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Framing *BPJS Kesehatan* Crisis Narratives on Tiktok: a Comparative Analysis of Institutional and Online Media Accounts

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ABSTRACT

This study examines how the Indonesian Social Security Agency for Health, *Badan Penyelenggara Jaminan Sosial Kesehatan* (BPJS Kesehatan) and selected online media posts framed public trust-related controversies on TikTok. A qualitative method and a framing analysis approach used to examine BPJS Kesehatan posts, as well as selected online news media posts that frame conflicts regarding public trust on TikTok. The selected posts are thirteen TikTok posts published from 1 January 2022 to 31 May 2025, consisting of seven posts by the BPJS Kesehatan account and six from online news media accounts. The captions, spoken transcriptions, and on-screen texts were coded using Entman's four framing functions and subsequently interpreted through Hallahan's framing framework and Situational Crisis Communication Theory (SCCT). The analysis results show that BPJS Kesehatan's framing strategy is relatively consistent in the clarification-and-reassurance dimension, through correction of misinformation, explaining the procedure, the justification, and reassurance of the institution. The content of the media posts that were selected was more mixed, with some reproducing institutional clarification, providing explanations of policy changes, describing governance gaps from within claims, criticizing reporting by the government, and representing fraudulent actions by healthcare services. Framing alignment and framing divergence were also obvious. Attributing blame to different actors, BPJS reacted more strongly to misinformation- and procedure-related frames than to governance, accountability and provider malfeasance frames.

Keywords: crisis communication; framing; *BPJS Kesehatan*; public trust; social media

Membingkai Narasi Krisis BPJS Kesehatan di TikTok: Analisis Komparatif Akun Institusi dan Media Daring

ABSTRAK

Penelitian ini menganalisis bagaimana BPJS Kesehatan dan unggahan media online membingkai kontroversi yang berkaitan dengan kepercayaan publik di TikTok. Dengan menggunakan analisis framing kualitatif, penelitian mengkaji 13 unggahan yang dipublikasikan antara 1 Januari 2022 dan 31 Mei 2025: tujuh unggahan dari akun resmi BPJS Kesehatan dan enam unggahan dari enam akun media online. Caption, transkrip tuturan, dan teks pada layar dikodekan menggunakan empat fungsi framing Entman, kemudian ditafsirkan melalui kerangka framing Hallahan dan Situational Crisis Communication Theory (SCCT). Hasil penelitian menunjukkan bahwa BPJS Kesehatan menggunakan orientasi klarifikasi dan reassurance yang relatif konsisten melalui koreksi misinformasi, penjelasan prosedur, justifikasi, dan penguatan legitimasi institusional. Unggahan media lebih beragam: sebagian mereproduksi klarifikasi institusional atau menjelaskan transisi kebijakan, sedangkan lainnya menyoroti kelemahan tata kelola klaim, sengketa pelaporan pemerintah, atau kecurangan penyedia layanan kesehatan. Pola utamanya adalah keselarasan dan perbedaan framing secara parsial, bukan pertentangan seragam. Tanggung jawab diarahkan kepada aktor yang berbeda sesuai isu. Respons BPJS menjawab framing misinformasi dan prosedur secara lebih langsung dibandingkan framing tata kelola, akuntabilitas, atau pelanggaran penyedia layanan. Temuan ini menegaskan perlunya respons krisis yang disesuaikan dengan isu melalui koreksi faktual, bukti transparan, akuntabilitas, dan tindak lanjut administratif.

***Kata-kata Kunci**: komunikasi krisis; framing; BPJS Kesehatan; kepercayaan public; media sosial*

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INTRODUCTION

The Indonesian Social Security Agency for Health, Badan Penyelenggara Jaminan Sosial Kesehatan (BPJS Kesehatan), administers the National Health Insurance programme, Jaminan Kesehatan Nasional (JKN), in Indonesia. As one of Indonesia's largest public social-insurance providers, BPJS Kesehatan has frequently been the subject of debates concerning programme financing, healthcare access and benefits, regulations, information provision, and institutional accountability (Djamhari et al., 2023). Procedural issues, regulatory decisions, and inter-institutional conflicts may develop into public trust-related concerns when they are not adequately explained. In this study, public trust-related issues refer to public debates concerning the perceived competence, fairness, and accountability of BPJS Kesehatan, rather than to an empirically measured decline in public trust.

Misinformation in healthcare policy can contribute to the crisis of trust. Public misunderstandings of health insurance processes can make the public vulnerable to incorrect interpretations of policy and services (Laturrakhmi et al., 2020). In the middle of a public controversy, misinformation can induce confusion, scepticism, and distrust in institutions and public policy (Santas et al., 2024). For example, the BPJS Kesehatan premium hike has a negative sentiment share of 91% that was brought up to the general public in 2019 (Laagu & Setyo Arifin, 2020). This figure does not by itself show the failure of institutional communication, but it does indicate how easily BPJS policies become fodder for negative discourses in social media.

