

Evaluation of JKN Financing Policy and Strategic Procurement of Services for the Sustainability and Quality of Care: A Literature Review

Evaluasi Kebijakan Pembiayaan JKN dan Pembelian Strategis Layanan Untuk Keberlanjutan dan Mutu Pelayanan: Tinjauan Literatur

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ABSTRACT

The National Health Insurance (JKN) programme is a health financing policy designed to achieve universal health coverage by improving access to healthcare services and providing financial protection for the population. It implements a strategic purchasing approach through capitation and INA-CBGs payment mechanisms to promote efficiency and improve the quality of care. This study aims to evaluate JKN financing policies and the implementation of the strategic purchase of healthcare services by conducting a literature review. A literature review was conducted in accordance with PRISMA 2020 guidelines, involving a systematic search across three academic databases. After screening and an eligibility assessment, ten articles met the inclusion criteria. The results reveal that JKN financing has shifted towards a prospective payment system; however, several challenges persist, including discrepancies between tariffs and actual costs, ineffective claims management and limitations in human resources and information system integration. Meanwhile, strengthening information systems, improving human resource competencies and enhancing coordination among stakeholders are recognised as supporting factors. The study concludes that BPJS Kesehatan should periodically adjust INA-CBG tariffs based on case complexity and actual service costs; primary healthcare facilities should strengthen their gatekeeping function through improved capitation incentive design; and hospitals should prioritise diagnostic coding standardisation and internal claims auditing. **Keywords: Health financing, National Health Insurance (JKN), strategic purchasing, provider payment, quality of care.**

ABSTRAK

Program Jaminan Kesehatan Nasional (JKN) merupakan kebijakan pembiayaan kesehatan yang bertujuan mencapai Universal Health Coverage melalui peningkatan akses dan perlindungan finansial masyarakat. Implementasi JKN menggunakan pendekatan *strategic purchasing* melalui mekanisme pembayaran kapitasi dan INA-CBGs untuk mendorong efisiensi dan mutu layanan. Penelitian ini bertujuan mengevaluasi kebijakan pembiayaan JKN dan pelaksanaan pembelian strategis layanan kesehatan melalui sintesis literatur. Metode yang digunakan adalah *literature review* dengan penelusuran artikel mengacu pada panduan PRISMA 2020 dengan penelusuran sistematis pada tiga basis data ilmiah. Setelah proses skrining dan penilaian kelayakan, diperoleh 10 artikel yang memenuhi kriteria inklusi. Hasil kajian menunjukkan bahwa implementasi pembiayaan JKN telah mengarah pada sistem pembayaran prospektif, namun masih menghadapi tantangan berupa ketidaksesuaian tarif dengan biaya riil, kelemahan manajemen klaim, serta keterbatasan sumber daya dan integrasi sistem informasi. Di sisi lain, penguatan sistem informasi, peningkatan kompetensi sumber daya manusia, dan koordinasi antar pemangku kepentingan menjadi faktor pendukung. Penelitian ini menyimpulkan bahwa BPJS Kesehatan perlu menyesuaikan tarif INA-CBGs berbasis kompleksitas kasus dan biaya riil, FKTP harus memperkuat fungsi *gatekeeping* melalui perbaikan insentif kapitasi, serta rumah sakit perlu memprioritaskan standardisasi pengkodean diagnosis dan audit internal klaim.

Kata Kunci: Pembiayaan kesehatan, JKN, strategic purchasing, pembayaran provider, mutu layanan.

