

IMPLEMENTATION OF BPJS KESEHATAN COOPERATION AGREEMENT WITH HEALTH FACILITIES IN ENSURING FAIR ACCESS TO HEALTH SERVICES

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Abstract: *Health is a constitutional right of citizens that must be guaranteed by the state through the provision of fair and equitable health services. In the implementation of the National Health Insurance Program (JKN), BPJS Kesehatan collaborates with various health facilities through cooperation agreements as the basis for providing health services to participants. However, the implementation of the agreement still faces various problems, such as inequality in the position of the parties, delay in payment of claims, limited health facilities, and disparity in service quality between regions that have the potential to affect the fairness of access to health services for the community. This study aims to analyze the implementation of the cooperation agreement between BPJS Kesehatan and health facilities in the implementation of JKN, examine its effectiveness in ensuring fair access to health services, and formulate efforts to strengthen the implementation of the agreement. This research is a normative legal research using a statute approach, a conceptual approach, and a case approach. The data used are in the form of primary legal materials and secondary legal materials that are analyzed qualitatively through descriptive-analytical methods. The results of the study show that the implementation of BPJS Kesehatan cooperation agreements with health facilities has played an important role in expanding the scope of health services and increasing public access to health services. Its effectiveness in realizing fair access to health services still faces various obstacles, especially related to the uneven distribution of health facilities, the limitation of health workers, and the imbalance in contractual relations between BPJS Kesehatan and health facilities. Therefore, it is necessary to strengthen regulations, reformulate cooperation agreement clauses, increase the transparency of claim payments, and strengthen supervision and equity in health facilities to support the realization of fair access to health services for the entire community.*

Keywords: *BPJS Kesehatan; cooperation agreement; health facilities; access to health services; health justice*

I. INTRODUCTION

Health is one of the basic human rights and has an important position in the life of every individual. The right to health is not only seen as a social need, but also as a fundamental right that must be respected, protected, and fulfilled by the state. In various instruments of international law, health is recognized as part of the economic, social, and cultural rights inherent to every human being. In Indonesia, the recognition of the right to health has a constitutional basis through Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia which states that everyone has the right to live a prosperous life in birth and mind, to live, to obtain a good and healthy living environment, and to have the right to health services. In addition to Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia, it emphasizes that the state is responsible for the provision of health service facilities and proper public service facilities. The provision shows that the state has a constitutional responsibility to ensure the fulfillment of the right to health for all citizens without discrimination. (Sari & Yeni, 2022) (Maykel & Hakam, 2025)

As a country that adheres to the concept of a *welfare state*, Indonesia is obliged to provide a social protection system that is able to ensure the fulfillment of basic needs of the community, including health services. This obligation is realized through the establishment of the National Social Security System (SJSN) based on Law Number 40 of 2004 concerning the National Social Security System. This system is designed to provide certainty of protection and social welfare for all Indonesian people through various social security programs, one of which is health insurance. Through SJSN, the state seeks to create a fair health financing mechanism so that every citizen can get access to health services without being constrained by economic conditions. Thus, SJSN is a legal instrument that reflects the state's commitment to realizing social justice in the health sector. (Patuang et al., 2024)

To implement the health insurance program nationally, the government established the Health Social Security Administration Agency (BPJS) based on Law Number 24 of 2011 concerning the Social Security Administration Agency. BPJS Kesehatan is in charge of organizing the National Health Insurance Program (JKN) which has been effective since 2014. This program aims to provide health protection to the entire Indonesian population through a mandatory social insurance system. The presence of BPJS Kesehatan is an important milestone in the reform of the national health system because it allows people to obtain a wider range of health services at a relatively affordable cost. Until now, JKN has become the largest health

insurance program in Indonesia with participant coverage that continues to increase from year to year. (Ridho, 2022)

The success of the implementation of JKN is highly dependent on the cooperative relationship between BPJS Kesehatan and health facilities. In the JKN system, BPJS Kesehatan does not directly provide medical services to participants, but collaborates with first-level health facilities and advanced referral health facilities. The relationship is realized through a cooperation agreement that regulates the rights and obligations of the parties, health service standards, payment mechanisms, and service supervision and evaluation systems. The cooperation agreement is a legal instrument that determines the continuity of the relationship between BPJS Kesehatan and health facilities in providing services to JKN participants. Therefore, the effectiveness of the implementation of cooperation agreements has a significant influence on the quality and accessibility of health services received by the community. (Shafa & Mudofir, 2025)