This problem was further complicated by the rise of the short-video app TikTok, whose algorithm employs personalized recommendation systems to promote videos via its "For You Page" feed, which allows videos to circulate outside of individual follower networks and be inserted into algorithmically curated exposure on a broader scale (Kaye et al., 2021). Zeng et al. (2021) have observed that TikTok is a platform where information circulates in viral, memetic and multimodal forms that are particularly good at attracting views and audiences and thus generating meaning. As Abidin (2020) puts it, visibility on TikTok operates within an attention economy in which posts can become visible regardless of the institutional authority of the account. Thus, it is not just the official description, but also the media interpretation and the user-generated narrative prevailing in a communication environment favoring brevity, speed, and distraction.

These conditions also apply in public relations strategies discussing institutional legitimacy during crises. Crisis communication is needed to communicate relevant information to affected stakeholders timely, transparently, and accountably (T. Coombs, 2023). According to Situational Crisis Communication Theory (SCCT), organizational communication is dependent on the level of blame the organization deserves, as well as how vulnerable its reputation is to reputational damage (Coombs, 2017). Public-service crises require more than just rectification communication. It includes how the issue is framed, who is taking responsibility, what the institution is doing, and whether their response aligns with the public interpretation of the crisis. Public relations communication can reduce uncertainty and strengthen institutional legitimacy by aligning the response with public interpretation of the crisis (Babatunde, 2022).

Framing may be understood also as a theoretical lens to understand how such framing of media content occurs. According to Entman (1993), in a communication text, certain aspects of reality are selected, made salient through the definition of problems, cause attribution, evaluation, and treatment recommendation. Framing can also be

conceptualized as constructing situations, issues, responsibilities, actions and alternatives for stakeholders (Hallahan, 1999). Depending on the elements analyzed, the frames may differ. Entman's (1993) model helps to determine the framing of the problem, its causes, its moral assessment, and its recommended treatment in the selected TikTok posts. Hallahan's framing model explains how institutional and media actors frame the problem and the actors' responsibility. SCCT guides the analysis of how responsibility attribution influences the BPJS Kesehatan's response orientation. This is particularly relevant to health controversies, as media coverage does more than communicate; it selects, reframes, legitimizes, or challenges institutional narratives (Wutun & Titi Meilawati, 2022).

BPJS Kesehatan communication has been studied, covering dissemination of information, service-complaint communication between BPJS Kesehatan and participants, dissemination of healthcare programmes, and organizational image. BPJS Kesehatan's service-complaint communication was studied by Nurjanah et al. (2018). Other studies have also explored strategies for communication regarding the JKN scheme and Mobile JKN application (Fatikasari & Maryani Sunarya Dinimaryani, 2021; Sarah & Annas, 2024). Research on communication practices has been employed to study the construction of the organizational identity of BPJS Kesehatan (Putra & Afifi, 2022). Despite offering insights into the provision of information, complaint management, and reputation management, these studies have not examined how the framing by BPJS Kesehatan may differ from that presented by online media in the same platform environment.

Literature comparing official and media framing is lacking in scandals over public-service workers on TikTok. Crisis communication studies on scandals have mainly focused on long texts or separately analyzed framing and SCCT. Since TikTok implies a different communicational context through audiovisual micro-posts, are TikTok posts reproducing the same controversy through a different problem framing, actors, or solution? To what degree do social media posts function as an alternative to institutional discourse? To what degree is there variation regarding the clarity of posts, explaining the policy, criticizing the dispute, or blaming specific actors?

Therefore, this study seeks to analyze the framing of BPJS Kesehatan public trust issues that were reported by the institutional account and selected online media accounts on the TikTok platform. This study used two research questions: RQ1: How are the controversies framed in terms of problem definition, causal interpretation, moral evaluation, and treatment recommendation? RQ2: How do institutional and media crisis responsibility and crisis response frames differ? This study builds on Entman's (1993) textual framing functions, (Hallahan, 1999) issue framing and responsibility framing, and SCCT in a comparative analysis of the official and media TikTok post responses. The overarching aim is to move beyond the strict divide between institutional and media frames, identifying where they are similar and different and, as this varies by issue and represented actor, where responsibility is allocated.

RESEARCH METHOD

This research was conducted with a qualitative framing analysis approach, comparing the institutional framing in the content produced by the BPJS Kesehatan official TikTok account and the institutional framing in the content produced by the selected identifiable online media accounts. The unit of analysis is the TikTok post. The data consisted of text in the form of captions, transcribed spoken text, and on-screen text. The

analysis did not include filmic components, such as composition, sound, editing, non-spoken performance, and user comments, but was instead focused on the text-based constructions of the controversies.

The TikTok public data was collected on 2 June 2025, using Octoparse, a web scraping tool. The posts were published between 1 January 2022 and 31 May 2025. The keywords searched in Indonesian were "BPJS Kesehatan Gagal Bayar", "BPJS Kesehatan Defisit", and "BPJS Kesehatan Krisis". Then two groups of sources were found consisting of posts from the official BPJS Kesehatan account, @bpjskesehatan_ri, and posts from identifiable online media accounts. The original dataset consisted of 125 posts, 56 from BPJS Kesehatan and 69 from online media accounts.

