

## The Legal Certainty and BPJS Health Policy Reformulation in the Medical Treatment of Victims of Violence and Traffic Accidents

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Keywords	ABSTRACT
Legal Certainty; Policy Reformulation; BPJS Health; Violence; Traffic Accidents	<p><i>It has been observed that BPJS Kesehatan does not generally provide coverage for traffic accidents that are already covered by Jasa Raharja. However, it has also been observed that the insurance claim process for victims of violence and accidents can be both slow and burdensome for the victims' families, especially in cases where immediate medical treatment is required. This has given rise to a need for a streamlined legal framework that expedites claims processing and medical services for victims, ensuring that they can receive treatment promptly and effectively. This research aims to examine legal certainty in the insurance claim process through BPJS Kesehatan and Jasa Raharja for victims of violence and traffic accidents who require medical treatment, and to examine BPJS policy reformulation to improve accessibility and accelerate medical services for victims of violence and traffic accidents. The research method employed is a normative research method through a legislative approach and an analytical approach. The results indicate that legal certainty in insurance claims for victims of violence and traffic accidents through BPJS Kesehatan and Jasa Raharja is based on regulations that guarantee fair access to health services. In addition, a structured mechanism has been established to allow victims to obtain initial compensation and further treatment without encountering excessive administrative obstacles. The ideal reformulation of BPJS Kesehatan policy should center on the implementation of a one-stop service system that integrates BPJS Kesehatan, PT Jasa Raharja, Hospital, and Police Department</i></p>

### INTRODUCTION

The reformulation of BPJS policy with a view to accelerating the handling of patients suffering from violence and traffic accidents is an urgent issue that requires serious attention. The present health insurance system continues to encounter challenges in delivering efficient and comprehensive services to victims of violence and road traffic accidents. It is evident that delays in the administrative process, the presence of overlapping regulations with other insurers, and a paucity of coordination between agencies often impede access to swift and suitable health services.

The Government's obligation to fulfil the right to health as a human right is rooted in international legal principles, as outlined in Article 2, Paragraph (1) of the Convention on Economic, Social and Cultural Rights. Furthermore, Article 28 I Paragraph (4) of the 1945 Constitution of the Republic of Indonesia stipulates that the protection, enforcement and fulfilment of human rights is the responsibility of the state, most notably the government (Notoatmodjo, 2018). The government no longer only keeps a person from violating or being violated by their rights, but must strive to fulfill these rights, including the right to health, which

is the government's obligation. Law Number 17 of 2023 concerning Health also emphasizes in article 7 paragraph (1) that the Central Government and Regional Governments are responsible for improving and developing health efforts in order to improve access and quality of health services (Indonesia, 2023).

This has not been fully implemented optimally due to the inadequate number of hospitals in Indonesia, which is especially problematic in terms of ensuring equitable health services. The limited availability of medical equipment in many hospitals is also a contributing factor to the non-compliance with good health service standards. This has consequences for the community's right to obtain proper health in accordance with the mandate of the Constitution of the Republic of Indonesia.

In order to achieve the highest possible level of health for the community, the state organises health efforts which are manifested in the form of a public health social security programme (Agustina, 2016a). This public health social security constitutes a mandate of the 1945 Constitution, Article 34, paragraph (2), which stipulates that “the state is obligated to establish a social security system for all citizens and to empower the weak and incapable in accordance with human dignity” (Indonesia, 1945).

In the domain of community services, there is a prevailing expectation that individuals will be treated equally, irrespective of their geographical location within the community. In an effort to address this issue, the Indonesian Government, in collaboration with the Ministry of Health, has initiated a programme known as the Health Insurance Provider Agency (BPJS).[5]

*BPJS Kesehatan* (Social Security Agency for Health) covers the full cost of treatment imposed on *BPJS Kesehatan* participant patients, provided that said patients pay premium instalments on a monthly basis according to the class taken. In certain cases, patients who participate in the *BPJS Kesehatan* scheme have been observed to be subject to negligence. This is due to the fact that there remain disparities in health services provision between patients who do not participate in the *BPJS Kesehatan* scheme and those who do. It can thus be posited that patients who participate in the *BPJS Kesehatan* scheme are not being accorded the same level of service as other patients (Septian, 2022).