However, the implementation of the cooperation agreement between BPJS Kesehatan and health facilities still faces various legal and administrative problems. One of the problems that is often highlighted is the inequality of the position of the parties in contractual relationships. In practice, the format and substance of the cooperation agreement are mostly determined by BPJS Kesehatan so that health facilities have limited space to negotiate certain clauses. This condition raises questions about the application of the principle of balance and freedom of contract in the legal relationship between BPJS Kesehatan and health facilities. (Devitasari et al., 2024)

Another problem that often arises is the delay in payment of health service claims by BPJS Kesehatan to health facilities. Late payment of claims can disrupt the operations of hospitals and other health facilities, especially in meeting the needs of medicines, medical devices, and payments for health workers. In the long term, this condition has the potential to affect the quality of services provided to JKN participants. In addition, complex claims verification mechanisms often lead to administrative disputes between BPJS Kesehatan and health facilities regarding the amount and feasibility of claim payments. (Setiarso & Tando, 2025)

In addition to contractual and administrative issues, another challenge faced in the implementation of JKN is the limited health service facilities. The uneven distribution of health facilities causes people's access to health services to still experience gaps, especially in remote areas, borders, and islands. The limited number of hospitals, medical personnel, and health

facilities and infrastructure in some areas results in people not getting health services of the same quality as people in urban areas. This condition shows that the expansion of JKN membership coverage has not been fully followed by the equitable distribution of health service capacity. (Zamharira & Suryono, 2020)

This problem is increasingly complex with the disparity in health services between regions. Inequality in health development causes the quality of services received by JKN participants to vary depending on geographical location and the availability of health facilities. People living in urban areas generally have better access to health services than people in disadvantaged areas. In fact, one of the main goals of JKN is to create equal access to health services for all Indonesian people regardless of economic background or area of residence. (Amalia, 2024)

In this context, fair access to health services is a very important issue. Equity in access to health services is not only related to the availability of health services for the community, but also concerns equal opportunities for every individual to obtain quality health services according to their medical needs. The concept of health justice emphasizes that the distribution of health resources must be proportionate and not create disparities that harm certain groups. Therefore, the implementation of the cooperation agreement between BPJS Kesehatan and health facilities must be able to ensure the implementation of fair, equitable, and quality health services for all JKN participants. (Sari & Yeni, 2022)

Based on this description, research on the implementation of BPJS Kesehatan cooperation agreements with health facilities is important to be carried out. This study not only focuses on the legal aspects of the contract that governs the relationship between BPJS Kesehatan and health facilities, but also examines the extent to which the implementation of the agreement is able to ensure fair access to health services for the community. This research is expected to make a theoretical contribution to the development of health law and treaty law and provide practical recommendations for policymakers in strengthening a fair and sustainable National Health Insurance system.

II. RESEARCH METHODS

This research is a normative legal research that focuses on the study of legal norms that govern the implementation of cooperation agreements between BPJS Kesehatan and health facilities in ensuring fair access to health services. The research was conducted through a statute *approach*, a *conceptual approach*, and a *case approach*. The legislative approach is used to analyze the regulations governing the implementation of health insurance and the

cooperative relationship with health facilities, while the conceptual approach is used to examine the theory of health justice and treaty law. The case approach is used to understand the implementation of cooperation agreements in health service practice. (Firmanto et al., 2024)

The legal materials used consist of primary legal materials and secondary legal materials. Primary legal materials include the 1945 Constitution of the Republic of Indonesia, the Civil Code, Law Number 40 of 2004 concerning the National Social Security System, Law Number 24 of 2011 concerning BPJS, Law Number 17 of 2023 concerning Health, as well as various regulations regulating cooperation between BPJS Kesehatan and health facilities. The secondary legal materials are obtained from books, scientific journals, research results, and official documents relevant to the research focus.

The collection of legal materials is carried out through library research by inventorying, identifying, and examining various legal sources related to the object of research. All collected legal materials are analyzed qualitatively using descriptive-analytical methods through the process of interpretation and legal systematization to obtain a comprehensive understanding of the implementation of BPJS Kesehatan's cooperation agreement with health facilities in ensuring fair access to health services.

