Implementation of The National Health Insurance Standard Inpatient Class Policy in RSUD Kota Bandung

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Abstract. This study describes the implementation of the National Health Insurance Standard Inpatient Class (KRIS-JKN) policy at the RSUD Kota Bandung. This study uses a descriptive qualitative approach using in-depth interview techniques based on the Van Meter and Van Horn policy implementation model. Inpatient room facilities, especially for BPJS Kesehatan Class 3 patients, require special attention because they are not standardised. RSUD Kota Bandung as one of the government-owned hospitals is obliged to support the KRIS-JKN policy, but the update as of July 2024 the percentage of indoor beds that have fulfil 12 KRIS criteria is only 15.87%. RSUD Kota Bandung experienced several obstacles, including the distance between TT less than 1.5m, bathrooms not in accordance with accessibility standards, and curtain replacement. Budget limitation is the main factor that hinders the implementation of KRIS. Therefore, efforts are needed to strengthen KRIS-JKN regulations in Bandung City as well as funding support from the Bandung City Government APBD.

Keywords: Policy Implementation; Van Meter and Van Horn; KRIS

1 Introduction

Health is one of the fundamental rights of every human being and constitutes an essential element of welfare that must be realized in accordance with the goals of the Indonesian nation. This principle is explicitly affirmed in *Pancasila* and the 1945 Constitution of the Republic of Indonesia. Article 28H paragraph (1) of the amended Constitution guarantees that everyone has the right to receive health services as part of social security. Furthermore, Article 34 paragraph (3) states that the state is responsible for providing adequate health facilities. Therefore, ensuring the quality of health services becomes a shared responsibility among all stakeholders, not merely the government (Novira et al., 2020; Pundenswari, 2017).

Since the launch of the National Health Insurance (*Jaminan Kesehatan Nasional*, JKN) in 2014, numerous policy and mechanism changes have been introduced to improve the availability and quality of healthcare services (Arntanti, 2023; Juniati, 2022; Kurniawati et al., 2021). However, in practice, challenges persist—particularly regarding the disparities in service quality between hospital classes determined by premium contributions. Studies have shown significant differences in satisfaction levels between Class I and Class III patients, where the latter group receives government-subsidized care (Afni & Bachtiar, 2022; Amanda et al., 2021; Arntanti, 2023). Such inequalities contradict the principles of justice and non-discrimination

ICAS 2024, November 12, Bandung, Indonesia

DOI 10.4108/eai.12-11-2024.2358339

embedded in the JKN system (Fajarwati et al., 2023; Solechan, 2019) and have contributed to widespread patient dissatisfaction (Bilatula et al., 2024; Renaldo et al., 2020). Both of these principles are fundamental human rights that must be upheld.

The most essential form of social protection is social security, as stipulated in Law Number 40 of 2004 concerning the National Social Security System (*Sistem Jaminan Sosial Nasional*, SJSN). This law ensures that every citizen has proper access to fulfill basic needs. Article 19 paragraph (1) of the SJSN Law emphasizes that JKN implementation must be based on the principle of fairness—meaning that every participant is entitled to equitable medical services regardless of their contribution amount. Consistently, Article 84 letter (b) of Government Regulation Number 47 of 2021 mandates hospitals to provide safe, high-quality, discrimination-free, and effective health services in accordance with established standards, prioritizing patient welfare.

These provisions have become important references for establishing equitable hospital service standards (Arntanti, 2023; Dharmayanti et al., 2023; Samodra & Wirantari, 2024). Nevertheless, current regulations regarding inpatient class standards for JKN participants have yet to provide adequate protection for hospitals in their implementation (Sulistyorini & Huda, 2022). Despite their commitment to comply with the *Kelas Rawat Inap Standar* (KRIS) guidelines, many hospitals face internal and external constraints that hinder consistent policy adoption (Afni & Bachtiar, 2022; Arisa et al., 2023; Kur'aini et al., 2023; Kurniawati et al., 2021).

