

# Development of BPJS from Participation, Government Policy, and Technological Aspects After Pandemic

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## Abstract.

*The pandemic hits all sectors, not only public health but also economic, financial and social aspects. The pandemic in the past makes health development in Indonesia necessary, especially because of its impact on the development of health insurance. Health insurance exists in the form of health protection guarantees, so that participants receive health care benefits, and basic health needs protection is provided to anyone who has paid the insurance premium. The package offered by the National Health Insurance Scheme (JKN) Indonesia government is very comprehensive, and includes promotional, preventive, curative and rehabilitative services, all of which are covered and free of charge. Limit costs if they comply with procedures. The JKN program is organized by the Social Health Security Administration (BPJS). Many changes have been made to BPJS in the wake of the Covid-19 pandemic, both in terms of BPSJ membership, government regulations and the technology sector in Indonesia. The methodology of this study is a literature review using international and domestic publications through various databases of research articles, reports and research documents to explain the transition of health insurance to Indonesia after the Covid-19 pandemic. The purpose of this study is to highlight the changes that have occurred in national health insurance, especially BPJS, due to the Covid-19 pandemic. This may add new knowledge that the history of health insurance development in Indonesia was caused by the pandemic disaster and after pandemic.*

**Keywords:** BPJS, covid-19 pandemic, development, health insurance and socio-economy.

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## I. INTRODUCTION

Social health insurance is an insurance program organized by the government or non-profit organization with the aim of providing fair and reasonable access to healthcare for all members of society. These programs are often based on the principle of solidarity, whereby participants contribute in proportion to their economic capacity to support health care costs for other members in need[1][2]. Examples of social health insurance include the National Health Service (NHS) in the United Kingdom, Medicare and Medicaid in the United States, and the Health Social Security Administration (BPJS) in Indonesia. These programs play an important role in ensuring the health protection of people, especially those who cannot afford private health insurance, and helping to reduce disparities in access to health insurance access to health among different economic groups[3]. BPJS Health Plan is a health insurance program organized by BPJS. This program aims to provide equitable and affordable access to health services for the entire Indonesian population. Participants in this program make monthly contributions according to specified categories and thus enjoy medical services at medical facilities that cooperate with BPJS Health[4]. The covid-19 virus has become a global pandemic and is an infectious disease caused by the SARS-CoV-2 virus. This virus can be easily transmitted through direct contact with an infected person or by touching a contaminated object. The manifestation of the covid-19 virus is a cold-like respiratory infection and must be MERS and SARS[5], [6].

According to 2021 data from the Ministry of Health of the Republic of Indonesia, as of December 2021 there were 4.260.544 cases of the covid-19 and 144.002 deaths due to infection [4]. This affects health and financial loss due to high hospital costs. Therefore, using health insurance will protect families from financial losses[7]. The covid-19 pandemic has had a significant impact on the development of health insurance. The pandemic has raised awareness of the importance of health protection, encouraging more people to seek health insurance. Health insurance faces new challenges due to increased risks related to the pandemic. Insurers must adjust their underwriting policies to manage the higher risks associated with

infectious diseases and critical medical care[8], [9]. The cost of health insurance claims can increase significantly during a pandemic due to the increased number of patients needing medical care. This could encourage insurers to adjust health insurance premiums and risk management strategies[10], [11], [12]. The pandemic may lead to changes in health insurance regulations, including those related to consumer protection, service coverage and premium setting[13]. The historical development of insurance is influenced by many different factors. Some of these include:

1. The need for protection: One of the most fundamental factors in the development of insurance is the human need for protection against unexpected financial risks, such as loss of property or health that requires medical treatment.
2. Major risk events: The growth of insurance is often triggered by major risk events, such as natural disasters, fires or maritime accidents. These events highlight the importance of insurance and promote innovation in insurance products.
3. Economic Development: economic growth and international trade can increase the scale and complexity of risks faced by individuals and businesses, thereby stimulating demand for Insurance products are more diverse and diverse.
4. Social and demographic changes: changes in family structure, urbanization and population demographics may affect the demand for certain types of insurance, such as such as health insurance or life insurance.
5. Regulations and laws: changes in government regulations and laws governing the insurance industry may affect the structure and operations of insurance companies as well as the rights and protections of consumption.
6. Technological innovation: the development of information and communication technology has played an important role in the transformation of the insurance industry, especially in the process of risk assessment and claims management normalization and product distribution.
7. Risk Awareness and Education: the level of risk awareness and understanding of the benefits of insurance can influence the public's adoption of insurance products. Education and awareness campaigns can also expand access to insurance.
8. The development of actuarial theory: the development of actuarial theory in measuring and predicting risk has become the basis for calculating insurance premiums more accurately and developing insurance products danger more effectively.