III. RESEARCH RESULTS

Implementation of BPJS Kesehatan Cooperation Agreement with Health Facilities

The cooperation agreement between BPJS Kesehatan and health facilities is a legal instrument that is the basis for the implementation of health services in the National Health Insurance Program (JKN). The legal basis for this cooperation is contained in Law Number 24 of 2011 concerning BPJS, Law Number 17 of 2023 concerning Health, as well as various implementing regulations that regulate the mechanism of cooperation between health facilities and BPJS Kesehatan. (Ridho, 2022)

The process of forming cooperation begins with credentialing to assess the feasibility of health facilities, followed by the signing of a cooperation agreement, and ends with periodic evaluation of the implementation of health services. In its implementation, BPJS Kesehatan is obliged to make claim payments and monitor services, while health facilities are obliged to provide health services according to the set quality standards. In practice, the implementation of the agreement is carried out through the capitation system for first-level health facilities and the Indonesian Case Base Groups (INA-CBG) system for hospitals. In addition, supervision

and evaluation are carried out to ensure that health services run in accordance with applicable regulations. (Amalia, 2024)

Implementation of Cooperation Agreements in Ensuring Fair Access to Health Services

The implementation of the cooperation agreement between BPJS Kesehatan and health facilities basically aims to ensure the availability, affordability, and equality of access to health services for the community. Through this collaboration, people can obtain health services without experiencing significant cost barriers. (Adrian, 2018)

From the positive aspect, this collaboration has expanded the scope of health services, increased public access to health facilities, and reduced the burden of health financing independently. There are still various obstacles that affect the fairness of access to health services, such as inequality in the distribution of health facilities, differences in the quality of services between regions, limited health workers, and the rejection of patients participating in BPJS in several health facilities. Based on the theory of justice, this condition shows that the principles of distributive justice and social justice have not been fully realized. The state and JKN organizers need to ensure that the distribution of health resources is carried out equally so that all people receive equal health services without discrimination. (Fadel, 2023)

The fairness of access in the cooperation between BPJS Kesehatan and health facilities is not sufficiently measured by the status of community participation in JKN. New access can be called fair if participants can really get the services they need in a timely, quality, and according to medical standards. This means that the ownership of a BPJS card does not automatically guarantee the fulfillment of the right to health if participants still face long queues, limited specialists, layered referrals, or inadequate facilities in certain areas.

Inequality in health services also shows the distance between legal norms and social reality. Normatively, each participant has the same right to obtain services, but geographical conditions, hospital capacity, and the readiness of health workers make the participants' experiences different. Participants in large cities generally have more choice of health facilities, while people in remote areas often rely on limited facilities. This difference suggests that legal equality does not necessarily result in factual equality. (Ariyani et al., 2021; Zamharira & Suryono, 2020)

In the context of a cooperation agreement, BPJS Kesehatan and health facilities need to be seen as actors who are equally responsible for maintaining the quality of services. Healthcare facilities not only carry out administrative obligations, but also assume ethical and professional responsibilities in serving participants. On the other hand, BPJS Kesehatan needs to ensure that

the payment system, claim verification, and cooperation evaluation do not create burdens that hinder services. The imbalance between service demands and financing support can have a direct impact on the quality of services patients receive. (Shafa & Mudofir, 2025)

The rejection of BPJS participants is a serious problem because it touches on the dimension of citizens' basic rights. The refusal can not only be understood as a violation of procedures, but also as an indication of weak supervision, communication, and certainty in the implementation of cooperation. If the reason for refusal is related to a full room, limited equipment, or claim problems, then the settlement must not stop at administrative sanctions. The state needs to read this problem as a structural symptom in health service governance. (Nasruddin & Al-Hasni, 2026)

Strengthening access equity must be directed at improving the system as a whole, starting from equitable distribution of facilities, adding health workers, increasing the capacity of primary services, to monitoring the behavior of health facilities. Cooperation agreements should ideally contain measurable service indicators, effective complaint mechanisms, and periodic evaluations of the quality and affordability of services. Thus, the cooperation between BPJS Kesehatan and health facilities not only serves as a legal basis for the implementation of services, but also as an instrument to ensure that public health rights are protected in real terms.

Model of Strengthening the Implementation of Cooperation Agreements to Ensure Fair Access to Health Services

Strengthening the implementation of cooperation agreements can be done through increasing the balance of the position of the parties to the contract. The principle of balance needs to be applied so that health facilities obtain adequate legal protection in a cooperative relationship with BPJS Kesehatan. In addition, it is necessary to reformulate the agreement clauses that govern risk sharing, dispute resolution mechanisms, and transparency of claims payments. These efforts can increase legal certainty and prevent disputes between the parties. (Apriadi et al., 2023)

The government, the Ministry of Health, and BPJS Kesehatan also need to strengthen regulations and a supervisory system for the implementation of cooperation. In addition, the development of a health justice-based service system through equitable distribution of health facilities, digitization of services, and strengthening health services in remote areas is a strategic step to realize more equitable and equitable access to health services. (Murtiningtias et al., 2022)

