Health Insurance Demand Dynamics: Factors Influencing Individual And Family Decisions In Purchasing Insurance

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Abstract.
The study focused on the purpose of this writing is to find out the importance of study examines the dynamics of health insurance demand in Indonesia now, with more focusing on the factors that influence individual and family decisions to purchase insurance policies after the pandemic. Through an in-depth literature analysis, this study explores various economic, social, and policy aspects that contribute to the level of health insurance penetration in a developing country like Indonesia today. Based on a qualitative approach, this study examines how income, education level, and awareness of health risks interact to shape consumer behavior. In addition, this study also considers the impact of government programs and private initiatives in increasing ease of access to health insurance. The results show that there is a significant relationship between the level of financial and health literacy, with the tendency to take and or purchase health insurance. In addition, perceptions of service quality, and trust in insurance service providers are also proven to play an important role in the future. This study provides recommendations for policy makers and industry practitioners to design more effective strategies, in increasing health insurance coverage. This study is expected to contribute to collective efforts to achieve Universal Health Coverage (UHC) in Indonesia soon in the best possible way.

Keywords: *Demand, dinamyc of health insurance, health insurance and private insurance.*

I. INTRODUCTION

Health is one of the human rights as stated in the Universal Declaration of Human Rights article 25 paragraph 1 which states that everyone has the right to a standard of living that ensures the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services, and has the right to security in the event of unemployment, sickness, disability, widowhood, old age or lack of other means of livelihood due to circumstances beyond his control (United Nations Information Centre, Indonesia). That the right to health and health insurance is one of the human rights that must be fulfilled, has also been recognized by the Indonesian government, in Law Number 36 concerning Health which states that health is a human right and one of the elements of welfare. That must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the 1945 Constitution of the Republic of Indonesia. In this law, the Indonesian government has also recognized its responsibility to plan, regulate, organize, foster, and supervise the implementation of health efforts that are evenly distributed and affordable by the community. The implementation of public health insurance through a national social security system for individual health efforts (stated in Law of the Republic of Indonesia Number 36 of 2009 concerning Health, 2009 and its amendments)[1]. The right to health is a fundamental right that every human being has. The government of Republic of Indonesia, it has been determined that the government is fully responsible in terms of optimally regulating and protecting the right to public health.

One form of implementation of the Indonesian government's responsibility for fulfilling the right to health is by participating in one of the World Health Organization programs, namely establishing a Universal Health Coverage (UHC) system which is a health system to ensure that every citizen in the population has access to health services both promotive, preventive, curative, and rehabilitative, in a fair and equitable manner[2].Health Insurance is a guarantee in the form of health protection so that participants get the benefits of health care and protection in meeting basic health needs that are given to everyone who has paid Health Insurance Contributions or whose Health Insurance Contributions are paid by the Central Government or Regional Governments. In its implementation, one of the principles of JKN is the principle of

mandatory participation, which means that all Indonesian residents are required to become JKN participants managed by BPJS. The implementation of the National Health Insurance program in Indonesia integrates the functions of financing health services and providing health services. The function of financing health services is carried out by BPJS Health, Participants, and the Government, while the function of providing health services is carried out by health facilities, BPJS Health, and the Government[3].Someone's request to use insurance services is usually based on a person's possibility of experiencing a risk of loss in the future. So, it requires financial support to deal with it.

For this reason, people finally choose to invest in insurance. The insurance that is generally chosen is general insurance such as home or property insurance, vehicle asset insurance, life insurance, death insurance, work accident insurance, and so on. Aside from being a form of risk control (financially), insurance also has various benefits which are classified into: main functions, secondary functions, and additional functions[4]. The main function of insurance is to transfer risk, collect funds and a balanced premium. The secondary function of insurance is to stimulate business growth, prevent losses, control losses, have social benefits and as savings. While the additional function of insurance is as investment fund and invisible earnings. Private health insurance has an important role to play in protecting individuals and families from the financial risks associated with health care costs. The demand for private health insurance is influenced by several complex and varied factors. Analysis of the factors influencing the demand for private health insurance is important[5]. Through a better understanding of these factors, policy makers can design appropriate strategies to improve the accessibility, sustainability, and quality of private health insurance[6]. The right to health and health insurance as stated in the law above creates demand for health insurance, both social health insurance and private health insurance in Indonesia.