In the context of the covid-19 pandemic, the development of health insurance is influenced not only by traditional factors such as risk and demand, but also by special dynamics related to the spread of infectious diseases and societal and governmental responses to them. Therefore, it is very important to discuss the changes that occurred in BPJS after the covid-19 pandemic as one of the developments in the history of social health insurance in Indonesia[14], [15], [16].

## II. METHODS

This research uses a literature review research method which is part of qualitative research, which is related to the research subject. This research is descriptive in nature. In this section, an assessment of the concepts and theories used is carried out, based on existing and available literature, especially from articles published in various previous scientific journals[17]. The methodology of this study is an exploratory literature review using international and national publications through various databases of research articles, reports and working documents using the keywords “health insurance”, “covid-19 pandemic”, “health development”, to explain the transition of health insurance to Indonesia after the covid-19 pandemic[18].The data collection technique used by researchers in collecting data and information is by taking secondary data where the information comes from relevant government regulations, the internet, online books and the latest scientific journals. The method used in this research is a journal literature review, which aims to describe the factors that influence demand for health insurance[19].

### III. RESULT AND DISCUSSION

#### Social Insurance

Indonesia Law Number 40 of 2004 on the National Social Security System, every citizen has the right to social security to meet the basic needs of a dignified life and enhance his dignity towards realizing a prosperous, equitable and prosperous Indonesian society. According to the Presidential Regulations (Perpres) of the Republic of Indonesia Number 12 of 2013 regarding Health Insurance, health insurance is in the form of a health protection guarantee for participants to receive health care benefits and basic health protections are provided to anyone who pays price of insurance. The package offered by the National Health Insurance Scheme (JKN) is very comprehensive and includes promotional, preventive, curative and rehabilitative services, all of which are covered and free of charge. Limit costs if they comply with procedures. Providing benefits using sustainable cost and quality service techniques with managed care program[16]. The JKN program is organized by the Social Health Security Administration (BPJS).

The JKN program aims to improve the achievement of universal health coverage and public health status. BPJS Health is a JKN plan with an insurance service system. Becoming a participant in BPJS Health is a mandatory government program that can protect and provide health services to citizens. According to Law No.24 of 2011, "every Indonesian is obliged to become a participant in BPJS Health". All Indonesians are required to participate in the social insurance program implemented by BPJS starting in 2014, and it is hoped that by 2019, all Indonesians will become JKN participants[20]. The benefit of implementing national social insurance is to create peace for businessmen, workers, laborers, civil servants, for TNI or Polri, and all the Indonesian citizens, which can create a national reserve fund, quite large participation, creating cross-subsidies for the community with the nature of cooperation to achieve prosperity and build solidarity[21], [22]. The national social security system is built according to the three-pillar model of the International Labor Organization (ILO):

1. Social assistance program for non-public community subjects has financial resources or lack access to services that can meet their basic needs. This support is provided to community members with immediate needs, in the event of natural disasters, social conflicts, illness or loss of employment. These aid funds come from APBN and the local government fund (APBD).
2. The compulsory social insurance program is funded from contributions from businesses and employees. The contributions payable by participants are determined according to income or salary level and according to the minimum standard of living in force in society.
3. Insurance provided by the private sector on a voluntary basis to which participants can subscribe if they wish to benefit from social protection superior to the social security they obtain through through contributions to mandatory social insurance programs. Contributions to this private insurance program vary depending on each participant's risk analysis.

