



# Analysis of the Review of the Standard Inpatient Class Policy (KRIS) as a Replacement for the BPJS Health Class System in Improving Health Service Equity Based on Presidential Regulation Number 59 of 2024

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**Abstract.** Changes in the health insurance system in Indonesia continue to evolve, one of which is implementing the Standard Inpatient Class (KRIS) policy as a replacement for the BPJS Health class system based on Presidential Regulation (Perpres) Number 59 of 2024. This policy is designed to unify healthcare classes to reduce disparities in healthcare access and quality in Indonesia. However, its implementation is faced with key challenges, including hospital infrastructure readiness, limited human resources, and criticism from various parties, including patients and healthcare providers. This study uses a qualitative approach with descriptive methods to review various policy documents, relevant literature, and legal and social perspectives related to policy implementation. The results show that although KRIS has the potential to reduce disparities in access to health services, its implementation requires more attention to the readiness of health facilities, strengthening management systems, and budget adjustments to support optimal operations. Furthermore, this policy requires the active involvement of the community and health workers in the evaluation and decision-making process so that the policy is more responsive to the real needs in the field. The theoretical approaches used, such as public policy theory and progressive law, highlight the importance of cooperation between the government, healthcare providers, and communities to ensure effective and equitable implementation of KRIS. This research suggests improving hospital infrastructure, continuous training for health workers, and strengthening a transparent monitoring system to ensure the success of this policy. This research is expected to make a positive contribution to the formulation of health policies that are more inclusive and sustainable and can serve as a reference in efforts to realize a more equitable and fair health service system for all Indonesians.

**Keywords:** Insurance, Healthcare, KRIS, Policy

## 1. INTRODUCTION

Health is an optimal physical, mental, spiritual, and social condition that allows individuals to live socially and economically productive lives (Siswati, 2013). The right to health includes the right to enjoy a healthy life physically and spiritually (Afifah & Paruntu, 2015). The Indonesian government must provide decent, quality, and affordable health services for all levels of society, regardless of social, economic, or geographical backgrounds. In order to fulfil this obligation, various policies have been formulated to expand access to health services and improve their quality. One of the significant policies that has become a milestone in the health sector in Indonesia is the implementation of the National Health Insurance (JKN), which is managed by the Health Social Security Organizing Agency (BPJS). This program aims to improve people's access to health services that suit their needs (Nugraheni & Hartono, 2017). JKN is a significant pillar in the national health system. It is expected to address various health problems, especially for people with

lower economic levels who previously had difficulty accessing adequate health services. Implementing JKN has significantly improved access to health services for people, including those living in remote areas.

The government seeks to unify various health financing schemes through this system into one comprehensive national system. However, implementing JKN is not free from challenges, such as budget constraints, uneven distribution of health resources, and administrative problems in managing health claims (Nugrahaeni, 2015). In addition, the program's sustainability often faces pressures, particularly related to BPJS Kesehatan's budget deficit, which affects the efficiency and quality of services. In this context, the Standard Inpatient Class (KRIS) policy regulated through Presidential Regulation No. 59 of 2024 is one of the government's efforts to improve the health service system in JKN. KRIS aims to unify service classes to reduce disparities in access and quality of health services. This policy is a response to challenges in the class system that often create disparities between JKN participants. Despite its great potential, successful implementation of KRIS requires serious attention to infrastructure, human resources, budget management, and supervision of policy implementation in order to support the vision of a comprehensive, equitable, and sustainable national health system. Referring to this discussion, JKN and its derivative policies, such as KRIS, are integral to the government's efforts to realize social justice in health services. Continuous evaluation is needed to ensure that this policy can run optimally, have an inclusive impact, and respond to the needs of people in all regions of Indonesia.