Presidential Regulation No. 59 of 2024—amending Presidential Regulation No. 82 of 2018—defines the KRIS as the minimum standard of inpatient services guaranteed to JKN participants. This policy ensures that participants receive uniform inpatient medical services as an embodiment of social justice. Article 46 paragraph (2) of the regulation includes promotive, preventive, curative, and rehabilitative individual health services—along with essential drugs, medical devices, and consumables—under medical benefits. Meanwhile, Article 46 paragraph (6) outlines non-medical benefits, such as room facilities, infrastructure, and equipment, in accordance with KRIS standards.

The following data on the progress of hospitals in implementing the KRIS-JKN policy nationally is obtained from the data of the Directorate General of Health Services of the Indonesian Ministry of Health in 2023.

Table 1. Hospital Progress of KRIS-JKN Implementation in Indonesia

Month	Total hospitals that completed the survey	Already Met 12 KRIS Criteria	Not Met 12 KRIS Criteria
Dec 2022	2531	316	2215
Jan 2023	2540	728	1812
Apr 2023	2970	759	2211
June 2023	2977	769	2208
Aug 2023	2982	773	2209

Source: Directorate General of Health Services of the Indonesian Ministry of Health, 2023

Progress in implementing the 12 KRIS criteria from December 2022 to August 2023 indicates improvement, yet challenges remain. Out of 2,982 hospitals surveyed in August 2023, only 773 met the criteria, while 2,209 did not. As of 30 March 2024, Indonesia had 3,178 hospitals, with 869 private hospitals and 652 owned by district governments. Government Regulation No. 47 of 2021, Article 18, stipulates that hospitals must gradually allocate a minimum of 60% of inpatient beds (for central and local government hospitals) and 40% (for private hospitals) to standard class services. Although Article 84 mandates full KRIS

implementation by 1 January 2023, the process is being carried out in stages, involving both public and private hospitals under the JKN scheme.

To facilitate this transition, the Ministry of Health issued the Decree of the Director General of Health Services on Technical Readiness for Hospital Infrastructure in Implementing KRIS-JKN. The policy supports hospitals across Indonesia in aligning facilities with KRIS standards. The National Social Security Council (DJSN) conducted monitoring and evaluation at 10 pilot hospitals across five provinces—West Java, East Java, D.I. Yogyakarta, Riau Islands, and West Kalimantan—between 21–23 June 2023 (Kepdirjenyankes III/3841/2022).

The 10 KRIS trial hospitals included Dr. Sardjito Hospital, Soedarso Hospital, Sidoarjo Hospital, Sultan Syarif M. Alkadri Hospital, Santosa Kopo Hospital, Santosa Central Hospital, Awal Bros Batam Hospital, Al Islam Hospital, Ananda Babelan Bekasi Hospital, and Edelweiss Hospital. Four of these, located in Bandung City—Santosa Central, Santosa Kopo, Al Islam Bandung, and Edelweiss Hospitals—represent diverse hospital classes (A–C). As of January 2024, Bandung City had 41 hospitals, 34 of which were affiliated with BPJS Kesehatan as Advanced Referral Health Facilities (*Fasilitas Kesehatan Rujukan Tingkat Lanjut*, FKRTL).

The following JKN Participation Data for Bandung City is *updated* as of 1 July 2024 obtained from BPJS Kesehatan Bandung Branch Office.

Figure.1 Number of JKN members in Bandung City as of 1 July 2024
Source : Directorate General of Health Services of the Indonesian Ministry of Health, 2024

Bandung City demonstrates one of the highest JKN coverage rates in Indonesia, with 3,712,702 participants out of a total population of 3,749,173—equivalent to 99.03% coverage. The largest segment comprises *Penerima Bantuan Iuran* (PBI) APBN participants (39%), followed by *Pekerja Penerima Upah* (PPU, 28%), *Pekerja Bukan Penerima Upah* (PBPU, 16%), and *Penerima Bantuan Iuran Daerah* (PBI APBD, 15%). Non-worker participants (*Bukan Pekerja*, BP) account for only 2%. This near-universal participation underscores the urgency of maintaining standardized, high-quality health services across all JKN participant groups.

Monitoring and evaluation conducted by DJSN on 27 March 2024 revealed that only four of the ten trial hospitals—Santosa Bandung Kopo, Santosa Bandung Central, Al Islam, and Ananda Babelan—successfully fulfilled all 12 KRIS criteria (Agus Suprapto, 2024). Notably, these successful hospitals were privately owned, whereas government hospitals in Bandung—Bandung Kiwari Hospital, RSUD Kota Bandung, and Bandung City General Hospital—had yet to meet the criteria.