#### BPJS membership in the pandemic era

The increase in contributions set by the government in the covid-19 era is becoming an increasingly heavy burden after the economy became increasingly stagnant and the number of with many people being laid off, people tend to be unable to pay increasingly expensive contributions to BPJS Health[23]. Concerned about the financial situation of the community during the covid-19 pandemic, the Government has identified a few alternative solutions to propose. BPJS Health has launched its new program, specifically the Contribution Deferral Program. The contribution arrears rescheduling program is also aimed at companies also affected by the covid-19 virus pandemic. This contribution relaxation scheme provides relief from the payment of arrears for self-employed participants (PBPU) and non-employees (BP) who have arrears of more than 6 (six) months, part the remainder will be paid no later than December 2022. This relaxation program is expected to help people currently affected by the covid-19 pandemic become active members of BPJS Health once again. Special policy for participants who are type III self- employed workers (PBPU) and non-employees (BP). In 2020, PBPU and BP type III participation fees will still be paid in the amount of IDR 25,500. The remaining IDR 16,500 was provided through government contributions.

In 2021 and the following year, PBPU and BP Type III participants will contribute IDR 35,000, while the government continues to provide contribution support of IDR 7,000. Grants are paid to active participants and paid directly to BPJS Health[24], [25]. The government only grants subsidies to participants willing to pay the fees. If there are still arrears, repayments will be made until 2021 so that the membership remains valid for 2021 and subsequent years, membership activation must clear all outstanding balances in one go. Even if this method increases the burden on the State, it is also a consequence for social security. The government must immediately seek alternative sources of funding to maintain the financial viability of BPJS Health and not rely solely on participant contributions[26]. The objective of the short-term issuance of Presidential Decree No.64 of 2020 is to improve the contribution structure and increase compliance with the payment of contributions. In the long or medium term, there are several sets of policies, namely: 1) Related to rationalization of plan benefits according to basic health needs; 2) Establish a standard care class at all medical facilities (faskes); 3) Simplification of service steps remain different today.

Innovations implemented by BPJS Health to improve services to participants during the pandemic, one of which is the limitation of face-to-face contact, the payment of contributions to the JKN-KIS program can be done by tele collection. This mechanism is for self-employed participants (PBPU). The role of the telephone collection agent is to remind participants about paying contributions and make them aware of the importance of paying contributions, whether they are healthy or sick. BPJS Health is also optimizing the “JKN mobile” smartphone application to serve BPJS participants during the COVID-19 pandemic. Facilities provided in this app are Member Data, Bed Availability, Gratuity, Surgical Procedure Timing, Edit Member Data, Covid-19 Self Screening, Medical Advice[27]. For JKN-KIS participants who find it difficult to pay their fees manually, BPJS Health has facilitated direct debit for participants, which can be done at its branches. BPJS Health, BPJS Healthcare Center 1500 400 or via the JKN mobile app. The system of paying donations by direct debit will be very useful for the community, eliminating the need to go to the counter or payment channel every month to contribute as the bank automatically deducts the JKN donation -KIS monthly. Additionally, to facilitate participants in paying BPJS Health contributions, we cooperate with several stakeholders such as Alfamart, Indomaret, Tokopedia, etc, make regular monthly contributions[28], [29].

#### **Government policy on BPJS after the pandemic**

Telemedicine can be deployed in two forms, that is between medical service organizations and patients in Indonesia. In accordance with Regulation HK.02.01/MENKES/4829/2021 of the Ministry of Health on guidelines for telemedical services, especially telemedical consultation during the corona virus disease 2019 (covid-19). Medical facilities providing telemedicine services, including telemedical consultations during the covid-19 pandemic, include: 1) hospitals, 2) Medical centers, 3) Clinics, 4) Independent offices of physicians/dentists and specialists/specialist dentists, 5) Medical laboratories, 6) Pharmacies [16]. Telemedicine services, especially telemedical consultations, are provided by licensed healthcare providers with a healthcare facility provider. This is also stipulated in Regulation No.20, 2019 of the Ministry of Health on the implementation of telemedicine services between medical service providers, Article 3, clause 1, including services: Teleradiology, Electrocardiogram, Teleultrasound, Telemedical consultation, and the other telemedical consultation services are in line with the development of science and technology. All costs related to the treatment of covid-19 patients are borne by the Government in accordance with Regulation No.59 of 2016 of the Ministry of Health on free treatment for patients with certain emerging infectious diseases, in which states that funding for patients treated for certain emerging infectious diseases may be claimed by the Ministry of Health through the Director General of Health Services. Specifically regarding covid-19, it is stipulated in Decree No.238 of 2020 of the Minister of Health of the Republic of Indonesia (KMK) on Technical Instructions for Applications for Refund of Service Fees for Patients with some emerging infectious diseases for hospitals providing services.

