

A Critical Discourse Analysis of Online Media on the Indonesian Government's Handling of BPJS Kesehatan Fraud

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Abstract: The National Health Insurance (JKN) program has been reported by the media in relation to fraud cases, which are framed not only as legal violations but also as issues of public service governance. This study aims to examine how online news media construct narratives, meanings, and power relations surrounding the JKN fraud issue. Employing a qualitative approach and Van Dijk's Critical Discourse Analysis framework, which includes the dimensions of text, social cognition, and social context, this study analyzes three news articles published by Kompas.com, Detik.com, and Kumparan.com. The findings reveal that each media outlet constructs the discourse on JKN fraud through distinct emphases. Kompas frames fraud as a systemic problem involving networks of power, Detik highlights administrative responses and state-imposed sanctions with limited transparency, while Kumparan emphasizes cross-institutional collaboration as the proposed solution. Overall, media discourse tends to position the state as a dominant and solution-oriented actor, while critical discussion of the JKN policy structure and oversight mechanisms remains limited. These findings indicate that the media play a crucial role in shaping public understanding of JKN fraud and in representing power relations among the government, hospitals, and regulatory institutions within health policy discourse.

Keywords: BPJS Kesehatan, Critical Discourse Analysis, Fraud, Jaminan Kesehatan Nasional (JKN), Media Framing

Abstrak: Program Jaminan Kesehatan Nasional (JKN) diberitakan oleh media dalam konteks kasus fraud, yang tidak hanya diposisikan sebagai persoalan hukum, tetapi juga sebagai isu tata kelola pelayanan publik. Penelitian ini bertujuan untuk menganalisis bagaimana praktik wacana pemberitaan media daring membangun narasi, makna, dan relasi kuasa dalam isu fraud JKN. Menggunakan pendekatan kualitatif dan Analisis Wacana Kritis model Van Dijk yang mencakup dimensi teks, kognisi sosial, dan konteks sosial, penelitian ini menganalisis tiga berita yang dipublikasikan oleh media daring Kompas.com, Detik.com, dan Kumparan.com. Hasil penelitian menunjukkan bahwa media membangun wacana fraud JKN melalui penekanan yang berbeda. Kompas merepresentasikan fraud sebagai persoalan sistem yang melibatkan jejaring kekuasaan, Detik menekankan respons administratif dan sanksi negara dengan ruang transparansi yang terbatas, sementara Kumparan menonjolkan narasi kolaborasi lintas lembaga sebagai solusi. Secara keseluruhan, praktik wacana media cenderung memosisikan negara sebagai aktor dominan dan solutif, sementara kritik terhadap struktur kebijakan dan sistem pengawasan JKN relatif minim. Temuan ini menunjukkan bahwa media berperan penting dalam membentuk cara publik memahami kasus fraud JKN serta dalam menggambarkan hubungan kekuasaan antara pemerintah, rumah sakit, dan lembaga pengawas dalam kebijakan kesehatan.

Kata Kunci: BPJS Kesehatan, Analisis Wacana Kritis, Fraud, Jaminan Kesehatan Nasional (JKN), Pembingkai Media



Introduction

Health is a universally recognized human right and constitutes a fundamental element of national development in Indonesia. Every individual has the right to access safe, high-quality, and affordable health services. In efforts to build a prosperous and just society, development in the health sector aims to enhance public awareness, willingness, and capacity to live a healthy life for all Indonesian citizens (Rombot, 2024). As mandated in the Preamble to the 1945 Constitution of the Republic of Indonesia, health as a human right (HAM) must be realized through the provision of comprehensive health services to all members of society. This is implemented through the development of quality and affordable healthcare systems (Abbas, 2008) Furthermore, Law Number 36 of 2009 concerning Health stipulates that every individual, family, and community has the right to health protection, and the state bears responsibility for ensuring the fulfillment of the right to a healthy life for all citizens, including the poor and marginalized groups. Therefore, to realize this right, the Indonesian government must ensure equitable, fair, and affordable access to healthcare services for all members of society. This requires continuous efforts to guarantee equal access to health services across different regions and social groups (Isriawaty, 2015).

The Indonesian government established the National Social Security System (SJSN) to ensure the fulfillment of basic needs and to promote a decent standard of living for all citizens (Sam Tito & Siregar, 2024) One of the key components of the SJSN is the National Health Insurance Program (JKN), which is designed to provide health coverage for all citizens through a national insurance scheme, ensuring access to essential healthcare services. The JKN program officially came into effect on January 1, 2014, and is administered by the Social Security Administering Agency for Health (BPJS Kesehatan). However, the implementation of this program has faced various challenges. One of the most significant issues is the occurrence of fraud within the healthcare system.

However, BPJS data from 2015 indicated that Indonesia experienced financial losses due to fraud. The report from BPJS Kesehatan (Social Security Administration for Health) revealed that higher claim reimbursements were required as a result of fraudulent practices committed by several hospitals. In the public health sector, fraud refers to deliberate acts intended to obtain financial benefits, potentially causing state losses and undermining the quality of health services (Djasri et al., 2016). Since 2017, reported cases of fraud in the public health sector have increased by 83 percent. Generally, fraud in the health sector occurs in sub-sectors such as procurement, health insurance, and travel expenses (Ravelo, 2017).

