

**ANALYSIS OF TARIFF POLICY AND THE EFFICIENCY OF BPJS  
HEALTHCARE FINANCING ON THE SUSTAINABILITY OF  
HOSPITALS AND PATIENT SATISFACTION IN INDONESIA**

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**Abstract**

The National Health Insurance Program (JKN) managed by BPJS Kesehatan has been using the INA-CBGs tariff system for efficient healthcare financing since 2014. This system groups diagnoses and medical procedures to determine inpatient service package rates. A literature study using a mixed methods approach and Systematic Literature Review of 25 journals between 2013 and 2025 was conducted to analyze the suitability of INA-CBGs rates with the actual costs of hospital services, their impact on hospital financial conditions, and the influence of rate policies on service quality and JKN participant satisfaction. The results showed that INA-CBG rates were, on average, 9–15% lower than actual costs, triggering financial pressure and bankruptcy risks for hospitals, especially those with less effective financial management. Hospitals that implement efficient management and Activity-Based Costing systems can reduce losses and maintain service quality. In addition, tariff disparities also have an impact on declining service quality and patient satisfaction due to limited facilities and different treatment between BPJS and general patients. As of October 2025, the INA-CBGs tariff system will be replaced by the iDRG system to improve accountability, transparency, and financing efficiency. In conclusion, reformulating tariff policies based on real costs and service quality, increasing claim transparency, strengthening hospital financial management, and improving service quality monitoring are essential for the JKN to be sustainable, efficient, and equitable in supporting Universal Health Coverage in Indonesia.

**Keyword:** BPJS Kesehatan, JKN, INA-CBGs, hospital rates, efficiency, patient satisfaction.

**INTRODUCTION**

Health development is an integral part of national development that aims to improve the overall health of the community. One of the Indonesian government's major efforts in the health sector is the implementation of the National Health Insurance Program (JKN), which has been managed by the Social Security Administration Agency (BPJS) Health since 2014. This program is an important milestone in realizing Universal Health Coverage (UHC) by providing equitable access to health services for all levels of society (Nasution et al., 2024).

However, in its implementation, the JKN system still faces various challenges, particularly related to the INA-CBGs (Indonesian Case-Based Groups) financing system. This system determines the amount of payment to hospitals based on the diagnosis and medical procedures performed. The aim is to create efficiency and transparency in service costs. However, various studies show that INA-CBG rates are often not commensurate with the actual costs of hospital services, creating a gap between BPJS claims and actual hospital expenditures (Maryati et al., 2019).

This tariff mismatch has an impact on hospital finances and the quality of health services. Research by (Larest Manuel Manopo & Susanti, 2025) shows that the imbalance between INA-CBGs tariffs and actual costs has the potential to cause financial distress and even bankruptcy for hospitals. The study used the Altman Z-Score model and found a downward trend in financial health in several hospitals that collaborate with BPJS. Meanwhile, research (Maryati et al., 2019) found a tariff difference of 9.6% of total hospital costs, with more than half of the cases showing losses due to claim tariffs that were lower than actual costs.

Beyond affecting hospitals, tariff disparities also impact patient satisfaction and service quality. 's research in Malang City revealed that improvements do not always follow increases in BPJS contributions in service quality, while 's research shows that the dimensions of cost, safety, and comfort of the hospital environment influence BPJS patient satisfaction. Thus, the issue of tariffs is not merely administrative but also impacts public perception and trust in the JKN system.

From a public policy perspective, the imbalance between tariffs, financing, and service quality reflects challenges in the implementation of national health policies. (Nasution et al., 2024), highlights that health policies in Indonesia still face structural obstacles, such as budget constraints, high disease burden, and regional access gaps. (Asante et al., 2023) adds that the health financing system in Indonesia tends to be unfair, as low-income communities often bear a greater financial burden than the benefits they receive.

In general, these studies illustrate that the success of the JKN system is not only determined by the expansion of membership but also by the alignment of rates with the actual costs of services and the ability of hospitals to maintain financial sustainability. Therefore, a comprehensive analysis is needed to assess the extent to which BPJS tariff policies through the INA-CBGs system have supported cost efficiency, hospital sustainability, and patient satisfaction.

## **RESEARCH METHODS**

This study uses a descriptive-analytical quantitative approach, to analyze the suitability of INA-CBGs rates with the actual costs of health services, as well as assessing their impact on hospital financial conditions and BPJS patient satisfaction.