Social health insurance is insurance that must be followed by all or part of the population (for example employees), the premium or contribution is not a nominal value but a percentage of wages that must be paid, and the insurance benefits are determined through laws and regulations and apply equally to all participants[7]. Commercial health insurance is insurance organized by a company or other insurance agency, the nature of participation is voluntary, depending on the willingness of people or companies to buy and the premium is set in a nominal form according to the insurance benefits offered. Therefore, the premium and benefits of commercial health insurance vary greatly and are not the same for each participant. In the concept of health economics, demand is a desire accompanied by the willingness and ability to buy the goods and services concerned within a certain period[8]. The existence of this demand must be supported by the ability and willingness to buy, and a desire that is not accompanied by the willingness and ability to pay, then the demand for goods has not occurred, so it has no effect on prices. Demand is one of the theories in health economics. The theory of demand contributes greatly to the analysis of public and private decision making. There are several factors that influence demand for goods or products, including insurance: intensity of needs, consumer tastes, income or purchasing power, prices of substitute and complementary goods, consumer expectations of the goods or products[9].

II. METHODS

This study is a literature review that is part of qualitative research, related to the research subject. Research is descriptive the social phenomena in detail. Based on this research, the research objective is to describe the factors influencing development of private health insurance in Indonesia. The data collection technique used by researchers in carrying out data and information collection is by taking secondary data where the information comes from the official Indonesian Ministry of Health (MOH) website, government regulation, internet, and scientific journals, also where the data obtained in in-depth interviews with the experts to confirm the completeness of the policy or related data involved in this research[10]. The method used in this research is a literature review of journals, which aims to describe the factors that influence the demand for private health insurance.

Literature review is writing on a particular topic or issue based on a literature search or research according to research topics originating from reading books, journals, and other published publications. The data collection technique used by researchers in collecting data and information is to take secondary data

where the information comes from government regulations, the internet, online books, and the latest scientific journals. The sources also used are journals and books published at home and abroad and are original. Research sources are published on the internet through open access channels such as Google Scholar, ResearchGate, Pubmed, Science Direct and others.

III. RESULT AND DISCUSSION

Indonesia is one of the countries with the largest population in the world. Based on the results of the 2020 Population Census conducted by the Central Statistics Agency, the population of Indonesia is 270,200,000 people. This population shows an increase of 32,560,000 people from the results of the 2010 Population Census. The population growth rate of Indonesia between 2010 and 2020 was 1.25% per year. As much as 9.78% or 26,425,560 people of the total population of Indonesia in 2020 are elderly. This number has increased compared to the percentage of the elderly population in Indonesia in 2010, which was 7.59% (Central Statistics Agency of Indonesia, 2021).The large population of Indonesia causes a high need for health services and health insurance. In general, the state of demand and need for health services can be described in a concept called the Iceberg Phenomenon. This concept refers to the understanding that true demand should be part of need. Conceptually, the need for health services can be in the form of an iceberg with only a small tip visible as demand. The "little" is variable. Financial limitations are a major barrier to accessing quality health services. This barrier can make the demand for health services appear low compared to the need for health services. To eliminate these financial barriers, the Indonesian government has implemented the National Health Insurance (JKN) program since 2014 with BPJS Kesehatan as the implementing agency[11]. JKN is a form of social health insurance implemented in Indonesia.The achievement of universal coverage of health insurance through JKN is targeted to be achieved by the end of 2019 where the entire population of Indonesia, which at that time was projected to number 257.5 million people (21), has been registered as health insurance participants (National Social Security Council, 2012).