Post selection was performed based on the criteria of posts being posted or occurring during the study and including BPJS Kesehatan-related issues such as access to healthcare, referrals and emergencies, participant status, hospital claims, programme financing, misinformation, implementation issues, and institutional accountability. Lastly, data on likes, comments, shares and account followers would all be needed to calculate engagement rate metrics. Abbreviated figures (14.7K) required conversion to numbers. The analysis excluded duplicate posts, posts that matched the keywords but were otherwise not substantively on-topic, posts published outside the study period, and posts for which all three interaction metrics were not available.

$$ER_i(\%) = \frac{Likes_i + Comments_i + Shares_i}{Followers_a} \times 100$$

Here, i is a TikTok post, and a is the account making it. The number of likes, comments, shares, and followers were recorded on 2 June 2025. As the follower count was not available at the time of publication, the count is given as the number of followers on the date of data collection. The engagement count is provided as a relative measure and not as an indicator of reach, audience sentiment, virality, or algorithmically recommended distribution (Cvijikj & Michahelles, 2013; Pourazad et al., 2023). Engagement rate was used to rank the eligible posts after keyword and publication-period screening. The resulting percentages were interpreted as relative engagement because the total number of interactions was normalised by the number of account followers recorded on 2 June 2025. The measure was used to compare posts within the screened dataset and was not interpreted as an indicator of reach, audience sentiment, virality, or algorithmic distribution.

Post selection was conducted in two stages. First, all retrieved posts were screened using the three specified keywords and the publication period from 1 January 2022 to 31 May 2025. Posts that did not match the keywords substantively or were published outside the study period were excluded. Second, engagement rate was calculated for posts with complete data on likes, comments, shares, and account followers. The eligible posts were then ranked within the official institutional and online media source groups, and posts with comparatively high relative engagement were selected. This procedure resulted in a final sample of seven posts from the official BPJS Kesehatan account and six posts from six identifiable online media accounts.

The coding scheme followed Entman's (1993) framing model. Problem definition was defined as how the post identified the main problem or controversy of the situation. Causal interpretation was found in the actor, condition, procedure or institutional

arrangement described as a cause of the problem. Moral evaluations were categorized as criticism, defence, legitimation, and attribution of responsibility. Treatment recommendations were coded as the solution, procedure, institutional response, or follow-up action described in the content. Coding consistency was maintained through repeated reading of each post and re-examination of ambiguous segments against the complete caption, transcribed spoken text, and on-screen text. A final coding decision was made only after the textual segment had been considered within the context of the complete post. The resulting patterns from the seven BPJS Kesehatan posts were then compared with those identified in the six online media posts.

Each post was entered into the comparative coding matrix and analyzed for all four frames, beyond just the caption, looking at the full text of the caption transcribed spoken text and relevant written text visible in the post. In cases of ambiguity, the item was reread in the context of the entire post before a coding decision was made. The patterns observed within the seven BPJS Kesehatan posts were then compared to the patterns observed across the six media posts.

Public relations framing derived from Hallahan (1999) and SCCT were used to analyze the posts in the interpretive stage. However, these theories were not a replacement of coding categories from Entman's scheme, but a lens to look beyond the issues and actor's culpability in the analyzed posts. SCCT was used to characterize the institutional response orientations of BPJS Kesehatan (denial, clarification, justification, procedural explanation, and strengthening) (Coombs, 2017) with respect to the alleged culpability of the institution. While we cannot say whether this would have changed audience attitudes or restored trust, we compared how well the institutional response explained the definitions of the problem and allocation of responsibility within the selected posts.

Analyzed publicly available content from verified institutional accounts and identified media accounts. Private or non-institutional accounts, as well as individual user accounts and user comments, were not collected. This study focused on institutional and media narratives, and did not presume the attitudes, identities, or intentions of individual TikTok users or creators.

RESULT

From the initial sample of 13 TikTok posts, the research identified seven posts from the official BPJS Kesehatan account and six from six identifiable media accounts. For each topic identified above, posts were selected using purposive sampling based on their importance to the research questions. In addition, a secondary consideration was the engagement rate to prioritize posts with above-average engagement that discussed similar topics. The selected posts concerned the referral process, emergency services, fake news, payment of claims, health-facility capacity, programme financing, institutional oversight, policy implementation, and fraudulent claims. Engagement metrics and total interactions for the sampled posts are shown in Table 1. Total interactions are defined as the sum of the number of likes, comments, and shares on 2 June 2025. The engagement rate is the ratio of the above-mentioned interactions divided by the number of followers of the accounts on the day of the interaction. This means that the engagement rate cannot be interpreted as a measure of sentiment, reach, virality, or algorithmically increased exposure, but rather a measure of relative engagement.