The strengthening of cooperation agreements between BPJS Kesehatan and health facilities needs to be placed as part of public service governance, not solely as an administrative contractual relationship. In practice, health facilities are often in a more dependent position because access to JKN participants, the sustainability of claims, and the status of cooperation greatly determine the operational stability of services. This inequality of position has the potential to make the contract run formally, but it does not fully reflect an equal relationship. Therefore, the substance of the agreement needs to provide proportionate negotiation space, especially regarding service standards, administrative obligations, the consequences of late claims, and performance evaluation mechanisms. (Zubaedah et al., 2019)

The aspect of claim payment is a crucial point because it is directly related to the ability of health facilities to maintain the quality of service. Delays or unclear claims verification processes can interfere with cash flow, drug procurement, payment of health workers, and maintenance of medical facilities. In this context, transparency is not enough to be interpreted only as the provision of information, but must also include clarity of reasons for delays, standard completion times, and easily accessible objection mechanisms. An accountable claims system will reduce one-sided interpretation space and strengthen trust between BPJS Kesehatan and health facilities. (Putri et al., 2025)

Risk sharing in agreements also needs to be formulated more fairly because the burden of health services is not always administratively predictable. Surge in patients, changes in disease patterns, limited medical personnel, and certain geographical conditions can affect the ability of health facilities to meet service standards. If all operational risks are charged to health facilities, then the contract has the potential to weaken the principle of fairness in service. The formulation of clauses that are more responsive to objective conditions on the ground will make the agreement not only legally formal, but also realistic in its implementation. (Ariyani et al., 2021; Putri et al., 2025)

The dispute resolution mechanism should be directed to a fast, gradual, and non-destructive model of service to JKN participants. Disputes between BPJS Kesehatan and health facilities should ideally not be brought directly to the realm of litigation, but resolved through administrative clarification, technical mediation, and an independent settlement forum that understands the character of health services. This approach is important because contractual disputes in the healthcare sector have a broader social impact than ordinary business disputes. When conflicts drag on, the most affected parties are not only the parties to the contract, but also the patient as the recipient of the service. (Fadel, 2023; Maykel & Hakam, 2025)

Government supervision needs to be directed at the evaluation of the substance and implementation of the agreement, not just administrative compliance. Strong regulations must be able to ensure that cooperation between BPJS Kesehatan and health facilities supports the principles of fair access, service quality, and legal protection for all parties. Equitable distribution of health facilities, digitization of services, and strengthening services in remote areas must also be understood as part of the correction of structural inequality in the JKN system. In this way, cooperation agreements do not stop as legal instruments, but become a means to build more certain, fair, and sustainable health services.

IV. CONCLUSION

The implementation of the cooperation agreement between BPJS Kesehatan and health facilities is an important instrument in the implementation of the National Health Insurance (JKN) to ensure access to health services for the community. The implementation of cooperation based on the credentialing mechanism, cooperation contracts, and capitation payment system and INA-CBG has contributed to expanding the scope of health services and increasing public access to health services.

However, the effectiveness of the implementation of cooperation agreements in realizing equitable access to health services has not been fully optimal. There are still various obstacles, such as inequality in the distribution of health facilities, differences in service quality between regions, delays in claim payments, and limited health workers. Therefore, the successful implementation of the cooperation agreement is influenced by adequate regulatory support, commitment of the parties, and an effective supervisory system.

BIBLIOGRAPHY

- Adrian, R. (2018). Rights and Obligations in the Cooperation Agreement between BPJS Kesehatan and Tanjungpinang Regional Hospitals. *Journal of Law and Policy Transformation*, 3(1), 167–173. <https://journal.uib.ac.id/index.php/jlpt/article/view/303>
- Amalia, R. (2024). Delay in BPJS Claims and Hospital Legal Protection: An Analysis. *Journal of Social and Science*, 4(7), 612–619. <https://doi.org/10.59188/jurnalsosains.v4i7.1476>
- Apriadi, R., Sa, R., Hayatuddin, K., & Mahfuz, A. L. (2023). The Implementation of the Cooperation Agreement between the Palembang Bari Regional General Hospital and PT. Health Inhealth Insurance. *Al-Manhaj: Journal of Islamic Law and Social Institutions*, 5(2), 1805–1814. <https://doi.org/10.37680/almanhaj.v5i2.3452>
- Ariyani, E., Indra, M., & Rahmadan, D. (2021). Legal Analysis of Potential Corruption Crimes in Cooperation Agreements Between Health Social Security Organizing Agencies and Health Facility Providers in the National Health Insurance System. *Journal of Syntax Literate*, 6, 813.
- Devitasari, R., Sagita, N. I., & Adinda, J. Q. (2024). Evaluation of the Implementation of Health Services through the Health Social Security Administration Agency (BPJS) at Otista

