

Implications Of Government Policy In Changing The Bpjs Health Class System To Standard Inpatient Class

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Abstract. This article examines the implications of the Indonesian government's policy to change the BPJS Health class system to the Standard Inpatient Class (KRIS). This policy aims to create equal access to healthcare services for all citizens but faces various challenges, particularly related to hospital infrastructure readiness and stakeholder perceptions. Through an in-depth analysis, this article evaluates hospital readiness, stakeholder perceptions, and existing regulations. The findings indicate that while the KRIS policy has the potential to improve healthcare service standards, additional regulatory support and intensive socialization are needed to ensure effective implementation and the success of this policy. Keywords: BPJS Health, Standard Inpatient Class, health policy, healthcare service equality.

1. Introduction

The Indonesian government's policy to transition the BPJS Health system to a Standard Inpatient Class (KRIS) is a strategic effort to create equal access to healthcare services for all citizens. This policy is regulated by various legislations, including Law No. 40 of 2004 on the National Social Security System (SJSN), aiming to provide equal medical services without discrimination, in line with the principles of social justice.

The National Health Insurance Program (JKN), launched in 2014, aims to achieve Universal Health Coverage (UHC) by 2019. One of the main challenges in reaching this goal is the uneven distribution of inpatient facilities in hospitals. The World Health Organization (WHO) sets the ideal standard for hospital bed availability at 1 bed per 1,000 population. However, the ratio in Indonesia is only 1 bed per 1,100 population.

The implementation of KRIS is intended to address this disparity by standardizing inpatient facilities so that every BPJS Health patient can receive equivalent services. Nevertheless, this policy faces various challenges concerning the readiness of hospitals and stakeholders, both in terms of infrastructure and perception.

Hospital infrastructure readiness is a crucial factor in the implementation of KRIS. Studies indicate that most hospitals in Indonesia are not yet ready in terms of the number of beds and the facilities that meet the established standards. For instance, only about 50% of hospitals meet the standard room area per bed, and only 59% meet the minimum 1.5-meter distance between beds.

The need for extensive renovations to meet the 12 standard criteria set by the Ministry of Health, such as non-porous building components, adequate air ventilation, and sufficient room lighting, poses a significant challenge for hospitals. This is exacerbated by the limited budget and time allocated for adjustments.

Perceptions from various stakeholders, including the government, BPJS Health, and hospitals, show varied support for the KRIS policy. Most support the policy, provided there is sufficient time for the transition. A survey of 520 JKN participants who had received inpatient services showed that 68% supported the implementation of KRIS, citing that it would reduce discrimination in healthcare services.

However, there are also concerns from hospitals regarding revenue loss due to tariff adjustments and additional operational costs during the transition period. Some private hospitals have expressed their objections due to the need to adjust INA-CBG tariffs and overhaul their cost structures to meet KRIS standards.

Existing regulations, such as Government Regulation No. 47 of 2021 and the Decree of the Director General of Health Services No. HK.02.02/I/1811/2022, have established the framework and deadlines for the implementation of KRIS. However, additional regulations and intensive socialization are needed to ensure the readiness and compliance of all hospitals.

The government targets the implementation of KRIS to be completed no later than 1 January 2023, with the requirement that government hospitals provide at least 60% of beds for KRIS, and private hospitals at least 40%. Nevertheless, this implementation has not yet been fully achieved, and many hospitals still use the old class system.

Ultimately, the KRIS policy represents a step forward in creating equal healthcare services in Indonesia. However, significant challenges remain regarding infrastructure readiness and stakeholder support. With mature regulations and intensive socialization, it is hoped that this policy can be effectively implemented and provide significant benefits to all JKN participants.

This article aims to examine the implications of the government's policy to change the BPJS Health system to the Standard Inpatient Class. Through an in-depth analysis of hospital infrastructure readiness, stakeholder perceptions, and existing regulations, this article seeks to provide a comprehensive understanding of the challenges and opportunities faced in implementing this policy. Thus, it is expected to provide constructive recommendations to support the successful implementation of KRIS and realize more equitable and equal healthcare services in Indonesia.