Table 1. Selected TikTok Posts and Relative Engagement

Source	Post code	Account	Central issue	Total interactions	Followers	Engagement rate (%)
BPJS Kesehatan	49	@bpjskesehatan_ri	Hospital referral and emergency access	7,474	280,300	2.666
BPJS Kesehatan	50	@bpjskesehatan_ri	Emergency coverage and referral system	5,678	280,300	2.026
BPJS Kesehatan	42	@bpjskesehatan_ri	Hoaxes concerning BPJS Kesehatan and JKN	2,016	280,300	0.719
BPJS Kesehatan	45	@bpjskesehatan_ri	Security of the Social Security Fund	706	280,300	0.252
BPJS Kesehatan	1	@bpjskesehatan_ri	Categories of referral-back patients	624	280,300	0.223
BPJS Kesehatan	43	@bpjskesehatan_ri	Financial management of BPJS Kesehatan	413	280,300	0.147
BPJS Kesehatan	44	@bpjskesehatan_ri	Institutional oversight	379	280,300	0.135
Online media	67	@tempo.co	Implementation of the KRIS inpatient system	80,072	1,300,000	6.159
Online media	35	@faktacom	Alleged bankruptcy and delayed claim payments	11,952	285,300	4.189
Online media	4	@official.ntv	Limitations of BPJS coverage and private insurance	5,636	179,600	3.138
Online media	53	@merdekacom	Alleged public deception in BPJS-related policy implementation	4,491	1,900,000	0.236
Online media	18	@metro_tv	Fictitious BPJS claims involving hospitals	7,483	8,200,000	0.091
Online media	38	@kompascom	Alleged bankruptcy and delayed hospital payments	1,568	4,900,000	0.032

Note. Total interactions = likes + comments + shares.
Engagement rate = total interactions/followers × 100.
Source: Research data, 2025.

Among the seven selected BPJS Kesehatan posts, engagement rates ranged from 0.135% to 2.666%. The two posts with the highest engagement rates, posts 49 and 50, addressed referral pathways and emergency treatment procedures. Among the six selected online media posts, engagement rates ranged from 0.032% to 6.159%. The posts with comparatively high relative engagement included the Tempo.co post explaining KRIS implementation, the Faktacom post reporting BPJS Kesehatan's response to payment-default allegations, and the Official NTV post discussing the limits of BPJS Kesehatan coverage and supplementary private insurance. The variation shows that relative engagement differed across the selected issues and framing orientations, but it does not explain why users interacted with particular posts.

Descriptive Framing of BPJS Kesehatan Posts

The essence of the seven formal positions was on four issue clusters: service networks and health system capacity, misinformation about participation, procedures and claims payments, program financing and sustainability of funds, and institutional oversight. BPJS Kesehatan's stance on these issues was that it was the referent for procedural, institutional, and assurance issues. Posts 49 and 50 detailed the circumstances when a referral to specialist or emergency services may be appropriate. Post 49 distinguished between care that is not an emergency, usually starting with a primary healthcare provider, and medically

verifiable emergencies treatable at a hospital. The tiered referral system has been presented as a means of efficiency, rather than an artificial limitation on access. Post 50 clarified emergency conditions and hospital referral processes. It reinforced the distinction between emergency and non-emergency service pathways and directed audiences toward the official explanation of referral procedures. Post 1 extended this service-based framing to the referral-back programme, explaining that some stable cardiac patients could be safely returned to lower-acuity facilities, while others still required specialist monitoring or diagnostic equipment not available at the referring facility. Throughout, BPJS Kesehatan was represented as having opened access to costly cardiac treatment.

Post 42 addressed misinformation concerning whether self-employed or non-wage-earning participants would automatically become Contribution Assistance Recipients, *Penerima Bantuan Iuran* (PBI), whose contributions are subsidised by the government. The post defined the issue as inaccurate information concerning participant status and encouraged users to verify information through official sources before sharing it. Post 43 stated that paying contributions was a programme obligation and a social responsibility for those who could afford to contribute, while Posts 43, 45 and 44 stated that government was responsible for programme sustainability. Post 45 addressed concerns about the claims-paying capacity and financial sustainability of the Social Security Fund, Dana Jaminan Sosial (DJS), by presenting quantitative indicators of the fund's capacity to meet its obligations. Post 44 addresses institutional integrity by identifying mechanisms for internal and external oversight and audit.

