

**PENCEGAHAN KECURANGAN (*FRAUD*) DALAM PELAKSANAAN  
PROGRAM JAMINAN KESEHATAN NASIONAL (JKN) PADA  
FASILITAS KESEHATAN TINGKAT PERTAMA (FKTP) DI PROVINSI  
SUMATERA BARAT**

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Sejak dibentuknya Permenkes Nomor 36 tahun 2015 tentang Pencegahan Tindakan Kecurangan (*fraud*) di JKN yang mengharuskan membentuk tim anti *fraud* di setiap Kabupaten/kota. Namun, masih ditemukan daerah yang tim anti *fraud*nya tidak optimal dalam pencegahan kecurangan di FKTP. Penelitian bertujuan agar mengetahui profil tindakan pencegahan kecurangan pada Program JKN yang dilakukan oleh FKTP, tindaklanjut yang sudah dilakukan oleh tim anti *fraud* dan mengetahui penyelesaian perselisihan jika terdapat kecurangan di Provinsi Sumatera Barat. Penelitian ini menggunakan metode pendekatan *juridic sociology*, dengan data primer yaitu hasil wawancara verifikasi BPJS Kesehatan, FKTP dan Tim Anti *Fraud* dan data sekunder berupa laporan audit klaim. Dari penelitian ini ditemukan 16% kasus potensi indikasi kecurangan FKTP di Provinsi Sumatera Barat ( Kota Padang 79%, Kota Bukittinggi 4%, Kota Solok 4% dan Kota Payakumbuh 13%) di tahun 2018. Kasus Indikasi Kecurangan (*fraud*) ditemukan di Puskesmas (62%), Klinik Pratama (33%) dan DPP (5%) dengan kasus terbanyak yaitu *False Claim* (1.851 kasus) dan *Phantom Billing* (26 kasus) sehingga biaya yang dapat terselamatkan dari hasil verifikasi klaim non kapitasi sebesar Rp.440.854.595,-. Banyaknya kasus indikasi kecurangan ini disebabkan karena kurang optimalnya Tim Anti Kecurangan (*Fraud*) di Provinsi Sumatera Barat. Penyelesaian perselisihan tindak kecurangan yang sudah dilakukan yaitu secara Non Litigasi.

Kata Kunci : Fraud, Jaminan Kesehatan Nasional, Puskesmas, Klinik

**FRAUD PREVENTION IN THE IMPLEMENTATION OF *HELATH*  
INSURANCE PROGRAMS AT FIRST LEVEL HEALTH FACILITIES IN  
WEST SUMATERA**

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*Abstract*

*Since the establishment of Minister of Health Regulation Number 36 of 2015 concerning Prevention of Fraud (fraud) on JKN which requires the establishment of anti-fraud teams in each district / city. However, there are still areas where the anti fraud team is not optimal in preventing fraud in the FKTP. The study aims to determine the profile of JKN Program fraud prevention measures carried out by FKTP, the follow-up that has been carried out by the anti fraud team and find out the resolution of disputes if there is fraud in the West Sumatra Province. This study uses a socio-legal approach, with primary data, namely the results of interviews with BPJS verifcator, FKTP and Anti-Fraud Team and secondary data in the form of claims audit reports. From this study found 16% of the cases of potential indications of FKTP fraud in West Sumatra (Padang City 79%, 4% Bukittinggi City, 4% Solok City and 13% Payakumbuh City) in 2018. Indications of fraud were found in Health Center ( 62%), Primary Clinic (33%) and DPP (5%) with the most cases are False Claims (1,851 cases) and Phantom Billing (26 cases) so that the costs that can be saved from the results of non capitation claims verification amounting to Rp.440,854,595 , - The number of cases of indications of fraud is due to the lack of optimal Anti-Fraud Team (Fraud) in West Sumatra Province. Settlement of fraudulent disputes that have been carried out, namely in Non Litigation.*

*Keywords: Fraud, Health Insurance, Health Center, Clinic*