The impact of fraud in the healthcare sector not only results in financial losses but also has the potential to reduce the quality of healthcare services provided to the public. In the context of Indonesia's National Health Insurance Program (JKN), fraud refers to intentional actions committed by participants, BPJS Kesehatan officers, healthcare providers, or suppliers of medicines and medical devices, aimed at obtaining financial benefits from the health insurance program under the National Social Security System through means that violate applicable regulations (Hartati, 2016). More broadly, healthcare fraud can be defined as



deliberate actions designed to generate illegitimate benefits for individuals or institutions, ultimately causing losses to other parties.

Major cases in Indonesia frequently attract significant media and public attention, generating diverse narratives that contribute to the formation of public opinion. This phenomenon is particularly evident in media coverage of health sector issues, where outlets adopt varying perspectives, emphases, and linguistic choices in representing events. Each news report functions not merely as a vehicle for information, but also as a site of meaning construction that shapes how the public interprets and evaluates a given issue. Consequently, media coverage produces competing narratives, reflected in the selection of actors, the contextualization of events, and the explanatory frameworks employed to define a problem.

Media-constructed narratives can be analyzed because they have the potential to represent particular interests, perspectives, and ideologies that influence public perception. Therefore, discourse analysis is employed as an approach to examine, understand, and interpret texts by considering their linguistic features, social context, and underlying ideologies. From a critical perspective, discourse analysis does not merely interpret texts as sequences of language, but also as social practices that reflect power relations and specific interests. Wirahyuni et al. (2020) argue that Critical Discourse Analysis (CDA) seeks to explain texts produced by dominant individuals or groups with particular objectives. Thus, this approach aims to uncover the meanings, representations, and ideologies constructed through texts.

Mass media plays a strategic role in shaping social reality, as it not only conveys information but also constructs public perception, represents social actors, and influences how society interprets events. News presented by the media cannot be understood solely as an objective reflection of reality; rather, it embodies the values, interests, and perspectives of the media institutions that produce it (Aliah Darma, 2009). Differences in these interests and perspectives often result in variations in framing and emphasis across media outlets, potentially leading to public confusion.

To understand these dynamics, an analysis that goes beyond the surface meaning of the text through critical discourse analysis is required. Mukhlis et al. (2020) argue that discourse analysis examines how language is used to represent objects by linking them to particular ideologies. Furthermore, discourse analysis can be understood as the product of the interaction between social structures, culture, and discursive practices (Aliah Darma, 2009). In a journalistic context, discourse functions as a strategic tool to construct information, enabling messages conveyed through written texts to be received meaningfully by the public (Alifia & Widyaningsih, 2023).

Conceptually, discourse is understood as the highest linguistic unit that is complete and comprehensively meaningful, both in spoken and written forms, and reflects the results of social interaction (Purwoko, 2008). Similarly, Coulthard, as cited in views discourse as written text characterized by a distinctive news structure and related to events presented through mass media. This perspective emphasizes that news texts are socially constructed and cannot be separated from the context of their production and the interests underlying them.



In this study, Teun A. van Dijk's Critical Discourse Analysis (CDA) model was selected because it offers a comprehensive analytical framework that integrates text structure, social cognition, and social context. Abdullah and Tantri (2012), Gowhary et al. (2015) and Sadeghi et al. (2014) argue that Van Dijk's approach connects linguistic analysis at both macro and micro levels with social cognition, which functions as a mediator between text and broader social reality. This model enables researchers to explore how discourse is produced, interpreted, and utilized within specific social contexts.

Based on this framework, the present study applies Van Dijk's CDA model, which consists of three main dimensions: text, social cognition, and social context (Eriyanto, 2001). The textual dimension focuses on analyzing discourse structures and strategies used by the media to emphasize particular themes. The social cognition dimension examines the process of text production, specifically how journalists' knowledge, assumptions, and perspectives influence the construction of news narratives. Meanwhile, the social context dimension explores the social, political, and institutional conditions underlying the emergence of discourse.

At the textual level, Van Dijk divides discourse structure into three layers: macrostructure, superstructure, and microstructure (Bungin, 2008). The macrostructure refers to the global meaning of the text, reflected in its main topic. The superstructure relates to the organizational framework of the text, such as the introduction, body, and conclusion. The microstructure encompasses local meanings manifested through word choice, sentence structure, and stylistic features in news texts (Eriyanto, 2001).

Several previous studies have employed Van Dijk's CDA model across diverse research contexts. Ginting et al. (2023) analyzed media coverage of the Rafael Trisambodo case on Kompas.com, focusing on discourse structure and social context. Prihartono & Suharyo (2022) examined ideology in the public debate "#DebatKeren Papua" using a similar approach, while Syakur & Sumarlam (2021) applied Van Dijk's model to analyze public service announcements related to COVID-19 prevention. Although these studies utilize the same theoretical framework, they differ in their research subjects and focal issues.