In addition to social health insurance, there is also commercial health insurance in Indonesia. According to data from the Central Statistics Agency (BPS), in 2021 as many as 68.36% of the Indonesian population had health insurance. Of the 68.36% of the population who have health insurance, around 60.49 percent of the Indonesian population has health insurance in the form of BPJS (PBI or non-PBI/independent membership). Health insurance owned by individuals can be more than 1 (one) type. The type of health insurance most widely owned by the Indonesian population is BPJS health insurance. PBI followed by BPJS non-PBI and Jamkesda. In addition to BPJS and Jamkesda, other types of health insurance owned are insurance from companies/offices at 2.93% and private insurance at 0.76% (Central Statistics Agency, 2022). The description of ownership of health insurance by the central government (BPJS), local governments (Jamkesda), and other health insurance shows that the demand for health insurance in Indonesia can still be increased. Individuals who are risk takers (dare to take risks) have a lower Willingness to Pay (WTP) than individuals who are risk averse (do not dare to take risks)[12]. This opportunity affects wealth, the higher a person's risk averse, the more concave the utility curve will be. When an individual is sick, the individual will face health costs; this expenditure is assumed to fully restore losses due to illness. The greater the possibility of loss, the greater the premium that is willing to be paid. Each individual faces two possibilities in the same environment: namely the possibility of getting sick and possibility of staying healthy or not incurring health costs. For this reason, more people buy health insurance for hospitalization than health insurance for teeth or eyes. Currently health costs are getting higher due to the many new technologies that have emerged.

The amount of money that individuals are willing to pay for insurance depends on the level of risk that can be avoided. Research results in Norway show that smokers have a higher demand than non-smokers. Avoiding the risk of costs due to illness can be delegated to the insurer, by paying a premium. The amount of the premium is related to the level of utility (satisfaction)[13]. If the actual utility exceeds the expected utility, the consumer will buy the insurance, and conversely the higher the price of insurance, the less WTP for insurance will be[14]. The size of people's income and wealth will affect the amount of premium they are willing to pay for health insurance. For both low and high incomes, the marginal utility of income is either

relatively high or low so those people may prefer to be sure; the distance between the expected utility curve and the actual utility curve is less good for high and low incomes than for middle income levels. Low income will reduce the level of demand for insurance. The definition of demand for health insurance is inseparable from the definition of demand in economics, namely the number of commodities in the form of goods or services that consumers are willing and able to consume in a certain period. According to demand for health insurance, it means a few insurance benefits that are willing to be purchased (Willingness to Pay/WTP) with various premiums prices, additional insurance benefits will be paid if the insurance premium with price decreases[9]. The demand for health insurance is motivated by conditions related to uncertain health care costs both in terms of time and amount. Health care costs can be direct or indirect expenses due to someone being unable to work. Health insurance helps to reduce the risk of these uncertain health costs[6]. Factors that influence demand for health insurance products include the following:

Health Insurance Price

Avoiding the risk of costs due to illness can be transferred to the insurance underwriter, by paying premiums. The amount of the premium is related to the level of utility (satisfaction). Utility or satisfaction creates desire and ultimately produces demand. If the actual utility exceeds the expected utility, then consumers will buy the insurance, and vice versa, the higher the insurance price, the lower the WTP for health insurance. Insurance prices are often known as health insurance premiums. Health insurance premiums are installments paid to insurance companies because of using a type of insurance product that guarantees the health or treatment costs of insurance participants if they are sick or have an accident. Affordable premiums with an easy payment system will not make participants reluctant to participate in health insurance. However, premiums that are too high will make people reluctant to participate in health insurance and it is even possible that participants will no longer continue their insurance participation in the following year if they find that the premium price paid does not match the service from the partner hospital or the insurance company.The results of the study indicate that the demand for health insurance is generally price inelastic.

Percentage changes in insurance prices, for employees, employers, and individuals in the non-group market, cause smaller percentage changes in demand (inelastic), but the estimated elasticity has a wide range. Health insurance is intended to reduce the effect of tariff factors as barriers to obtaining health services when sick. Thus, the more people are covered by health insurance, the higher the demand for health services (including hospitals). This condition is like what happens in our country with the JKN (Social Health Insurance) program. The difference in the amount of premiums that must be paid between Social Health Insurance in this case BPJS, and commercial or private health insurance is very different. Social health insurance premiums are usually proportional to wages and are relatively cheaper compared to commercial health insurance premiums which are known to be quite expensive with a certain price amount with the type of benefits provided.The government's policy that all Indonesian people are required to participate in the social insurance program implemented by BPJS starting in 2014, and it is hoped that by 2019 all Indonesian people will have become JKN participants.