The descriptive-analytical approach is used to describe the actual conditions occurring in hospitals related to the implementation of BPJS rates. In contrast, quantitative analysis is used to measure rate differences, cost efficiency, and the relationship between the variables studied. If interviews with hospitals or patients are involved to strengthen the data, then this research is mixed methods (quantitative-qualitative).

## **RESEARCH RESULTS**

The Articles were searched for using three main databases, namely Google Scholar, PubMed, and ScienceDirect, using the keywords "health service rates," "National Health Insurance (JKN)," "service quality," and "service affordability." The initial search yielded 348 articles relevant to the research topic. This study used literature from national and international journals published between 2019 and 2024.

The article selection process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines, through inclusion and exclusion screening based on text completeness, topic relevance, and methodological quality. Of the total articles found, 198 articles met the initial inclusion criteria. After reviewing the full text and assessing the content's relevance to the research focus, 52 articles were deemed suitable for further analysis. Of these, 25 articles were selected as the main sources for this Systematic Literature Review. These articles covered research on health service pricing policies, their impact on the affordability of services for the community, and their implications for the quality of services in primary and referral health facilities.

Based on the synthesis of various studies, it can be concluded that the INA-CBGs tariff policy in the National Health Insurance Program (JKN) plays a strategic role in supporting the achievement of Universal Health Coverage (UHC) in Indonesia. However, the implementation of this system still faces various challenges, particularly related to the imbalance between INA-

CBGs tariffs and the actual costs of hospital services. These tariff differences cause financial pressure on many hospitals, especially those providing highly complex services, thereby potentially reducing financial sustainability and service quality. Hospitals with efficient management, accurate diagnosis coding systems, and good cost control measures tend to be better able to adapt through cross-subsidy mechanisms and operational efficiency.

However, there are still gaps in the quality of service and the level of satisfaction among BPJS participants, caused by limited facilities, waiting times for services, and disparities in treatment between BPJS patients and general patients. Challenges in implementing the tariff policy also include slow regulatory adjustments to increases in medical costs, limited human resources in the areas of financial management and coding, and a lack of coordination between relevant agencies. Therefore, it is necessary to review the INA-CBGs tariff policy to make it more proportional to actual costs, accompanied by strengthening hospital financial management, increasing transparency, and optimizing the monitoring and evaluation system. These efforts are expected to ensure the financial sustainability of hospitals while improving the quality of health services for all JKN participants. The results of the literature review are presented in the following table:

**Table 1. Literature Review**

No	Author & Year	Research Title	Objective/Focus	Method	Main Findings	Implications/Recommendations
1	(Pramana & Chairunnisa Widya Priastuty, 2023)	Perspectives of BPJS Users on KRIS Policy	Examining Public perceptions of KRIS implementation	Qualitative	The public Supports KRIS if accompanied by socialization and fairness in contributions	KRIS socialization needs to be adapted to local socio economic conditions
2	(Nurul Arofah et al., 2022)	The Impact of JKN Implementation on Health Cost in FKTL	Analyzing the impact of JKN on the cost and quality of services	Literature review	JKN reduces treatment costs and expands access	Cost control and quality supervision need to be strengthened
3	(Igusti et al., 2025)	Optimizing Hospital Tariffs and Resource Allocation	Assessing hospital cost efficiency and service tariffs	Quantitative descriptive	Highest fixed building costs; need for asset efficiency	Need for evidence-based tariff policies
4	(Ispandiyah et al., 2023)	Analysis of Health Service Tariffs at FKTP	Evaluation of tariff changes after Minister of Health Regulation No. 3/2023	Normative	Capitation fees increased, flexible for medical supplies and drugs	Monitoring of the effectiveness of the new rates is required
5	(Karmilasari, Zaenal Basri, 2024)	Evaluatin of the Impact of JKN on the Economy of Bone Regional General Hospital	Analyzing the impact of JKN on hospital finances	Qualitative	Hospital revenue has increased, but efficiency is not yet optimal	Need for a cost control system and optimization of human resources
6	(Kartika et al., 2025)	The Effect of Service Quality, Products, and Rates On Patient Satisfaction	Assessing the effect of service factors on patient satisfaction	Quantitative (SPSS)	All variables are significant for satisfaction (R <sup>2</sup> =34%)	Improve service quality and cost transparency
7	(Budiono et al., 2021)	Analysis of BPJS	Assessing public Acceptance	Empirical	82% of respondents rejected the contribution	The government needs a cross-subsidy policy