In contrast to previous studies, the present research focuses on media coverage related to fraud in the National Health Insurance (JKN) program. This issue has not been widely examined from a critical discourse analysis perspective, particularly in terms of how narratives, meanings, and media ideologies are constructed. Therefore, this study is expected to contribute theoretically to the development of critical discourse analysis and practically to the formulation of public communication strategies that support fraud prevention and mitigation efforts in Indonesia's health sector.

Methods

This study adopts a qualitative approach employing Teun A. van Dijk's Critical Discourse Analysis (CDA) model. It aims to examine how online media shape public opinion through their reporting on hospital fraud cases within the context of Indonesia's Health Social Security Agency (BPJS Kesehatan) and the National Health Insurance (JKN) program, as well as how media narratives represent the government's role and efforts in addressing this issue.



This research is grounded in a critical paradigm, which views social reality as a construct formed through discursive practices. According to Kriyantono (2012), a paradigm constitutes a framework for interpreting reality and assigning meaning to social events. Within this perspective, discourse is understood as a product of social construction that is inseparable from dominant ideologies and interests. Accordingly, this study seeks to identify the underlying ideologies and interests embedded in news texts.

The data analysis refers to Van Dijk's CDA model, which comprises three main dimensions: text structure, social cognition, and social context (Alfaritsi et al., 2020). The dimension of text structure examines how information is organized in news discourse through themes, schematic structures, and linguistic choices. Social cognition focuses on journalists' perspectives and knowledge that influence the process of text production. Meanwhile, social context highlights the broader social, political, and institutional conditions that frame media discourse on hospital fraud and the JKN program. These three dimensions are analyzed integratively to provide a comprehensive understanding of the production, meaning, and implications of media discourse.

Data were collected from online news articles published by Kompas.com, Detik.com, and Kumparan.com that discuss hospital fraud within the JKN program. The selection of news articles was based on topic relevance, the involvement of institutional actors, and the depth of information concerning fraud prevention, detection, and handling. The collected data were subsequently analyzed using Van Dijk's analytical framework, which includes macrostructure, superstructure, and microstructure (Fitriani, 2019). Macrostructure was employed to identify the main themes of the news texts, superstructure to examine patterns of information organization, and microstructure to analyze semantic, syntactic, stylistic, and rhetorical elements. The analysis was conducted systematically, beginning with topic identification and narrative structure, followed by an examination of linguistic and rhetorical strategies. Through this approach, the study seeks to reveal the role of the media not only as a transmitter of information, but also as an actor that constructs public opinion regarding fraud and government policies aimed at maintaining the integrity of the JKN program.

Results and Discussion

Mass media not only functions as a channel for conveying information but also plays a significant role in the production and consumption of discourse, which may develop into knowledge and ultimately shape how society understands particular issues or social realities (Ahmadi et al., 2024). In this context, Critical Discourse Analysis (CDA) serves as an analytical approach aimed at examining and explaining texts as representations of social reality, which are generally produced and controlled by dominant individuals or groups with specific interests and objectives (Aliah Darma, 2009).

This study examines three news articles from national online media outlets as its units of analysis, representing diverse perspectives in reporting on fraud within the National Health Insurance Program (JKN). The application of Teun A. van Dijk's Critical Discourse Analysis model is considered appropriate, as it integrates the analysis of text structure, social cognition,



and social context to uncover underlying meanings, ideologies, and the construction of reality by the media. Therefore, the following section presents the findings of the discourse analysis based on van Dijk’s CDA framework applied to the three selected news articles.

Discourse Analysis of the Kompas News Article Entitled “Skandal Klaim Fiktif ke BPJS: Pemilik RS hingga Keluarganya Diduga Terlibat” Published on 25 July 2024 (Niam, 2024).

Table 1. News Analysis Results

Levels	Focus of Analysis
Macrostructure	Main Theme: The news constructs a discourse of systemic fraud in the healthcare sector by highlighting phantom billing practices involving a network of actors. The narrative presented by the media frames fraud not as an individual act, but as a structured practice embedded within power relations and vested interests in the JKN system. This macro-level framing emphasizes the collective and systemic nature of the misconduct rather than attributing it solely to isolated wrongdoing.
Superstructure	The structure of the news begins with a provocative headline (“Skandal”) intended to attract public attention, followed by a chronological narrative sequence: case disclosure, perpetrator identification, and BPJS and KPK response. The arrangement of information places greater emphasis on revealing the actors involved and their modus operandi, while the government’s response appears toward the end of the report. This structural organization directs public attention more toward <i>who was involved</i> than toward <i>how the issue is addressed</i> . Consequently, the superstructure prioritizes exposure and attribution of responsibility over institutional accountability and corrective measures.
Microstructure	At the micro level, the use of the word “Skandal” introduces a dramatic tone and situates the case within a strongly negative evaluative context. The repeated use of the term “fraud” reinforces a negative labeling of the actions described. The phrase “pemilik RS hingga keluarganya” broadens the perceived scope of involvement to the private sphere, constructing an image that fraud extends into familial networks rather than being confined to managerial or institutional levels. The limited presence of technical medical or administrative terminology enhances accessibility for general readers. However, this simplification also contributes to a framing that positions the problem primarily as an issue of individual integrity rather than as a manifestation of systemic weaknesses or regulatory shortcomings.