2. Methods

This research examines the implications of the government's policy change in transforming the BPJS Health system into a Standard Inpatient Class (KRIS). The Systematic Literature Review (SLR) method is employed to identify, evaluate, and synthesize studies relevant to this topic. The literature search is conducted through databases such as Scopus, Web of Science, and Google Scholar to ensure comprehensive inclusion of relevant literature.

The search strategy involves a combination of keywords such as "BPJS Health", "Standard Inpatient Class", and "health policy". Filters like "peer-reviewed", "conference papers", and "relevant studies" are applied to exclude unsuitable or low-quality literature. The article selection process undergoes several stages, beginning with the screening of titles and abstracts to assess initial eligibility. Potential articles are then downloaded and their full texts evaluated based on predefined inclusion and exclusion criteria, such as relevance to BPJS policy changes, methodological quality, and geographical and temporal relevance. These criteria ensure a broad and high-quality representation of the existing literature, providing deep insights into the implications of the KRIS policy.

3. Results and Discussion

3.1. Objectives and Challenges of KRIS Implementation

The research shows that the implementation of KRIS has good intentions for standardising services. However, there are negative consequences that need to be addressed. For instance, uniform inpatient service standards without differentiating the amount of class fees may reduce consumer choices. YLKI warns that this could conflict with the Consumer Protection Act. The government needs to consider improving services such as the availability of medicines, beds, BPJS referrals, and expanding cooperation with hospitals, which directly impact the participants.

3.2. Economic Impact and UHC Coverage

Mahesa Paranadipa from the Indonesian Health Law Society (MHKI) stated that the implementation of KRIS might encourage upper-class BPJS Health participants to switch to commercial insurance, impacting Universal Health Coverage (UHC) coverage. Although KRIS aims to create service equality, its social and economic impacts need to be considered to avoid reducing the coverage and quality of the expected services.

3.3. Impact on Hospitals

The Ministry of Health study revealed that KRIS implementation could lead to a reduction in the number of beds and hospital service coverage. Although KRIS aims to improve inpatient service standards, its implementation may present business challenges for hospitals, potentially reducing income and affecting the quality of services provided.

3.4 Access and Service Limitations

Timboel Siregar from BPJS Watch reminded that KRIS implementation could create access problems for JKN participants to treatment rooms. These access restrictions will be felt mainly by private hospitals, which must allocate at least 40 percent of treatment rooms for KRIS and public hospitals at least 60 percent. Additionally, the single tariff application for independent participants may increase the number of participants in arrears due to the inability to pay the higher fees for class III.

3.5 In-depth Evaluation and Comprehensive Solutions

An in-depth evaluation of KRIS implementation is necessary. For example, whether KRIS can genuinely address existing service inequality issues or create new challenges regarding access and service quality. The government should consider more comprehensive and holistic solutions, such as class standardisation without eliminating the existing class system, to ensure that service quality improvements can be felt by all BPJS Health participants without creating new problems.

3.6 Benefits and Challenges of KRIS Implementation

Based on articles from ANTARA News, Detik News, and Max Ki, KRIS implementation aims to eliminate the 1st, 2nd, and 3rd class systems in BPJS Health, replacing them with a single standard service for all participants. This policy is regulated under Presidential Regulation Number 59 of 2024 and aims to ensure that all JKN participants receive the same quality of health services regardless of their economic status.

According to reporting by Annisa Febiola in Detik News, various critical responses have been made regarding the implementation of the KRIS BPJS Health policy. Irma Suryani, a member of Commission IX of the DPR, emphasised that this policy is seen as an effort that does not sufficiently consider the additional burden on society. According to Irma, people are already facing many financial burdens, such as BPJS Health fees, BPJS Employment, and Public Housing Savings (Tapera), which, if accumulated, reach 6 percent of their income. She criticised that the KRIS policy could potentially add to this burden through direct expenses from people's pockets (Febiola, 2024).