Table 2. Descriptive Framing of the Official BPJS Kesehatan Posts

Code	Empirical evidence from the post	Problem definition	Causal interpretation	Moral evaluation	Treatment recommendation
49	The post explains why BPJS participants cannot immediately seek hospital care and outlines the procedures in an emergency.	Uncertainty regarding referral pathways and direct hospital access	The tiered referral system and limited understanding of emergency exceptions	The referral pathway is presented as supporting equitable and efficient service rather than restricting access	Follow the primary-care referral pathway in non-emergency cases; seek direct hospital care when a medically verified emergency occurs
50	The post addresses inaccurate social media content regarding emergency care, referrals, and claim payments.	Misleading information about emergency treatment, referral requirements, and delayed hospital claims	Limited understanding of service rules and circulation of insufficiently verified information	Official medical and administrative procedures are presented as the legitimate basis for emergency treatment, referral, and claim settlement	Understand the applicable procedures and verify claims through official information before accepting or redistributing them
42	The post rejects claims that self-employed or non-wage-earning participants can automatically become government-funded PBI participants.	False information concerning automatic transfer to PBI status	Inaccurate information is accepted and redistributed without sufficient verification	PBI status is presented as subject to defined eligibility requirements and procedures; verification is treated as responsible conduct	Verify participant-status information through official channels and avoid redistributing unconfirmed claims
1	The post describes the large number of BPJS participants receiving cardiac care and explains why some stable patients cannot immediately be referred back.	Pressure on specialist cardiac services and constraints on referral-back arrangements	Differences in patient-monitoring needs and limited diagnostic capacity at lower-level or referring facilities	BPJS Kesehatan is presented as enabling equitable access to costly specialist cardiac treatment	Optimise referral-back arrangements for stable patients when adequate monitoring and facilities are available
44	The post identifies the institutions and mechanisms responsible for supervising BPJS Kesehatan.	Public uncertainty regarding institutional and financial supervision	Limited public knowledge of the layered oversight arrangements governing BPJS Kesehatan	Multiple supervisory bodies, audits, and internal controls are presented as evidence of credibility and accountability	Explain the institutional oversight structure and provide audit-based evidence of accountability
43	The post explains that BPJS Kesehatan is a social insurance programme supported by participant contributions and government responsibility.	The long-term financial sustainability of JKN	Financial pressure may increase when economically capable participants do not pay contributions consistently	Regular contribution payment is framed as a social responsibility within a mutual-assistance system	Capable participants should pay contributions regularly, while the government should address any remaining financing shortfall
45	The post answers questions about whether the Social Security Fund remains financially secure and refers to its capacity to cover approximately 3.5 months of claims.	Concern regarding the financial condition and future claim-paying capacity of the fund	Public uncertainty is assessed against the regulatory benchmark for the fund's financial health	Transparency and quantified financial indicators are presented as the basis for institutional reassurance	Publicly explain the fund's financial position and the regulatory indicators used to assess its condition

Note. The empirical evidence has been translated and condensed from Indonesian captions, transcribed spoken text, and on-screen text.
Source: Research data, 2025.

On all four of Entman's framing functions, the official account evokes trust-threatening controversies as informational, procedural, financial, and institutional matters that could be settled within the bureaucracy. Some posts blame misinformation or

misunderstanding; others, tiered referrals, service provision inequities, participant contribution behavior, financial uncertainty, and the public's ignorance of existing oversight arrangements. Moral evaluations were responding to official enrolment, contribution, monitoring, BPJS Kesehatan involvement, compliance with procedures, optimizing referral-back procedures, timely contribution payments, and disclosure of information on financial and monitoring evidence.

Descriptive Framing of Online Media Posts

Two items duplicated BPJS Kesehatan's rebuttals to their bankruptcy and delayed payments, one item was a description of the introduction of KRIS, and three items described flaws in the governance arrangements for claims, disputes with the government, and the fraudulent behavior of healthcare providers. The media posts therefore alternated using institutional amplification, policy explanation, governance scrutiny, and accountability framing.

Posts 35 and 38 reproduced BPJS Kesehatan’s rebuttals to claims concerning institutional bankruptcy and delayed hospital payments. In both posts, the president director of BPJS Kesehatan stated that regular claims were generally paid according to the applicable process, while a limited number remained disputed or under verification. Post 67 addressed the implementation of the Standard Inpatient Class, Kelas Rawat Inap Standar (KRIS), and its implications for the existing inpatient class system. The post presented KRIS as a policy transition requiring further public explanation rather than as evidence of institutional bankruptcy or payment failure.

The remaining media posts focused on policy coverage, government accountability, and provider misconduct. Post 4 discussed the limitations of healthcare costs covered by BPJS Kesehatan and the proposal that private insurance could provide supplementary coverage. The post questioned whether supplementary private insurance would address the existing limitations of the national health insurance programme. Post 53 foregrounded political criticism alleging public deception in the implementation or reporting of a BPJS-related policy. Responsibility was directed toward the government actors involved in communicating and implementing the policy. Post 18 reported fictitious claims involving three hospitals, which allegedly caused state losses of IDR 35 billion. In this post, immediate responsibility was attributed to healthcare providers and actors involved in the fraudulent claims rather than exclusively to BPJS Kesehatan.