Since its implementation, the National Health Insurance Program (JKN) has significantly impacted the Indonesian people by facilitating access to health services at the basic and specialist levels. The program enables people from all economic backgrounds to access health services at various facilities, from puskesmas in remote areas to large hospitals in urban areas. JKN plays an important role in reducing inequalities in access to health services between regions so that more people can benefit from this program. Through an inclusive approach, JKN has become one of the important milestones in realizing a more equitable and just health system. However, the JKN Program also faces various complex challenges. First, in terms of effectiveness, the government needs to continue to improve the quality of health services to meet the growing needs of the community, both in terms of the number of participants and the variety of services required. Second, efficiency is a significant obstacle, given that JKN operations require a large budget to run optimally. The

sustainability of the program's financing is highly dependent on careful budget management, as potential deficits could threaten the stability of JKN in the future.

One issue that has emerged in JKN services is the disparity in service quality among BPJS Kesehatan classes. The current system divides participants into three categories, namely Class 1, Class 2, and Class 3, based on the amount of contributions paid. This division leads to differences in the facilities and services that participants receive, depending on their economic means. As a result, there is a noticeable gap between Class 1 and Class 3 participants, both in terms of convenience of facilities and quality of medical services. This disparity often leads to dissatisfaction, especially for participants in classes with more limited facilities, which challenges ensuring equity and social justice in health services. The implementation of the National Health Insurance (JKN) faces various obstacles, one of which is the striking difference in the quality of health services among the BPJS Kesehatan classes, namely Class 1, Class 2, and Class 3. This class division is based on the amount of contributions paid by participants. Class 1 participants, who pay higher contributions, generally get better access to health facilities and services, while Class 3 participants, with lower contributions, only get more spartan facilities. This fee-based class system creates real disparities in the healthcare experience, including the comfort of treatment rooms, the types of facilities available, and the speed of medical services. This disparity is a significant challenge in ensuring equitable quality of health services for all JKN participants.

Class 1 participants in BPJS Kesehatan tend to have better access to healthcare services, such as more comfortable treatment rooms, shorter waiting times, and ease of obtaining specialists and other medical services. In contrast, Class 3 participants often settle for less comfortable treatment rooms and face longer waiting times, especially at high-demand referral hospitals. This disparity often triggers complaints and dissatisfaction from Class 3 participants, who feel that their right to proper healthcare has not been fully met. Some participants consider this difference in facilities to undermine trust in BPJS Kesehatan, especially when they have to wait a long time for treatment. In contrast, participants from higher classes are served more quickly. Differences in service quality impact individual experiences and pose a significant challenge to the government in realizing social justice in the health sector. As a system that aims to provide equitable access to healthcare, JKN should ensure that all people, regardless of economic means, receive equal and quality healthcare. However, the fee-based class system creates the impression of economic discrimination, which contradicts the principle of social justice on which JKN is

based. This inequality also can exacerbate social disparities, where people from the lower middle class have to receive limited services despite paying contributions according to their ability.

To address the inequity of health services and the funding issues faced by the government in providing subsidies, the Indonesian government introduced a new strategy by establishing the Standard Inpatient Class (KRIS) policy. The main objective of this policy is to provide health services equally regardless of the size of the contribution paid by the community (Arntanti, 2015). In order to realize this, the government has issued Presidential Regulation (Perpres) Number 59 of 2024, which introduces KRIS as a replacement for the class system in BPJS Kesehatan. KRIS is designed to simplify Indonesia's healthcare system and ensure equal service standards for all JKN participants, regardless of economic background, social status, or previous service class choices. With the implementation of KRIS, it is expected that all JKN participants, whether they come from low or high-economic groups, can access the same health services by the standards set by the government, without any differences in facilities or services based on individual financial capabilities. This step is expected to realize the principles of social justice, reduce disparities in access to health services, and strengthen a sense of justice and equality among Indonesians. Ultimately, this policy aims to support the achievement of national goals in providing quality, equitable, and fair health services for all Indonesian citizens. However, its implementation faces several complex challenges that need to be addressed. One of the main obstacles is the unpreparedness of health facilities in meeting the set standards, which are often limited. In addition, the limited budget allocated by the government to support this initiative and the changes required in the health service management system, both at the puskesmas and significant hospital levels, pose major challenges. Implementing KRIS also requires restructuring organizations and administrative procedures in hospitals and other health facilities to ensure alignment in operations and management. All of this requires the support of a clear legal framework, detailed policies, and a thorough understanding of how to optimally implement this policy without compromising the quality of health services that the community should receive.