KRIS implementation, which replaces the 1st, 2nd, and 3rd class systems in BPJS Health services, is based on Presidential Regulation Number 59 of 2024, which requires all BPJS partner hospitals to comply with this minimum inpatient service standard by June 30, 2025. This change is expected to simplify the service system and ensure a more uniform service standard (Febiola, 2024).

One expected benefit of KRIS implementation is the simplification of the class system, which can reduce disparities in service between classes and ensure that all BPJS participants receive the same minimum service standards. This could increase administrative efficiency and ensure that all patients receive appropriate care without class discrimination. However, the criticism that this policy could increase financial burdens on society needs further analysis. If KRIS implementation increases the out-of-pocket costs for participants, the policy may fail to achieve its goal of improving healthcare accessibility and service equality.

Additionally, the readiness of hospital infrastructure and resources to implement KRIS must be considered. If many hospitals are unprepared for these new standards, KRIS implementation could result in a decline in healthcare quality during the transition period. This aligns with Irma Suryani's concern that KRIS approval should be approached with great caution and consideration of all stakeholders' readiness (Febiola, 2024).

Other critical assumptions are whether this policy implicitly accommodates private insurance interests, as suspected by some parties. If KRIS causes many participants to switch to private insurance due to dissatisfaction with the service standards, the primary goal of the BPJS system to provide affordable healthcare services for all people could be disrupted.

3.7 Improving Inpatient Service Quality

One main benefit of KRIS implementation is the improvement of inpatient service quality. KRIS sets 12 standard criteria for inpatient rooms, including building quality, air ventilation, lighting, bed completeness, bed partitions, and in-room bathroom facilities. With these standards, it is expected that all patients will receive appropriate and comfortable care without worrying about facility differences based on class.

3.8 Potential Access Restrictions

However, KRIS implementation also faces several challenges. One major criticism is the potential access restrictions for JKN participants to treatment rooms. Timboel Siregar from BPJS Watch revealed that private hospitals are only required to allocate at least 40% of treatment rooms for KRIS, while public hospitals at least 60%. This could limit access for JKN participants, especially in private hospitals that may prefer higher-paying general patients.

3.9 BPJS Health Contribution Adjustment

Health Minister Budi Gunadi Sadikin stated that the BPJS Health contribution adjustment will be simplified towards the implementation of KRIS. This step is taken to eliminate class service differences and ensure that all JKN participants, regardless of economic status or geographic location, can access quality health services. This adjustment is expected to reduce health service disparities and improve the quality of care in hospitals.

3.10 Infrastructure and Human Resource Challenges

KRIS implementation requires significant adjustments in terms of infrastructure and human resources, especially in private hospitals that may not have the financial capacity to meet these new standards. This could result in quality disparities between public and private hospitals. Additionally, the potential increase in contributions for class III participants could add financial burdens to the most vulnerable groups, increasing the risk of contribution arrears and reducing their access to health services.

3.11 Government Efforts to Increase Hospital Capacity

The government has made efforts to increase the capacity of public hospitals by building four new vertical hospitals and increasing existing capacities. This step is expected to accommodate more JKN participant patients and improve the quality of health services. However, the challenge in ensuring that private hospitals also meet their commitments remains significant.

Although KRIS has the potential to improve health service standards and quality, its implementation must be carried out carefully and consider the various existing challenges. The government and BPJS Health need to work with relevant stakeholders to design more inclusive and sustainable solutions and enhance transparency and communication to reduce confusion and increase public trust in this programme. KRIS implementation should be seen as a progressive step to improve health service standards, but the success of this policy greatly depends on how the government can balance the needs of the community with their ability to pay contributions. The government needs to consider study results from various regions to get a comprehensive picture of the community's needs and expectations. Pilot testing of the KRIS policy in several areas can provide the empirical data needed to adjust this policy to suit field conditions. Thus, this policy can not only improve health service quality but also gain broad public support.