Fig. 2. Percentage of Beds in the room that have met the 12 KRIS criteria

Further evaluation by the Bandung City Health Office (July 2024) confirmed this gap: the four private KRIS pilot hospitals achieved 100% compliance with the 12 KRIS criteria, while RSUD Kota Bandung achieved only 15.87%. Key obstacles include high renovation costs, limitations due to cultural heritage building status, and structural constraints within older facilities. Moreover, the standardization of inpatient classes raises debates among JKN participants regarding fairness in relation to contribution-based class distinctions (Class I, II, III). Hospitals are also required to enhance operational efficiency amid the absence of standardized service rates for the unified class system.

2 Methods

A descriptive qualitative approach was used in this study by setting the Policy on Inpatient Clarification Standards on National Health Insurance (KRIS- JKN) as the focus and RSUD Kota Bandung as the locus. The use of this qualitative method is in order to describe the phenomenon or object of research first based on social activities, as well as how the attitudes and perceptions of the community individually and in groups can be formed and described and then analysed. The research data was obtained through interviews with informants who have an in-depth understanding of KRIS-JKN by using purposive sampling informant determination technique, namely the Community as JKN Class 1, 2 and 3 Participants and the Bandung City Health Office, BPJS Health Bandung City Branch Office and RSUD Kota Bandung. Data was also obtained from official documents of the Bandung City Government in the form of data from the KRIS JKN implementation self-assessment survey results in RSUD Kota Bandung, Technical Guidelines for Hospital Infrastructure Readiness in Implementing KRIS-JKN, news in the mass media, and relevant literature on KRIS-JKN policies. This research uses a conceptual framework according to the theory of policy implementation according to Van Meter and Van Horn (1975).

3 Results and Discussion

This standard inpatient class policy originated review from History of the Law Law No. 40 of 2004 on System National Social Security. In Article 32 paragraph (4) that stated "In the event

that the participant requires hospitalisation in the hospital, the class of service in the hospital is given based on the standard class". also confirms must be based on Article 19 paragraph (1) implementation that JKN principles equity, which means equivalent in every JKN participant has the right obtain as per his medical needs, service without being affected by the amount of contributions paid. Based on Presidential Regulation Number 59 Year 2024 About Changes Third on Regulation President Number 82 Year 2018 about Guarantee Health, Article verse 4b 1 defines the Standardised Inpatient Class (KRIS) as the minimum standard of inpatient services received by participants. Prior to the implementation of KRIS, BPJS participants did not have a consistent standard of treatment class, especially for class 3 participants who were often placed in rooms with 6-10 beds and outdoor bathrooms. With the introduction of KRIS, a new standard was implemented with a maximum of 4 beds per room and an indoor bathroom, which patients and standard Prevention and Infection Control (ICC).

The government has issued a new regulation regarding KRIS-JKN, namely Presidential Regulation Number 59 of 2024 on the Third Amendment to Presidential Regulation Number 82 of 2018 on Health Insurance. The Presidential Regulation was signed by the President on 8 May 2024. The regulation explains that in the health insurance implementation system, each participant is entitled to obtain benefits according to basic health needs and standard inpatient classes. Article 103B states that the implementation of facilities in treatment rooms for inpatient services based on KRIS must be implemented as a whole with a deadline of no later than 30 June 2025 for all hospitals in Indonesia. Responding to this, RSUD Kota Bandung experienced several obstacles that caused it to not be able to implement KRIS until mid-July 2024. Some of the reasons why the KRIS implementation has not been fully implemented are explained in the following section.

3.1 Policy Standard and Objective

Policy standardisation and objectives are critical to successful implementation a policy. Therefore, policy standards and objectives must be designed clearly and measurably so that they can achieve the objectives of the policy. Successful policy implementation does not rule out the possibility of failure when policy implementers cannot properly realise the existence of standards and policy objectives so that many interpretations arise which will trigger conflicts between policy implementation parties. Indonesian Ministry of Health issued a regulation Engineering KRIS-JKN which is Instructions Readiness of Hospital Infrastructure in Implementation regulated in Kepdirjenyankes Number HK.02.02/I/1811/2022. Furthermore, in order to measure the readiness of hospitals to implement the KRIS-JKN policy, the Ministry of Health decided on 10 KRIS-JKN Trial Hospitals as stipulated in Kepdirjenyankes Number HK.02.02/III/3811/2022 to support the results of monitoring and evaluation. The KRIS JKN policy has been designed by decision makers to improve the quality of services in accordance with regulations.