Transportation constitutes a pivotal component in the execution of national economic development strategies, encompassing land, sea and air transportation networks. The rising prevalence of both private and public transportation, characterised by two-wheeled and four-wheeled vehicles, has led to a concomitant increase in the frequency of traffic accidents involving public transportation equipment (Ardhitya & K., 2015). The Indonesian government, in accordance with the provisions of the 1945 Constitution, is committed to the welfare of all its citizens. One such initiative is the provision of social insurance, which is designed to alleviate the financial burden on individuals who are injured in road accidents, provided they fulfil the stipulated requirements and criteria set by the government (al. Usman Adji Sution, 1990).

According to official data from Korlantas POLRI, the number of traffic accidents in Indonesia throughout 2024 amounted to 152,000. Of these, 27,000 people were declared dead. This indicates that, on average, there are fatalities due to road accidents every hour. The high number of accidents must be a concern for all parties. In addition to the potential for fatalities, traffic accidents frequently result in permanent disabilities for survivors (Azharniyah, 2019). Throughout 2024, cases of violence on Indonesian roads remained a significant problem. It is

evident from data obtained from the Korlantas Polri and media reports that a variety of street crimes, including robbery, persecution between road users, and attacks by motorbike gangs, persist in various regions. In Jakarta, 321 cases of robbery and theft with violence were recorded between January and October 2024 (Nurhuda, 2021). Meanwhile, in North Sumatra, of the 12,375 theft cases recorded, approximately 8,565 of these were classified as street crimes, including begging. Acts of extreme violence perpetrated by motorcycle gangs have also been reported with increasing frequency. A case in point is the recent incidents in Tasikmalaya, which involved hacking, persecution and physical assault.

The present text concerns Presidential Regulation No. 82/2018 on Health Insurance. Article 52 paragraph (1) stipulates that work accidents or traffic accidents that have been covered by other social security programs are not covered by *BPJS Kesehatan*. Consequently, in instances where no other entity possesses the requisite authorisation to assume responsibility, *BPJS Kesehatan* becomes the insurer of health costs. Jasa Raharja provides compensation to victims of traffic accidents involving motorised vehicles, including drivers, passengers and pedestrians (Polri, 2024). In the event of a traffic accident, Jasa Raharja is responsible for covering the costs of treatment for the victim, up to a specified limit. It is evident that *BPJS Kesehatan* does not oversee claims pertaining to traffic accidents, as this area falls under the purview of Jasa Raharja with regard to financial management.

The objective of this research is to examine legal certainty in the insurance claim process through *BPJS Kesehatan* and PT Jasa Raharja for victims of violence and traffic accidents who require immediate medical action. The primary objective of this research is to assess the extent to which prevailing regulations can offer legal protection and ensure that victims have access to health services in a timely, accurate and equitable manner. Moreover, the objective of this research is to examine the necessity for *BPJS Kesehatan* policy reformulation to enhance accessibility and acceleration of medical services, particularly in emergency situations, so that the service process is not impeded by administrative constraints or overlapping policies between institutions.

The research method employed in this study is the normative legal research method (Marzuki, 2019). The approaches utilised encompass the statute approach (Z. Ali, 2016), entailing the examination of various laws and regulations governing health services and insurance coverage for victims of violence and traffic accidents, as well as the analytical approach to ascertain the compatibility between legal norms and implementation in the field (Ibrahim, 2022). Through this method, it is anticipated that the research will identify deficiencies in the prevailing regulatory framework and provide recommendations that can enhance the health service guarantee system and legal protection for victims.

In response to these challenges, *BPJS Kesehatan* was established as a public health social security system, designed to provide universal healthcare access. However, while *BPJS Kesehatan* covers treatment costs for registered participants, disparities in the quality of service between BPJS participants and non-participants persist. This gap, coupled with inefficiencies in the claims process, particularly for victims of traffic accidents and violence, highlights the need for policy reform to improve service delivery.

The research aims to fill a significant gap in the existing literature and legal frameworks by investigating the legal certainty and policy reformulation needed for *BPJS Kesehatan* and Jasa Raharja to provide better healthcare services for victims of traffic accidents and violence.

Current systems fail to offer timely and equitable treatment due to administrative barriers, conflicting regulations, and a lack of integration between agencies. This study will focus on improving coordination and streamlining procedures, with a particular emphasis on establishing a one-stop service system.