The benefit package offered by JKN is all services are covered and there is no cost limit if it is in accordance with the procedure of insurance. Meanwhile, the health insurance benefit package offered by private insurance companies is more limited, both in terms of the benefit package and the cost claim. However, over time, many complaints about the services in the JKN program have encouraged people to start looking again at the product offerings from private health insurance[15].The calculation of the health care program premium in the implementation of BPJS in the future will follow the calculation of social insurance. The calculation of social insurance contributions is not based on the level of morbidity but on the percentage of wages. The calculation of the number of premium contributions based on the percentage of income or wages is a form of equity and social solidarity as well as the function of regulating and protecting the government for people with low incomes. The results of how important a premium/contribution is by considering several aspects related to real premiums, normative utilization premiums and benefit packages by considering the ability and willingness of the community to pay[16].

Income Level

Person's income is determined by the number of production factors he owns which are sourced from his savings in previous years and inheritance (gifts), and the price per unit of each production factor Income has a positive relationship with insurance demand. Low income will reduce the level of demand for health insurance. Limited evidence suggests that consumers with higher incomes are less sensitive (inelastic) to price than those with lower incomes. However, several observational studies used to estimate the income elasticity of demand consistently show that the demand for health insurance is inelastic with respect to differences in consumer income. Studies show that the income elasticity of demand for health insurance is <0.1. Limited evidence suggests that consumers with higher incomes are less price sensitive (inelastic) than those with lower incomes. The results of the study show that the demand for health insurance is generally price inelastic. Percentage changes in insurance prices, for employees, employers, and individuals in non-group markets, result in smaller percentage changes in (inelastic) demand, but the estimated elasticity has a wide range. In the individual market, estimates of the price elasticity of demand range from -0.2 to -0.6. But the few observational studies used to estimate the income elasticity of demand consistently show that the demand for health insurance is inelastic with respect to differences in income. consumer. Research shows that the income elasticity of demand for health insurance is < 0.1. Studies report that richer and healthier individuals will consume more private insurance. The higher a person's income level, the more they will want broader insurance coverage.

The research conducted also stated that insurance participants who have high demand for health insurance are more likely to come from high-income groups. Insurance participants who have low demand for health insurance are more likely to come from lower-income groups[17].A person's expenditure can be used as a proxy for their income or economic status. The higher the expenditure, the higher the income, which means the higher the economic status. The higher the income, the better their health status. This is consistent for both the population with health insurance and the population without health insurance[18]. In the population with health insurance, the number of people experiencing health problems in the lowest expenditure group (decile 1) is 293 per 1,000 people, much higher than the highest income group (decile 10), namely 259 per 1,000 people. Thus, the difference in health problems between the lowest expenditure group (decile 1) and the highest expenditure group (decile 10) is 34 per 1,000 people (or 3.4 percent)[19]. The magnitude of the difference is the same, both in the population with health funds/cards (298 per 1,000 people in the decile 1 group and 264 per 1,000 people in the decile 10 group) and in the population without health insurance (297 per 1,000 people in the decile 1 group and 263 per 1,000 people in the decile 10 group).A study conducted in Spain from 2008 to 2014 concluded that the influence of income and wealth on VPHI (Voluntary Private Health Insurance) is non-linear. Only the top 40% of households showed a greater tendency to buy insurance, especially the top quintile. Wealth is relevant to explain insurance decisions, but its influence is smaller than income[20].

Level of Satisfaction with Healthcare Facilities

The level of patient satisfaction is one of the important indicators in health care. The measure of success of a health care provider is determined by the satisfaction of the service recipient (consumer)[21]. The satisfaction of the health care recipient is achieved if the service recipient has received services that are in accordance with what they need and what they expect. Indicators of patient satisfaction with health care services at health care facilities include satisfaction with the performance of health workers in the dimensions of tangible, reliability, responsiveness, assurance, and empathy[22]. Another important indicator of patient satisfaction is the waiting time for the service queue[23]. A study in Spain stated that private insurance ownership can reduce the length of the queue because commercial health insurance allows patients to avoid long waiting times in non-emergency cases and get service quickly. So, the level of patient satisfaction can be one of the factors that determine the demand for health insurance. Conversely, low levels of patient satisfaction due to poor quality of health services will hinder the use of health insurance. This will cause the demand for health insurance to decrease[24].