There is a minimum standard for KRIS-JKN has been established previously (Afni & Bachtiar 2022; Arisa et al., 2023), with a focus on achieving standardised grades by prioritising patient safety and Infection Prevention and Control (PPI) standards. There are several criteria that become obstacles for RSUD Kota Bandung in implementing KRIS as follows :

a. There are still rooms that use insulation from gypsum material so that they do not fulfil the first criterion, namely the building has no porosity high (not save material dust and microorganism)

b. There are still inpatient rooms that have not installed nurse calls as well as sockets and oxygen has not been centralised in class 3 inpatient rooms. So this does not meet the criteria for TT completeness which must be equipped with at least 2 sockets, nurse calls and centralised oxygen.
c. The number of beds in one room regulated in the 12 KRIS criteria is a maximum of 4 TT. However, there are still rooms where the number of beds reaches 11 TT, the distance between beds is less than 1.5m, the lighting of the class 3 inpatient room is minimal Light while what is regulated in the KRIS standard is standard room lighting during the day 250 lux and 50 lux for sleeping lighting. In addition to the number of beds still uses a barrack room system so there are still rooms that lack ventilation as stipulated in the second criterion, namely ventilation of at least 6x air changes per hour.
d. There are still curtains using porous materials and fabric materials/not easy to clean. As stipulated in the 12 KRIS criteria, the curtain must be made of non-porous material so that it is easy to clean. The replacement of curtains in accordance with the KRIS criteria requires a large amount of funds considering the number of beds in the RSUD Kota Bandung is 214 beds.
e. Class 3 bathrooms are still not in compliance with accessibility standards. Although the bathroom is already indoors, there is still a bathroom door that is not wheelchair accessible, and it is also not equipped with a handrail.

In addition, the KRIS-JKN policy is a new policy issued by the Ministry of Health based on the Decree of the Director General of Health Services Number HK.02.02/I/1811/2022 concerning Technical Guidelines for Hospital Infrastructure Readiness in Implementing KRIS JKN. Furthermore, in order to measure readiness of implement hospitals in KRIS-JKN, Ministry of Health determined 10 KRIS-JKN Trial Hospitals to assess readiness while identifying hospital challenges and solutions in fulfilling the 12 KRIS-JKN criteria. the standardised grade policy is described in Government Regulation Number 47 Year 2021 about Implementation Field of Hospitalisation Article 84 letter b which is state standard class inpatient services implemented no later than 1 January 2023 which means that the KRIS trial for 10 hospitals in Indonesia will be implemented in early 2023. Government states in the Presidential Regulation Number 59 Year 2024 that KRIS can be fully implemented by 30 June 2025. However, based on the results of monitoring and evaluation of KRIS-JKN implementation conducted by the Bandung City Health Office, until mid-2024, there was no regulation prepared in the form of a Mayor's Regulation or Mayor's Decree related to KRIS-JKN as a guideline for implementing Hospital KRIS in Bandung City.

3.2 Resources

Resources are a key element in successful policy implementation, including support from human and non-human resources, such as facilities and financial budgets. In RSUD Kota Bandung, the number of labourers has adequate both in terms of quantity and quality, with a total of 765 people consisting of 72 medical health workers, 486 non-medical health workers, and 207 non-health workers. However, to support the implementation of KRIS-JKN at the RSUD Kota Bandung, the availability of competent human resources must be balanced with an adequate budget. Although RSUD Kota Bandung has BLUD status in its financial management, the budget from BLUD may not be sufficient to conduct major renovations to fulfil the 12 KRIS-JKN criteria. The Bandung City Government has demonstrated its commitment to the

implementation of KRIS JKN in accordance with existing regulations by allocating Rp. 516 billion for the development of RSUD Kota Bandung, as stated by the Mayor of Bandung on 16 January 2023. However, until mid-2024, the RSUD Kota Bandung was noted to continue to face challenges in fulfilling the 12 KRIS criteria.