Table 3. Descriptive Framing of Online Media Posts

Code	Empirical evidence from the post	Problem definition	Causal interpretation	Moral evaluation	Treatment recommendation
35	The BPJS Kesehatan president director states that the institution will not become bankrupt or fail to pay and that ordinary claims are generally processed within fewer than 15 days.	Rumours of bankruptcy and delayed hospital claim payments	A limited number of disputed or pending claims are generalised and circulated as evidence of institutional financial failure	The institutional denial is presented as a corrective response to insufficiently verified claims	Clarify the distinction between ordinary and disputed claims and encourage verification before accepting viral information
4	The post discusses disputed emergency claims, differences in emergency criteria, unpaid claims, fictitious billing, and the proposal to use supplementary private insurance.	Disputed emergency claims and weaknesses in claim governance	Inconsistent emergency criteria, limited BPJS–hospital coordination, administrative disputes, and fraudulent billing	Supplementary private insurance is questioned as an inadequate substitute for systemic governance reform	Establish shared emergency criteria, strengthen coordination and claim verification, and impose sanctions for fraudulent conduct
53	A parliamentary actor challenges official reports concerning KRIS readiness in South Sumatra and describes the alleged discrepancy as public deception.	Discrepancies between official KRIS-readiness reports and reported local conditions	Inadequate verification and insufficient cross-checking of central reports against local conditions	Inaccurate or unverified official reporting is framed as an accountability failure with implications for budgets and public services	Provide verified and transparent data, issue a clear explanation, and conduct renewed institutional oversight
67	The post asks whether the existing classes will disappear after KRIS is implemented and explains the distinction between contribution classes and room standards.	Public uncertainty regarding the KRIS transition, existing classes, and contributions	Limited understanding of the distinction between contribution categories and inpatient-room standards	KRIS is presented as a positive standardisation policy intended to improve equality in inpatient services	Continue public education regarding the operation of KRIS, existing classes, service standards, and contribution arrangements
18	The post reports allegedly fictitious BPJS claims involving three hospitals and estimated state losses of IDR 35 billion.	Fraudulent claims within the national health insurance service system	Alleged collusion, document manipulation, and insufficient claim verification	The conduct is condemned as corruption that damages public finances and programme integrity	Investigate the actors involved and impose firm sanctions, including possible revocation of hospital and professional licences
38	The BPJS Kesehatan president director denies that the institution will fail to pay and responds to claims that hospitals must wait three to six months for payment.	Rumours of institutional bankruptcy and prolonged hospital-payment delays	Disputed or incomplete claims are presented on social media as evidence of generalised financial instability	The president director's rebuttal is presented as the authoritative correction	Clarify the claim-payment process and encourage the public to verify information before accepting reports of institutional failure

Note. The empirical evidence has been translated and condensed from Indonesian captions, transcribed spoken text, and on-screen text.
Source: Research data, 2025.

Sample problem definitions: rumors regarding financial problems, improper declarations of emergencies, non-implementation of KRIS, inconsistencies in governmental reporting, and fraudulent billing by hospitals. Sample problem causes: unverifiable rumors, delayed administrative claims, inconsistent medical criteria, poor coordination, inadequate policy verification, provider malfeasance. The moral evaluations ranged from institutional reassurance and other positive explanations of policies, to criticism of governments, reporting the situation to the public and maligning the authorities. Other proposed reactions included clarifying, informing the public, administrating reform, reporting, investigation and enforcement.

Comparative Framing of BPJS Kesehatan and Online Media Posts

Comparison of institutional framing and media framing patterns (see Table 4) suggests that institutional defense and media critique were not that easy to differentiate. Whereas BPJS Kesehatan generally exhibited a coherent clarifying-and-reassuring orientation, media outlets shifted between reaffirming institutional claims, clarifying policy, scrutinizing governance, attributing blame and responsibility, and questioning the government or the institutions concerned.

Table 4. Comparative Framing of BPJS Kesehatan and Online Media Posts

Framing dimension	BPJS Kesehatan official account	Online media accounts	Main empirical difference
Problem definition	Misinformation, uncertainty about referrals and emergency services, referral-back constraints, financial sustainability, fund security, and institutional oversight	Bankruptcy rumours, emergency-claim disputes, KRIS transition, disputed government reporting, and fraudulent hospital claims	BPJS predominantly presents controversies as administratively manageable service, information, financial, and institutional matters; media present a wider range of policy, governance, and accountability problems
Causal interpretation	Tiered service procedures, circulating misinformation, gaps in public understanding, unequal facility capacity, participant contribution discipline, and uncertainty regarding financial and oversight arrangements	Unverified rumours, disputed claims, inconsistent medical criteria, coordination weaknesses, inaccurate policy reporting, and provider fraud	BPJS explanations emphasise system procedures, participation, and institutional arrangements; media explanations distribute causes across information, governance, policy, administrative, and provider contexts
Moral evaluation	Official procedures are legitimised; contribution compliance is associated with social solidarity; oversight and financial indicators support institutional credibility; BPJS is presented as enabling healthcare access	Evaluation ranges from institutional reassurance and positive policy explanation to criticism of governance, official reporting, and corruption	BPJS moral evaluation is comparatively consistent and legitimising; media evaluation is heterogeneous and issue-dependent
Treatment recommendation	Verify information, follow applicable service procedures, optimise referral-back arrangements, pay contributions regularly, and use oversight and financial evidence to address concerns	Clarification, public education, shared medical criteria, administrative reform, transparent reporting, investigation, and sanctions	BPJS responses prioritise explanation, compliance, and reassurance; media responses extend from clarification to governance reform and enforcement
Responsibility attribution	Responsibility is distributed among misinformation sources, insufficient procedural knowledge, participant obligations, healthcare-facility limitations, and institutional management responsibilities	Responsibility is distributed among social media information sources, BPJS Kesehatan, the Ministry of Health, hospitals, doctors, and wider policy or administrative arrangements	Neither group attributes responsibility to a single actor across all issues, but media posts involve a wider and less consistent range of responsible actors
Overall empirical orientation	Relatively coherent clarification, procedural education, institutional legitimation, and reassurance	A combination of institutional amplification, policy explanation, governance scrutiny, and accountability reporting	Institutional framing is more consistent, whereas media framing changes according to the issue and actor represented

Source: Research data, 2025.

While differences in each of these controversies were reflected within the account, the institutional focus of the account largely remained the same. The other major issues of capacity and funding within the health system, and institutional oversight, were not downplayed. These challenges were not described as non-existent, but they could be overcome through explanations, administrative coordination, co-responsibility and institutional evidence (discussed further below).

