning to the participant. Based on the author's analysis, the rules related to sanctions for JKN participants who commit fraud are not yet very firm and are still too weak. Then related to efforts to renew the application of sanctions for JKN participants who commit fraud in the implementation of the JKN program to achieve protection and welfare, the form of sanctions in the form of criminalization is very much needed in the implementation of fraud in current JKN services. Where criminal sanctions should be included in the Regulation of the Minister of Health of the Republic of Indonesia Number 16 of 2019, this is because if viewed in the provisions of the current Permenkes, the administrative sanctions regulated are not sufficient to be able to provide law enforcement related to fraud. Including criminal sanctions in the Minister of Health Regulation is also important because talking about fraudulent acts is always linked to administrative sanctions contained in the Minister of Health Regulation.

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