Budget availability is a major factor in successful policy implementation. The land area of RSUD Kota Bandung is only 10,028 m², in addition to the distance between buildings that are too close to each other is one of the factors inhibiting RSUD Kota Bandung from building a hospital according to KRIS criteria. The limited land available at this time is an obstacle for the B RSUD Kota Bandung because the reduction in beds will have an impact on the number of rooms that must be added so that the number of beds does not decrease as stipulated in Government Regulation No. 47 of 2021 Article 16 explains that the classification of class B RSU is at least 200 (two hundred) beds. In this case, RSUD Kota Bandung cannot expand the building land to build inpatient rooms according to KRIS because there are land limitations.

3.3 Communication between Engaged Organisations

Programme implementation will clearly require cross-agency support and coordination. In implementing a policy, the government must provide clear and consistent information about the standard policy objectives. The better the coordination and communication among the parties involved in the implementation process, the less likely there will be mistakes that can cause conflict. , inter-agency collaboration is necessary for programme success. If there are differences in interpretations communicators regarding implementation Policy policy, will obstacles that standards and objectives from facing complexity (Subarsono, 2021). In the context of implementing the KRIS- JKN policy, all stakeholders such as DJSN, Ministry of Health, Ministry of Finance, BPJS Kesehatan, Health Office, government hospitals, private hospitals, and BPJS Kesehatan participants as beneficiaries of the policy must be involved.

With the existence of KRIS, the Government hopes to improve the quality of health services based on the principle of equity as mandated by Law No. 40/2004 on Social Security. In , KRIS aims to ensure that there is equality in both services medical and non-medical without discrimination by prioritising safety and PPI standards. Therefore, KRIS is a new regulation that was conveyed by the Government through several TV stations and several stakeholder meetings with the Legislative Institution. So that there needs to be adaptation for all related stakeholders such as the Health Office, BPJS Health, Hospitals, and the Community as recipients of BPJS Health services. However, with the incomplete policy constraints, the relevant stakeholders have not conducted massive socialisation to BPJS Health participants.

Previously, the of KRIS-JKN had been carried out by the Central BPJS Health through various media such as TV stations, BPJS Health social media, DJSN social media. However, based on the results of the author's interview with BPJS Kesehatan participants, of the three patients that the author interviewed regarding the knowledge of the knowledge related to KRIS, only one patient who knew about it, namely through news broadcast on one of the TV stations. Basically, according to Van Meter and Van Horn, external environmental support has an important role in encouraging the success of policy implementation. The social conditions of the community, especially BPJS Kesehatan Class 1, 2, and 3 participants, strongly support this KRIS policy, but there are concerns among BPJS Kesehatan Class 3 participants regarding the amount of contributions that must be paid has increased. Based on the results of the author's analysis, with the socialisation carried out by policy implementers, namely DJSN, the Ministry

of Health, and BPJS Health to the Hospital, communication between implementers is classified as good so that they can work together to implement the KRIS-JKN policy which has a target of one more year based on the President's direction in Presidential Regulation Number 59 of 2024. Although socialisation is not part of the public policy process, massive socialisation to the community must still be carried out to ensure that policies that have been made can be accepted and implemented by various related parties.

3.4 Characteristics of Implementers

The main focus on implementers involves the formal and informal organisations involved in public policy implementation. The main characteristic in the bureaucratic structure is the SOP (Standard Operating Procedure) which is used as a guideline. systematically so guidelines and work references well. controllable This is very important because the effectiveness of policy implementation is highly dependent on the characteristics of the implementing organisation. Inpatient services provided by the RSUD Kota Bandung are regulated by SOPs which become the standard reference for the implementation of inpatient services. The flow of inpatient services at RSUD Kota Bandung is regulated in the Decree of the Director of RSUD Kota Bandung Number:007/256 RSUD/2015 about the Guidelines for the Implementation of Medical Records of RSUD Kota Bandung. In addition, the procedure in conducting research in RSUD Kota Bandung has a fairly long stage, this indicates that RSUD Kota Bandung has a clear and firm Standard Operating Procedure.