- Soreang Hospital. *Journal of Health Management of the Dr. Soetomo Hospital Foundation*, 10(2), 358. <https://doi.org/10.29241/jmk.v10i2.1976>
- Fadel, R. A. (2023). Public Health Financing Cooperation Agreement Between BPJS Kesehatan and Palembang Bari Hospital during the Covid-19 Period. *Lex LATA*, 4(3). <https://doi.org/10.28946/lexl.v4i3.1867>
- Firmanto, T., Sufiarina, Reumi, F., & Saleh, I. N. S. (2024). *Legal Research Methodology (A Comprehensive Guide to Scientific Writing in the Legal Field)*. PT. Sonpedia Publishing Indonesia.
- Maykel, M. P., & Hakam, F. (2025). Juridical Implications of Partner Contracts (Disguised Employment) on Social Security Rights for Medical and Health Workers. *Journal of Information Management and Health Administration (JMIAK)*, 8(2), 269–278. <https://doi.org/10.32585/JMIAK.V8I2.7604>
- Murtiningtias, F., Ibrahim, H. Z., & M. Ridwan, M. R. (2022). Cooperation Agreement Between the Health Social Security Administration Agency and Dr. Mohammad Hoesin Hospital in the Implementation of Health Services. *Lex LATA*, 3(1). <https://doi.org/10.28946/lexl.v3i1.841>
- Nasruddin, S. A., & Al-Hasni, S. (2026). Implementation of Sharia Cooperation Agreement Between BPJS Kesehatan and Ridhoka Salma Cikarang Hospital. *Nusantara Scientific Journal*, 3(2), 770–784. <https://doi.org/10.61722/JINU.V3I2.9143>
- Patuang, W., Ahri, R. A., & Arman, A. (2024). Implementation of Constitution No. 40 of 2004 concerning the Submission of Claims for Hospitalization of the Health Social Security Administration Agency (BPJS) at the Andi Djemma Masamba General Hospital. *Innovative: Journal of Social Science Research*, 4(3), 4973–4986. <https://doi.org/10.31004/INNOVATIVE.V4I3.7771>
- Putri, S. H., Windrajati, P., & Purnomo, B. (2025). Legal Review of Cooperation Agreements Between Hospitals and Health Insurance Companies. *JlIP - Scientific Journal of Educational Sciences*, 8(10), 11558–11564. <https://doi.org/10.54371/jiip.v8i10.9346>
- Ridho, H. (2022). Business Partnership Transaction between DR. H. Koesnadi General Hospital and BPJS Health Services Sharia Economic Law Perspective. *Istidlal: Journal of Islamic Economics and Law*, 6(2), 132–147. <https://doi.org/10.35316/istidlal.v6i2.439>
- Sari, A., & Yeni, R. (2022). Study of the Implementation of the Referral Program at BPJS Kesehatan South Jakarta Branch in 2021. *Indonesian Scholar Journal of Medical and Health Science*, 1(07), 236–249. <https://doi.org/10.54402/ISJMHS.V1I07.159>
- Setiarso, D. H., & Tando, C. E. (2025). Partnership of Gunung Sugih Class IIB Prison with BPJS Kesehatan Metro Branch in fulfilling health services. *Al-Zayn : Journal of Social and Legal Sciences*, 3(4), 4157–4173. <https://doi.org/10.61104/ALZ.V3I4.2001>
- Shafa, Y., & Mudofir, M. (2025). Analysis of BPJS Kesehatan Insurance Implementation Reviewed from Sharia Economic Law. *Teraju: Journal of Sharia and Law*, 7(01), 78–88. <https://doi.org/10.35961/teraju.v7i01.2033>
- Zamharira, A., & Suryono, A. (2020). Legal Protection for Dr. Moewardi Surakarta Hospital against Late Payment of Claims by BPJS Kesehatan. *Journal of Private Law*, 8(1), 42. <https://doi.org/10.20961/privat.v8i1.40364>
- Zubaedah, R., Nurlailasari, E., & Apriningrum, N. (2019). National Health Insurance Service Cooperation Agreement in Karawang Regency. *DE'JURE Legal Scientific Journal: A Scientific Review of Law*, 4(1), 135–149. <https://doi.org/10.35706/DEJURE.V4I1.1866>