Second, the media posts displayed heterogeneous framing orientations rather than a single counter-frame. Posts 35 and 38 repeated BPJS Kesehatan's explanation of the financial matters, while post 67 partly supported its explanation of KRIS (Kelas Rawat Inap Standar). By contrast, posts 4, 53, and 18 introduced other framings (claim governance, government accountability, or provider fraud). So, while institutional and media framing were similar when the media reproduced institutional clarification or a policy explanation, they diverged when the media assigned responsibility differently or called for reform, investigation, or enforcement.

Third, responsibility was allocated differently to each issue. Information sources, participant behavior, healthcare-facility capacity, government support, and the administrative function of BPJS Kesehatan were all assigned responsibility in official posts. The data are therefore not consistent with the notion that BPJS Kesehatan were the only actor referenced in the social media posts, and instead point to a number of actors, including the spread of information, BPJS Kesehatan, the Ministry of Health, hospitals, medical practitioners and the governance arrangements. Differences in relative engagement were also obvious across frames; practical referral and emergency-service questions and institutional rebuttal and criticism of claim governance were the most highly engaged official

and media posts respectively. Relative engagement varied across the selected issues and framing orientations; however, the data do not explain why users interacted with particular posts. The engagement data therefore cannot be used to infer greater reach, approval, distrust, persuasion, or changes in public trust.

DISSCUSION

Framing Disparity between Institutional Narratives and Media Narratives

From these results, the relationship between BPJS Kesehatan's institutional frame and the chosen media's frame can be explained in terms of partial alignment/dissonance. BPJS Kesehatan's institutional frame remains a fairly stable clarification-and-reassurance orientation across the controversies of information, procedures, finance, and accountability. The media posts, in contrast, had a mix of factual correction or policy explanation, claim-governance problems, problematizing government reporting, and provider fraud. The media posts were most similar to the institutional posts in terms of framing when it was focused on corrections or policy explanations and more different when it was focused on governance or accountability.

Entman's four framing functions can help explain these differences: BPJS Kesehatan framed the controversial issues as problems of misinformation, protocols, capacity, finances, and service governance. The unverified causal interpretation also included: the public's limited knowledge about the referral system arrangement and the uneven number of facilities, the contribution behavior of participants, the financial sustainability of the institution, and the legitimating aspect of moral values both towards the official procedures and BPJS Kesehatan's purposes for expanding healthcare access. In contrast, the proposed treatments focused on verifying, following procedures, paying contributions, coordinating referrals, and disclosing financial or supervisory information. These media posts provided a broader range of causes and solutions, with different actors and institutional contexts. Framing therefore organized not only the problem that was to be solved but also responsibility for it and the response that was to be adopted.

In practice, Hallahan's (1999) PR framing framework helps enunciate these distinctions. BPJS Kesehatan not only used issue framing more often, in which the controversy or issue is normalized as a solvable problem to be tackled through information, procedure, institutional explanation, or administrative coordination, but it was not merely an uninformed public. Who was responsible depended on the issue. Producers and users were responsible for checking statements. Participants were responsible for their contributions. Government constituencies were responsible for programme financing and policy implementation. Healthcare facilities were responsible for their capacity and the issues of claims. The BPJS Kesehatan was responsible for administration, clarification and accountability. The media narratives framed responsibility differently. The specific event being covered dictated where responsibility was assigned. Depending on the post, the responsibility was assigned to social media information sources, to BPJS Kesehatan, to the Ministry of Health, to hospitals, to their owners, and to medical professionals. This shows that the attribution of blame for public service controversies varies across issues, often involving many players rather than one institutional scapegoat.

This finding supports Situational Crisis Communication Theory in that organizational crisis responses are influenced by the level and target of crisis responsibility allocation (Coombs, 2017). Additionally, research by Zhao et al. (2020) on social-mediated crises

supports the finding that there are different levels of perceived responsibility allocation in organizational crisis responses, and crisis responses should not be applied across crisis types. Overall, denial and corrective information was straightforwardly applied to false claims of bankruptcy or delays in payment, participant status, and service procedures, and justification and procedural explanation were applied to questions of referral. Institutional reassurance was more clear in posts on healthcare availability, monitoring, and security of funds. However, these did not necessarily address the frames of claim governance, disputed policy reporting, or provider misconduct that imply a need for verification, administrative improvement, investigation, or enforcement. Thus, the analysis shows that BPJS Kesehatan's responses addressed some frames better than others, but the success of the responses in changing the audience's point of view is not apparent.

We should note that not all of the BPJS Kesehatan news constitute a preventable crisis. For example, false news about fictitious claims of patients was attributed to healthcare institutions immediately while the false news about bankruptcy rumors represented, for the most part, the denial of the institution itself. Sometimes the Ministry of Health was blamed for the erroneous reports on KRIS-readiness, or on the inability to coordinate with BPJS Kesehatan and the hospitals. While this was true, fraudulent or insufficiently verified reports, and the weaknesses in the claim administration seemed a stronger explanation for preventable failure, but not universally applicable. Crisis type should therefore be understood not as an intrinsic characteristic of an event, but as a contested interpretation. This is consistent with the idea that crisis frames emerge through interactions between organisations, media actors, and the general public ((Ogbodo et al., 2020; van der Meer, 2016).