Source: Author’s analysis (2025)

Based on the findings presented in Table 1, analysis at the macrostructural level indicates that the news report focuses on fraudulent practices involving multiple actors within hospital management. The report portrays the misconduct as organized and carried out by individuals



holding authority and maintaining personal relationships within healthcare institutions. This thematic emphasis suggests that the issue possesses a structural dimension involving power relations and vested interests, rather than constituting isolated individual wrongdoing.

From a superstructural perspective, the flow of information begins with a direct reference to the case, followed by an explanation of the actors involved and the methods employed. The subsequent section presents the responses and measures taken by the relevant authorities, positioned after a detailed account of the case. This structural arrangement prioritizes the exposure of perpetrators and fraudulent mechanisms, while mitigation efforts and systemic improvements function as a concluding complement. As a result, the narrative foregrounds attribution of responsibility over institutional reform.

At the microstructural level, lexical choices significantly shape readers' perceptions. The selected terms convey an image of reprehensible conduct and reinforce the interpretation of the case as a serious issue that damages the credibility of the healthcare system. The phrase linking the perpetrator to family ties extends the representation of involvement into the private sphere, constructing a narrative in which deviant behavior emerges not only from procedural weaknesses but also from collusive relationships grounded in personal networks. The straightforward writing style and limited use of technical terminology enhance accessibility for general readers, while simultaneously directing public attention toward the moral dimension of the actors' conduct.

The first Kompas news article frames phantom billing as the outcome of collaboration among powerful actors within the hospital. Through the textual dimension, it becomes evident that word choice, sentence construction, and information emphasis contribute to the representation of fraud as a systemic practice rather than an individual act. From the perspective of social cognition, journalists' knowledge frameworks and interpretive perspectives influence the positioning of actors as components of a broader power network. Meanwhile, within the dimension of social context, the report reflects wider public concerns regarding weak oversight and potential conflicts of interest in the healthcare sector. This study employs Van Dijk's three analytical dimensions: text structure, social cognition, and social context. The findings indicate that textual organization and linguistic choices reflect journalists' social cognition—namely, how the media conceptualizes fraud as a phenomenon rooted in institutional power networks. This interpretive framework shapes the representation of actors, who are positioned not merely as individuals but as elements within a system that enables abuse of power.

In terms of social context, media discourse mirrors public concerns regarding weak oversight mechanisms within the National Health Insurance (JKN) Program and potential conflicts of interest in hospital governance. Such reporting reinforces the urgency of systemic reform and greater institutional transparency, while simultaneously shaping public perception of fraud as a structural problem requiring decisive and sustained policy intervention. The findings of this study are consistent with Ananda et al. (2019), who examined the framing of mass corruption cases in online media. Their study demonstrated that media framing influences the construction of actors' images through lexical selection and selective emphasis, thereby shaping public perceptions of corruption as a value-laden social reality. Similarly, this study



shows that media discourse represents fraud as a structural issue embedded in power relations and institutional contexts. Through Van Dijk’s critical discourse framework, it becomes evident that the narrative construction emphasizes moral judgment and abuse of power, potentially contributing to declining public trust and intensifying demands for systematic reform and enhanced transparency.

Discourse Analysis of the Kompas News Article Entitled “KPK Jelaskan RS Muhammadiyah Bandung Setop Layanan BPJS Karena Fraud” ” Published on 9 August 2024 (Ernes, 2024).

Table 2. News Analysis Results

Levels	Focus of Analysis
Macrostructure	Main Theme: The central theme of this news report concerns the enforcement of sanctions against fraudulent practices in the healthcare sector through the temporary suspension of cooperation between BPJS Kesehatan and Muhammadiyah Hospital Bandung. The report emphasizes BPJS’s role as the authorized institution implementing graduated administrative sanctions prior to pursuing legal action. This macro-level framing positions BPJS as a regulatory authority exercising procedural and measured enforcement.
Superstructure	Narrative Sequence: The structure of the report begins with an informative headline that directly conveys the issue without emotional or sensational elements. The narrative then unfolds in the following sequence: the audit process conducted by the Komisi Pemberantasan Korupsi (KPK) and Badan Pengawasan Keuangan dan Pembangunan (BPKP), the return of funds to the hospital, the imposition of administrative sanctions, a six-month deadline for institutional improvement, the potential for legal proceedings if corrective measures are not implemented. The placement of information immediately foregrounds government action as a response to fraud, particularly the suspension of services. This structural arrangement enables the public to promptly identify the actors involved, the actions taken (problem resolution), and the underlying reasons for those actions. Consequently, the superstructure prioritizes institutional response and regulatory enforcement over detailed elaboration of the alleged misconduct.
Microstructure	At the microstructural level, the report employs neutral and institutional language, primarily conveying information derived from official statements, including interviews with representatives from the KPK and the hospital’s public relations office. The sentence construction combines active and passive forms; however, the actors are not obscured, as events are presented in a factual and transparent manner. The issue of fraud itself is not strongly emphasized, and the hospital’s wrongdoing is not discussed extensively, particularly because the narrative highlights the resolution through the return of funds. Instead,



Levels	Focus of Analysis
	the report places greater emphasis on the decisive actions taken by BPJS and the KPK in addressing the issue. The use of expressions such as “tidak menjabarkan secara eksplisit” (not explained explicitly) creates the impression that the hospital was not fully open or transparent regarding the matter. This framing shapes public opinion by suggesting that the core problem lies not in regulatory deficiencies, but in the lack of transparency on the part of hospital management.