The primary objective of this research is to examine the existing legal certainty in the insurance claim process through *BPJS Kesehatan* and *Jasa Raharja* for victims of violence and traffic accidents requiring immediate medical action. This study will explore the challenges and inefficiencies in the current system, aiming to identify barriers that hinder timely access to healthcare services. Additionally, the research seeks to assess the feasibility and implications of reformulating *BPJS Kesehatan* policies to enhance accessibility and accelerate the provision of medical services for victims of violence and traffic accidents, ensuring that they receive prompt and effective treatment.

The benefits of this research are threefold. For policymakers, the study will provide valuable insights into the regulatory and administrative barriers affecting healthcare access for victims, offering recommendations for improving the existing legal framework to ensure more efficient and fair healthcare delivery. For healthcare providers, the research will contribute to a better understanding of the coordination challenges between *BPJS Kesehatan*, *Jasa Raharja*, and hospitals, enabling them to streamline processes and improve service delivery. Lastly, for the victims, the ultimate goal is to ensure they receive timely, effective, and equitable medical treatment without encountering unnecessary bureaucratic delays, thereby enhancing their access to the healthcare they deserve.

This research will fill critical gaps in the current literature and practical implementation of healthcare policies in Indonesia. By focusing on the integration of services and the elimination of administrative obstacles, the study will offer novel solutions to improve the health insurance system and policy reform in the country, addressing an ongoing and urgent issue within the Indonesian healthcare system.

### **METHODS**

This research employed a normative legal research method, utilizing both the statute and analytical approaches to examine the legal framework surrounding the insurance claim process through *BPJS Kesehatan* and *Jasa Raharja* for victims of violence and traffic accidents. The statute approach involved a thorough review of relevant legal instruments, including the 1945 Constitution, Law No. 33/1964 on compulsory insurance, BPJS Health regulations, and Presidential Regulation No. 82/2018 regarding health insurance. These documents were analyzed to identify existing policies, their effectiveness, and the legal protections offered to accident victims.

The analytical approach assessed the compatibility of legal norms with their practical implementation. This included examining the integration of BPJS Health services with *Jasa Raharja*, identifying gaps or barriers in coordination between the institutions involved, and evaluating how these gaps affected the timely provision of medical services to victims of violence and traffic accidents. Case studies of actual claims and insurance processes were analyzed to understand the obstacles and delays in the system, particularly in emergency situations.

The research also considered policy reformulation based on the limitations of the current system, proposing a one-stop service system that integrated the roles of BPJS Kesehatan, Jasa Raharja, hospitals, and police departments to streamline claims processing and enhance the accessibility and efficiency of medical services. The study analyzed legal precedents and regulations to propose improvements that would ensure more transparent, timely, and equitable health service access for all affected individuals.

By utilizing these methods, the research aimed to provide legal recommendations for improving the BPJS Health system and enhancing the insurance claim process for victims of violence and traffic accidents in Indonesia.

## RESULT AND DISCUSSION

### **Legal Certainty in the Insurance Claim Process Through *BPJS Kesehatan* and Jasa Raharja for Victims of Violence and Traffic Accidents Requiring Medical Action Surgery**

It is imperative to establish legal certainty in the insurance claim process for victims of violence and traffic accidents, as facilitated by *BPJS Kesehatan* and Jasa Raharja, to guarantee access to efficient and effective medical services. In order to function as a form of legal protection, the claim system must be characterised by transparency, accountability, and freedom from bureaucratic obstacles that have the potential to impede the efficient handling of victims. In the context of traffic accidents, Jasa Raharja is responsible for providing compensation to victims based on Law No. 33/1964 on Compulsory Insurance Fund for Passenger Accidents and Law No. 34/1964 on Compulsory Insurance Fund for Road Traffic Accidents. Concurrently, *BPJS Kesehatan* assumes responsibility for the financial provision of further treatment that is not covered by Jasa Raharja, including medical procedures such as surgery.

The significant number of casualties resulting from traffic accidents necessitates state-provided insurance for those affected. Article 34(2) of the 1945 Constitution stipulates that the state is obligated to establish a comprehensive social security system that is universally accessible and aimed at enhancing the well-being of vulnerable individuals. This commitment is founded on the principles of human dignity, underscoring the state's responsibility to ensure that its social policies are grounded in the fundamental values of respect and empowerment for all citizens. The article calls for the state to develop a social security system, the implementation of which is in the hands of the State government (Pratama, 2022).