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INTRODUCTION

Universal Health Coverage (UHC) is a priority on the global health agenda, ensuring that everyone in the world has access to high-quality essential healthcare services without facing financial hardship. The 2023 global monitoring report by the WHO and the World Bank reveals that more than 4.5 billion people worldwide or more than half the global population – are still not fully covered by essential healthcare services, and around 2 billion people face financial hardship due to out-of-pocket healthcare expenditure.¹ This situation indicates that achieving UHC is not only linked to expanding coverage but also to the effectiveness of health financing systems in distributing resources in an efficient, equitable, and needs-based manner. Inefficiencies in health financing can result in limited access, poor service quality, and an increased financial burden on the public. Consequently, strategic procurement has emerged as a key approach in health financing reform to ensure that health resources are utilized more appropriately and focused on achieving optimal service outcomes.²

The JKN programme is a health financing policy in Indonesia aimed at realising UHC so that the public can access healthcare services without financial hardship.³ The programme was launched in 2014 by BPJS Kesehatan as part of the implementation of the national social security system in the health sector.⁴ It provides financial protection and expands access to healthcare services. The existence of health insurance plays a role in increasing the utilization of healthcare services while reducing the financial burden.⁵

In its implementation, the JKN utilises a capitation system at Primary Health Care Facilities (FKTP) and INA-CBGs in hospitals as part of strategic purchasing to improve the efficiency of resource allocation, taking into account needs, performance, and the quality of service. However, its implementation still faces challenges in governance, funding efficiency, and the optimization of healthcare payment mechanisms.⁶

Based on BPJS Kesehatan data reported by the National Social Security Council as at 30 June 2024, JKN membership coverage stood at 273.5 million people (96.83% of the population), yet active membership was recorded at only 76.95%, or approximately 217.4 million people.⁷ Although this represents an increase compared with June 2023, the gap between registered and active participants indicates that challenges remain regarding the sustainability of JKN funding. This gap directly affects the stability of JKN's cash flow, as contributions from inactive participants do not enter the funds managed by BPJS Kesehatan. This situation impacts the system's ability to settle service claims in a timely and sustainable manner, thereby potentially affecting the quality of service received by active participants as well as the efficiency of resource allocation within the strategic procurement framework.

Challenges in implementing the JKN include the accuracy of subsidy targeting, claims compliance, and the optimization of strategic procurement. The utilization of primary care services remains suboptimal, and inaccuracies in PBI targeting lead to inefficiencies and inequities in subsidy distribution.⁸ Claims management issues,



such as claim discrepancies, poor verification, and human resource constraints, result in payment delays, operational disruptions, and a decline in service quality.⁹ Although the JKN has the potential to improve efficiency and quality, its implementation remains hampered by residual capitation funds, regulatory inconsistencies, low active enrolment, and weak fraud controls. Studies confirm that without sound governance, information systems, and complexity-based tariff adjustments, service quality may decline even if costs are kept under control.¹⁰

Although research on health financing and the fiscal sustainability of the JKN has been extensive, the majority still focuses on financial aspects such as deficits, cost comparisons, or partial claim analyses. Evaluations linking strategic purchasing to indicators of cost, quality, and service utilization remain limited. Within the health financing system, strategic purchasing is a key approach to improving the efficiency of resource use and the quality of service through the regulation of relationships between purchasers, service providers, and provider payment mechanisms.² Consequently, there has been no comprehensive study explaining the impact of the provider payment system within the JKN on the efficiency of financing and the quality of healthcare services in Indonesia.

The novelty of this study lies in its systematic analysis of the relationship between strategic purchasing mechanisms within the JKN programme and the efficiency of healthcare financing, as well as the quality of healthcare services. Unlike previous studies, which focused

more on financing, deficits, or claims in isolation, this study combines various indicators of financing and healthcare services to provide a more comprehensive picture of the effectiveness of the provider payment system within the JKN.¹¹⁻¹³ This approach is crucial as it enables a more comprehensive assessment of the capacity of strategic purchasing to support the sustainability of financing whilst improving the quality of healthcare services. Consequently, the findings of this study are expected to provide more practical policy recommendations for BPJS Kesehatan and healthcare facilities to strengthen the implementation of the JKN.