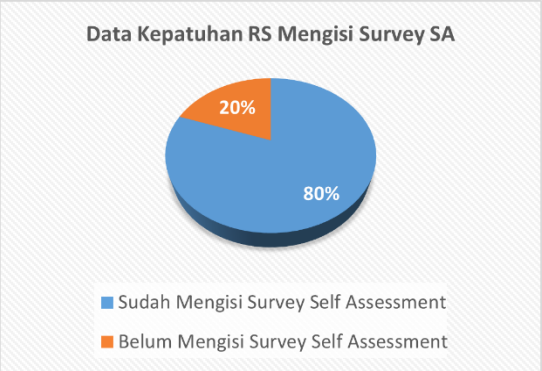

Fig. 3. Compliance Data of Hospital Completed Self Assessment Survey
Source : Referral Health Services of Bandung City Health Office, 2024

Based on data on hospital compliance in Bandung City sourced from the Health Office, out of 41 hospitals in Bandung City there are 33 hospitals that have filled out the self-assessment survey and 8 hospitals that have not filled out the self-assessment survey. So, there are 20% of RSUD Kota Bandung that have not filled out the self-assessment survey conducted by the Bandung City Health Office. Therefore, the Bandung City Health Office has not conducted an overall evaluation. The Referral Health Services Division as the party responsible for the implementation of KRIS-JKN in RSUD Kota Bandung plans to conduct monitoring and evaluation directly to the Hospital based on the data from the self-assessment survey results experiencing many obstacles, especially in type C and D Hospitals (Ira Irawati Staff Services Health Referral Bandung City Health Office, 2024).

Until now, there is no regulation that regulations governing sanctions against hospitals that Hospitals that cannot implement KRIS-JKN until 30 June 2025. The Head of the Health Services Division of the Bandung City Health Office Health Service Office of Bandung City stated that his prediction regarding the consequences of hospitals that could not fulfil the criteria for KRIS-JKN by 30 June 2025, that is to say lowering the accreditation status of the hospital. As is known, there are several levels of hospital accreditation, namely Basic Level Accreditation, Intermediate Level Accreditation, Main Level Accreditation, and Plenary Level Accreditation provided by the Hospital Accreditation Committee (KARS). The Bandung City Health Office plays an important role in providing guidance and encouragement to hospitals in the city of Bandung, especially RSUD Kota Bandung.

Government. The self-assessment survey data is one of the Health Office's assessments to determine the extent of hospital readiness in terms of implementing KRIS-JKN. Based on the self-assessment survey data, RSUD Kota Bandung is included in the 80% of hospitals in Bandung City that are compliant with the Government although the percentage of indoor beds that meet the 12 criteria is low at 15.87%.

3.5 Attitude of Implementers (Disposition)

Attitude of Implementers (Disposition) against acceptance or rejection in there are three aspects of response running regulation: understanding of policy implementer policy has a significant impact on the results of public policy implementation. According to Van Meter and Van Horn in Winarno (2007), implementer (cognition), the implementer's attitude towards the policy (either acceptance, neutrality, or rejection), and the intensity of policy implementation. The implementation of standard classes according to existing regulations aims to standardise the quality of inpatient services, thereby improving the quality of health services. Prior to the implementation 12 KRIS-JKN criteria, the inpatient facilities received by Class 3 BPJS participants are not in line with the mandate of Law Number 40 Year 2004 Article 19 paragraph 1, affirms that every JKN participant is entitled to receive services according to their medical needs, without being bound by the amount of contributions paid. However, in reality, there are differences in inpatient room facilities between Class 1 and Class 3 BPJS participants. Based on the author’s observations, the management of RSUD Kota Bandung understands very well KRIS-JKN policy, including its legal basis, objectives and benefits for patients, and facilities and infrastructure needs to fulfil the 12 KRIS-JKN criteria.