*BPJS Kesehatan* is responsible for the financial provision of health services for all Indonesians registered as participants. The programme's objective is to ensure that all individuals have access to adequate healthcare without encountering significant financial obstacles. In order for this system to function at its optimum level, a robust synergy is required between the community as beneficiaries and health service providers, in this case hospitals (Juwana, 2016).

As a referral health facility that cooperates with *BPJS Kesehatan*, hospitals are obliged to provide quality medical services and meet patient satisfaction standards (Adhani, 2016). Hospitals function not only as treatment centres for patients, but also as integral components of the national health system, which supports the government's endeavours to enhance the quality of health services across the region. The strategic importance of hospitals in each

region, especially in remote areas, lies in their potential to facilitate equitable access to healthcare for all Indonesians (Nainggolan & Sitabuana, 2022).

The government continues to enhance health services through the construction of hospitals and the provision of more equitable health facilities (Ananda et al., 2023). It is anticipated that, with the provision of adequate infrastructure, competent medical personnel, and policies that support the sustainability of services, hospitals will be able to function optimally in providing quality services to all levels of society. A close collaboration between *BPJS Kesehatan*, hospitals, and the community is required to ensure the effective achievement of the main objectives of the national health insurance system (dan Pelayanan untuk Kesejahteraan, 2022).

PT Jasa Raharja (Persero) plays a pivotal role in providing guarantees and protection for victims and heirs of road traffic accident victims. It has been established that victims of minor, serious, and fatal injuries are all entitled to receive compensation (Agustina, 2016b). The *BPJS Kesehatan* covers the entire cost of treatment for registered participants, provided that said participants regularly pay monthly contributions in accordance with the selected service class (Nasution, 2013). However, it is lamentable that the rights of patients participating in *BPJS Kesehatan* are frequently disregarded. It is evident that disparities in the quality of healthcare services persist between individuals who are not affiliated with BPJS and those who are, indicating an inherent inequity in the delivery of healthcare services.

The BPJS Health system in Indonesia is a form of national social security implementation that aims to ensure equitable access to health services for the entire community. The principle of justice in this system dictates that every decision and action must be grounded in objective norms (Amelia, 2021). In the context of emergency medical treatment, particularly in cases of violent patients and traffic accidents, the effectiveness of *BPJS Kesehatan* is a significant area of concern, as it encompasses aspects such as the efficiency of treatment, the financial implications, and the quality of medical services. This discussion includes analyses of various aspects that affect BPJS effectiveness in emergency situations.

Healthcare services provided through facilities affiliated with the National Health Insurance (*BPJS Kesehatan*), particularly in emergency situations, are delivered based on specific criteria. The determination of emergency conditions eligible for coverage under *BPJS Kesehatan* financing is established in accordance with emergency criteria formulated by *BPJS Kesehatan* (Yadi, 2022). The following criteria are applied to determine which emergencies are eligible for coverage by BPJS Health (Anonim, 2024):

- 1) The act of posing a threat to one's own life, the lives of others, or the environment, with the potential to cause irreversible harm;
- 2) there is a disturbance in the airway, respiration, and circulation;
- 3) a decline in consciousness is observed;
- 4) pertains to haemodynamic disturbances, which are associated with blood flow, the heart, and blood vessels;
- 5) This necessitates immediate action.

A significant challenge faced by *BPJS Kesehatan* pertains to the intricate administrative procedures, particularly in emergency scenarios. In order to access healthcare services, BPJS patients are typically required to undergo a tiered procedure, commencing from the primary health facility (FKTP) and subsequently referred to a hospital that possesses surgical

capabilities. In cases of road traffic accidents or violent incidents resulting in severe injuries, such as muscle and blood vessel ruptures, necessitating immediate medical intervention, this flow frequently becomes a bottleneck. However, in emergency situations, there are exceptions to this rule that allow patients to receive immediate treatment without having to go through referral procedures. In accordance with the Minister of Health Regulation No. 28/2014, patients in emergency conditions are entitled to receive immediate treatment at advanced referral health facilities (Putri & Adhi, 2024). However, the implementation in the field often faces various obstacles, such as the lack of understanding of medical staff regarding this regulation and limited facilities and infrastructure in referral hospitals.