MATERIALS AND METHODS

The method employed in this study is a literature review to examine and synthesize various studies related to the evaluation of JKN financing policies and strategic purchasing in supporting the sustainability of the system and the quality of care. A systematic literature search was conducted covering the period 2016–2026 using three scientific journal databases: Google Scholar, PubMed, and Garuda—with search terms such as ‘health financing’, ‘JKN’, ‘strategic purchasing’, ‘provider payments’, and ‘quality of care’. The keywords used included “health financing”, “JKN”, “strategic purchasing”, “provider payments”, and “quality of service”, in both Indonesian and English.

The article selection process followed the PRISMA 2020 guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). During the identification stage, 87 articles were



identified, comprising 52 from Google Scholar, 21 from PubMed, and 14 from Garuda. Following a screening of titles and abstracts, 31 articles were deemed relevant. A full-text eligibility assessment was then conducted, resulting in 10 final articles that met all inclusion and exclusion criteria.

The inclusion criteria were as follows: (1) open-access journal articles that could be accessed in full free of charge via the journal's official website; (2) published between 2016 and 2026; (3) addressing health financing, the implementation of the National Health Insurance (JKN), strategic purchasing, provider payment systems, or the quality of healthcare services; and (4) original research employing quantitative, qualitative, or mixed-methods designs methods. Meanwhile, the exclusion criteria encompass articles without a full text, articles irrelevant to the research topic, non-scientific journal articles, and articles with a literature review, systematic review, or meta-analysis design.

To ensure the quality of the research, each article was analysed based on the clarity of the

research objectives, the appropriateness of the methods, and the relevance of the findings to the research focus. Furthermore, source triangulation was carried out by comparing the results of several studies with different contexts and approaches to achieve a more comprehensive and consistent synthesis.

RESULTS

Based on a systematic literature search conducted across three scientific databases (Google Scholar, PubMed, and Garuda), a number of articles were identified using the predefined keywords. Following a three-stage selection process, involving a comprehensive review of the titles, abstracts, and content of the articles against the inclusion and exclusion criteria, 10 eligible articles were identified. All articles are original empirical research studies relevant to the topic of JKN financing policy and the application of strategic purchasing in supporting the sustainability and quality of healthcare services. A complete summary of these ten articles is presented in Table 1 below.

Table 1. Article Review Summary

Yes	Author	Year	Article Title	Study Design	Findings
1.	Agustina et al.	2019	Universal health coverage in Indonesia: concept, progress, and challenge.	Health system review	The provider's payment system uses capitation in primary services and CBGs in hospitals to improve financing efficiency and access to services, but still faces challenges in financing sustainability and service quality.
2.	Fathi & Junadi	2024	Analysis of Claims for Acute Ischemic Stroke Patients with National Health Insurance (JKN) Financing at the University of Indonesia Hospital in 2024.	Observational study with retrospective descriptive analysis	There is a gap between the rates of INA-CBGs and the real cost of stroke treatment. Tariff discrepancies can affect the efficiency of JKN financing and the sustainability of health services in hospitals.
3.	Rahayu et al.	2025	JKN Claim Optimization Strategy at the Bandung	Qualitative case studies	The optimization of JKN claims is influenced by human resources, finance,



