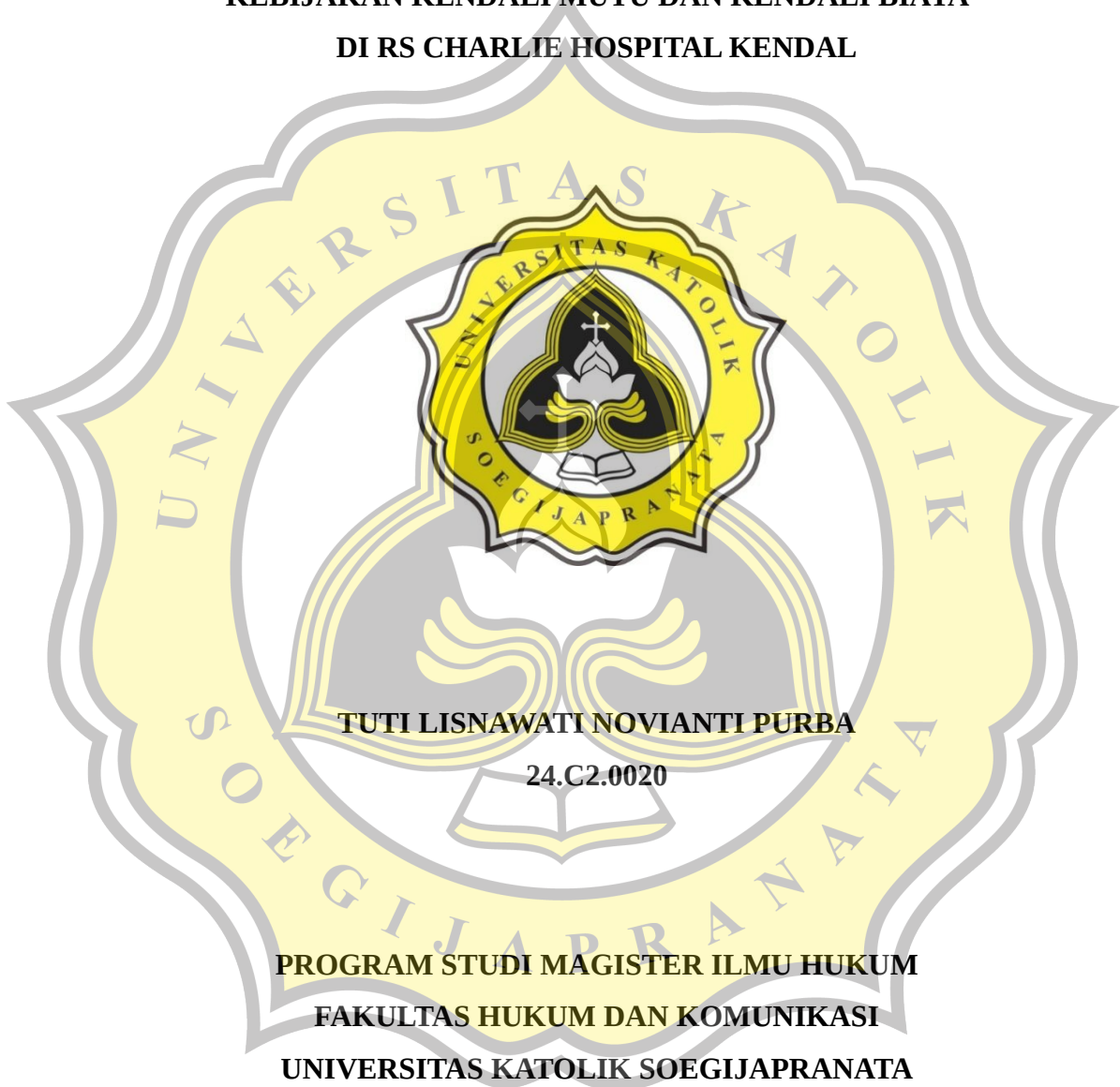


LAPORAN TESIS

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JAMINAN KESEHATAN NASIONAL DALAM IMPLEMENTASI
KEBIJAKAN KENDALI MUTU DAN KENDALI BIAYA
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ABSTRAK

Pemenuhan hak atas kesehatan merupakan hak asasi konstitusional warga negara. Namun, program Jaminan Kesehatan Nasional (JKN) dengan model pembayaran prospektif tarif paket *Indonesian Case Based Groups* (INA-CBGs) menuntut kebijakan Kendali Mutu dan Kendali Biaya (KMKB), yang memicu dilema hukum terkait potensi penurunan mutu pelayanan di rumah sakit swasta. Penelitian ini bertujuan menganalisis pengaturan pemenuhan hak kesehatan dalam program JKN dengan kebijakan KMKB, implementasinya, serta hambatan di RS Charlie Hospital Kendal.