Source: Author’s analysis (2025)

Based on the findings presented in Table 2, macrostructural analysis shows that news coverage consistently emphasizes the state's decisiveness in handling fraud cases in the healthcare sector. The primary focus is not on the complex causes of fraud, but rather on the institutional response through coordination among the Komisi Pemberantasan Korupsi (KPK), BPJS Kesehatan, and the Badan Pengawasan Keuangan dan Pembangunan (BPKP). By highlighting inter-agency cooperation and administrative sanctions as central themes, the media constructs a discourse in which fraud resolution is primarily positioned within regulatory enforcement, rather than as a structural issue requiring deeper scrutiny. This framing implicitly positions the government as the dominant actor responsible for maintaining order within the National Health Insurance (JKN) system.

At the superstructural level, the news follows a clear narrative pattern: it opens by emphasizing the decisive measures of state institutions, continues with explanations of sanctions and legal mechanisms, and concludes with brief statements from the hospital. This sequence suggests that the main narrative aims to legitimize government action, while the hospital's voice functions merely as a supplement. Placing discussion of the causes of fraud toward the end further indicates that the media prioritizes exposure of the actors involved rather than highlighting systemic outcomes or legal consequences. Overall, the text structure reinforces the state’s role as an active and solution-oriented actor, while other actors remain on the defensive.

At the microstructural level, the coverage tended to adopt neutral and informative diction, particularly in statements from the KPK and the hospital's public relations department. Sentence structures combined active and passive voice, presenting perpetrators factually without obscuring responsibility. Fraud was not explicitly emphasized as the hospital’s primary fault, and discussion of violations remained limited, especially regarding administrative resolutions such as refunds. Instead, the coverage emphasized decisive measures by BPJS Kesehatan and the KPK, shifting attention from institutional culpability to enforcement mechanisms. The use of implicit terminology and the absence of detailed descriptions suggested that the hospital had not fully disclosed the issues, subtly framing public perception to view the problem as stemming from a lack of transparency rather than from regulatory weaknesses.



Across these three levels of analysis, the media favored the perspective of the state, particularly the KPK and BPJS Kesehatan, portraying them as legitimate and authoritative actors in addressing fraud. Hospitals were positioned as violators acting for the benefit of specific groups, whereas the state was depicted as the protector of public interest. This reflects journalists' social cognition: the stability of the JKN system is assumed to be restorable through law enforcement rather than through critical examination of structural weaknesses. Thus, the reporting illustrates journalistic practices that reinforce state authority while limiting scrutiny of systemic factors underlying fraud.

The emphasis on inter-agency coordination and strict sanctions indicates that journalists understand fraud as a violation requiring institutional response, rather than merely an individual fault. The narrative structure, which foregrounds concrete government measures while postponing discussion of fraud causes, reflects the underlying assumption that state authority and regulatory enforcement are more important to highlight than an in-depth analysis of root causes. Moreover, the use of implicit terms and omission of explicit details regarding perpetrators frames hospitals cautiously while conveying the notion that fraud impacts multiple parties, even when not fully disclosed. In this framing, hospitals are portrayed as violators for the benefit of specific actors, while the KPK and BPJS Kesehatan are represented as authoritative, decisive, and law-abiding institutions. This reflects journalists' knowledge frameworks, which position the state as the primary actor in restoring public trust.

The findings of this study are consistent with the research of Rosidah et al. (2024), which emphasized the role of state institutions and regulatory mechanisms in addressing fraud in the public sector. That study demonstrated that law enforcement and the imposition of strict sanctions are positioned as primary instruments for restoring public trust and maintaining institutional accountability. A similar pattern is evident in the news reports analyzed, where the media highlighted coordination among the Corruption Eradication Commission (KPK), the Social Security Agency (BPJS), and the Financial and Development Supervisory Agency (BPKP), as well as the implementation of sanctions, while discussions of the root causes were presented only as supplementary information.

Discourse Analysis of the Kompas News Article Entitled "KPK : Fraud Bidang Kesehatan Rp 20 T, Kasus Jaminan Kesehatan Tak Tersentuh" Published on 20 September 2024 (M.Lutfan. D., 2024).