			City Regional General Hospital.		procedures, and technology (4M). The hospital has the strength of SIMRS which is integrated with BPJS and the JKN team but there are still obstacles such as incompleteness of medical records and systems that are not optimal. The suggested strategy is to improve coordination with BPJS, coder competence, and information system integration to make the claim process more effective.
4.	Roesbianto ro et al.	2025	Evaluation of INA-CBGs Tariffs in BPJS Outpatients as an Effort to Control Quality and Costs at the ENT Outpatient of Surabaya Islamic Hospital.	Quantitative Descriptive with an Evaluative Approach	The INA-CBGs tariff on outpatient services is not fully in accordance with the real cost of hospitals. These mismatches can affect financing sustainability and service quality, although claims management efficiency can increase the positive difference between costs and claims.
5.	Wijayani	2018	The Impact of the Implementation of the National Health Insurance Program (JKN) on the Financial Performance of the Ministry of Health's Vertical Hospitals.	Quantitative Analysis	The study found that the implementation of the National Health Insurance program brought significant changes to the health service financing system in the Ministry of Health's vertical hospitals. Prior to the implementation of JKN, the payment mechanism for health services generally used a fee-for-service system, which is a payment made based on each medical action or service provided by the patient.
6.	Hardiyanti & Bachtiar	2024	Analysis of Hospitalized JKN Claims at the University of Indonesia Hospital in 2023	Descriptive analysis with the pooled cross-sectional method	It was found that there was a difference of around 23% between hospital costs and INA-CBGs rates, so it is necessary to control the cost of drug use services and reduce the length of patient care by streamlining the treatment day by accelerating services during treatment.
7.	Irma et al.	2024	Policy and Pending JKN Claims at Hospital X.	Qualitative descriptive	Pending JKN claims in hospitals occur due to inconsistencies in claim documents, diagnosis coding errors, and delays in administrative completeness. This condition slows down the verification process so that claim payments are delayed. The research recommends improving the claims administration system and standardizing claims submission procedures to improve efficiency Health service financing
8.	Taufiq et al.	2022	Implementation Analysis of INA-CBG's Claims Implementation of Quality Control and Cost Control at Tarumajaya Hospital, Bekasi in 2021	Mixed method (quantitative and qualitative)	The implementation of JKN with the INA-CBGs payment system at Tarumajaya Hospital is running quite well and has an effect on quality control and costs services, but there are still obstacles such as limited human resources, inadequate facilities. As well as delays in payment of BPJS claims.
9	O'Connell et al.	2025	The Influence of Provider Payment Mechanism on TB Service Provider Behavior in Indonesia: Insights From National Health Insurance Data and	Mix-Methods (Claims Analysis + provider interviews)	Primary facilities refer 81% of simple TB cases to hospitals, increasing costs by up to USD 14.1 million. This is influenced by low capitation rates, limited service capitation, and financial incentives for providers. The recommended improvements are the



			Provider Perspectives		adjustment of payment mechanisms and strengthening the capacity of primary services to be more efficient.
10.	Safitri et al.	2024	Analysis of BPJS Non Capitation Health Claim Submission at the Bumiaji Health Center, Batu City.	Descriptive qualitative	The process of submitting non-capitation claims at the health center has been carried out in accordance with BPJS procedures and regulations. However, in In practice, the officers who handle claims often concurrently perform other administrative duties so that the process of verifying files and submitting claims becomes less than optimal and has the potential to cause delays in the disbursement of health service funds.

Based on an analysis of all the articles, the research findings can be grouped into five interrelated main themes, namely: (1) the mismatch between tariffs and the actual costs of services; (2) claims management and administrative aspects; (3) limitations in human resources and information system integration; (4) gatekeeping and patterns of service utilization; and (5) quality indicators in the provider payment system.

Theme 1: Mismatch Between Tariffs and the Actual Costs of Services

Four articles consistently reported a gap between the INA-CBGs tariffs paid by BPJS Kesehatan and the actual costs incurred by healthcare facilities. It was found that the INA-CBGs tariff for acute ischaemic stroke cases was 27.7% lower than the actual hospital costs.¹⁴ Furthermore, a similar mismatch was reported for outpatient ENT services.¹³ Hardiyanti & Bachtiar (2024) found a 23% discrepancy in inpatient claims.¹² Wijayani (2018) noted that the transition from a fee-for-service system to INA- CBGs had a significant impact on hospital financial performance.¹⁵ These discrepancies reflect the limitations of the aggregate diagnosis-based package tariff approach, which has not yet been

able to adequately capture variations in the complexity of clinical cases, thereby risking underpayment in complex and high-cost cases.