## **2. LITERATURE REVIEW**

The Standard Inpatient Class (KRIS) policy stipulated in Presidential Regulation No. 59 of 2024 is designed based on the basic principles of the formation of laws and regulations as specified in Law No. 12 of 2011 and Law No. 13 of 2022 (Setiawan & Rahayu, 2023).

This policy addresses inequalities in access to health services and creates greater social justice. Important elements in the regulatory framework followed by the KRIS include a title that reflects the purpose of the policy, a preamble that contains the background and legal basis, a body that explains the main provisions and monitoring mechanisms, and a concluding section that regulates the time of enactment and implementation steps. The regulated health service standards aim to ensure uniform services throughout Indonesia.

Public policy theory is the basis for the design of KRIS, which aims to respond to inequalities in access to and quality of health services due to the class system in BPJS Kesehatan (Purwanto & Ramdhani, 2022). The previous class system created service disparities between participants of different economic levels. KRIS was designed to remove health service discrimination by setting the same standards for all JKN participants. Important elements in this policy include problem identification, policy formulation, implementation, and evaluation. Policy implementation requires adequate health facilities, medical personnel, and budget management readiness. KRIS success indicators include improved access, patient satisfaction, and equitable quality of health services. Coordination between the central and local governments, health service facilities, and community participation determines the effectiveness of this policy implementation.

The progressive law theory developed by Satjipto Rahardjo is also the foundation of KRIS (Rahardjo, 2009). This theory emphasizes the importance of law in creating real social justice. This approach makes KRIS a progressive step toward fulfilling citizens' constitutional rights to equal health services. The principle of humanization is applied by eliminating service discrimination based on social class, emancipation is realized by providing equal access to all JKN participants regardless of financial ability, and transformation is carried out by changing the paradigm of health services based on national service standards.

The theoretical approach in KRIS involves philosophical, sociological, and juridical aspects (Sunarto, 2021). Philosophically, this policy reflects Pancasila's fifth principle of social justice. Sociologically, KRIS is a solution to social inequality arising from the class system in BPJS Health Services. Juridically, this policy has a firm legal basis, such as Law No. 40/2004 on the National Social Security System (SJSN) and Law No. 36/2009 on Health. These legal foundations provide legitimacy for implementing KRIS, designed by considering implementation impact analysis, philosophical, sociological, and juridical foundations (Nugraha & Suryadi, 2020). Implementing KRIS cannot be separated from

challenges such as infrastructure readiness, human resources, resistance to changes in hospital management systems, and limited government budget (Irawan & Kartika, 2022). Various steps are needed to overcome these challenges, such as increasing budget allocations for health infrastructure development, continuous training for health workers, regular monitoring and evaluation, and collaboration between the government, private sector, and community. Community participation is an important element in supporting the success of KRIS, as stipulated in Article 96 of Law No. 13 Year 2022. The community can provide input through various mechanisms, such as public hearings, seminars, or public discussions, to ensure this policy is responsive to real needs in the field. The KRIS policy offers strategic steps to create equitable and inclusive health services (Nugroho & Suyanto, 2021). By applying public policy theory and progressive law, KRIS is expected to be a sustainable solution that guarantees the health rights of Indonesians equally. Support from various parties, including the government, the community, and health service providers, is needed to ensure the successful implementation of this policy.