These discoveries add to the literature regarding frame alignment, namely that alignment and divergence can occur simultaneously on a shared platform. For example, Van der Meer et al. (2016) noted that at the same time frames must align between organisations, media, and the public during a crisis. Moreover, Wu and Choy (2018) suggest that crisis frames can converge or diverge across different communicative contexts. Yet, even with official communication's definition of crisis as a starting point, media actors still have to select, contextualize, and evaluate (Hayek, 2024). Alignments occurred with Faktacom and Kompas.com reproducing BPJS Kesehatan's explanation of claims of bankruptcy and delayed payments. Another alignment occurred with Tempo.co, which framed KRIS as a standardization policy. Divergence began when Official NTV illuminated the claim-governance weaknesses, Merdeka.com called into doubt the government official data, and Metro TV revealed the hospital and medical-professional fraud. The selected media posts were in this respect institutional clarifiers, interpreters of policy and actors of accountability. It produced a conflict between a variety of frames rather than between institutional and media.

Therefore, TikTok is defined as a communicative space in this study in which government and media accounts co-occur, and we do not attempt to determine the extent to which TikTok's algorithm favored one frame or whether users preferred a critical account over an affective account. We also only employed engagement rate for internal purposes such as sample selection and assessing post engagement levels relative to one another. It was never used to measure sentiment, reach, or algorithmic distribution. High relative engagement posts included procedural explanations, institutional defense, policy transitions, and criticism of claim governance. This diversity suggests that there was no single framing style that dominated posts that garnered the most attention in our sample. Nevertheless, this

suggests that organisations need to interact in a multi-actor and dynamic communication environment when communicating during a social media crisis (Cheng, 2018). However, as the analysis was only conducted for captions, transcribed spoken language, and relevant text on-screen, it does not consider how users interpreted and responded to alternative frames.

The theoretical contribution is the idea to consolidate the three analytical levels into one comparative framework. Entman's model shows how the controversies were constructed through problem definition, causal interpretation, moral evaluation and treatment recommendation. Building on Hallahan's analysis and SCCT, institutional responses to media framing cannot be divorced from the problem definitions, responsibility attributions, and remedies contained in alternative frames that compete for attention. The differences in framing experiences can be explained by Hallahan's model, while SCCT offers a framework for examining why an organizational response to one attribution of responsibility might not satisfy the attribution of responsibility from another frame. Corrective information directly rebutted the financial and procedural claims. Accountability frames called for evidence for transparency, institutional recognition, administrative improvement, investigation, or enforcement of laws and norms. The results do not propose an alternative theory but rather provide a more fine-grained understanding of when institutional and media frames are likely to align or not align.

Consequences are issue-specific: misinformation needs prompt rectification, corroboration and access to reliable information; procedural uncertainty needs clear communication about the service chain and the service outcomes for service-users and services; bottleneck issues in the fields of capacity, funding and guarantee of funds need to be accompanied by transparent communication about infrastructure boundaries, roles of stakeholders and government, indicators, regulatory standards and monitoring. Communication concerning KRIS should explain both the formal rules and their implications for existing service categories. . It should also be required to explain the verification process, coordination with other healthcare providers, the investigation process, administrative follow up, and if applicable, possible sanctions in disputes over claims governance or provider misconduct. BPJS Kesehatan should examine how to frame each of the controversies. However, a message to correct misinformation only may overlook media frames in terms of policy accuracy, institutional accountability, and provider misconduct. Updating message frames to reflect the changing crisis context can improve the relevance of organizational communication (Ou & Wong, 2021) while focusing on factual and institutional aspects.

CONCLUSION

The results of this study show that BPJS Kesehatan and selected posts from online media did not completely differ in their framing of TikTok public trust controversies. However, the official account's clarification-and-reassurance orientation was more stable while media posts moved back and forth between amplification of institutional explanation and emphasis on policy explanation or governance/accountability issues. Overall, partial framing alignment and divergence by responsibility allocated by issue and actor (BPJS Kesehatan, government offices, participants, health services, health workers, unverified information) were found. Besides, clarification-procedural framing predominantly aligned only with information on misinformation- and service-related framing. Meanwhile, governance, policy-reporting, and provider-misconduct framing mainly indicated calls or requests for transparency, improvement, investigation, or enforcement, respectively, combining Entman's framing

functions, Hallahan's issue-responsibility framing, and SCCT. Operatively, BPJS Kesehatan should frame the problem and the responsible party in each controversy correctly, following factual correction and guidance for information and procedural controversies, or a transparent, evidence-based explanation of roles and communication of follow-up actions for financial, policy, governance, and accountability controversies. Data comprised 13 purposively sampled posts shared via one official account (7 posts) and six media accounts (6 posts), as well as captions and transcribed speech and onscreen text. And lastly, user engagement measures (i.e., likes, comments and shares) do not account for reach or audience response; nor do they account for changes in the user's trust or framing. Future research should consider multimodal content, user responses and interviews, and longitudinal or cross-platform comparisons.

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