The process of filing a compensation claim with *Jasa Raarja* necessitates the submission of a police report, which is an administrative requirement. However, this frequently results in a challenge for accident victims who attend hospital alone, as they may encounter difficulties in managing the report independently. Consequently, the effective treatment of victims is impeded. Consequently, there is an imperative to streamline the claims process and empower hospitals and associated entities to play a more active role in administrative functions. This is necessary to ensure that victims of accidents can promptly and accurately exercise their rights to compensation. The obstacles to effective coordination are often rooted in the complex administrative requirements, the divergent claim mechanisms of *BPJS Kesehatan* and *Jasa Raharja*, and the absence of effective coordination between hospitals, police, and insurance agencies. Legal uncertainty surrounding the claims process has the potential to result in delays in the provision of medical services, which may in turn exacerbate the victim's condition. Consequently, there is a necessity to review and enhance the claims system with a view to making it more efficient and providing legal certainty for victims.

In accordance with the prevailing norms (Makisurat et al., 2018), The legal framework governing the protection of traffic accident victims is enshrined in two specific legislative acts: Law No. 33/1964 and Law No. 34/1964. These legislative acts stipulate the establishment of *Jasa Raharja* as the designated entity responsible for providing compensation to victims of traffic accidents. *Jasa Raharja* provides coverage for the treatment costs of the victim, up to a specified limit. Any costs that are not covered by this insurance can be submitted through *BPJS Kesehatan*. *BPJS Kesehatan* operates in accordance with Law No. 40/2004 concerning the National Social Security System (SJSN), which establishes the principle of legal certainty in national health insurance.

Despite the existence of regulatory frameworks, the primary challenge in implementing claims is the protracted bureaucratic procedures and the absence of integration between the two institutions. In many cases, victims or families of patients who experience violence or traffic accidents have to submit claims separately to *Jasa Raharja* and *BPJS Kesehatan*, which is both time-consuming and laborious. Furthermore, document requirements such as police reports, hospital referral letters and proof of insurance membership frequently act as obstacles in the submission of claims. This has the effect of making it difficult for many victims to obtain justice promptly.

In order to overcome this problem, policy reformulation is required to ensure legal certainty in the insurance claim process for victims of violence and traffic accidents. One potential solution that could be implemented is the establishment of a one-stop service system, which would see the entirety of the claims process conducted within a single integrated

mechanism, thereby connecting hospitals, police, *BPJS Kesehatan*, and Jasa Raharja. The system under discussion has been designed to address the administrative burdens that often act as obstacles for victims and their families in accessing medical services.

Furthermore, the integration of digital technology within the insurance claims system has the potential to enhance operational efficiency. The implementation of an electronic-based system that facilitates connectivity between hospitals and *BPJS Kesehatan* and Jasa Raharja has been instrumental in streamlining the claims verification process. This development has not only reduced the time spent by patients in waiting, but has also significantly reduced the incidence of administrative errors. The utilisation of electronic medical records and population data-based verification systems has the potential to expedite the claims process, thereby ensuring that victims receive the requisite medical treatment in a timely manner.

From a regulatory perspective, it is incumbent upon the government to enhance its oversight of the implementation of this policy, with a view to ensuring the authentic application of the principle of legal certainty. It is imperative that mechanisms for lodging complaints are made readily available to victims who encounter difficulties in the process of filing claims. Furthermore, harmonisation of rules between *BPJS Kesehatan* and Jasa Raharja is required to prevent overlaps or legal loopholes that could potentially compromise the rights of victims.

From a human rights perspective, the health insurance system must be orientated towards facilitating universal access for all citizens without discrimination.[28] It is imperative to recognise the heightened vulnerability of victims of accidents and violence, who are in need of more robust legal protection when accessing healthcare services. It is therefore incumbent upon the state to ensure not only the presence of rights in regulation, but also their practical enjoyment.

It is evident that legal certainty in the insurance claim process for victims of accidents and violence is not solely an administrative matter, but also a matter of social justice (A. Ali, 2018). The establishment of an efficient, transparent and responsive system is imperative to ensure that all victims receive their rights promptly and without encountering unnecessary bureaucratic obstacles. The implementation of appropriate policy reforms has the potential to enhance the fairness and efficacy of insurance claim mechanisms in ensuring the protection of victims.