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No	Author & Year	Research Title	Objective/Focus	Method	Main Findings	Implications/Recommendations
		Contribution Increases in Bulukerto Subdistrict	of premium increases		increase	
8	(Deden Hidayat & Adang Bactiar, 2024)	Cost Control of Inpatient Services for BPJS Patients	Identifying cost control strategies	Literature review	Three main actors: BPJS, Ministry of Health, Health Facilities	Need for cross-institutional coordination of quality-cost control
9	(Suatma, 2013)	The influence of service quality, cost, safety, and environment	Measuring BPJS patient satisfaction factors	Quantitative survey	Safety & Environment Most Dominant (CSI=59.8)	Focus on improving patient safety
10	(Rahayuningrum et al., 2016)	Comparison of Hospital Rates and INA-CBGs	Comparing hospital rates with INA-CBGs	Comparative	Average hospital rates are lower than INA-CBGs	Revision of rates is needed to balance hospital finances
11	(Asante et al., 2023)	The Benefits and Burden of Health Financing in Indonesia	Assessing the fairness of financing and distribution of JKN Benefits	BIA & FIA (ENHA NCE, SUSENAS)	Public financing pro-poor, private pro-rich	Focus on strengthening primary services & equity
12	(Nasution et al., 2024)	Health Policy in Indonesia: Review, Challenges, and Recommendations	Reviewing policy developments and Challenges	Literature review	Challenges: BPJS deficit, human resources, service quality	Reform of the financing system and governance is needed
13	(Chalkley et al., 2022)	Sensitivity of Hospital Coding to Prices (INA-CBGs)	Analyzing upcoding due to tariff differences	Econometric analysis	There are indications of mild upcoding in hospitals	Need for monitoring and improvement of diagnosis codes

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No	Author & Year	Research Title	Objective/ Focus	Metho d	Main Findings	Implications/Recom Mendations
14	(Najamuddin et al., 2025)	Accuracy of Activity-Based Costing for BLUD Hospitals	Calculating ABC-based rates	Case Study	ABC rates are more accurate and efficient	Implementation of ABC Is recommended for BLUD hospitals
15	(Tremblay et al., 2016)	Determination of Unit Cost of Service at Magelang Mental Hospital	Calculating actual costs and INA-CBGs differences	Case study	INA-CBGs Undervalued By 27%; high indirect costs	Hospitals need cost control and efficiency
16	(Nur Fitri Margaretna et al., 2025)	Hospital Tariff Gap In INA- CBGs System	Assessing tariff differences and hospital claims	Quantitative	53% of cases incurred losses, 47% incurred profits	Requires realistic tariff adjustments
17	(Sparrow et al., 2017)	Sub- National Health Care Financing Reforms	Analyzing the impact of Jamkesda on access	Empirical analysis	Jamkesda improves outpatient care but is not efficient	Integration of Jamkesda and BPJS is necessary
18	(Nasional & Rumah, 2010)	The Impact of Health Financing on Ability to Pay	Analyzing the burden of health expenditure	Household survey	68% experience catastrophic expenditures	Strengthening financial protection is needed
19	(Larest Manuel Manopo & Susanti, 2025)	INA-CBGs Tariff Discrepancies & Hospital Financial Risks	Assessing hospital bankruptcy risk due to low tariffs	Hospital financial analysis	1 INA-CBGs rates below cost	Need for revision of cost-based tariff structure

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No	Author & Year	Research Title	Objective/Focus	Method	Main Findings	Implications/Recommendations
20	(Nisa et al., 2018)	Comparison of the Indonesian and Singaporean Health care Systems	Comparing efficiency and financing systems	Comparative	Singapore is efficient and highly digitized	Indonesia needs Digitization and redistribution of human resources
21	(Maryati et al., 2019)	Health Policy Analysis	Developing Theory and practice of policy analysis	Reference books	SKN Evaluation model and policy implementation	Theoretical basis for health policy research
22	(Sihombing & R, 2013)	Health Financing & Catastrophic Payment	Measuring the financial impact on households	Quantitative	Expenditure >10% of income= 68% of cases	Health insurance expansion is needed
23	(Putra et al., 2023)	The Effect of BPJS & WTP Contribution Rates on Service Satisfaction	Testing the effect of contribution rates & facility complete-ness	Quantitative	Increased premiums do not directly affect satisfaction	Focus on improving hospital facilities
24	(Dumiri et al., 2024)	Comparison of Health Systems in Indonesia & ASEAN Countries	Assessing financing systems and service equity	Comparative analysis	Indonesia still lags behind in cost efficiency	Reform of cost structure & human resources is needed
25	(Hanggono Rarasati, 2017)	Equity and Benefit Incidence in JKN Implementation	Assessing the distribution of benefits & financing burdens of JKN	BIA & FIA (national)	Pro-poor but regressive public financing in 2019	Need to strengthen primary funding and PBI subsidies