Metode pendekatan yang digunakan adalah yuridis-sosiologis untuk mengamati bekerjanya hukum di dalam realitas sosial (*law in action*). Spesifikasi penelitian bersifat deskriptif-analitik dengan desain kualitatif. Data primer diperoleh melalui wawancara mendalam bersama manajemen rumah sakit, Dokter Penanggung Jawab Pasien (DPJP), tim kendali mutu kendali biaya, komite internal faskes, pasien, dan verifikator BPJS Kesehatan, sedangkan data sekunder dikumpulkan melalui studi pustaka.

Hasil penelitian menunjukkan sinkronisasi regulasi secara normatif-administratif telah berjalan baik, namun implementasi KMKB menghadapi hambatan sistemik berdasarkan Teori Sistem Hukum Lawrence M. Friedman. Pertama, substansi hukum mengalami ketegangan akibat regulasi teknis hilir yang restriktif mereduksi jaminan hak materiil hulu. Kedua, struktur hukum terhambat disfungsi preventif TKMKB serta pending/dispute interpretasi koding antara verifikator BPJS dan DPJP. Ketiga, budaya hukum dipengaruhi kekakuan tarif terhadap komorbid kompleks, plafon obat rawat jalan (Rp70.000,-), dan restriksi BMHP yang menekan otonomi klinis. Namun, hak pelayanan pasien tetap terpenuhi secara bermutu karena manajemen bertindak sebagai *buffer* penyerap risiko finansial. Secara makro disimpulkan melalui analisis yuridis bahwa pemenuhan hak kesehatan peserta JKN melalui kebijakan KMKB di RS Charlie Hospital Kendal secara normatif telah terpenuhi, namun secara sosiologis-operasional belum berjalan sepenuhnya ideal karena kepastian pemenuhan hak konstitusional masih bergantung pada pengorbanan margin ekonomi internal fasilitas kesehatan.

Kata Kunci: *Hak Konstitusional Kesehatan, JKN, Kendali Mutu Kendali Biaya, Sistem Hukum, Patient-Centered Care.*

ABSTRACT

The fulfillment of the right to health is a constitutional human right of citizens. However, the National Health Insurance (JKN) program, with its prospective payment model via the Indonesian Case-Based Groups (INA-CBGs) tariff packages, mandates the implementation of Utilization Review and Cost Control (KMKB) policies. The application of KMKB in private hospitals triggers a legal dilemma regarding potential reductions in the quality of medical services. This study aims to analyze the regulations for fulfilling health rights under the KMKB policy, its implementation, and the obstacles faced at RS Charlie Hospital Kendal.

The research method used is socio-legal to observe the operation of law in social reality (law in action). The research specification is descriptive-analytical with a qualitative design. Primary data were obtained through in-depth interviews with hospital management, Physicians in Charge of Patients (DPJP), quality and cost control team, internal healthcare facility committees, patients, and BPJS Kesehatan verifiers, while secondary data were collected through literature studies.

The results show that while regulatory synchronization is formally well-structured from a normative-administrative perspective, the implementation of KMKB faces systemic obstacles based on Lawrence M. Friedman's Legal System Theory. First, legal substance experiences tension due to restrictive downstream technical regulations that reduce upstream material rights. Second, legal structure is hindered by the preventive dysfunction of TKMKB and coding interpretation disputes between BPJS verifiers and DPJP. Third, legal culture is affected by tariff rigidity toward complex comorbidities, outpatient drug caps (IDR 70,000), and BMHP restrictions that suppress clinical autonomy. However, patients' rights to services remain high-quality fulfilled as the management acts as a buffer to absorb financial risks. Macro-analytically, the juridical analysis concludes that the fulfillment of JKN participants' health rights through KMKB policies at RS Charlie Hospital Kendal has been normatively fulfilled; yet sociologically and operationally, it has not been fully idealized because the certainty of fulfilling this constitutional right still heavily relies on the economic margin sacrifices of internal healthcare facilities.

Keywords: Constitutional Right to Health, JKN, Utilization Review Cost Control, Legal System, Patient-Centered Care.