

ANALYSIS OF INDONESIAN SOCIAL SECURITY ADMINISTERING AGENCY PATIENT REFERRAL SYSTEM PROCEDURE

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ABSTRACT

Every citizen's right to health services, social protection, and welfare is enshrined within the Indonesian Social Security Administering Agency (BPJS), which ensures equitable access to healthcare. However, despite these efforts, challenges persist within the referral process. Notably, Bhayangkara Hospital, a constituent of the National Police, plays a vital role in the provision of healthcare services. An in-depth analysis of healthcare services at Bhayangkara Setukpa Lemdiklat Polri Sukabumi hospital reveals various indicators, such as Bed Occupancy Ratio (BOR), Length of Stay (LOS), Bed Turn Over (BTO), Turn Over Interval (TOI), Gross Death Rate (GDR), and Net Death Rate (NDR). This study aims to scrutinize the standard procedural regulations governing the BPJS patient referral system, as stipulated by Minister of Health Regulation Number 001 of 2012, specifically focusing on the Individual Health Service Referral System. Employing qualitative research methods, including structured interviews with credible informants, the study explores the effectiveness and challenges of the BPJS patient referral system. While acknowledging the positive impacts of the referral system in ensuring access to various levels of health services, including outpatient and advanced care, the study also highlights persistent challenges faced by both the public and health facilities receiving referrals. Despite generally aligning with regulatory frameworks, obstacles related to resource allocation, facilities, and patient dynamics hinder optimal performance. Recommendations for improvement include a comprehensive analysis of the referral process, enhanced coordination, improvements in health information systems, establishment of referral protocol standards, and comprehensive training and education initiatives. Additionally, regular audits and evaluations, effective communication strategies with patients, and leadership commitment to continual improvement are essential. In conclusion, while the implementation of the referral system adheres to prevailing health regulations, concerted efforts are required to address existing obstacles and improve service delivery at Bhayangkara Setukpa Lemdiklat Polri Sukabumi Hospital.

Keyword: - Healthcare, Health Service, Social Security Administering Agency (BPJS), Hospital.

1. INTRODUCTION

The health of every Indonesian citizen is guaranteed in the 1945 Constitution. Specifically regulated in Law No. 17 of 2023 concerning Health, the first paragraph explains that development of public health requires health efforts, health resources and health management to improve the highest degree of public health based on the principles of welfare, equity, non-discrimination, participatory and sustainable in the context of developing quality and productive human resources, reducing disparities, strengthening quality health services, increasing health resilience,

ensuring a healthy life, and advancing prosperity all citizens and the nation's competitiveness for achieving national development goals [1], [2].

Presidential Regulation of the Republic of Indonesia Number 36 of 2023 states that the National Social Security System, hereinafter abbreviated as SJSN, is a procedure for administering the Social Security program by several social security administering bodies. The government's national health insurance program is managed by the Social Security Administering Body (BPJS). Participants are everyone, including foreigners who have worked for at least 6 (six) months in Indonesia, who have paid contributions [3], [4]. The formation of BPJS aims to ensure the provision of guarantees for the fulfillment of the basic needs of a decent life for each participant and/or their family members. Presidential Regulation of the Republic of Indonesia Number 36 of 2023 concerning Social Security Administering Bodies states that the types of Social Security Administering Bodies consist of BPJS Health and Employment. BPJS Health organizes a health insurance program [5].

According to Law Number 17 of 2023 Article 184 paragraph 1, hospitals are mandated to execute individual health service functions through specialization and/or subspecialty. It's noteworthy that suboptimal performance in hospital health services isn't exclusive to either public or private institutions; it's also observed in government-owned public hospitals, including those affiliated with institutions like the National Police, such as Bhayangkara Hospital. As outlined in Police Chief Regulation Number 14 of 2017, Bhayangkara Hospital serves as a medical facility within the National Police domain, providing healthcare services not only to civil servants within the National Police and their families but also extending services to the public, in addition to offering specialized police medical services.

