

## The Evaluation of Health Administration Management in the National Health Insurance (JKN) Program in Indonesia

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### ABSTRACT

The National Health Insurance (JKN) program, managed by BPJS Kesehatan, has been a pivotal initiative in Indonesia's healthcare reform since its launch in 2014. With a membership coverage of 98.67% as of September 2024, the program has demonstrated remarkable progress toward achieving Universal Health Coverage (UHC). While previous studies have predominantly focused on financing, patient satisfaction, and the quality of medical services, this research highlights the often-overlooked aspect of health administration management. Effective and integrated administrative processes are essential to ensuring service delivery, claims processing, data management, and overall system accountability. However, the JKN program continues to face challenges such as administrative inefficiencies, overlapping data, lengthy procedures, and limited participant understanding. This study conducts a qualitative evaluation of administrative management in Makassar City a major urban center with a high JKN participation rate and a complex healthcare system. By analyzing the experiences of healthcare providers, administrative personnel, and JKN members, the study identifies key administrative strengths and systemic bottlenecks. Findings from this research aim to inform policy recommendations for improving administrative efficiency, transparency, and responsiveness, thereby strengthening the sustainability and equity of Indonesia's national health insurance system.

**Keywords:** JKN, BPJS Kesehatan, health administration, public health policy

### INTRODUCTION

The National Health Insurance (JKN) program, managed by the Social Security Administration Agency for Health (BPJS Kesehatan), represents a significant milestone in Indonesia's healthcare system reform. Launched in 2014, the program aims to provide fair, equitable, and high-quality access to healthcare services for all Indonesians, without exception (Nugraheny & Djumena, 2024). As of September 1, 2024, JKN membership coverage has reached 98.67% of Indonesia's total population more than 277 million people. This achievement

marks Indonesia's success in attaining Universal Health Coverage (UHC) in a relatively short period, making it one of the fastest countries in the world to reach UHC (Antara News, 2024). Moreover, in 2023, JKN recorded 606.7 million healthcare service utilizations, equivalent to 1.6 million services per day (Waseso & Dewi, 2024). This data indicates that JKN has not only succeeded in terms of coverage but also in actual service utilization by the public. However, behind these numbers lie challenges in complex administrative management involving multiple stakeholders and processes, from participant registration to financing claims. Therefore, evaluating the administrative management of the JKN program is essential to ensure that the system operates effectively and efficiently in delivering health services to the public (Sihole et al., 2024).

Nevertheless, the success of the JKN program is not solely determined by funding or medical services. One of the key pillars determining the success of its implementation is effective, efficient, and integrated health administration management (Khariza, 2015). Health administration serves as the backbone of the service system, as it manages participant data, controls cost claims, processes referrals, and enables systematic service evaluations. Accuracy in administrative management also influences participant satisfaction, provider credibility, and the sustainability of the program itself (Simamora, 2023). In the context of JKN, administrative burdens are often a complaint from both participants and healthcare workers, particularly when information systems are not optimal or procedures are too lengthy and complex (Rumasukun, 2019).

Furthermore, administrative management in the JKN program involves cross-sector coordination between BPJS Kesehatan, primary healthcare facilities (FKTP), advanced referral healthcare facilities (FKRTL), and local governments (Shubhan et al., 2018). Each party plays a different administrative role from verifying participant status, recording services, compiling reports, to submitting and paying claims (Ais & Akhirruddin, 2024). This system's complexity demands well-organized, professional management supported by adequate human resource capacity and digital infrastructure. Unfortunately, in practice, many challenges remain, such as insufficient training for administrative staff, mismatched information systems, coordination barriers among institutions, and limited participant understanding of service procedures.

After more than a decade of JKN implementation, administrative issues still frequently arise. Problems such as long queues, data overlaps, delayed verifications, rejected claims, and a lack of information transparency are common. These issues not only generate dissatisfaction among participants but also burden health facilities and delay medical services. These obstacles indicate that, although conceptually the JKN is a progressive and pro-people program, its implementation still requires strengthening—particularly in technical administrative aspects that have a significant impact on the program's continuity.

On the other hand, scientific studies on JKN implementation have mostly focused on aspects such as financing, patient satisfaction, or the quality of

medical services. Meanwhile, administrative management one of the key components of health system governance has received relatively little attention. Yet, it is within this administrative aspect that many critical processes occur, determining the system's efficiency and accountability. Evaluative research using a qualitative approach is urgently needed to explore in depth the experiences, perspectives, and challenges faced by actors in the field, such as administrative staff, health workers, and JKN participants themselves.