Corona Virus Disease 2019 (Covid-19) Service, regulated on 6 April 2020. This Decision serves as a reference in the funding of covid-19 services, as subsequently amended by Minister of Health Decree No.HK.01/07/MENKES/446/2020 issued regulations on July 22, 2020, and whose content has adapted to

evolving dynamics in caring for covid-19 patients. Additionally, to anticipate the increase in the number of covid-19 patients, the provincial government has also designated 921 covid-19 referral hospitals as of November 24, 2020. Regarding mandatory covid-19 vaccination for all Indonesians, one of the government's efforts to achieve this is to impose sanctions in the form of delays and suspensions of welfare provision society. This is stated in Presidential Decree no.14 of 2021 relating to the procurement of vaccines, where subsection 13A(4) provides that: "Any person designated as a target audience for covid19 vaccine and who is not participating in vaccination covid-19 prevention as prescribed in subsection 2 can be subject to administrative sanctions in the following forms: a. postpone or stop implementing social security and social assistance; b. suspension or termination of government administrative services; and/or c. fines".

However, the provisions on postponing or stopping the provision of social security are said to be contrary to Article 20, paragraph (1) of the SJSN Law, which explains that health insurance is the right of anyone who contributes or contribute for those paid by the government. This means that the government cannot immediately delay or terminate Social Security if participants continue to pay determined contributions according to the method used that would not include a restriction on entitlements of the people (social security). Presidential Decree No.64 of 2020 Concerning the Second Amendment of Presidential Regulation No.82 of 2018 Concerning Health Insurance was officially signed by the President on May 5, 2020. The second amendment of the Presidential Decree on Health Insurance addresses price increases for health insurance services independent participants divided into three groups: IDR 42,000 from IDR 25,000 for Type III, IDR 100,000 from IDR 51,000 for Type II, and IDR 150,000 from IDR 80,000 for Type I, along with a subsidy mechanism for Type III participants. The increase in the contribution rate is intended to overcome the financial deficit problem that BPJS faces every year. Based on the explanation of the Minister of Finance, he explained that there are 4 factors that cause BPJS Health to have a financial deficit every year. These four factors are low rates because they do not comply with actuarial studies, the BPJS participants are undisciplined, the participants' low level of activity in contributing, and the burden is very heavy in financing catastrophic illnesses (critical illnesses) suffered by BPJS Kesehatan.

#### **Development of BPJS Services in the Field of Technology**

In accordance with the Decree of the Minister of Health of the Republic of Indonesia HK.01.07/MENKES/4829/2021 Concerning the Guidelines on Telemedicine Services in the General Corona Virus Disease (covid-19) pandemic, as part of preventing the spread of covid-19. Telemedicine is the provision of telemedical services by health professionals using information and communications technology, including the exchange of information regarding the diagnosis, treatment, and prevention of disease and injury, research and evaluation, and continuing education for healthcare providers with the goal of improving individual and community health. To support the implementation of telemedical consultation services, the Indonesian Medical Council (KKI) subsequently issued Medical Council Regulation No.74 of 2020 with the aim of providing additional clinical authority to doctors and dentists so that they can provide medical services. Telemedical services, especially telemedical consultation, are only applicable during the covid-19 epidemic season. Telemedicine is present as a solution with four leading programs today, which are teleradiology, teleECG, tele-USG and teleconsultation. During the covid-19 pandemic, BPJS Health also issued regulations on medication management for an initial period of only 30 days to 2 months and encouraged FKTPs to use chat-based telemedicine services on Mobile JKN. The doctor will identify patients based on the results of the consultation, for further treatment depending on their condition.