Table 3. News Analysis Results

Levels	Focus of Analysis
Macrostructure	This news article addresses the theme of reinforcing integrity in the governance of the BPJS Kesehatan program. The prevalence of fraud cases in the healthcare sector serves as an important warning to strengthen anti-fraud systems and enhance transparency. In this context, various stakeholders play strategic roles in synergizing efforts to ensure that JKN fund management is healthy, accountable, and sustainable.
Superstructure	The news structure begins with a descriptive headline that explains the situation by focusing on ongoing events and presenting facts without



Levels	Focus of Analysis
	<p>provocative elements. The article provides an explanation of improvements in the JKN service system to create an equitable and fair healthcare environment, organized as follows: mention of the total budget allocated for JKN services, fraud-related issues causing financial losses, the importance of collaboration among various stakeholders.</p> <p>The information flow is systematically organized, allowing the public to immediately understand the context of the issue, its impacts, and the significance of strengthening governance.</p>
Microstructure	<p>The news demonstrates a predominantly neutral and objective diction, as information is conveyed through direct quotations from the Deputy Chair of KPK and the President Director of BPJS Kesehatan. Sentence structures combine active and passive forms while clearly presenting the actors involved and the associated losses without obfuscation. Fraud emerges as the primary focus, highlighted as a systemic issue causing significant losses in JKN management.</p> <p>The article also emphasizes the importance of cross-stakeholder collaboration to enhance high-quality, integrity-driven healthcare services. Expressions such as “tidak bisa tutup mata terhadap aksi kecurangan” reflect the use of persuasive language, creating the impression that responsibility for combating fraud lies with all parties, not just specific institutions.</p>

Source: Author’s analysis (2025)

Based on the findings presented in Table 3, macrostructure-level analysis indicates that this news report centers on appeals from the Corruption Eradication Commission (KPK) and the Social Security Agency for Health (BPJS) regarding their response to fraud in the healthcare sector. The report emphasizes that BPJS, as the national health insurance provider, bears significant responsibility for ensuring equitable and high-quality healthcare services through substantial budget allocations. However, the high incidence of fraud suggests that the implementation of regulations supporting service integrity remains suboptimal. Although institutions such as the KPK, BPJS, and the Financial and Development Supervisory Agency (BPKP) have undertaken legal actions, cases including phantom billing and data manipulation continue to occur, reflecting vested interests among certain individuals and resulting in considerable harm to multiple stakeholders.

From a superstructure perspective, the news report is systematically organized. The narrative begins with the JKN program budget as contextual background, followed by an explanation of the types of fraud and irregularities identified. It concludes with a statement from the BPJS President Director emphasizing the importance of cross-stakeholder collaboration in strengthening service governance. This structure guides readers sequentially through the issue: from the scale of the problem, to the violations observed, and finally to proposed solutions.



At the microstructure level, diction is neutral while conveying persuasive meaning. Terms such as “cannot turn a blind eye to fraudulent acts” aim to raise public awareness that addressing fraud is a shared responsibility. The sentences balance active and passive voice while clearly presenting the actors involved and the associated impacts. Emphasizing financial loss figures and incorporating direct quotations from authorities reinforce the news’ emotional appeal and shape public perception regarding the urgency of addressing the problem. The combination of textual structure and word choice frames fraud as a significant loss that affects multiple parties.

In terms of social cognition, the report reflects how the media interprets fraud in the National Health Insurance (JKN) Program as deviations committed by specific individuals for personal gain, rather than as an institutional failure. This is evident in actor framing, which positions healthcare facilities and individual perpetrators as system abusers, while state institutions such as the KPK, BPJS, and BPKP are depicted as actors possessing legitimacy, moral authority, and a commitment to maintaining the integrity of the JKN program. The knowledge, assumptions, and values presented in the text indicate that the media adopts a normative stance supporting law enforcement and accountable governance. Persuasive diction, presentation of state loss data, and direct quotes from authorized officials reinforce the framing of fraud as a serious violation requiring a firm and collective response. Consequently, the social cognition constructed by the media encourages readers to perceive fraud as deviant behavior that undermines public trust and impedes the primary objectives of social health insurance.

From a social context perspective, the media discourse represents a situation characterized by heightened public concern over state fund leakage and insufficient oversight in managing the substantial JKN budget. This reporting occurs amid growing public demands for transparency, accountability, and effective governance in the public service sector, particularly healthcare. Moreover, the emphasis on cross-stakeholder collaboration reflects social expectations for systemic improvements in healthcare governance. The discourse reinforces the notion that addressing fraud requires more than legal action; it necessitates strengthened oversight systems, regulatory reform, and active involvement from multiple state institutions. Therefore, the media not only functions as a disseminator of information but also as an agent shaping collective awareness that the sustainability and integrity of the JKN program is a shared responsibility.

This finding aligns with research by Rahmalia & Hamdani (2025), which demonstrates that the media conveys factual information while actively framing issues through language choice, narrative structure, and news focus, thereby influencing public understanding of social phenomena. This pattern is evident in the present study, where reporting on JKN fraud emphasizes the appeals and responses of the Corruption Eradication Commission (KPK) and BPJS, employs persuasive diction, and frames actors in a manner that positions the state as the guardian of the system’s integrity. Consequently, public perception is shaped to view fraud as a deviation from individual principles rather than as indicative of systemic institutional shortcomings.