All relevant stakeholders such as the Bandung City Health Office, BPJS Kesehatan Kota Bandung, RSUD Kota Bandung and including BPJS Kesehatan Class 1, 2, and 3 patients showed acceptance of the KRIS-JKN policy. The policy implementers strongly support the KRIS policy in order to provide quality services to the community so that they get rights which are the same accordingly according to medical needs and is not bound by with the amount of contributions that have been paid by the Participant. The existence of this KRIS policy the government hopes that there will be no more crowded classrooms so that one of the objectives of KRIS is to focus on BPJS Class 3 participants who tend to get inpatient facilities that are not in accordance with Infection Prevention and Control (PPI) standards. Therefore, KRIS regulates maximum number of beds in one room, namely 4 TT with a distance between the edges of the bed of 1.5m and other standard criteria. Thus, the author's assessment of the attitude of the KRIS-JKN policy implementers has a fairly deep understanding of the KRIS policy. Positive responses were also given by BPJS Class 1, 2, and 3 participants who welcomed the KRIS policy. welcomed the

existence of the KRIS policy. On the one hand, BPJS Participants Class 2 and 3 support the KRIS policy. However, on the other hand, the response of Class 1 BPJS Participants did not object if the facilities obtained while being Class 1 BPJS Participants were equalised with Class 3 BPJS Participants.

3.6 Social, Economic. And Political Conditions

The external environment has an important role in encouraging successful policy implementation. The social conditions of the community as beneficiaries of the KRIS-JKN policy are either in favour or against. A non conducive socio-economic National many policy 2014 to date and political environment can be a source of problems for policy implementation failure. The implementation of the National Health Insurance from 2014 to the present has experienced many dynamic changes in policies and concepts of health service facilities health service facilities to JKN participants. With the existence of differences in the treatment class system triggers many patient complaints about health services. A problem that is still commonly encountered is the comparison of service quality based on class according to the contribution paid, namely between class 1 and class 3 patients.

So that over time, the community, especially BPJS Class 3 patients, accepts all health services provided in any form, even though the difference in the class system established by SJSN is certainly not in accordance with the principle of equity. In this case, BPJS Class 1, 2, and 3 patients are accustomed to the inpatient service facilities provided in accordance with the contributions paid. With KRIS-JKN, social inequality does not occur. RSUD Kota Bandung because because the community is accustomed to the existence of clusters of inpatient room facilities in accordance with the dues paid.

Table 2. Total BPJS Health Membership at RSUD Kota Bandung

CLASS	JKN MEMBERSHIP (PBI, NON PBI, PPU, PBPU, BP)
Class I	175 Patients
Class II	195 Patients
Class III	784 Patients
Total	**1,154 Patients**

(Source: RSUD Kota Bandung, updated April 2024)

Referring to the achievement of the UHC programme in Bandung City which has reached 98%, the majority of patients at the RSUD Kota Bandung are participants BPJS Class 3. In the implementation of KRIS-JKN, this condition has a significant impact on the need for the number of rooms for Class 3 BPJS patients, given the rule that limits a maximum of four beds per room. Currently, rooms at the RSUD Kota Bandung still have a capacity of 6-11 beds per room, so renovation of inpatient rooms is needed to adjust the maximum number of beds. Based on Presidential Regulation No. 59 of 2024 on Health Insurance, Article 51 states that participants can get higher standard care, including executive outpatient care, by joining additional health insurance or pay the difference in costs that are not covered by BPJS Health. BPJS Kesehatan Class 1 and 2 participants are allowed to upgrade their treatment class by paying the difference, but Class 3 participants who are included in the UHC category do not have the option to upgrade

their treatment class, so during their hospitalisation they will be fully covered by BPJS Kesehatan in the KRIS room.

Based on the results of interviews with Class 3 BPJS Health participants, he objected if with the KRIS policy, the contributions paid became more expensive. With this KRIS policy, he strongly support if indeed the government has a good goal for the community. The only thing that needs to be underlined is the amount of contributions that will be applied later. The government needs to consider the amount of KRIS contributions with the conditions of the community, because everyone's income is different, they choose BPJS Class 3 because it is adjusted to economic capabilities. He hopes that the Government as a decision maker can be wise and fair in determining the amount of contributions because it is feared that the KRIS policy will not succeed if it does not see the conditions of each layer of society.