In this context, Makassar City is chosen as the research location because it is one of the major cities in Eastern Indonesia with a high level of JKN participation, as well as a complex and rapidly developing healthcare system. The city hosts various healthcare facilities, from community health centers (Puskesmas) and regional public hospitals to BPJS branch offices serving as administrative coordination centers for the JKN program in the region. An evaluation of JKN administrative management in Makassar is expected to provide a real picture of the strengths and challenges in the field and serve as a model for administrative improvements that can be replicated elsewhere.

Therefore, a comprehensive evaluation of administrative management in the JKN program, particularly in Makassar City, is essential to obtain a real picture of the strengths and weaknesses of the current system. This evaluation is expected to provide practical recommendations for a more efficient, transparent, and responsive administrative system that meets public needs. This research also aims to support evidence-based policymaking to strengthen the national health insurance system so that the principles of equity and equality in service delivery can truly be realized in practice across Indonesia.

## **METODOLOGI**

This investigation adopts a descriptive qualitative methodology, primarily aimed at deeply exploring the operational practices, hurdles, and complexities associated with managing health administration under the National Health Insurance (JKN) scheme, as observed by those directly involved in its implementation. The chosen approach is ideal for uncovering the underlying processes and interpretations of administrative phenomena that defy straightforward quantification. Through this method, the research aims to provide a holistic understanding of both the strengths and limitations of the JKN administration system in the context of its real-world application in healthcare facilities.

The study will take place in Makassar City, South Sulawesi, recognized for its large-scale JKN participation and its rapidly evolving healthcare infrastructure. Specific research sites will include various healthcare institutions such as community health centers (Puskesmas), regional government-run hospitals (RSUD), and the BPJS Kesehatan Makassar branch. These locations were selected purposefully to represent diverse, dynamic administrative practices and to address key challenges in JKN management.

Participants in the study will be selected through purposive sampling, ensuring that those involved are directly engaged in JKN administrative processes. The study will involve administrative staff from healthcare facilities, BPJS Kesehatan Makassar personnel (focused on membership and claims), and healthcare professionals (doctors

and nurses). Additionally, JKN beneficiaries from the community will be interviewed to gather insights from the service users' perspective. Key figures, such as heads of Puskesmas, hospital directors, and BPJS service coordinators, will also be included to provide managerial and policy-level insights.

Data will be gathered through in-depth interviews guided by semi-structured protocols, direct observation of service delivery and administrative processes, and analysis of secondary data such as standard operating procedures (SOPs), administrative performance reports, and service records. To ensure the robustness of the findings, triangulation will be employed to merge these three data sources, enhancing the study's validity. The research tools will include interview frameworks, audio recorders (with consent from informants), field notebooks, and cameras for documentation (pending permission from relevant authorities). These instruments are designed to support thorough and detailed data collection regarding administrative practices.

The analysis of the data will follow a thematic approach, where information gathered from interviews and observations will be distilled, categorized, and organized into overarching themes aligned with the research focus. The researcher may utilize software like NVivo to streamline data management if required. Data reliability will be ensured through triangulation, member checking (validation of findings with informants), and peer debriefing (review of preliminary findings with colleagues or advisors). This methodological rigor guarantees that the analysis remains objective and consistent.

In conducting the research, ethical principles will be strictly adhered to, including obtaining written consent from all participants, maintaining confidentiality of their identities, and seeking the necessary permissions from relevant institutions in Makassar, such as the local Health Department, BPJS Kesehatan Makassar branch, and the management of participating healthcare facilities.