It is imperative that legal certainty in insurance claims through *BPJS Kesehatan* and Jasa Raharja continues to be strengthened through simplification of procedures, digitalisation of services, and harmonisation of regulations. The implementation of these measures by the state is intended to ensure that victims of violence and traffic accidents are able to access health services in a timely and equitable manner (Kelsen, 2019).

### **Concept of Ideal BPJS Policy Reformulation to Improve Accessibility and Acceleration of Medical Services for Victims of Violence and Traffic Accidents**

The principle of safety is one of the fundamental tenets of transport. The prevailing academic consensus identifies three primary factors that contribute to traffic accidents. Firstly, road user factors, which encompass behaviours and characteristics of individuals operating vehicles. Secondly, vehicle factors, which include the design and mechanical condition of vehicles. Thirdly, road environment factors, which encompass the physical characteristics of the road including its layout, signage, and maintenance. In many cases, accidents are not only

triggered by a single factor, but are the result of the interaction of several factors simultaneously (Rahardjo, 2021).

In an effort to enhance the accessibility and efficiency of medical services for victims of violence and traffic accidents, *BPJS Kesehatan* policy reformulation should prioritise the implementation of a one-stop service system that integrates patient data with hospitals, police, and PT Jasa Raharja and *BPJS Kesehatan*. As the primary guarantor, PT Jasa Raharja is responsible for financing the treatment of accident victims up to a specified ceiling limit. In the event that the stipulated limit is exceeded, *BPJS Kesehatan* is obligated to assume responsibility for the financing in accordance with the prevailing regulations. The establishment of a one-stop service system enables PT Jasa Raharja to liaise directly with police authorities to ascertain the status of the accident, thereby ensuring the streamlined progression of the claims process and the prompt provision of requisite medical services, unencumbered by protracted administrative constraints.

The establishment of a one-stop service system enables hospitals to ascertain an individual's insurance status in real time, thereby circumventing the necessity for protracted verification procedures. It is imperative that this policy reformulation encompasses an accelerated verification mechanism, whereby hospitals can directly access data from PT Jasa Raharja and *BPJS Kesehatan* on a unified platform. In order to enhance the quality of healthcare services for emergency patients, with a particular focus on those affected by traffic accidents and violence, the implementation of a digitally integrated service system is imperative. This system enables hospitals and health facilities to utilise the patient's Population Identification Number (NIK) to access all administrative and health insurance data automatically.

The integrated NIK-based system has been developed for the purpose of providing immediate medical treatment to patients who have been victims of accidents or violence, thus obviating the necessity for them to undergo protracted and complicated administrative procedures. The system enables direct verification of all BPJS Health membership data, Jasa Raharja claim rights, and the patient's medical history. Consequently, medical personnel and hospitals are able to undertake immediate rescue actions, obviating the need to await confirmation of the patient's BPJS coverage. This is of particular significance given the prevalence of cases involving accident patients who have sustained severe injuries, such as muscle ruptures, yet cannot receive immediate treatment due to their exclusion from BPJS Health coverage. The objective of this one-stop service is to eliminate bureaucratic obstacles that impede the treatment process, thereby ensuring that victims of violence and traffic accidents can access optimal health services in a timely and effective manner.

Furthermore, there is a necessity to enhance coordination between *BPJS Kesehatan*, hospitals, Jasa Raharja, the police and associated agencies in order to prevent the occurrence of overlapping or vacant responsibilities in the financing of patient care. The implementation of an integrated digitalisation system is a proposed measure that would facilitate real-time verification of BPJS participant data and traffic accident status, thereby providing a comprehensive and efficient solution. The system has been designed to enable medical personnel in hospitals to provide services immediately, without the need to wait for complicated administrative approvals or police reports.

It is imperative that BPJS policy reformulation encompasses measures to enhance the facilities and capacity of hospitals in managing victims of violence and traffic accidents. It is evident that not all hospitals possess the necessary number of medical personnel or the requisite equipment to manage emergency situations effectively (Smith & et.al., 2015). The government is obliged to allocate a dedicated budget to enhance health infrastructure in various regions, with a particular focus on remote areas that are currently lacking in health facilities. This increased capacity will ensure that health services for BPJS patients are more optimal and equitable throughout Indonesia.