However, as discovered in several research, there are numerous dissatisfactions experienced by BPJS members, particularly about services and referral procedures. BPJS participants frequently voice grievances regarding discriminatory treatment experienced within hospitals, encompassing disparities in service provision between National Health Insurance-Healthy Indonesia Card (JKN-KIS) patients and those covered by other insurance schemes [4], [6], [7], [8]. Examples of prevalent complaints from JKN-KIS participants include financial concerns, service discrimination, constraints on doctor quotas leading to restricted access for JKN-KIS patients, and delays in medical attention. Furthermore, common grievances among JKN-KIS participants pertain to inefficient queuing systems, limited availability of inpatient beds, and complexities surrounding procedures such as the referral system. Several prior studies relevant to this research were conducted by Anisa et al. [9] and Suhartoyo [6]. Other research found that the referral system services were suboptimal, leading to patient accumulation in advanced health facilities and a deterioration in the quality of health services [10]. Conversely, it was also reported that while the referral process adhered to standard operating procedures (SOP), issues were identified with the pre-referral communication process and the recording and reporting system, which were routinely neglected [7].

According to the results of the pre-survey data, there is a strong indication that the prevailing sentiment among respondents suggests a lack of satisfaction with the implementation of the BPJS patient referral system procedures at Bhayangkara Setukpa Hospital, Sukabumi National Police Education and Training Institute. This dissatisfaction is evidenced by the significant proportion of respondents who perceive differentiation between BPJS patients and general patients, both in administrative and healthcare services. Moreover, the respondents expressed great concerns regarding the complexity and length of the administrative processes associated with the provisions and requirements of the BPJS patient referral system, alongside perceptions of hospitals limiting service capacity for BPJS patients and difficulties encountered in securing inpatient rooms.

Drawing from previous research, it becomes apparent that an inadequately functioning referral system exerts a significant influence on the quality of service extended to patients. When the referral process fails to operate optimally, it leads to delays, miscommunications, and inconsistencies in the delivery of healthcare services. As a result, patients experience disruptions in their care pathways, encountering challenges in accessing timely and appropriate treatment. Such shortcomings in service provision not only impede patients' overall healthcare experiences but also contribute to a sense of dissatisfaction and frustration among them [11]. Moreover, when patients perceive a lack of efficiency or effectiveness in the referral process, it undermines their trust in the healthcare system, eroding their confidence in the care they receive. Consequently, addressing deficiencies in the referral system is crucial not only for improving patient outcomes but also for enhancing overall satisfaction and trust in the healthcare delivery process.

2. LITERATURE REVIEW

A hospital serves as a pivotal institution within a community, offering essential health services that encompass primary individual health care for inpatients, outpatients, and emergency cases. These services span a spectrum of medical domains, including but not limited to medical diagnosis and treatment, medical support services, nursing care, and rehabilitation services, as delineated in Minister of Health Regulation 4 of 2018. Through its multifaceted

offerings, a hospital plays a fundamental role in safeguarding the well-being of individuals, addressing their diverse healthcare needs, and promoting overall public health. A hospital epitomizes a cornerstone of healthcare provision, functioning as a dedicated space aimed at delivering essential health services primarily focused on disease treatment and health enhancement. Operating within a referral framework, hospitals seamlessly integrate curative interventions with broader endeavors geared towards enhancing health status and preventing diseases. Furthermore, hospitals serve as invaluable hubs for personnel education and research, contributing to advancements in medical knowledge and practices. Beyond clinical functions, hospitals also serve as beacons of healthy behavior and environmental cleanliness, embodying exemplary standards that inspire and promote community-wide adherence to health-conscious habits. This multifaceted role underscores the pivotal importance of hospitals as holistic entities in fostering individual and community well-being. This conceptualization is succinctly encapsulated in the Ministry of Health of the Republic of Indonesia's statement of 2014.

In addition to the imperative of meeting government-mandated quality standards, the timely provision of health services emerges as a crucial dimension [12], [13]. Service time, as highlighted in their study, stands as a pivotal metric in assessing the efficacy of organizational service delivery. It encompasses not only the promptness but also the efficiency with which healthcare services are rendered. This multifaceted concept comprises two overarching facets: speed, which pertains to the pace at which services are delivered, and timeliness, which focuses on the adherence to predetermined schedules and timelines. However, within the intricate operational milieu of hospitals, there are four specific indicators to comprehensively gauge the speed of service time. These indicators encompass registration time, reflecting the duration from patient arrival to administrative processing; waiting time, denoting the period spent by patients before receiving attention; Oral Diagnosis (OD) time, capturing the interval between oral examination and diagnosis; and treatment time, representing the duration of medical intervention [14], [15]. By meticulously examining and optimizing these constituent elements, hospitals can effectively streamline their operational processes, heighten efficiency, and ultimately elevate patient satisfaction levels while advancing overall healthcare delivery standards.