3.12 In-depth Evaluation and Community Perspective

Research by Pramana and Chairunnisa Widya Priastuty (2022) on the perspective of BPJS Health users regarding the Standard Inpatient Class (KRIS) policy shows that community acceptance of the KRIS policy plan is relatively high. This study used a qualitative approach with a case study method in Klaten Regency and the Special Region of Yogyakarta Province. The results show that the community can accept the KRIS policy, provided there is an adjustment in contribution rates to remain fair and not burdensome.

3.13 Perceived Benefits and Challenges for the Community

From a benefit perspective, the KRIS policy is expected to eliminate service differences based on class and create equality in access to health services. The equity principle promoted by KRIS aligns with the National Health Insurance (JKN) programme's goal to provide equitable health insurance for all Indonesians. However, this study also reveals some potential drawbacks, such as concerns about contribution rate adjustments. BPJS Health users from lower classes, such as class 3, worry that higher contribution adjustments could become an additional burden. Conversely, users from higher classes, such as class 1, feel that contribution adjustments should correspond to the services they currently receive.

3.14 Variations in Perspectives Based on Geographic and Demographic Factors

This research also shows variations in perspectives based on geographic and demographic factors. Informants in the study areas accept the KRIS policy with some conditions, while studies in other locations show contradictory results, where the community feels burdened by the KRIS implementation. This indicates that public perceptions of KRIS are influenced by their economic, geographic, and demographic conditions.

3.15 Community Sentiment Analysis

Ardan Venora Falahudin's research on sentiment analysis of community opinions regarding the change to the Standard Inpatient Class (KRIS) BPJS Health expressed on Instagram found that community sentiment towards this policy varies. The analysis, conducted using a rule-based method with lexical resources from Sentiwordnet, showed relatively low accuracy, recall, and precision rates, at 43%, 43%, and 42%, respectively. Although the algorithm used in this study has low diagnostic value, these findings still provide an initial overview of public views on the policy change.

3.16 Service Equality and Contribution Adjustment Challenges

The KRIS policy aims to eliminate service discrimination based on class and ensure equality in access to health services. The equity principle promoted by this policy aligns with the JKN goal to provide equitable health insurance for all Indonesians. Thus, KRIS can improve health service quality and ensure that all BPJS Health participants receive equal care. However, a primary concern is related to contribution rate adjustments. BPJS Health users from lower classes worry that higher contribution adjustments could become an additional burden. Conversely, users from higher classes feel that contribution adjustments should correspond to the services they currently receive.

3.17 Effective Socialisation and Education

Falahudin's research also shows that community sentiment towards the KRIS policy tends to vary depending on the social media used to express their opinions. Although the sentiment found in this study tends to be negative, it indicates significant public concerns about this policy change. Therefore, it is essential for the government to conduct comprehensive and transparent socialisation regarding the benefits and objectives of the KRIS policy and how contribution adjustments will be made to ensure that no community groups feel disadvantaged.

3.18 KRIS Implementation Challenges in Hospitals

Research by Sri Nurul Kur'aini et al. on the readiness of Salatiga City Hospital in facing the KRIS BPJS Health policy shows sufficient readiness to face KRIS implementation. This finding indicates that more than 80% of the hospital's facilities meet the standards, although some deficiencies remain, particularly regarding infrastructure such as bathrooms without clear signs or symbols and narrow bed distances, which can hinder patient accessibility.

3.19 Benefits and Challenges in KRIS Implementation

The main benefit of the KRIS policy is to improve inpatient service standards to create equality in health facilities received by BPJS participants. This study shows that Salatiga City Hospital has made various efforts to meet the standard criteria set by BPJS Health. However, the main challenge is the lack of socialisation and deep understanding of KRIS implementation, leading to unpreparedness in some critical aspects such as bathroom accessibility and bed distance.