Based on Van Dijk's critical discourse analysis, Kompas's report on “Skandal Klaim Fiktif ke BPJS: Pemilik Rumah Sakit dan Keluarga Diduga Terlibat” presents an issue construction that positions fraud as an organized practice. At the macrostructural level, the report depicts fictitious claims, or phantom billing, as the result of collaboration among hospital owners, family members, and medical personnel, thereby presenting the issue as a product of a network of power within the healthcare system. The presentation of facts highlighting the involvement of multiple parties simultaneously emphasizes the systemic nature of the case, rather than portraying the actions as those of isolated individuals.

From a superstructural perspective, the information is organized beginning with a direct explanation of the alleged fraud, followed by details about the perpetrators, the modus operandi, and finally the response from relevant authorities. This sequence conveys the impression that the government's actions were reactive to the uncovered scandal rather than proactive preventative measures. Consequently, the reader's attention is first drawn to the disclosure of the perpetrators and the pattern of fraud, followed by remedial measures, which are presented in the concluding section.

Microstructural analysis reveals that the choice of diction tends to be dramatic, with words such as “skandal” and “fraud” reinforcing the perception of the violation's seriousness. The phrase “pemilik rumah sakit dan keluarganya” extends the scope of involvement from professional actors to personal relationships, thereby conveying an image of collusion among close associates. The use of the technical term “phantom billing” without detailed explanation further shifts the orientation of the news toward sensationalism, rather than providing the public with an understanding of the weaknesses in the BPJS claims system.

From a social-cognitive perspective, the report relies heavily on the narrative provided by the KPK as the primary source, framing the case predominantly as a legal and moral issue rather than a regulatory or oversight problem. This dominance of the law enforcement perspective produces a one-way information flow, with readers positioned as recipients of official explanations, while alternative perspectives from patients or health policy observers are largely absent. From a socio-contextual perspective, the news reflects public concern about weak control mechanisms within the National Health Insurance program. Framing the fraud as a result of elite collusion reinforces the perception of BPJS as a system vulnerable to manipulation. However, the report offers relatively few concrete solutions, leaving the public wary without a clear understanding of the necessary structural improvements.

Furthermore, a Van Dijk-inspired critical discourse analysis of Detik.com's report titled “KPK Jelaskan RS Muhammadiyah Bandung Setop Layanan BPJS Karena Fraud” illustrates how the issue of fraud is constructed as an internal problem with systemic implications for public trust and hospital credibility. In the discourse presented, RS Muhammadiyah Bandung is positioned as the party engaging in internal BPJS claims fraud and attempting to conceal the issue through carefully framed and non-explicit communication.

At the macrostructural level, the report foregrounds the perspective of state institutions, including KPK, BPKP, and BPJS Kesehatan, emphasizing their commitment to addressing fraud in the healthcare sector through measures such as suspension of BPJS service



cooperation, restitution of misappropriated funds, and the provision of time for managerial improvements. At the superstructural level, the information is organized chronologically and systematically: beginning with an explanation of strict sanctions, followed by clarifications from the hospital, and concluding with potential follow-up actions if improvements are not implemented. This structure demonstrates the media's effort to maintain narrative balance while remaining aligned with public interest.

At the microstructural level, word choices such as “tidak secara eksplisit” and “pengembalian dana” convey a neutral tone but carry implicit meaning, suggesting that certain information is deliberately withheld. From a social-cognitive perspective, readers are guided to interpret the events from two viewpoints: the government as the rule enforcer and the hospital as the actor attempting to restore its image. However, because the hospital's narrative is placed at the end, it creates the impression that the media allows room for moral responsibility to be obscured. From a socio-contextual perspective, the report reflects public concern over the potential recurrence of fraudulent practices due to weak transparency and limited public access to information. Such framing indicates that, despite administrative measures, the absence of social sanctions and lack of clarity may foster public distrust and open space for uncontrolled interpretations regarding problem resolution.

Meanwhile, a critical discourse analysis of Kumparan's report titled “KPK: Fraud Bidang Kesehatan Rp 20 T, Kasus Jaminan Kesehatan Tak Tersentuh” demonstrates how fraud within the Jaminan Kesehatan Nasional (JKN) program is constructed as a serious, recurrent problem. At the macrostructural level, the article emphasizes the importance of collaboration among state institutions such as KPK, BPJS, Kemenkes, and BPKP in addressing healthcare sector fraud, particularly given the large funds involved, estimated at approximately Rp 150 trillion. At the superstructural level, the news is presented systematically, starting with an explanation of the budget size, followed by descriptions of fraudulent practices such as identity manipulation or fictitious billing (phantom billing), and concluding with calls to enhance synergy and transparency through reporting mechanisms such as the Whistle Blower System.

From a microstructural perspective, the use of phrases such as “tidak bisa tutup mata terhadap aksi kecurangan” demonstrates a persuasive yet neutral style, aiming to raise public awareness about the dangers of fraud that harm multiple parties. In the context of social cognition, readers are encouraged to understand that fraud perpetrators are not only individuals within healthcare facilities but also members of the public who misuse identities, while state institutions are depicted as carrying out their duties according to existing regulations. From a social-contextual perspective, the news reflects public concern over the repeated occurrence of fraudulent actions that could threaten the sustainability of the national health program, generating expectations that all parties uphold the integrity and quality of healthcare services collectively. Thus, through this reporting, the media not only provides information but also shapes public opinion to foster greater attention to transparency and honesty in the implementation of the JKN program.