Through this service, hospitals can perform initial screening of patients with moderate/severe symptoms, including providing medicine packages through pharmaceutical service facilities designated by the Ministry of Health. The medicine packs will be sent free of charge to those who are completely asymptomatic, while patients with symptoms such as mild fever will also receive free medicine packs. In addition, this telemedicine platform is also integrated with a PCR testing laboratory, for patients who wish to have a PCR test, this can be done through available telemedicine. The eleven telemedicine platforms are Alodokter, GetWell, Good Doctor and GrabHealth, Halodoc, KlikDokter and

KlinikGo. Then there are Link Sehat, Milvik Doctor, ProSehat, SehatQ and YesDok. All this is provided for free as a donation from 11 telemedicine platforms, and the medicine is also covered by the Ministry of Health[30]. As defined by WHO, telemedicine (also known as telehealth) is the delivery of health care services that consider distance and use information and communications technology, including: 1) exchange of diagnostic information, 2) treatment and prevention of diseases and injuries, 3) research and evaluation, and 4) continuing education for healthcare providers. The demand for telemedicine in Indonesia is quite high due to the uneven distribution of medical staff, poor distribution of medical facilities, and difficult geographical barriers. Overview of the place of telemedicine in health services in Indonesia.

According to him, because the number of doctors in some localities is limited, many consultations are now carried out via social networks such as WhatsApp. Communication in this form is fast, but the poor quality of documentation requires a new, more comprehensive system focusing on the health sector. BPJS has utilized technology to bring about service innovations in the healthcare industry through the development of "MOBILE JKN" It is hoped that this can be used to facilitate the implementation of the National Health Insurance Card service process-Healthy Indonesia. The deployment of Mobile JKN aims to provide services to the community quickly. People can provide services anytime, anywhere, 24 hours a day in real time. JKN mobile can be downloaded via Playstore and Appstore. In the context of Covid-19 spreading, everyone still has to make regular contributions to BPJS Health[31]. JKN mobile service facilitates access to medical facilities for participants. Features provided in this app: participant data, bed availability, bonuses, surgery planning, participant data modification, Covid-19 self-screening, health consultation Strong. Paying BPJS Health contributions using an e-wallet is a way to continue paying BPJS Health contributions. Perceived ease of use has a positive and significant impact on interest in using an e-wallet to make payments to BPJS Health. People feel the convenience and benefits of using e-wallets to make payments to BPJS Health during the Covid-19 pandemic[32].

#### IV. CONCLUSION

The covid-19 pandemic is a global phenomenon that has had a significant impact on health, economic, social and demographic conditions in Indonesia. Apart from that, this pandemic has also had an influence on the historical development of social health insurance in this country, namely the development of BPJS. There are several changes that occurred at BPJS after the covid-19 pandemic. The first is from the aspect of BPJS membership: 1) There is an increase in insurance rates which is based on the financial deficit, 2) There is a program to relax contribution arrears for insurance participants, 3) Innovation in auto-debit payments to make it easier to pay contributions during the PSBB process at the time. This third policy aims to continue to expand BPJS coverage during the covid-19 pandemic and provide health services for the community. The second is from the aspect of government policy. During the covid-19 pandemic, there were several new policies issued by the government related to BPJS: 1) Health Regulation HK.02.01/MENKES/4829/2021 concerning Guidelines for Health Services via Telemedicine, especially clinical teleconsultation during the covid-19 pandemic, 2) The Decree of the Minister of Health of the Republic of Indonesia (KMK) number 238 of 2020 concerning Technical Instructions for Claims for Reimbursement of Service Costs for Patients with Certain Emerging Infectious Diseases for Hospitals Providing Corona Virus Disease 2019 (covid-19) Services, 3) Presidential Decree no. 14 of 2021 concerning vaccine procurement, where Article 13A paragraph four regulates that: "every person who has been designated as a target recipient of the covid-19 vaccine who does not take part in the covid-19 vaccination" as intended in paragraph two, may be subject to administrative sanctions in the form of: a. postponement or termination of the provision of social security or social assistance; b. suspension or termination of government administrative services; and/or c. fines",