## RESULT

### 1. Operational Realities Behind JKN's Administrative Efficiency

Despite having a formally structured administrative framework, the on-the-ground implementation of Indonesia's National Health Insurance (JKN) continues to grapple with persistent challenges that compromise service delivery. Conversations with health workers and BPJS officials in Makassar painted a picture of a system that, while organised in theory, falters under real-world pressure. One staff member at Tallo Community Health Centre remarked on the daily bottlenecks:

*"Even though we adhere to the procedural pathway, the system's performance drops drastically during peak hours, leading to backlogs and participant frustration."*

This claim was substantiated during field visits, where long queues for membership verification and claim processing were evident—especially at critical times. A BPJS officer, handling both membership and claims, noted similar systemic friction:

*"Though we utilise platforms like V-Claim, synchronisation glitches between the central BPJS database and local health facilities often result in stalled claims or inaccurate*

*membership data, delaying the entire process."*

These digital inefficiencies translate directly into service bottlenecks – delaying hospital payments and disrupting patient access. A nurse at a Makassar government hospital added another layer to the issue:

*"We often encounter patients who are either misinformed about their membership status or unaware of the proper referral procedures."*

This suggests that service disruption is not merely a consequence of faulty systems but also of limited patient literacy. In several cases, individuals made repeated visits solely to confirm their eligibility, further straining service timelines. On-site observations confirmed that administrative functions such as patient registration, eligibility checks, and claims processing consumed more time than planned. Even hospitals with dedicated JKN counters often struggled, as understaffed administrative teams were overwhelmed by mounting queues. Additionally, claims requiring BPJS confirmation experienced further setbacks when technical issues arose, compounding delays.

In essence, while the JKN scheme is administratively sound on paper, its success is frequently undercut by technical limitations, manpower shortages, and low participant awareness. These combined factors slow down service provision, reducing user satisfaction and undermining the quality of care within affiliated facilities.

## **2. Human Resource Capacity and Administrative Competence in Managing JKN**

Insights drawn from interviews with personnel at health facilities and the Makassar branch of BPJS Kesehatan reveal that human capital readiness remains a significant bottleneck in the efficient execution of JKN administrative functions, despite the availability of training programmes and standardised systems. A frontline staff member from Tallo Community Health Centre shared the following:

*"We've received training on P-Care and JKN protocols, yet during peak hours, we're overwhelmed. The staff shortage and heavy patient flow make it difficult to deliver prompt and precise services."*

This sentiment was reinforced by field observations at both primary health centres and government hospitals, where early-morning queues stretched long and administrative staff were clearly under duress. The lack of sufficient personnel at each service station hampered smooth registration and verification, as individual staff members were frequently tasked with juggling multiple responsibilities – from patient intake to claim confirmation. A BPJS staff member involved in membership affairs at the Makassar branch further elaborated:

*"Administrative competency at the hospital level is uneven. Some staff are well-versed in*

*platforms like V-Claim, while others still struggle with complex verification tasks or recent data updates. The high workload prevents many from keeping pace with system enhancements."*

This suggests a disconnect between training provided and real-world application, with knowledge gaps persisting despite institutional support. Additionally, a service coordinator at a Type B hospital in Makassar pointed out systemic issues beyond individual competence:

*"Cross-unit coordination – especially between admin staff and clinicians – is often hindered by inconsistent understanding of JKN protocols. Workload distribution is also problematic when patient volumes exceed manageable levels, resulting in administrative delays."*

These observations underscore the fact that administrative hurdles are not solely due to individual skill gaps but also organisational inefficiencies. For instance, delays in tiered referrals or claims verification are often caused by the need for administrative personnel to await responses from medical staff, who are themselves preoccupied with clinical duties. In conclusion, although support structures such as training and digital systems are in place to bolster JKN administration, persistent challenges—including workforce shortages, high task loads, and fragmented interdepartmental coordination—continue to obstruct operational efficiency. Enhancing the competence and capacity of administrative personnel, alongside improving communication and workflow integration across departments, is vital to overcoming these institutional roadblocks.

### **3. Obstacles in the Claims and Verification Process for Healthcare Services**

Interviews with various informants from healthcare facilities and BPJS Kesehatan in Makassar highlight that claim issues and verification delays are major hindrances to the effective functioning of the JKN system. A staff member from the claims department at BPJS Kesehatan shared:

*"The biggest challenge we face is the chronic delay in claim payments, particularly for inpatient care and extended services. The verification process, which can drag on for months, severely hampers the financial operations of hospitals."*

Field observations corroborate this issue, with numerous hospitals revealing that they often bear operational costs without knowing when they will be reimbursed by BPJS. This unpredictability disrupts their ability to function smoothly. One hospital director in Makassar further explained:

*"Ongoing delays in claim payments wreak havoc on our hospital's financial stability. When claims are not processed on time, we find ourselves struggling to pay staff wages and purchase critical medical supplies."*