Possibility of Illness

In relation to health conditions or circumstances, everyone in their life journey will face 2 (two) possibilities in the same environment: namely the possibility of getting sick and the possibility of staying healthy or not incurring health costs. The amount of money that individuals are willing to pay (WTP) for insurance depends on the level of risk that can be avoided. As we know, the cost of medical treatment in Indonesia is not cheap. For certain types of diseases, medical costs can even drain your wallet until there is nothing left. That is why it is important to have financial protection from these risks. One option is having health insurance, either social or commercial, where both can ease the burden of the mind (financial) when someone is sick. Imagine if we experience stress because of thinking about medical expenses when your physical condition is weak, what happens is that the healing process will be longer, and the cost of treatment will increase[25][26].

The Institute of Medicine Committee on the Consequences of Uninsurance in Indonesia year 2022 discussed the effect of health insurance on health. Several committee reviews discussed the relationship between health insurance and various health-related outcomes, including:

a. Uninsured cancer patients generally have worse outcomes and are more likely to die prematurely than those with insurance, mostly due to late diagnosis. This finding is supported by population-based studies of breast, cervical, colorectal, and prostate cancers and melanoma.
b. Uninsured adults with chronic illnesses are less likely to receive appropriate care to manage their health conditions than those with health insurance. For five conditions examined by the Committee (diabetes, cardiovascular disease, end-stage renal disease, HIV infection, and mental illness), uninsured patients had worse clinical outcomes than insured patients.
c. Uninsured adults with hypertension or high blood cholesterol have reduced access to care, are less likely to be screened, are less likely to take prescription medications when diagnosed, and experience worse health outcomes.
d. Uninsured people with diabetes are less likely to receive recommended services. Being without health insurance for a longer period increases the risk of inadequate care for this condition and can lead to uncontrolled blood sugar levels, which, over time, puts people with diabetes at risk for additional chronic illness and disability.
e. Uninsured patients with end-stage renal disease begin dialysis with more severe disease than those who had insurance before starting dialysis.
f. Uninsured adults with HIV infection are less likely to receive highly effective drugs that have been shown to improve survival and are therefore dying sooner.
g. Adults with health insurance that covers any mental health care are more likely to receive mental health services and treatment consistent with clinical practice guidelines than those without health insurance or insurance that does not cover mental health conditions.
h. Uninsured patients hospitalized for a variety of conditions experience higher rates of in-hospital mortality, are more likely to receive fewer services, and are more likely to experience substandard care and consequential injuries than insured patients.
i. Uninsured people with traumatic injuries are less likely to be hospitalized, are more likely to receive fewer services while hospitalized, and are more likely to die than insured trauma victims.
j. Uninsured patients with acute cardiovascular disease are less likely to be hospitalized for angiography or revascularization procedures, are less likely to receive these diagnostic and treatment procedures and are more likely to die in the short term.

Healthcare Costs During Illness

Recently, there has been a new awareness that social health insurance is increasingly needed given the economic conditions that impact people's inability to access health care when sick and even become poor after illness. According to [27], [28]when an individual is sick, the individual will face health costs, this expenditure is assumed to fully restore the losses due to illness. The greater the possibility of loss, the greater the premium that is willing to be paid.

The Level of Individual Risk Averse

Individuals who are risk takers (dare to take risks) have a lower WTP than individuals who are risk averse (do not dare to face risks). In a study in Australia, it was found that demand for private health insurance is closely related to income levels and the desire to avoid risk (risk averse). Public awareness in insurance is a condition of individuals who understand an insurance product. Understanding insurance products can be interpreted as knowing and understanding insurance products and the benefits of insurance. For most people, illness is an uncertain, irregular, and perhaps rare event. However, when the event does occur, the implications of medical costs can be so great and burden the household economy[29]. Health insurance covered by health insurance companies through health maintenance guarantee programs is a way to overcome the risk and uncertainty of illness events and the implications of the costs that result. According to the principle of risk, health insurance is a way to overcome the risk of uncertainty to certainty. This is supported by a person's willingness to avoid health risks (risk averse)[30], [31].