4) Presidential Decree No. 64 of 2020 concerning the Second Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance the increase in rates for Independent Participants which are divided into three clusters; IDR 42 thousand from IDR 25.5 thousand for class III, IDR 100 thousand from IDR 51 thousand for class II, and IDR 150 thousand from IDR 80 thousand for

class I, plus a subsidy mechanism for participants in the Class III category. Third, namely the development of the technology sector. There is innovation in the form of telemedicine services for BPJS participants. Telemedicine is the delivery of health care services by considering distance and using information and communication technology, including: 1) exchange of diagnostic information, 2) treatment and prevention of disease and injury, 3) research and evaluation, and 4) continuing education of health service providers. There is a JKN mobile service which makes it easier for participants to get facilities provided in this application are membership data, bed availability, premiums, surgery schedules, changing membership data, covid-19 self-screening, doctor consultations. The covid-19 pandemic is a global phenomenon that has had a significant impact on Indonesia's health, economic, social and demographic conditions. In addition, this pandemic also has an impact on the historical development of social health insurance in this country, specifically the development of BPJS. A few changes have occurred at BPJS following the covid-19 pandemic. First concerns about BPJS membership: 1) Insurance rates increase due to financial deficit, 2) There is a program to reduce arrears of contributions for insurance participants, 3) Innovation in payments direct debit payment to facilitate the payment of contributions during the PSBB process. This third policy aims to further expand BPJS's coverage during the Covid-19 pandemic and provide health services to the community.

The second issue concerns government policy, during the Covid-19 pandemic, the government has issued several new policies related to BPJS: 1) Health Regulations HK.02.01/MENKES/4829/2021 on guidelines for telemedicine services, especially telemedicine consultation during the Covid-19 pandemic, 2) Decree of the Minister of Health of the Republic of Indonesia (KMK) No.238 of 2020 Concerning Technical Instructions for Applications for Reimbursement of Service Fees for Patients with Certain Emerging Infectious Diseases for hospitals dispensing Corona virus disease 2019 (Covid-19) Services, 3) Presidential Decree no.14 of 2021 relating to the procurement of vaccines, where subsection 13A (4) provides that: "Any person designated as a target audience for a Covid19 vaccine and who is not participating in vaccination covid-19 prevention as prescribed in subsection can be subject to administrative sanctions in the following forms: a. postpone or stop implementing social security and social assistance; b. suspension or termination of government administrative services; and/or c. fines", 4) Presidential Decree Number 64 of 2020 Concerning the Second Amendment to Presidential Regulation Number 82 of 2018 Concerning Health Insurance, Increasing Rates for Participants self-employment is divided into three groups; IDR 42,000 from IDR 25,500 for Type III, IDR 100,000 from IDR 51,000 for Type II and IDR 150,000 from IDR 80,000 for Type I. Third, specifically the development of the technology sector There is innovation in the form of telemedicine services for BPJS participants Telemedicine is the provision of health care services health care that takes into account distance and uses information and communication technologies, including: 1) exchange of diagnostic information, 2) treatment and prevention of disease and injury, 3) research and assessment, and 4) continuing education of healthcare providers. There is a JKN mobile service that makes it easy for participants to receive the amenities provided in this application: data members, bed availability, bonuses, surgery schedules, membership data modifications, covid-19 self-screening, medical consultation.