3.20 KRIS Implementation Delay

The delay in KRIS implementation until 2025 provides additional time for hospitals to improve and adjust their facilities. These findings align with other studies showing that public hospitals need to follow strict regulations to ensure equality in health services. However, budget and resource limitations often become obstacles in achieving the desired standards.

3.21 KRIS Impact on Service Quality and Hospital Image

Research by Nasriah Damayanthie et al. at Surakarta Central General Hospital (RSUP) on the relationship between service quality, satisfaction, and image on the intention of standard inpatient class patients to revisit shows that service quality has a significant relationship with patient revisit intention. In BPJS Health, KRIS implementation aims to ensure equality in medical and non-medical services without differentiating care classes.

3.22 Patient Satisfaction and Revisit Intention

This research found that patient satisfaction is not always directly related to revisit intention unless mediated by the hospital's image. This shows that even if patients are satisfied with the services provided, the hospital's image plays a crucial role in influencing their decision to return. Therefore, hospitals participating in the BPJS Health programme should focus not only on improving service quality but also on efforts to build a positive image in the public eye.

3.23 KRIS Implementation Benefits and Challenges

Based on the research and studies discussed, the implementation of the BPJS Health Standard Inpatient Class (KRIS) brings various benefits and challenges. This policy aims to improve health service standards and quality and create equality in access to services. However, challenges such as contribution rate adjustments, hospital infrastructure readiness, and effective socialisation and education need serious attention. The government must conduct in-depth evaluations and adjust this policy to suit field conditions and public expectations. Thus, the goal of improving health service quality can be achieved without causing significant negative impacts on the various involved parties.

3.24 Human Rights Perspective in KRIS Policy

Research by Sri Dharmayanti, Ardiansah, and Bagio Kadaryanto (2023) in the article "Fulfillment of Standard Inpatient Class Availability for National Health Insurance Participants from a Human Rights Perspective" shows that fulfilling the standard inpatient class is a form of state responsibility in providing health services for National Health Insurance (JKN) participants. From a human rights perspective, every JKN participant is entitled to equal treatment regardless of their social status or the amount of contributions paid.

3.25 KRIS Standards Fulfillment Challenges

However, this research also reveals several challenges in implementing the standard inpatient class policy. One main challenge is the readiness of hospitals to meet the 12 criteria set for standard inpatient classes, such as availability of ventilation, adequate lighting, and bed completeness. Many hospitals, particularly private ones, feel burdened by the substantial renovation costs needed to meet these standards. As a result, many hospitals still apply the old class system, which often does not meet social justice principles.

3.26 Potential Discrimination in Health Services

Although the standard inpatient class policy is intended to eliminate discrimination in health services, many obstacles remain. For instance, class III JKN participants are often denied admission due to full rooms, while higher-paying patients can get better rooms. This shows that although regulations exist to ensure fairness, implementation is still far from expectations and often leads to hidden discrimination.

3.27 KRIS Policy Risks and Benefits in Hospitals

Research by Aileen et al. (2024) on risk analysis and mitigation in implementing the KRIS policy at X Hospital shows that building components not meeting non-porous standards and inpatient room density with bed spacing are two high-risk criteria. In risk mitigation efforts, X Hospital is gradually improving rooms and planning inpatient building renovations.

3.28 Service Standards Improvement Benefits

One expected benefit of KRIS implementation is the increased health service standards and equality in health service access for all Indonesians. However, this research reveals that achieving these standards

requires substantial renovation costs and the risk of income loss due to reduced bed capacity during the renovation process.

3.29 Risk Mitigation and Strategic Planning

This research also shows that hospital risk mitigation must be accompanied by thorough strategic planning. Building renovations should be planned considering their impact on daily hospital operations and patient satisfaction. This requires good coordination between various hospital departments to ensure that service standards are maintained during the adjustment process.

3.30 International Experience in Health Insurance Reform

Based on the research published in the article "Ethical Consideration of National Health Insurance Reform for Universal Health Coverage in the Republic of Korea," implementing national health insurance reform in South Korea, known as 'Moon Jae-in Care,' shows the importance of expanding health service coverage and reducing direct patient costs.