IV. CONCLUSION

An analysis of the factors influencing the demand for private health insurance is important[32]. Base on the discussion that has been described, it can be concluded that private health insurance has an important role in protecting individuals and families from the financial risks associated with health care costs. The demand for private health insurance is influenced by several complex and varied factors[33], [34].

Through a better understanding of these factors, policy makers can design appropriate strategies to improve the accessibility, sustainability and quality of private health insurance including:

1. The higher a person's level of risk aversion, the higher the likelihood that someone will buy insurance, and the higher the probability of a premium being paid.
2. The higher the potential loss, the higher the possibility of someone buying insurance, and the higher the premium risk
3. The higher a person's income level, the more they want wider insurance coverage.
4. the possibility of being sick has a higher demand than being healthy.
5. The greater the possibility of loss, the greater the premium that is willing to pay

Then demand is the desire of consumers to buy an item at various price levels during a certain period. The concept of demand explains the demand for goods or services in relation to the factors that influence it. the factors that determine demand namely, the price of the goods themselves, the prices of other goods (having the same type of goods as the main goods), per capita income and household income, practices and wants of society, population factors, and factors from the business of providing goods to improve services. The demand for health services is derived from the demand for health itself, in this model it is assumed that everyone evaluates the benefits of spending on health which is analogous to spending on other commodities in the form of deciding on optimal health status[35].

Based on the literature review presented above, it can be concluded that the large population of Indonesia creates a high need for quality health services. Financial inability is one of the factors that hinders access to health services. The Indonesian government is trying to eliminate these obstacles by implementing Social Health Insurance with BPJS health insurance as the implementing agency[36]. In addition to social health insurance, there is also commercial health insurance in Indonesia. Factors that influence demand for health insurance products include health insurance prices, income levels, patient satisfaction levels, the possibility of illness, health care costs when sick, and the level of individual risk averseness[37]. Based on the research findings, it is recommended that:

1. The government and related institutions increase efforts to educate the public about the importance of health insurance.
2. The health insurance industry must continue to innovate in creating products that are in accordance with the needs and financial capabilities of various segments of society.
3. Further research is needed to understand the impact of current government policies on consumer behavior in purchasing health insurance.

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REFERENCES

[1] A. Sopian And E. Puspitaloka Mahadewi, "Indonesia Insurance Development With Various Aspects And Prespectives Of The Regulatory Approach," ***International Journal Of Science, Technology & Management,*** Vol. 4, No. 5, 2023, Doi: 10.46729/Ijstm.V4i5.921.

[2] Who, "Together On The Road To Universal Health Coverage: A Call To Action," *World Health Organisation (Who)*, 2017.

[3] Bpjs Kesehatan, "Panduan Praktis Tentang Kepesertaan Dan Pelayanan Kesehatan Yang Diselenggarakan Oleh Bpjs Kesehatan Berdasarkan Regulasi Yang Sudah Terbit," ***J Vis Lang Comput***, 2015.

[4] As. Ambarriani, "Hospital Financial Performance In The Indonesian National Health Insurance Era," *Mckinsey Quarterly*, 2014.

[5] V. Maylia Ardini And E. Puspitaloka Mahadewi, "The Development Of Health Insurance And Services In Indonesia," ***International Journal Of Health And Pharmaceutical (Ijhp),*** Vol. 2, No. 3, 2022, Doi: 10.51601/Ijhp.V2i3.65.

[6] M. Z. Younis, P. A. Rivers, And M. D. Fottler, "The Impact Of Hmo And Hospital Competition On Hospital Costs**," *J Health Care Finance,*** 2005.

[7] N. Rosnani, R. Hastuti, And E. Puspitaloka Mahadewi, "Analysis Of Demand For Health Insurance Business During The Indonesian Covid Pandemic," ***International Journal Of Health And Pharmaceutical (Ijhp),*** Vol. 2, No. 3, 2022, Doi: 10.51601/Ijhp.V2i3.106.