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## REFERENCES

- [1] 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.
- [2] 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.
- [3] 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.
- [4] BPJS, “BPJS Kesehatan,” Badan Penyelenggara Jaminan Sosial.
- [5] K. Rizki Agustin, E. Puspitaloka Mahadewi, A. Irfandi, and V. Azteria, “The Effect of Service Quality on Customer Satisfaction PT. CAR Life Insurance During the Covid-19 Pandemic,” *International Journal of Health and Pharmaceutical (IJHP)*, vol. 2, no. 2, 2022, doi: 10.51601/ijhp.v2i2.50.
- [6] 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.
- [7] 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.
- [8] J. M. Putra and E. P. Mahadewi, “Dampak Media Social Terhadap Cara Pola Pikir Anak Muda Generasi Z Dalam Ketimpangan Pemikiran Lgbt Di Dki Jakarta,” *Zahra: Journal of Health and Medical Research*, vol. 3, no. 4, 2023.
- [9] E. Puspitaloka Mahadewi, J. Mandala Putra, and M. Reza Hilmy, “Analysis Of Glass Ceiling And Sustainable Business Optimization For Women Entrepreneurial Careers,” *International Journal of Science, Technology & Management*, vol. 5, no. 1, 2024, doi: 10.46729/ijstm.v5i1.953.
- [10] 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.
- [11] AS. Ambarriani, “Hospital Financial Performance In the Indonesian National Health Insurance Era,” *McKinsey Quarterly*, 2014.
- [12] 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.
- [13] I. Nismawati, U. Umaruzzaman, and E. Puspitaloka Mahadewi, “Implication of BPJS for Private Health Insurance Marketing and Business Competition in Indonesia,” *International Journal of Health and Pharmaceutical (IJHP)*, vol. 2, no. 3, 2022, doi: 10.51601/ijhp.v2i3.96.
- [14] 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.
- [15] E. Puspitaloka Mahadewi, D. Asih, D. Permana, and J. Jumarno, “A Study Of Sustainable Marketing After Pandemic Era In Indonesia,” *International Journal of Science, Technology & Management*, vol. 5, no. 1, 2024, doi: 10.46729/ijstm.v5i1.1060.
- [16] 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.
- [17] E. P. , Mahadewi, *METODE RISET BISNIS (Business Research Methods)*. PT. Literasi Nusantara Abadi Grup.
- [18] R. E. Cuomo *et al.*, “Characterising communities impacted by the 2015 Indiana HIV outbreak: A big data analysis of social media messages associated with HIV and substance abuse,” *Drug Alcohol Rev*, vol. 39, no. 7, 2020, doi: 10.1111/dar.13091.
- [19] C. F. Hofacker, E. C. Malthouse, and F. Sultan, “Big Data and consumer behavior: imminent opportunities,” *Journal of Consumer Marketing*, 2016, doi: 10.1108/JCM-04-2015-1399.
- [20] 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.
- [21] D. C. Hsia and C. A. Ahern, “Good quality care increases hospital profits under prospective payment,” *Health Care Financ Rev*, 1992.



- [22] M. Lagarde, "Health Care Financing: Provider Payments," in *Introduction to health economics.*, 2011.
- [23] 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.
- [24] 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.
- [25] 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.
- [26] H. Li and P. Hilsenrath, "Organization and finance of China's health sector: Historical antecedents for macroeconomic structural adjustment," *Inquiry (United States)*, 2016, doi: 10.1177/0046958015620175.
- [27] L. Trisnantoro, "Universal health coverage and medical industry in 3 Southeast Asian countries," *BMC Public Health*, 2014, doi: 10.1186/1471-2458-14-s1-i3.
- [28] A. Asari, E. Puspitaloka Mahadewi, I. Marti Ayu, and S. Shorayasari, "Framing TOWS as Marketing Strategy Determiner of Medical Equipment in PT. Tawada Healthcare Jakarta Indonesia," *International Journal of Science, Technology & Management*, vol. 3, no. 6, 2022, doi: 10.46729/ijstm.v3i6.640.
- [29] 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.
- [30] L. , N. N. , E. S. , & M. E. P. Prayitno, "The Usage Of Government Formulary For BPJS Inpatients With Ischemic Stroke In Indonesia," *International Journal of Health and Pharmaceutical (IJHP)*, vol. 4, no. 3, pp. 491–498, Jun. 2024.
- [31] J. Andri, A. Ramon, P. Padila, A. Sartika, and E. Putriana, "Pengalaman Pasien ODHA dalam Adaptasi Fisiologis," *Journal of Telenursing (JOTING)*, vol. 2, no. 2, 2020, doi: 10.31539/joting.v2i2.1397.
- [32] E. P. Mahadewi, Elistia, A. Heryana, and M. R. Hilmy, "Pelatihan Kiat Sukses Jadi Entrepreneur Muda Di Masa Pandemi Covid-19 dan New Normal," in *Seminar Nasional ADPI*, 2021.