To assist with the financial provision for the patients without economic discrimination, Indonesian government established BPJS program, as found in the United States with their Social Security Program. The main objectives of BPJS encompass a spectrum of responsibilities, including the facilitation of membership registration and the management of membership data, as well as the collection of contributions, including government assistance, and the management of Social Security Funds [8]. Additionally, BPJS is tasked with disbursing benefits and financing health services, alongside conveying essential information to the public through social security program advocacy and information disclosure initiatives. Membership registration can be conducted either passively, by accepting registrations, or actively, by initiating registration procedures. BPJS's primary focus lies in delivering health services, particularly through the social health insurance program, while also prioritizing the welfare of its participants. To enhance service provision, BPJS has established Health Insurance Centres as reference hubs for BPJS-related information within hospitals, aiming to streamline access to information for participants. Furthermore, efforts are directed towards the development and training of human resources within BPJS, aimed at augmenting knowledge and optimizing the functionality of health insurance within society [10]. However, challenges persist, as evidenced by the prevalence of complaints among BPJS participant communities, particularly regarding difficulties in accessing and comprehending Health Insurance-related information, including rights, procedures, limitations, and service protocols. Consequently, BPJS continues to pursue participant-centric initiatives across various Health Insurance programs, striving to address these concerns and improve overall service delivery.

A referral system within the healthcare domain constitutes a comprehensive framework facilitating the delegation of authority and responsibility concerning cases of disease or health problems. This system operates in a reciprocal manner, orchestrating both vertical and horizontal exchanges across different tiers and strata of health service facilities. Vertically, the referral system oversees the seamless transfer of patients from one level of healthcare provision to another, ensuring individuals receive the appropriate level of care commensurate with their medical needs. Simultaneously, horizontally, the system fosters collaboration and coordination among facilities within the same stratum, facilitating the exchange of expertise, resources, and patient referrals. This multi-faceted approach underscores the system's pivotal role in ensuring the efficient allocation of healthcare resources, optimizing patient outcomes, and fostering continuity of care across the healthcare continuum [5]. The benefit of the referral system from the government's perspective is that it helps save funds, because there is no need to provide various types of medical equipment at each health facility, it clarifies the health service system, because there is a working relationship between the various health facilities available; makes administrative work easier, especially in the planning aspect. The benefit of the referral system from a community perspective is that it reduces medical costs, because it can avoid repeating the same examination, making it easier for people to get services, because the function and authority of each health service facility is clearly known [4].

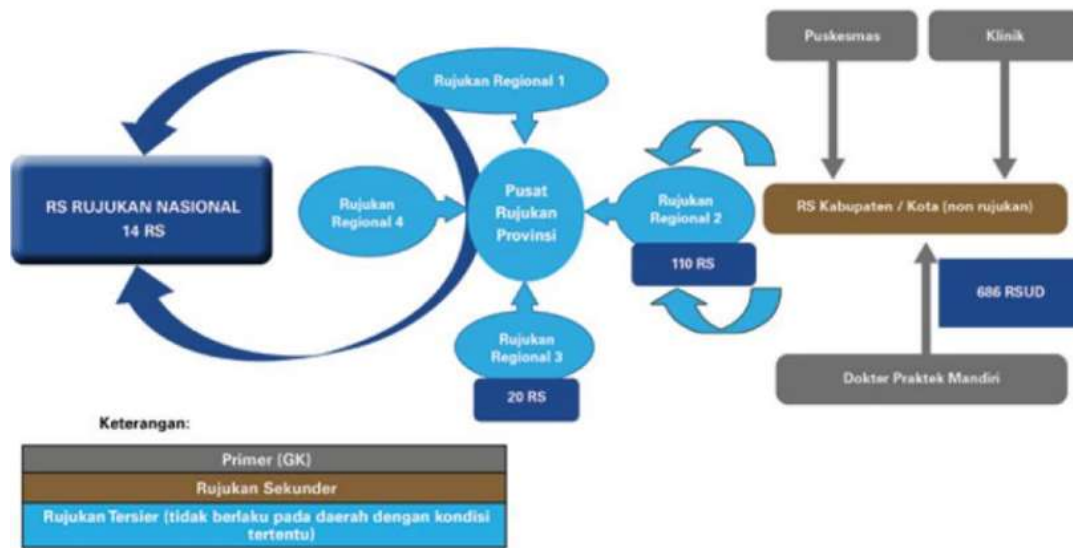


Fig -1: National Referral Service System [16], [17]