The financial strain caused by delayed claims creates significant challenges for hospital operations. These difficulties are compounded by frequent verification issues, where incomplete or mismatched documentation leads to claim rejections or delays. A hospital administrator also pointed out:

*“The centralised system for document verification complicates matters. Incomplete documentation or data entry mistakes can delay the entire claims process.”*

This backlog not only disrupts cash flow but also delays patient care, as patients often find themselves waiting longer for claim approvals. Observations from both community health centres and hospitals reveal that healthcare facilities are often forced to dedicate extra resources to chase down unpaid claims. Administrative staff frequently have to check claim statuses repeatedly, which is both time-consuming and labor-intensive. In hospitals, the financial consequences of unpaid claims are starkly visible in the delays in obtaining vital medications and medical supplies, which ultimately impacts patient care.

In conclusion, persistent issues with claims and verification processes – such as delays and data mismatches – are significantly damaging to the financial health and operational efficiency of healthcare facilities. The slow, uncertain nature of the current claims system creates serious obstacles to effective service delivery, and a complete overhaul of the system is urgently needed. Streamlining claims and verification procedures is essential for ensuring that healthcare facilities can continue to operate efficiently and provide quality care to JKN participants.

#### **4. Inter-Institutional Collaboration: BPJS, Health Facilities, and Local Government**

Discussions with key figures involved in the JKN programme in Makassar highlight that the collaboration between the relevant authorities is still far from seamless, especially when it comes to overcoming administrative challenges. One coordinator from BPJS Kesehatan in Makassar explained:

*“We are constantly working to improve communication with hospitals and health centres, but there are still significant gaps in coordination. For example, certain hospitals maintain distinct internal procedures for managing claims and verification, which leads to confusion in how participant data is handled.”*

This reflects the ongoing struggle to establish a unified communication channel and standardised systems across the various bodies responsible for JKN administration. Furthermore, a hospital administrator noted:

*“Despite BPJS Kesehatan providing a range of training and resources, the varying methods of management between different hospitals and health centres often result in inconsistent application. We regularly need to reach out to BPJS for clarification or technical support, and this process can be time-consuming.”*

Field observations confirm that hospitals and health centres often experience delays in their workflows due to frequent back-and-forth exchanges with BPJS, which disrupts patient services. The situation is worsened by the limited structured support from the local government in terms of monitoring and guidance. A head of a health centre added:

*"Our efforts in managing JKN administration are often hampered by the lack of adequate technical assistance from the Makassar City Health Department. We need more clear direction on improving our administrative systems to reduce errors and expedite processes."*

This indicates that while some degree of oversight is provided by the local government, it does not fully address the administrative hurdles faced by health facilities. An official from the Makassar City Health Department commented:

*"We perform regular supervision and provide guidance to health facilities, but more frequent coordination meetings are necessary to address issues collaboratively. It is also crucial to ensure that every hospital and health centre fully understands the JKN policies and procedures."*

While the Health Department conducts periodic support, the lack of effective coordination between national and local levels, as well as between healthcare providers, leads to inconsistencies in implementation. From field observations, it's clear that despite efforts at cooperation between BPJS, healthcare facilities, and the local government, communication failures remain frequent, hindering timely problem resolution. For example, when discrepancies arise in interpreting regulations or encountering technical issues with the information system, there is no efficient mechanism in place to resolve these concerns promptly.

In conclusion, although BPJS Kesehatan, health facilities, and the Makassar City Health Department strive to collaborate, the lack of cohesive coordination still leads to numerous administrative issues, ultimately affecting the efficiency of JKN operations. To improve the situation, more structured communication, technical assistance, and guidance are essential to streamline processes and improve service delivery for JKN participants.

## **DICUSSION**

### **1. Reassessing the Administrative Efficiency of the JKN Health Insurance Scheme**

Although the procedural framework of Indonesia's National Health Insurance (JKN) system is theoretically coherent and well-structured, its application at the operational level remains fraught with inefficiencies. Accounts from health officials at Puskesmas Tallo and BPJS Makassar expose recurring difficulties, such as sluggish digital platforms, extended waiting times, and discrepancies in membership data—each contributing to suboptimal service delivery. These



impediments mirror the conclusions drawn by EP (2018), who identified technical faults in the V-Claim system and participant verification backlogs as substantial contributors to service degradation and user dissatisfaction.