Theme 2: Claims Management and Administrative Aspects

Three articles discuss operational issues in the management of JKN claims. Irma et al. (2024) identified pending claims resulting from document discrepancies, diagnostic coding errors, and administrative delays.¹⁶ Rahayu et al. (2025) emphasized that claim optimization is influenced by human resources, financial factors, procedures, and technology, and recommended strengthening coordination and coders' competencies.¹⁷ Safitri et al. (2024) found that claims officers at community health centres often juggle other administrative tasks, resulting in suboptimal file verification.¹⁸ These findings indicate that weak claims management has a direct impact on payment delays and disrupts the operational stability of healthcare facilities.

Theme 3: Human Resource Constraints and Information System Integration

Several articles explicitly highlight human resource and information system limitations as barriers to the effective implementation of strategic



purchasing. Taufiq et al. (2022) reported that human resource and facility limitations at Tarumajaya Hospital posed obstacles, even though the implementation of INA-CBGs was generally proceeding quite well.¹⁹ Rahayu et al. (2025) emphasize the importance of integrating the hospital management information system (SIMRS) with BPJS to optimize the claims process.¹⁷ Safitri et al. (2024) also highlight the dual roles of claims officers in primary care.¹⁸ The digitization of the claims system needs to be accompanied by strengthened governance and staff training in order to have a significant impact on the efficiency of healthcare financing.

Theme 4: Gatekeeping and Patterns of Service Utilization

Two articles analyze the impact of payment mechanisms on service providers' behaviour and referral patterns. O'Connell et al. (2025) found that primary care facilities referred 81 per cent of TB cases that could have been managed at the primary care level to hospitals, increasing total costs by USD 14.1 million.²⁰ This situation was influenced by low capitation rates and financial incentives that did not sufficiently support the gatekeeping function. Agustina et al. (2019) emphasise that although the capitation system is designed to promote efficiency, the role of primary care as a gatekeeper remains suboptimal within the context of the National Health Insurance (JKN).¹¹ These findings suggest that poorly designed incentives can weaken the gatekeeping function and increase the financial burden on referral services.

Theme 5: Quality Indicators in the Provider Payment System

Several articles highlight the absence of integration of quality indicators into provider payment mechanisms as a fundamental weakness of strategic purchasing within the JKN. Agustina et al. (2019) and Taufiq et al. (2022) both emphasize that cost control and quality must go hand in hand; however, current implementation is more oriented towards cost control.^{11,19} Roesbiantoro et al. (2025) demonstrate that efficient claims management can increase the positive margin between costs and claims, but does not necessarily guarantee better service quality.¹³ These findings confirm that without the integration of quality indicators into the payment system, strategic purchasing mechanisms tend to focus solely on cost control rather than on comprehensive service quality improvement.

Overall, the five themes above are interrelated and form a comprehensive picture of the challenges in implementing strategic purchasing within the JKN programme. The main constraints include tariff discrepancies, weak claims management, limitations in human resources and information systems, and low enrolment rates. Meanwhile, the identified enabling factors include strengthening the integration of health information systems, enhancing the competence of claims management staff, and better coordination between healthcare facilities and BPJS Kesehatan.

DISCUSSION

The implementation of financing policies within the National Health Insurance (JKN) programme can be understood as part of health system reform towards a strategic purchasing



approach. Within the WHO framework, strategic purchasing is defined as an active approach to allocating health funds, whereby health service purchasers proactively choose what to buy, from whom, at what price, and based on what quality standards.² Unlike passive purchasing, which merely responds to demand, strategic purchasing requires a provider payment mechanism that provides appropriate incentives to promote both efficiency and quality simultaneously.¹¹ In this study, strategic purchasing is understood as the use of provider payment mechanisms to control the efficiency of financing, service utilization, and the quality of healthcare services. In the context of the National Health Insurance (JKN), capitation at Primary Health Care Facilities (FKTP) and INA-CBGs in hospitals are the main instruments of strategic purchasing, which are theoretically designed to encourage service providers to be more efficient and outcome-oriented (output-based payment).²¹ However, several studies indicate that the effectiveness of the strategic purchasing approach in the implementation of JKN is influenced by system readiness, including institutional capacity, regulation, and oversight mechanisms that support the healthcare financing process.¹⁰ Limitations in these areas suggest that the objectives of efficiency and quality improvement have not yet been fully achieved.¹¹ In line with this, recent studies confirm that without the integration of quality indicators into the payment system, strategic purchasing mechanisms tend to be more cost control rather than improving service quality.