Currently, the payment mechanism and the amount of contributions paid by the community still use the prevailing contribution basis, namely based on Classes 1, 2, and 3. Presidential Regulation No. 59 of 2024 concerning the Third Amendment to Presidential Regulation No. 82 of 2018 concerning Health Insurance Article 103B paragraph 8 states that the determination of benefits, tariffs, and contributions is stipulated no later than 1 July 2025 after seeing evaluation results coordination of inpatient room and facilities standard at the hospital. With the various perceptions of the community regarding a single contribution, the President Director of BPJS Kesehatan explained that the BPJS Health contribution rate would not be made a single rate, but used the concept of mutual cooperation, meaning that Class 1 BPJS Health participants, the majority of whom were well-off people, had to pay more. That way, underprivileged people who are members of class 3 are helped by paying cheaper dues (Ali Gufron Mukti, President Director of BPJS Kesehatan, 2024). However, it does not rule out the possibility that in the future the amount of Class 3 BPJS Health contributions may increase when KRIS is in effect. in effect, with the increase in rates will have a positive impact on financial management of the JKN programme because BPJS Kesehatan's finances as the programme organiser must not deficit. However, this cannot be certain at this time because there is no regulations governing the single paid.

4 Conclusion

Implementation of the National Health Insurance Standard Inpatient Class Policy at RSUD Kota Bandung based on analysis using the Van Meter and Van Horn policy implementation model has a relationship with other policy implementers such as the Bandung City Health Office and BPJS Health Branch Office Bandung. In addition, the external environment has a significant role in driving the success of implementation policy. The standards and objectives of the KRIS-JKN policy have a clear legal basis with Presidential Regulation Number 59 of 2024 concerning the Third Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance which was approved by the President on 8 May 2024. The Presidential Regulation has explicitly explained the 12 KRIS JKN criteria that must be fulfilled by all hospitals in Indonesia, especially the RSUD Kota Bandung, which is one of the Hospital owned by the Bandung City Government. However, it seems that RSUD Kota Bandung until mid-2024 has not fulfil the 12 KRIS criteria. So, the percentage of beds that meet KRIS is only 15.87%. There are several criteria that require considerable renovation, namely the criteria that the distance between beds must be 1.5m, the construction of bathrooms that must comply with accessibility standards, and the replacement of curtains that must use non-porous materials. Although the

number of human resources at RSUD Kota Bandung is sufficient in quantity and quality, the availability of human resources in implementing KRIS-JKN will not be successful if there is no budget support to renovate the entire infrastructure of RSUD Kota Bandung. Therefore, there needs to be budget support from the Bandung City Government, namely the APBD.

Bandung City Health Office, BPJS Kesehatan Bandung City Branch Office and RSUD Kota Bandung have not socialised KRIS to the public. Basically, the community as the beneficiary of this health service improvement needs to be involved in the KRIS- JKN implementation process. Differences in the social strata of the community who are accustomed to getting services in accordance with the dues paid are one of the external factors that affect the successful implementation of the KRIS- JKN policy. Although social inequality does not occur in BPJS Kesehatan Class 1 and 3 patients at RSUD Kota Bandung, the community needs to understand the contents and objectives of the KRIS-JKN policy so as not to cause misunderstanding. Especially, the single contribution planned by resulting in the Government Many people are concerned, especially Class 3 BPJS participants, if there is an increase in the contributions paid. Class 3 BPJS participants hope that the Government can make fair decisions for all levels of society. In this case, the tendency of the legislature in formulating a contribution policy can consider the social conditions of all levels of society.

The main obstacles in implementing KRIS-JKN at RSUD Kota Bandung is the limited budget. he budget sourced from BLUD will not be sufficient if it has to renovate the hospital to meet the KRIS criteria where there are several criteria that require considerable renovation, namely increasing the number of rooms for BPJS Class 3 which previously in one room there were 6-10 beds, maximum room density of 4beds/ ward, distance between beds at least 1.5, bathrooms that must meet accessibility standards, oxygen outlets that must be centralised and curtain changes in accordance with KRIS criteria. This certainly requires considerable funds considering the number of beds in the RSUD Kota Bandung there are 214 beds. Therefore, budget support from the APBD is needed to encourage the development process of RSUD Kota Bandung in order to implement KRIS on 30 June 2025. In addition, the latest regulation in which KRIS is explicitly explained is Presidential Regulation No. 59 of 2024 on Health Insurance. There is no regulation in the form of a Mayor's Regulation or Mayor's Decree that regulates the implementation of KRIS-JKN in RSUD Kota Bandung, especially RSU Kota Bandung.

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