[8] S. Putri Agustin, S. Tunom, And E. Puspitaloka Mahadewi, "Factors Analysis Influencing On Demand For Private Health Insurance In Indonesia After Pandemic," ***International Journal Of Science, Technology & Management,*** Vol. 4, No. 4, 2023, Doi: 10.46729/Ijstm.V4i4.898.

[9] S. Folland, A. C. Goodman, M. Stano, S. Folland, A. C. Goodman, And M. Stano, "Economic Efficiency And Cost-Benefit Analysis," In *The Economics Of Health And Health Care*, 2018. Doi: 10.4324/9781315103488-4.

[10] E. P. , Mahadewi, *Metode Riset Bisnis (Business Research Methods)*. Pt. Literasi Nusantara Abadi Grup.

[11] E. P. Mahadewi, Mohamad Reza Hilmy, And Arnastya Iswara Sanantagraha, "Challenges Healthcare Management Business: Isp Innovation Smes With Technology Virtualization And Server Consolidation," ***International Journal Of Science, Technology & Management***, Vol. 2, No. 4, 2021, Doi: 10.46729/Ijstm.V2i4.239.

[12] E. Puspitaloka Mahadewi, D. Septyanto, M. Reza Hilmy, And F. Tamzil, "The Agility, Adaptation, And Business Optimization, Normal Era For Entrepreneur In Indonesia," ***International Journal Of Science, Technology & Management,*** Vol. 4, No. 1, 2023, Doi: 10.46729/Ijstm.V4i1.756.

[13] E. Puspitaloka Mahadewi And M. Muchtadin, "The Influence Of Psychological Capital And Affective Commitment On Organizational Citizenship Behavior Of Hospital Staff," ***International Journal Of Science, Technology & Management,*** Vol. 5, No. 2, Pp. 367–372, Mar. 2024, Doi: 10.46729/Ijstm.V5i2.1081.

[14] E. P. , Mahadewi, "Model Perilaku Hidup Bersih Sehat Berkelanjutan Dengan Mediasi Religiositas Di Rumah Sakit Syariah," Vol. 2024, Mar. 2024.

[15] C. Citrawati, E. Edy Suntoro, And E. Puspitaloka Mahadewi, "Coordination Of Benefit (Cob) Program Development Analysis: A Case Study Of Healthcare Insurance In Indonesia," ***International Journal Of Science, Technology & Management,*** Vol. 4, No. 4, 2023, Doi: 10.46729/Ijstm.V4i4.845.

[16] C. E. Phelps, *Health Economics*. 2016. Doi: 10.4324/9781315510699.

[17] "Health Financing," In *Springerreference*, 2012. Doi: 10.1007/Springerreference_82783.

[18] D. A. Rosman And J. C. Apfeld, "The Economics Of Health Care," In *An Introduction To Health Policy: A Primer For Physicians And Medical Students*, 2013. Doi: 10.1007/978-1-4614-7735-8_11.

[19] L. Guinness, V. Wiseman, And D. Wonderling, *Introduction To Health Economics Second Edition*. 2011.

[20] World Health Organization, *Global Diffusion Of Ehealth: Making Universal Health Coverage Achievable*. 2016.

[21] G. Ayu, H. Fermansyah, And E. Puspitaloka Mahadewi, "A Study Of Managed Care Health System During Pandemic," ***International Journal Of Science, Technology & Management***, Vol. 4, No. 4, 2023, Doi: 10.46729/Ijstm.V4i4.846.

[22] R. Ngguna, Erlina Puspitaloka Mahadewi, Gisely Vionalita, And R. Handayani, "Analysis Of Patient Satisfaction On The Quality Of Physiotherapy Services In The Pandemic Era At The Shc," ***International Journal Of Health And Pharmaceutical (Ijhp),*** Vol. 2, No. 3, 2022, Doi: 10.51601/Ijhp.V2i3.49.