One of the challenges of implementation is evident in the discrepancy between reimbursement

rates and the actual costs of care, as identified in various studies. This issue relates to the limitations of the package-based tariff approach, which is not yet fully capable of capturing the varying complexity of clinical cases.¹⁹ In the INA-CBGs system, tariff determination is based on aggregate diagnosis groups, which have the potential to lead to underpayment or overpayment in certain situations.²² This discrepancy often forces hospitals to bear the burden of significant cost differences, such as in the case of acute ischaemic stroke, where the INA-CBGs tariff was found to be 27.7 per cent lower than the hospital's actual costs.¹⁴ This mismatch drives healthcare facilities to implement various internal adjustment strategies to maintain financial sustainability, which in practice may impact operational efficiency or lead to changes in service delivery patterns. As a mitigating measure, several studies have reported hospitals' efforts to control costs by managing length of stay, medication use, and consumable medical supplies (BMHP), as these components constitute the largest cost drivers.^{12,13} From a health economics perspective, this situation indicates an imbalance in incentives between purchasers and service providers.²³ However, the majority of studies in this review have not directly measured the impact of tariff discrepancies on the quality of healthcare outcomes; consequently, this relationship requires further research.

In addition to issues with the tariff structure, limitations in the implementation of JKN financing are also reflected in operational aspects, particularly in the management of claims, which is not yet fully optimized. Various administrative



constraints, such as discrepancies in documentation, coding errors, and human resource limitations, indicate a capacity gap in the system's ability to support an effective strategic purchasing process.¹⁶ At the primary care level, these constraints are often exacerbated by a shortage of specialized administrative staff, meaning that data entry clerks frequently have to double as healthcare workers such as nurses or midwives.^{15,18} Within the framework of strategic purchasing, the claims system should function not only as a payment mechanism but also as an instrument for quality control and service accountability. Consequently, when the claims process does not operate optimally, these functions become ineffective, leading to payment delays and disruptions to the operational stability of healthcare facilities. Furthermore, limitations in information system integration exacerbate obstacles in the claim verification and submission processes. Recent literature indicates that strengthening integrated health information systems and enhancing the competencies of claims management staff are key factors in improving administrative efficiency and payment accuracy within health insurance schemes. However, several studies also emphasize that the digitization of the claims system without being accompanied by strengthened governance and human resources training will not have a significant impact on improving reimbursement performance; consequently, a more comprehensive approach is required in reforming the claims system.²⁴

Beyond these administrative aspects, the payment mechanism also has wider implications, namely in shaping the behavior of healthcare providers.

Several studies indicate that low incentive levels within capitation schemes may encourage an increase in referrals from primary healthcare facilities to hospitals, including in cases that could actually be managed at the primary care level.²⁰ This situation suggests that an inappropriate incentive design has the potential to undermine the gatekeeping function whilst simultaneously increasing the financial burden on referral services. Furthermore, payment mechanisms also serve as instruments for controlling the behaviour of healthcare providers in determining the patterns of care delivered. Consequently, the effectiveness of strategic procurement is not determined solely by the type of payment method used, but also by the appropriateness of the incentive design in guiding healthcare providers to act more efficiently and in accordance with the appropriate level of healthcare provision. In this context, strengthening the capacity of primary care services is crucial to ensuring that the gatekeeping function operates optimally.