Compounding these operational barriers is the general unfamiliarity among beneficiaries with administrative routes and referral mechanisms. Nugraha et al. (2022) contend that limited understanding of the JKN framework among users often leads to redundant registration efforts. Field observations support this claim, highlighting how administrative steps such as enrolment and verification often exceed expected durations. These insights illustrate that institutional effectiveness hinges not merely on process design but also on systemic functionality and public comprehension.

## **2. Human Resource Capacity in Administering JKN Services**

The study brings to light notable shortcomings in the human capital underpinning JKN administration. A shortage of administrative personnel, coupled with disparate levels of technical proficiency, has emerged as a critical bottleneck. Despite the existence of training programmes, many staff members remain inadequately equipped to operate essential platforms such as P-Care and V-Claim – particularly under conditions of administrative strain. This observation echoes findings from Andriana (2018), who argues that isolated training efforts, absent of sustained mentorship, fail to bridge persistent competency gaps across primary and secondary healthcare providers.

Equally problematic is the fragmented interdepartmental coordination evident in health facilities. Testimonies from hospital coordinators reveal inconsistencies in how JKN procedures are interpreted across departments, resulting in bottlenecks in administrative flows. Sanjaya et al. (2018) likewise stress that collaborative failure across professional and organisational boundaries continues to obstruct the seamless execution of JKN protocols, largely due to insufficient communication channels and the lack of harmonised operational standards.

## **3. Structural Dysfunction in Claims Management and Service Verification**

Administrative breakdowns within the claim and verification segments of the JKN system represent a chronic structural deficit. Lengthy vetting procedures and delays in disbursement of claims payments have destabilised hospital financial operations, compromising their ability to maintain essential functions – including remuneration and procurement. These findings corroborate those of Wahyuni & Suharyo (2020), who highlight the adverse consequences of inefficient verification on both service quality and institutional resource stewardship.

The process of lodging claims, heavily reliant on comprehensive documentation and data accuracy, often extends far beyond acceptable timelines. Maimun & Rifqi (2020) attribute these delays to the rigidity of a centralised system, particularly when it is not underpinned by sufficient human resource capacity or supported by an integrated, real-time digital infrastructure. Such persistent dysfunction underscores the need for fundamental reform – one that aligns the

claims system more closely with the realities of service providers and reduces the procedural burdens on administrative staff.

#### **4. Institutional Misalignment: Inter-Agency Coordination among BPJS, Healthcare Facilities, and Local Authorities**

This study uncovers a systemic lack of synergy between key institutional actors involved in the administration of the JKN – namely BPJS Health, healthcare providers, and local governmental bodies. Disparate internal systems, erratic policy implementation, and insufficient technical backing from health departments collectively impede efforts to establish a unified administrative mechanism. Rochaeni et al. (2024) also stress that cross-agency miscommunication exacerbates procedural fragmentation and delays resolution of administrative complications.

Furthermore, supervisory oversight from local health offices remains sporadic and largely reactive. Sanjaya et al. (2018) argue that the absence of consistent, institutionalised coordination platforms leads to divergent interpretations of JKN policies and a vacuum in systematic evaluation. These findings point to a pressing need for reinforced structural collaboration and synchronised policy frameworks, ensuring greater consistency in service provision and administrative coherence at the regional level.

### **CONCLUSION**

This research exposes a stark contrast between the intended administrative design of the National Health Insurance (JKN) scheme and its operational reality on the ground. Although the system is theoretically coherent, its practical execution suffers from fragmented digital infrastructure, disorganised service flows, and widespread confusion among beneficiaries regarding procedural requirements. Administrative delays rooted in both technical faults and insufficient digital literacy result in inefficient patient handling and a growing sense of dissatisfaction among users. Rather than serving as enablers, existing digital platforms frequently become points of friction due to users' limited capacity and a lack of systemic responsiveness. Moreover, the findings illuminate persistent structural weaknesses in human capital management and institutional collaboration. Inconsistent staff capabilities, inadequate training follow-up, and disjointed communication between health service units contribute to administrative inertia. The convoluted claims verification process further destabilises hospital operations, impeding service continuity and financial reliability. Compounding the issue is the limited oversight and weak synchronisation between BPJS, healthcare facilities, and regional authorities, which collectively undermine policy coherence and adaptive governance. These insights call for a profound restructuring of administrative mechanisms, coupled with stronger inter-agency alignment and investment in workforce development to restore efficiency and trust in the JKN system.

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