### **3. METHODS**

This research uses a qualitative approach with descriptive and analytical properties. This approach aims to deeply understand social phenomena by exploring research subjects' meanings, experiences, and perspectives. The data is descriptive and analyzed narratively to identify patterns, themes, and relationships in the phenomenon under study. This approach is flexible because it allows adjustments to data collection methods, such as interviews, observations, and document reviews, according to the research context (Sugiyono, 2019; Mohajan, 2018). This research utilized secondary data as the primary source, including policy documents, official reports, and scientific articles. The primary data was drawn from Presidential Regulation No. 59 Year 2024 as the foundation of the Standard Inpatient Class (KRIS) policy. Additional data comes from annual reports, statistical data, and audit results of relevant institutions such as BPJS Kesehatan and the Ministry of Health. In addition, scientific articles and academic publications were also used to enrich the analysis related to the implementation of the KRIS policy and its impact on the National Health Insurance system (Afifah & Paruntu, 2015; Nugraheni & Hartono, 2017; Setiawan & Rahayu, 2023).

Data collection techniques were conducted through document studies. This method analyses and evaluates the KRIS policy based on applicable regulations, such as Presidential Regulation No. 59 of 2024 and other official reports. Document review allows researchers

to obtain factual and credible information related to the policy's background, objectives, and challenges. This information identifies barriers and provides strategic recommendations based on relevant evidence and theory (Setiawan & Rahayu, 2023). Data analysis was carried out descriptively and qualitatively through a series of steps, starting from collecting, selecting, and grouping relevant data. A deductive approach was used to connect the data obtained with the theory from the literature study, thus providing a comprehensive understanding of the phenomenon under study. The results of the analysis are presented in the form of descriptive narratives that describe actual conditions systematically, with the hope of being able to answer the formulation of research problems and make theoretical and practical contributions in the field of health policy (Prasetyo, 2012; Sugiyono, 2019).

#### **4. RESULTS AND DISCUSSION**

##### **Regulation on Standard Inpatient Class (KRIS) Based on Presidential Regulation Number 59 Year 2024**

The Standard Inpatient Class (KRIS), regulated in Presidential Regulation Number 59 Year 2024, is a policy innovation in Indonesia's National Health Insurance (JKN) system. This policy addresses inequities in the healthcare system, previously divided into classes 1, 2, and 3. These class divisions often create disparities in access and quality of healthcare services, especially for participants with limited economic means. With KRIS, the government is committed to providing fairer and more equitable health services for all JKN participants.

KRIS sets minimum standards that health facilities must meet, including the availability of inpatient rooms, medical equipment, and trained health personnel; this policy aims to eliminate class-based service discrimination and ensure all JKN participants receive quality healthcare services that meet national standards. The main goal of KRIS is to create equity in access and quality of healthcare services. Previously, participants in class 3 often faced limitations in facilities, longer waiting times and less adequate services than class 1. With KRIS, it is expected that all participants, regardless of economic background, can obtain equal services. In addition, standardized standard operating procedures (SOPs) are implemented at all health facilities to ensure consistency of service, from the registration process to treatment. KRIS also focuses on improving the capacity of health workers through continuous training to ensure the quality of service is up to standard. The competence of health workers is considered a key factor in the success of this policy.

The implementation of KRIS faces several challenges, one of the main obstacles being the readiness of health facilities, especially in remote areas, to meet the set standards. Limited infrastructure, human resources, and funding are obstacles that require government support in the form of budget allocation and implementation supervision. In addition, changes to the management system in hospitals and health facilities, including adjustments to operational procedures, require an inclusive approach for this policy to be adopted effectively. KRIS is a new policy and an important milestone for a more inclusive and equitable health system. Through this policy, the government hopes to improve the quality of national health services while guaranteeing the right of every citizen to obtain quality health services without discrimination.

### **Barriers and Difficulties in Implementing KRIS as a Replacement for the BPJS Health Class System in Indonesian Health Facilities**

Implementing Standardized Inpatient Classes (KRIS) as a replacement for the BPJS Health class system in Indonesia faces many complex challenges and barriers, which may hinder the achievement of this policy objective. One of the main challenges is health facilities' readiness to implement this new standard. Many hospitals and health centres in Indonesia, especially those in remote or less-developed areas, do not yet have adequate infrastructure to meet the criteria set out in the KRIS. Lack of physical facilities, such as adequate treatment rooms and modern medical equipment, and the need for quality services are significant obstacles in ensuring that every patient, regardless of class or economic background, receives appropriate health services. In addition, health facilities in many regions often experience problems with the availability of drugs and medical devices needed to support quality services. These inadequacies directly impact hospitals' ability to meet the standards set out in the KRIS. For example, hospitals that do not have good access to essential medicines and the latest medical technology will find it challenging to provide care by the expected health protocols. As a result, although the KRIS policy aims to create equity in health services, the reality is that there are still differences in the quality of services patients receive based on location and available facilities.