Minister of Health Regulation Number 001 of 2012 represents a comprehensive delineation of the intricate hierarchical structure governing the Individual Health Service Referral System. This system is meticulously designed to orchestrate a seamless progression of healthcare services, ensuring that individuals receive the appropriate level of care tailored to their medical needs. At the foundational tier of this hierarchical framework lies the First Level Health Services, serving as the cornerstone of primary healthcare provision. Within this tier, a diverse array of essential healthcare services is administered by general practitioners and dentists across a spectrum of healthcare settings. These settings encompass community health centres, individual practices, primary clinics, and select facilities where midwives or nurses may extend care, all under the purview of statutory regulations.

As individuals progress through the healthcare continuum, they may necessitate specialized interventions, thus prompting their transition to the Second Level Health Services. Here, specialized medical interventions are orchestrated by seasoned experts who are adept in various medical disciplines. Armed with advanced healthcare knowledge and state-of-the-art technologies, these specialists tailor their interventions to address specific medical conditions with precision and efficacy. Finally, at the apex of specialized care provision resides the Third Level Health Services, representing the epitome of healthcare expertise and innovation. Within this tier, sub-specialist doctors or dentists deploy highly specialized knowledge and cutting-edge technologies to deliver intricate sub-specialized healthcare services. These professionals excel in managing the most complex medical conditions, offering unparalleled expertise and precision in their treatment approaches. This meticulously structured hierarchical framework serves as a beacon of excellence in healthcare delivery, ensuring the judicious allocation of resources and expertise to meet the diverse and evolving healthcare needs of individuals across the spectrum of the healthcare system.

3. RESEARCH METHODS

In this study, a qualitative research approach with descriptive methods and a phenomenological orientation was employed to delve into the referral system for BPJS patients. This approach aimed to gain direct insights from informants regarding the regulations, implementation processes, and recommendations associated with the referral system. Through this phenomenological lens, the researchers sought to explore the lived experiences and perceptions of individuals directly involved in the referral system. The description of the referral system service was crafted based on field data collected through a combination of interviews, observations, and documentation reviews. Interview guidelines were developed and utilized to facilitate structured conversations with key stakeholders, while observations provided contextual insights into the operational dynamics of the referral system. Additionally, documentation pertaining to relevant regulations, guidelines, and operational protocols was scrutinized to enrich the understanding of the referral system framework.

Data collection techniques utilized in this research consist of interview, observation through field research, and literature study. The collected data underwent interpretive qualitative analysis, allowing for a nuanced exploration of themes, patterns, and insights emerging from the informants' narratives and observational findings. This comprehensive research approach enabled a holistic exploration of the referral system landscape, providing valuable insights to inform policy recommendations and enhance the effectiveness of BPJS patient referrals.

4. RESULTS AND DISCUSSION

The implementation of the referral system for BPJS patients at the Bhayangkara Setukpa Lemdiklat Polri hospital necessitates meticulous planning and effective coordination among all stakeholders involved. However, despite best efforts, this implementation often encounters obstacles and challenges that require agile and adaptive responses tailored to the specific conditions encountered in the field. These challenges may vary in nature, ranging from logistical constraints to bureaucratic hurdles, and may necessitate swift and pragmatic solutions to ensure the smooth functioning of the referral system and the timely provision of healthcare services to BPJS patients. Based on the research, several facts are evident. Bhayangkara Setukpa Lemdiklat Polri hospital is cooperating with BPJS, accepting referred patients but only for the specific ones, as appointed by the BPJS. The referral system is regulated with an SOP that follows Indonesian Minister of Health Regulation No. 1 of 2012 concerning the individual referral system, both horizontally and vertically.