[23] A. Heryana, E. P. Mahadewi, And I. Ayuba, "Kajian Antrian Pelayanan Pendaftaran Pasien Bpjs Di Rumah Sakit Queue Analysis Of Bpjs Patient Registration Services In Hospital," ***Gorontalo Journal Of Public Health,*** Vol. 2, No. 1, 2019.

[24] E. P. Mahadewi, A. Heryana, And S. Kuswanti, "Kepuasan Layanan Pasien Jkn Berhubungan Dengan Kinerja Petugas Kesehatan," ***Jurnal Bunga Rampai***, 2019.

[25] M. Lagarde, "Health Care Financing: Provider Payments," In *Introduction To Health Economics.*, 2011.

[26] D. C. Hsia And C. A. Ahern, "Good Quality Care Increases Hospital Profits Under Prospective Payment," *Health Care Financ Rev*, 1992.

[27] D. Scheller-Kreinsen, W. Quentin, And R. Busse, "Drg-Based Hospital Payment Systems And Technological Innovation In 12 European Countries," *Value In Health*, 2011, Doi: 10.1016/J.Jval.2011.07.001.

[28] I. Mathauer And F. Wittenbecher, "Hospital Payment Systems Based On Diagnosis-Related Groups: Experiences In Low- And Middle-Income Countries," *Bull World Health Organ*, 2013, Doi: 10.2471/Blt.12.115931.

[29] W. Quentin, D. Scheller-Kreinsen, M. Blümel, A. Geissler, And R. Busse, "Hospital Payment Based On Diagnosis-Related Groups Differs In Europe And Holds Lessons For The United States," *Health Aff*, 2013, Doi: 10.1377/Hlthaff.2012.0876.

[30] E. P. Mahadewi, "Investment Risk Management Strategies In Sukuk: A Sharia Management Perspective," ***Kontigensi : Jurnal Ilmiah Manajemen***, Vol. 12, No. 2, Pp. 598–608, Dec. 2024, Doi: 10.56457/Jimk.V12i2.609.

[31] J. Maratis, D. Liana, And E. Puspitaloka Mahadewi, "The Relationship Between Walking Ability And Fall Risk In Poststroke Patients," ***International Journal Of Research And Review***, Vol. 10, No. 12, 2023, Doi: 10.52403/Ijrr.20231215.

[32] E. P. , & S. A. I. Mahadewi, "Enchancing Online Consumer Experience Through Artificial Intelligence In Crm: The Mediating Role Of Digital Hr," ***International Journal Of Artificial Intelligence Research***, Vol. 8, Nov. 2024.

[33] E. P. , & S. A. I. Mahadewi, "The Influence Of Service Quality On Consumer Purchase Decisions," ***Jurnal Ekonomi Utama,*** Vol. 3, No. 2, Pp. 153–158, Jul. 2024.

[34] E. P. , A.-A. A. , & E. H. S. S. Mahadewi, "The Role Of Sharia Management In The Development Of Micro, Small, And Medium Enterprises (Msmes)," *Mahadewi, E. P., Al-Amin, A., & El Hasan, S. S.*, Vol. 3, Pp. 116–122, Sep. 2024.

[35] H. U. M. N. G. P. Y. H. M. A. S. N. N. S. A. Y. G. F. M. M. A. I. G. B. W. F. S. R. S. N. R. I. M. H. Dan H. S. E. P. Mahadewi, "Strategi Pemasaran Digital Di Era Milenial," Cv Widina Media Utama, 2023.

[36] E. Puspitaloka Mahadewi, I. Silviana Mustikawati, M. Reza Hilmy, S. Purnama, And A. Harahap, "Preventing The Impact Of Unequal Thought Social Media On Lgbt And Hiv-Aids In Mindset Of Gen Z," ***International Journal Of Community Service,*** Vol. 4, No. 2, Pp. 161–166, May 2024, Doi: 10.51601/Ijcs.V4i2.245.

[37] E. , H. Y. , P. D. , I. E. S. , & M. E. P. Panigoro, "The Impact Of Digital Communication On Online Purchasing Behavior Among Indonesian Millennials: A Case Study Of Tokopedia," ***Jurnal Komunikasi Indonesia,*** Vol. 12, 2023.