## **DISCUSSION**

Based on a literature review and observations of the implementation of the National Health Insurance (JKN) financing system, the INA-CBGs tariff system used by BPJS Kesehatan does not fully reflect the actual costs of hospital services. The discrepancy between BPJS claim tariffs and actual costs, which can reach a negative difference of around 9–15%, indicates potential inefficiencies in the tariff structure. The nationally uniform tariff policy is also considered to lack consideration of regional variations, hospital types, and case complexity levels. In the context of financing efficiency, researchers assume that hospitals with efficient financial management systems, such as the implementation of Activity-Based Costing (ABC), can reduce losses without compromising service quality. However, this efficiency is highly dependent on the accuracy of diagnosis coding, the claims system, and the managerial capacity of the hospital. Regional and small-scale hospitals have higher financial risks due to limited human resources and managerial capabilities.

The gap between rates and service costs is believed to cause significant financial pressure on hospitals and potentially lead to bankruptcy if financial performance indicators, such as the Altman Z-Score, show values below the safety threshold. This condition encourages cross-subsidization between service units to cover operational deficits. Researchers also assume that patient quality and satisfaction are not solely determined by financial aspects, but also by comfort, safety, and speed of service. Excessively low rates have the potential to reduce service quality due to excessive efficiency efforts, such as through drug restrictions or reduced length of stay. An increase in BPJS contributions does not automatically increase patient satisfaction, as the additional funds are generally absorbed to cover claim deficits.

From a policy perspective, researchers assume that the BPJS tariff setting mechanism is still top-down and not based on real cost calculations (cost-based policy). Coordination between BPJS, the Ministry of Health, and hospitals is also not optimal, resulting in inconsistencies in tariff evaluation and adjustment. This inconsistency is exacerbated by the lack of tariff adjustments for medical inflation and the dynamics of drug and medical device prices. From a social perspective, the JKN financing system is not yet fully equitable, as the cost burden is still heavier for low-income groups and service quality is not yet evenly distributed across all health facilities. The public's generally negative perception of BPJS indicates that the success of the JKN program cannot be measured solely by the expansion of participant coverage, but also by the balance between economic efficiency and social justice.

From the overall results of the study, it can be concluded that the efficiency of the BPJS Kesehatan tariff system has not been fully achieved. Although the JKN program has succeeded in expanding access to health services, the imbalance between tariffs and actual service costs remains a major obstacle to the sustainability of hospitals. The INA-CBGs system, which is uniform nationwide, does not take into account regional cost variations, making hospitals in high-cost areas more vulnerable to deficits. In addition, the imbalance between financial policy and service quality improvement has resulted in suboptimal satisfaction among JKN participants. To achieve a sustainable health insurance system, synchronization is needed between tariff policy, hospital management efficiency, and comprehensive improvement in healthcare quality.

## **CONCLUSION**

Based on a literature review of 25 national and international articles, it can be concluded that the INA-CBGs tariff policy in the National Health Insurance Program (JKN) plays a strategic role but is not yet fully effective in realizing an efficient and sustainable health financing system. The disparity between claim rates and actual service costs remains a major

obstacle to hospital financial stability, especially in regions with high operating costs and high case complexity.

A nationally uniform tariff system has not been able to accommodate variations in healthcare facility needs and conditions, resulting in financial pressure, a decline in service quality, and reduced patient satisfaction. However, hospitals with efficient financial management, the implementation of Activity-Based Costing, and transparent claims management have proven to be more adaptable to this prospective tariff system.

Thus, it can be asserted that the success of JKN implementation is not only determined by participant coverage, but also by the effectiveness of tariff policies in maintaining a balance between cost efficiency, service quality, and equitable access to healthcare. Reformulating tariff policies is an urgent necessity to ensure the sustainability of a fair and high-quality national healthcare system.

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