From the insights gleaned through interviews, several obstacles were identified by the Bhayangkara Setukpa Lemdiklat POLRI hospital in the implementation of the referral system for BPJS patients. These challenges include instances where patients cannot be served directly due to the necessity of tiered referrals, inadequate availability of facilities at referral sites, lack of response from other hospitals, and instances of overcapacity leading to overload. Moreover, there have been grievances voiced by BPJS patients who have been referred, with confusion arising from the zoning structure of the referral system. Specifically, patients find themselves outside the registered referral zone of the Bhayangkara Setukpa Lemdiklat POLRI hospital, further complicating their access to care. Additionally, a deficiency in understanding the intricacies of the referral system has resulted in procedural errors. In response to these challenges, the hospital has undertaken proactive measures such as early evaluation and treatment to mitigate delays and ensure timely care provision. Nonetheless, patients continue to express dissatisfaction with the service and treatment experiences at the hospital, citing prolonged waiting times for examinations from registration to consultation with a doctor. Prior to seeking care at the Bhayangkara Setukpa Lemdiklat POLRI hospital, patients encountered barriers as they were required to return to the primary healthcare facility (FKTP) due to the tiered referral procedure, further exacerbating their healthcare journey.

During the referral process, patients often lack prior knowledge of the required procedures. However, upon receiving information or explanations regarding the necessary steps, patients demonstrate the capability to adhere to the specified requirements effectively. Nonetheless, the implementation of referrals at the Bhayangkara Setukpa Hospital, National Police Education and Training Institute, has encountered challenges primarily stemming from human resource shortages, particularly in the realm of specialist doctors. Additionally, limitations are observed in the available facilities, especially for diseases necessitating sophisticated diagnostic tools and modern amenities for accurate disease detection. Bhayangkara Setukpa Hospital, Lemdiklat Polri Sukabumi, consequently refers patients requiring specialist or sub-specialist healthcare services that surpass its capacity. The constrained availability of facilities, equipment, and human resources, such as the absence of specialist doctors equipped to manage complex cases and the lack of necessary examinations to support patients' healthcare needs, underscores the hospital's reliance on referrals to community health centres for comprehensive care provision.

The referral system at the Bhayangkara Setukpa Lemdiklat POLRI hospital faces a myriad of obstacles, including challenges with tiered referrals, facility availability at referral sites, unresponsiveness from other hospitals, and instances of overload, leading to dissatisfaction among BPJS patients who are referred. The implementation of an online referral system by BPJS Health has further compounded these issues, eliciting complaints from both patients and healthcare facilities. Tiered referral systems aim to optimize health service efficiency by appropriately matching patient needs with medical personnel and technology, thereby minimizing wasted costs [17]. However, in practice, there is a pervasive lack of understanding among healthcare providers and patients regarding the nature of tiered referrals, fuelling discontent and grievances. Regulatory constraints exacerbate these challenges, particularly the zoning format of the referral system, which often results in confusion among patients seeking care outside the registered referral zone. Additionally, inadequate knowledge of the referral system contributes to procedural errors. To mitigate these challenges, Bhayangkara Setukpa Hospital Lemdiklat Polri Sukabumi endeavors to provide comprehensive explanations to patients and their families regarding the medical condition, necessary actions,

rationale for referral, and associated risks. Yet, despite these efforts, significant obstacles persist in the seamless functioning of the referral system.

In a concerted effort to enhance the quality of the BPJS patient referral system, the hospital has initiated comprehensive measures to refine the existing referral process, encompassing a series of steps involving evaluation, updating, and optimization. These recommendations stem from a thorough analysis of the obstacles encountered both at the primary healthcare facility (FKTP) level and within the advanced healthcare setting. The initial step involves evaluating the current referral system to pinpoint the primary challenges impeding its effectiveness. Subsequently, recommendations for enhancing hospital referral procedures are proposed as a pivotal strategy to bolster the efficiency, safety, and overall quality of healthcare services. Drawing insights from comparative analyses with several higher-level hospitals, the following steps have been identified as imperative for improving hospital referral procedures:

- The first step involves conducting a detailed analysis of the referral process, encompassing the identification of each step, evaluation of the time required for execution, and discerning weak points or obstacles hindering the process's efficiency.
- Establish robust inter-departmental coordination by fostering effective collaboration between various units involved in the referral process, including doctors, nurses, administration, and other pertinent staff. This entails implementing clear communication mechanisms and forging partnerships with community health centers, clinics, or neighboring hospitals within the service area.
- Augment the Health Information System by integrating automation into several facets of the referral process. This includes ensuring the seamless exchange of information between units through an integrated electronic medical record system.
- Enhance facilities and infrastructure by prioritizing sustainable development initiatives tailored to current needs. This involves provisioning health facilities, equipment, and medical infrastructure in alignment with evolving medical requirements and advancements.
- Develop and refine reference protocol standards to establish clear and standardized guidelines. Ensure comprehensive comprehension and adherence to these protocols among all healthcare personnel.
- Provide comprehensive training sessions for healthcare staff on updated referral procedures, emphasizing the importance of expediency and accuracy throughout the referral process.
- Conduct routine audits to evaluate the efficacy of the referral process, identify areas for improvement, and solicit feedback from patients, physicians, and healthcare staff to drive continuous enhancements.
- Furnish patients with clear and concise information regarding the referral procedure, delineating the necessary steps and expectations. Establish accessible channels for patients to contact relevant authorities for assistance or clarification.
- Implement performance indicators to monitor response time, accuracy, and patient satisfaction regarding referrals. Establish feedback mechanisms enabling staff to contribute input and suggestions for process refinement.
- Cultivate a commitment to support referral procedure improvements among hospital leadership, ensuring adequate resource allocation to facilitate necessary changes.
- Undertake regular evaluations of implemented changes and remain receptive to further enhancements. Implement a continuous improvement cycle to foster ongoing refinement and optimization of referral procedures over time.

Surely, the implementation of these measures holds the potential to significantly enhance the hospital patient referral systems at Bhayangkara Setukpa Hospital Lemdiklat Polri Sukabumi, fostering increased efficiency and service quality. It is imperative to engage all stakeholders throughout the improvement process to ensure that the solutions adopted are aligned with the specific needs and circumstances of the hospital. By fostering collaboration and inclusivity among healthcare professionals, administrators, patients, and community stakeholders, a collective approach can be cultivated to address challenges comprehensively and implement sustainable improvements. Moreover, soliciting input and feedback from all stakeholders can help to identify nuanced issues and tailor solutions, thereby maximizing the effectiveness and impact of the improvement efforts. Ultimately, a concerted and inclusive approach will be key to realizing tangible enhancements in the hospital's patient referral systems, ultimately resulting in improved healthcare delivery and patient outcomes.

4. CONCLUSION

Based on the findings from the research on the Procedure Analysis of the BPJS Patient Referral System at Bhayangkara Setukpa Hospital Lemdiklat Polri Sukabumi, several conclusions can be drawn. The BPJS patient

referral system operates under Minister of Health Regulation Number 001 of 2012, ensuring access to comprehensive health services for participants, including inpatient, outpatient, and advanced level care. However, challenges persist in its implementation, with public complaints highlighting shortcomings within the tiered referral system. As such, there is a need for evaluation and improvement to enhance service delivery and address existing issues. Nonetheless, the system remains vital in guaranteeing public health services, particularly in patient referrals under BPJS coverage. The implementation of the BPJS patient referral system at Bhayangkara Setukpa Hospital, Lemdiklat Polri Sukabumi adheres to Minister of Health Regulation Number 001 of 2012 concerning the Individual Health Service Referral System. However, various obstacles impede its seamless execution, including limitations in resources, facilities, and patient-related factors. To enhance BPJS patient referral procedures at Bhayangkara Setukpa Hospital Lemdiklat Polri Sukabumi, alignment with BPJS patient referral system regulations based on Minister of Health Regulation Number 001 of 2012 is imperative. Recommendations, based on identified obstacles, encompass ten essential steps. These include analyzing the referral process, enhancing departmental coordination, implementing robust health information systems, standardizing referral protocol standards, providing comprehensive training, conducting routine audits, improving patient communication, establishing performance monitoring mechanisms, securing leadership commitment, and fostering a culture of continuous improvement. These measures aim to optimize efficiency, ensure compliance, and improve patient outcomes within the referral system framework.

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