Another challenge is the limited budget and resources available to support the implementation of KRIS. Implementing KRIS requires substantial investment from the government in terms of funds for health infrastructure development, equipment procurement, and capacity building of health facilities, as well as training and human resource development. Many operating hospitals may have difficulty allocating funds to fulfil these new requirements without adequate financial support from the government. If



the government does not provide sufficient assistance, hospitals will find it difficult to improve service quality, potentially leading to patient dissatisfaction. This dissatisfaction could arise if patients feel that even though they have been transferred to the KRIS system, the quality of service they receive has not improved significantly. In addition, challenges related to the management system changes required to support KRIS implementation are also a significant concern. KRIS implementation requires hospitals to adjust their operational procedures and health service management. This process often requires a lot of time, effort, and expertise, especially for health facilities operating under a different system for a long time. These changes affect not only the organizational structure but also the way the hospital's medical and administrative teams work. Resistance to this change can arise from medical personnel and hospital management who are comfortable with the old system. Therefore, they may be reluctant to adapt to the new procedures required to implement KRIS. Misunderstanding of the benefits of KRIS and concerns regarding increased workload may exacerbate resistance to implementing this policy.

Another aspect that needs to be considered is the importance of training and competency development of health workers in the face of KRIS implementation. Many health workers may not be familiar with the new service standards expected under KRIS. Without adequate training, the quality of care may be jeopardized, and patients will not benefit from this policy. Therefore, a thorough training program is essential to ensure all health workers can adapt to the new system and deliver services according to the set standards.

Additional challenges may arise from regulatory and bureaucratic aspects. Lengthy and complex decision-making processes at the government level may hinder the implementation of KRIS in the field. The involvement of various parties in drafting new regulations and procedures often leads to slow decision-making, which can delay policy implementation. In addition, the lack of coordination between various institutions and stakeholders in the health system can lead to confusion and inconsistencies in implementing KRIS.

By addressing these challenges and barriers, KRIS implementation can be more effective, and the goal of improving healthcare access and quality for all Indonesians can be achieved. Close collaboration between the government, healthcare providers, and the community is essential in overcoming these challenges and ensuring the success of KRIS implementation. Therefore, comprehensive and coordinated efforts are needed from all

parties to ensure that the KRIS policy can be optimally implemented and provide tangible benefits to the community.

## **Strategic Recommendations to Optimize the Implementation of KRIS in Creating Social Justice in Access and Quality of Health Services**

Implementing the Standard Inpatient Class Policy (KRIS) stipulated in Presidential Regulation Number 59 Year 2024 aims to create social justice in access to and quality health services for Indonesia's people. This policy is expected to overcome the inequality in the health system in terms of equitable access and quality of service. However, implementing KRIS faces various challenges that require a comprehensive strategy to achieve its goals. One strategic step is to improve the infrastructure and resources of health facilities, especially in remote areas, through adequate budget allocations for the construction, renovation, and procurement of the latest medical equipment and technology. In addition, health worker training programs must also be strengthened, particularly to equip health workers in remote areas with technical skills, an understanding of KRIS standards, and the importance of social justice in health services.

On the other hand, providing incentives for health facilities in remote areas is an essential factor in implementing KRIS. These incentives can be in the form of financial assistance, procurement of medical equipment, or reduction of administrative and tax burdens to encourage improved service quality. In addition, coordination between institutions and stakeholders needs to be strengthened to ensure good synergy between the central government, regions, BPJS Kesehatan, and health facilities. Precise communication mechanisms, collaboration with non-governmental organizations, and involvement of local communities are also essential to improve public understanding and gain input in policy evaluation. Regular monitoring and assessment should be conducted to monitor the implementation of KRIS standards in the field, identify barriers, and assess its effectiveness through patient satisfaction surveys to ensure sustainability. This strategy will help ensure social justice is equitably delivered across Indonesia through quality health services.