The discourse practice in reporting fraud within the Program Jaminan Kesehatan Nasional (JKN) is constructed through a strong emphasis on state enforcement and institutional



responses. The media tends to frame fraud as a serious issue threatening the sustainability of the JKN system, positioning the state, through KPK, BPJS, and related institutions, as the primary actor: responsive, firm, and authoritative in addressing the problem. In this way, the discourse is not merely informative but also functions to legitimize the state's authority in managing and supervising the JKN system.

Structurally, news reports generally position government actions, such as administrative sanctions, audits, or inter-agency coordination, at the beginning and center of the text. In contrast, explanations of the root causes of fraud, including weaknesses in the claims system, economic pressures on healthcare facilities, or JKN policy design, are often presented briefly, implicitly, or not as the main focus. This pattern shapes public understanding by portraying fraud primarily as the result of misconduct by specific actors, rather than as a consequence of broader structural issues in the healthcare system. At the microstructural level, the use of relatively neutral yet persuasive diction reinforces the perception of objectivity in reporting while simultaneously creating a negative image of certain actors, particularly hospitals or healthcare professionals. Meanwhile, language representing the state tends to be positive and normative, such as enforcing rules, supervising, or ensuring compliance, symbolically asserting the state's position as the guardian of moral and legal standards. This discourse practice produces an uneven power relation in the representation of actors involved.

Inequity in JKN fraud reporting is especially apparent in the representation and distribution of responsibility. Media coverage often positions hospitals or healthcare facilities as problematic, whereas the role of the state as policy maker and system manager is rarely critically examined. Consequently, operational-level actors become the main focus, while policy structures and oversight mechanisms receive limited attention. Additionally, inequity is evident in the restricted space given to the voices of sanctioned parties. Statements from hospitals or healthcare workers typically appear only as supplementary material at the end of news reports, without sufficient room to explain the context, constraints, or systemic factors underlying the fraud. This practice reinforces a discourse that frames wrongdoing as individual or group-based rather than as a result of structural imbalances within the JKN system.

Furthermore, reporting seldom addresses the impact of JKN policies on working conditions and the sustainability of healthcare facilities, such as financial pressures from claim tariffs or delayed payments. The absence of this perspective produces symbolic injustice, as the public is directed to understand fraud solely as a moral and legal violation, without considering the surrounding socio-economic context. Thus, the media reproduces a discourse that simplifies complex issues into a dichotomy between violators and law enforcers.

Nevertheless, differences exist among media outlets in emphasizing the role of the government. Kompas tends to highlight government actions as reactive responses after the scandal was uncovered, emphasizing weaknesses in early detection and oversight. Detik presents the government as an authority enforcing regulations through administrative mechanisms, such as evaluating claim procedures and strengthening audits. Meanwhile, Kumparan positions the government as a coordinating actor emphasizing inter-agency synergy, transparency, and cross-sector collaboration to prevent similar cases. These differences



indicate that, although all three media agree on framing fraud as a serious issue, the narratives they construct show variations in portraying the state's strategies and roles, both in enforcement and prevention.

Conclusion

Based on Van Dijk's critical discourse analysis of news coverage on fraud in the National Health Insurance (JKN) program, it can be concluded that media discourse practices are constructed through a dominant emphasis on the state's institutional response and enforcement. The media consistently frame fraud as a serious threat to the sustainability of the JKN system, positioning the state—through BPJS Kesehatan (Social Security Agency for Health), the Corruption Eradication Commission (KPK), and related institutions—as the primary actors: assertive, authoritative, and solution-oriented. This discourse is not merely informative but also functions to legitimize the state's authority as the guardian of the health insurance system's integrity.

Textually and structurally, news stories tend to foreground government actions—such as administrative sanctions, audits, and inter-agency coordination—by placing them at the beginning and center of the text. Conversely, discussions of the root causes of fraud, including weaknesses in the claims system, power relations in hospital management, economic pressures on healthcare facilities, and JKN policy design, are often presented in a limited or implicit manner. This pattern shapes public perception by framing fraud primarily as the result of individual malfeasance rather than as a structural issue embedded in healthcare governance. Inequity in reporting is reflected in the unequal representation and distribution of responsibility among actors. Hospitals and healthcare workers are frequently positioned as problematic, while the state's role as the designer and manager of the JKN system is rarely subjected to in-depth criticism. Furthermore, the voices of sanctioned actors are limited and typically relegated to the closing sections of news reports, thereby underrepresenting the broader systemic context and constraints.

This study is limited by its exclusive focus on textual analysis without incorporating the perspectives of media producers, institutional actors, or audiences. Future research should therefore employ additional methodological approaches, such as interviews, and expand the scope of analysis across different media platforms and time periods to better understand the dynamics of discourse and its implications for public policy.

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