It is evident that enhancing the accessibility of medical services can be achieved by implementing a more flexible referral policy. At present, the BPJS referral system frequently presents a significant impediment in the management of emergency patients, necessitating that patients first attend a primary health facility prior to being admitted to a referral hospital. In situations of emergency, such as traffic accidents and violence, this policy should be subject to review, with a view to ensuring that patients can access treatment at comprehensive health facilities with immediate effect, without having to undergo tiered procedures that can impede the delivery of treatment.

In addition to the administrative and infrastructural elements, the reformulation of BPJS policy should encompass enhanced educational initiatives and public awareness programmes. A significant proportion of BPJS participants are not fully informed of their rights and obligations in accessing health services, including in emergency situations. It is incumbent upon the government and *BPJS Kesehatan* to undertake a comprehensive socialisation campaign through a variety of media channels. This is essential to ensure the public has a comprehensive understanding of the claim's mechanism, service procedures, and the steps to be taken in the event of an accident or becoming a victim of violence.

With regard to the financing policy, it is essential that *BPJS Kesehatan* clarifies and strengthens the funding mechanism for emergency patients (Hapsari, 2019), this is particularly pertinent when considering the areas of congruence between BPJS and Jasa raharja. At present, many patients are uncertain as to who should cover their medical expenses. Policy reformulation can be achieved through the establishment of a more transparent and automated financing scheme, whereby hospitals can submit claims directly, thereby eliminating the need for patient involvement in complex administrative matters.

Another significant component of the proposed BPJS policy reform pertains to the monitoring and evaluation of hospital services. Numerous reports have been documented pertaining to instances of discrimination against BPJS patients, frequently resulting in substandard treatment in comparison to that received by general patients. It is imperative that the government enhances its oversight of healthcare facilities to ensure equitable access to high-quality medical care, particularly in emergency situations. The provision of incentives for hospitals that provide optimal services to BPJS patients has also been posited as a solution to address issues of patient discrimination (Wahyuni, 2019).

In addition to the oversight of hospitals, the reformulation of BPJS policy should also encompass the establishment of a more effective complaint mechanism (Djamhari et al., 2020). At present, many patients encounter difficulties in reporting the problems they experience in obtaining health services. *BPJS Kesehatan* is required to establish a more responsive and

transparent complaints platform, thereby enabling patients to efficiently report their concerns and receive timely resolutions.

The ideal BPJS policy reformulation should, in principle, cover various aspects in order to improve accessibility and the speed of medical services for victims of violence and traffic accidents. Such aspects include administrative simplification, the strengthening of inter-agency coordination, improvements to health infrastructure, the flexibility of the referral system, public education, and the supervision of hospital services. It is anticipated that the implementation of comprehensive policy enhancements will facilitate the enhancement of the operational effectiveness of *BPJS Kesehatan* services, thereby ensuring the provision of optimal health protection for the entirety of the Indonesian population.

## CONCLUSION

The study examined the legal certainty surrounding the insurance claim process for victims of violence and traffic accidents in Indonesia, focusing on the roles of BPJS Kesehatan and Jasa Raharja in providing fair and transparent access to health services as mandated by national regulations. The research highlighted that compensation claims follow a structured protocol, with Jasa Raharja responsible for initial compensation and BPJS Kesehatan covering subsequent medical treatments, all governed by a framework of legal provisions such as the Minister of Health Regulation and the Law on National Social Security. To address persistent administrative barriers, the study proposed a one-stop service system integrating BPJS Kesehatan, Jasa Raharja, hospitals, and police departments, enabling direct verification of insurance status and streamlining the claims process for emergency cases. The digitization of data and real-time inter-agency coordination were identified as crucial for eliminating overlapping responsibilities and ensuring prompt, uninterrupted care for victims. For future research, it is recommended to empirically assess the effectiveness of integrated digital service models and explore the challenges of inter-agency collaboration in diverse regional contexts to further enhance the quality and accessibility of healthcare for accident victims. The author wishes to express the deepest appreciation and gratitude to all those who have provided support in the process of preparing this article. This work constitutes a form of scientific contribution that has emerged from the academic environment of the Faculty of Law, Borobudur University, Indonesia. The institution has consistently fostered research and writing.

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