## **Government Efforts to Address Inequalities in Health Resource Distribution and Funding Efficiency in the JKN System**

The Indonesian government continues to address inequalities in health resource distribution and improve funding efficiency in the National Health Insurance (JKN). One crucial step is the implementation of the Standardized Inpatient Class Policy (KRIS), which eliminates inpatient class differences within BPJS Kesehatan. As stipulated in Presidential Regulation Number 59 Year 2024, this policy aims to create equitable access and quality of health services without discrimination based on economic status. In addition, the

government also focuses on building and renovating health facilities in remote areas, providing incentives for medical personnel, and strengthening infrastructure to ensure equal health services across regions. These measures are supported by medical personnel training programs to improve competencies, particularly in implementing KRIS service standards.

The government implemented a capitation-based payment system to improve funding efficiency and utilized information technology for claims data management and budget monitoring. Regular supervision and systematic evaluation are also conducted to ensure effective and well-targeted policies. In addition, collaboration with the private sector, international organizations, and communities continues to be strengthened to support equitable distribution of health resources. With these measures, the government hopes to create fair, equitable, and quality access to health services for all Indonesians.

### **Steps to Ensure KRIS Implementation Can Be Effectively Implemented Without Jeopardizing the Quality of Health Services**

Implementing the Standard Inpatient Class (KRIS) requires strategic steps to be effective without compromising the quality of health services. One main focus is improving health facility infrastructure, especially in less developed areas. The government needs to allocate a budget for the construction and renovation of hospitals and health centres, equip facilities with medical equipment that meets KRIS standards, and ensure equitable availability of services. In addition, developing human resources (HR) quality is crucial, primarily through continuous training programs for medical personnel and health staff. This training aims to equip them with the necessary skills and knowledge to provide services according to KRIS standards so that the quality of services is maintained even when the new system is implemented.

The utilization of information technology is also a key element in supporting the implementation of KRIS. An integrated information system can improve administrative efficiency, facilitate supervision, and enable coordination between health facilities, especially in remote areas. In addition, regular monitoring and evaluation by the government, BPJS Kesehatan, and local health offices are essential to ensure KRIS implementation is fit for purpose, with immediate remediation of any obstacles encountered. Collaboration between the government, private sector, and community is also needed to accelerate infrastructure development, support health facility operations, and strengthen community understanding of KRIS benefits. With this integrated approach, KRIS implementation is expected to improve access and quality of health services across Indonesia.

## 5. CONCLUSION

The Standard Inpatient Class (KRIS) policy stipulated in Presidential Regulation Number 59 Year 2024 aims to unify health service standards to reduce disparities in access and quality of services for JKN participants regardless of economic background. This policy has great potential in creating equitable health services and social justice distribution. However, its implementation faces various challenges, such as limited infrastructure, shortage of trained health workers, and resistance to changes in the management system. To ensure the success of KRIS, comprehensive support from the government is needed in the form of adequate budget allocation, continuous training for medical personnel, supervision, and regular evaluation. In addition, close collaboration between the government, healthcare providers, and communities is essential to create a more inclusive, equitable, and sustainable health system.

To support the implementation of KRIS, the government needs to prioritize the distribution of health infrastructure, especially in remote areas, and implement training programs to improve the competence of medical personnel. Special incentives, such as financial assistance or medical equipment, should be provided to health facilities in hard-to-reach areas. Utilization of information technology is also essential to improve service efficiency, speed up administrative processes, and support transparent supervision. Regular monitoring and evaluation with BPJS Kesehatan should be conducted to ensure the effectiveness of this policy and to overcome any obstacles that arise. With integrated cooperation between the central and regional governments, the private sector, and the community, KRIS is expected to provide optimal benefits for all Indonesians.

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