The various dynamics within payment mechanisms and service providers' behaviour indicate that the sustainability of JKN funding and the quality of healthcare services are influenced by a range of both hindering and supporting factors. The most prominent findings in the literature are the mismatch between INA-CBG tariffs and weak claims management, whilst issues relating to information system integration and human resource capitation are more frequently emerging as factors supporting implementation. The main hindering factors identified include a mismatch between service tariffs and actual costs, weak claims management, human resource constraints, sub-optimal integration of information systems, and low levels of active enrolment, which impact the stability of

financing. Furthermore, inaccuracies in targeting beneficiaries of premium subsidies also contribute to inefficiencies in resource allocation and inequities in subsidy distribution, thereby potentially reducing the effectiveness of financial protection for vulnerable groups.⁸ On the other hand, supporting factors frequently highlighted in the literature include strengthening the integration of health information systems, enhancing the capacity and competence of human resources, and better coordination between healthcare facilities and health insurance providers in the management of services and claims.¹⁷ Thus, these findings indicate that the successful implementation of strategic procurement depends heavily on comprehensive system readiness, encompassing regulatory, resource, and governance aspects, as well as the strengthening of integration and accountability within the health financing system.

The implications of these various findings underscore the need for more comprehensive policy improvements to strengthen the implementation of strategic purchasing within the JKN. These findings are consistent with research indicating that strategic purchasing has the potential to improve access to and the quality of services, although its implementation still faces various challenges.¹⁰ The literature also suggests that adjusting INA-CBG rates based on case complexity and the actual costs of services is a crucial step towards achieving a better balance between efficiency and quality. Furthermore, strengthening the gatekeeping function at primary healthcare facilities through improvements to capitation incentives is necessary to control unnecessary referrals. This is supported by research indicating that high utilization of referral services reflects the sub-optimal functioning of

primary care as a gatekeeper within the JKN system.²⁵ Furthermore, strengthening the claims management system, integrating information technology, and enhancing human resource capacity are factors that contribute to supporting the efficiency and quality of healthcare services.

Thus, the results of this study show that the implementation of strategic procurement within the JKN programme is linked to efforts to improve the efficiency of financing and the quality of healthcare services. However, various findings also indicate challenges relating to governance, payment mechanisms, and system readiness, which may affect the effectiveness of its implementation. Consequently, the relationship between provider payment mechanisms, funding efficiency and service quality needs to be understood more comprehensively as part of efforts to ensure the sustainability of the JKN programme and improve the performance of the health system.

CONCLUSIONS AND SUGGESTIONS

The implementation of the National Health Insurance (JKN) financing policy through a strategic purchasing approach demonstrates a positive shift towards a prospective payment system oriented towards efficiency and quality of service; however, its effectiveness remains hampered by discrepancies in documentation and errors in diagnostic coding, limitations in human resources, sub-optimal integration of information systems, and low active enrolment, which impacts the stability of financing; whilst the supporting factors identified include the strengthening of an integrated health information system, the



enhancement of the competence of claims management staff, and better coordination between healthcare facilities and BPJS Kesehatan in the administration and financing of services.

Based on these findings, the most urgent priority recommendations are the strengthening of information system integration and the enhancement of the capacity of claims management staff, as these two aspects directly influence the accuracy of claims, the efficiency of funding, and the quality of service. At the national level and within BPJS Kesehatan, periodic adjustments to INA-CBG tariffs are required, based on case complexity and the actual costs of services, whilst at the primary healthcare facilities (FKTP) and hospital levels, there is a need to strengthen gatekeeping functions, standardize diagnostic coding, and conduct internal claims audits. In the short term, interventions can focus on training coders and digitizing claims verification, whilst in the in the medium term, a more comprehensive integration of data systems between healthcare facilities and BPJS is required. Further research is recommended using a mixed-methods or longitudinal approach to assess the impact of claim digitization and performance-based incentives on the sustainability of JKN financing through indicators such as claim accuracy, cost efficiency, verification speed, referral rates, and quality of service.

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CONFLICT OF INTEREST

The author declares that there is no conflict of interest, whether personal, financial, or any other relevant factor, that has influenced the process of compiling or interpreting the results of this literature review.

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