The study results show that although the national health insurance system in Korea has achieved full coverage, challenges remain in financial protection and adequate service coverage. In Indonesia, the implementation of BPJS Health Standard Inpatient Class aims to improve health service accessibility and reduce patient costs. However, as seen in the case of Korea, broad coverage does not necessarily guarantee sufficient financial protection for all societal layers.

The main criticism of the BPJS Health Standard Inpatient Class is the potential increase in out-of-pocket expenses for patients. In Korea, despite government efforts to increase health insurance coverage, out-of-pocket costs remain high, reaching 36.8%, far above the OECD average of 19.5%. This shows that expanding coverage must be balanced with effective mechanisms to control costs and ensure adequate financial protection.

Additionally, the article highlights the importance of focusing on primary health care services in achieving universal health coverage. In Korea, the Moon Jae-in Care policy tends to strengthen large urban hospitals, leading to imbalances in the healthcare system. In Indonesia, an excessive focus on standard inpatient facilities without strengthening primary health services could lead to access disparities between urban and rural areas.

From an ethical perspective, health insurance reform must consider principles of fairness, accessibility, and financial sustainability. The Indonesian government needs to ensure that the BPJS Health Standard Inpatient Class policy not only expands coverage but also improves service quality and protects vulnerable groups from excessive cost burdens. Korea's experience shows that without strong financial protection mechanisms, health insurance reform can increase the risk of catastrophic health expenditures for low-income households.

3.31 China's Experience in Health System Reform

Research published by Jakovljevic et al. (2023) on health system reform in China shows that implementing strict standards and policies in the health system can provide significant benefits despite facing complex challenges. One main benefit of BPJS Health KRIS implementation is increased accessibility and equity in health services. However, the main challenge faced by the health system in China is the unequal distribution of health resources between urban and rural areas.

3.33 Financial and Programme Sustainability Challenges

Additionally, one potential disadvantage of KRIS implementation is the increased financial burden on the health insurance system. Studies in China show that an aging population places significant pressure on basic health insurance funds. In Indonesia, with a similarly aging population, the KRIS policy must consider the long-term sustainability of health insurance funds. Without proper management, rising healthcare costs could lead to BPJS fund deficits and threaten the programme's sustainability.

3.34 Risk Management and Effective Oversight

Another critical assumption is that eliminating class differences could affect hospital motivation and performance. In China, reforms separating hospital operations from government regulatory oversight aim to improve efficiency and service quality through healthy competition between hospitals. However, this also poses the risk of a 'medical arms race' where hospitals compete by adding unnecessary facilities

and services, ultimately increasing overall costs without corresponding quality improvements. Therefore, KRIS implementation in Indonesia must be accompanied by strict oversight mechanisms to prevent unethical practices and ensure that the main focus remains on improving health service quality.

3.35 KRIS Implementation in Nepal and India

Research by Paneru et al. (2022) on the social health insurance programme in Nepal shows that despite increased participation, challenges in compliance and participant retention remain. This is relevant to BPJS Health in Indonesia, where inadequate service quality and management can reduce participant satisfaction and retention. Research by Sahoo et al. (2023) in India shows that despite public health insurance schemes, many beneficiaries still incur significant additional costs. This underscores the importance of effective education and socialisation to ensure that participants know their rights and procedures to follow.

4. Conclusions

Based on various research and studies discussed, the implementation of the Standard Inpatient Class (KRIS) of BPJS Health brings numerous benefits and challenges. This policy aims to enhance the standards and quality of healthcare services and create equity in service access. However, challenges such as adjusting premium amounts, hospital infrastructure readiness, and effective socialisation and education need serious attention. The government needs to conduct a thorough evaluation and adjust this policy to match field conditions and public expectations. Thus, the goal of improving healthcare service quality can be achieved without causing significant negative impacts on the various parties involved.

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