

Implication of BPJS for Private Health Insurance Marketing and Business Competition in Indonesia

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Abstract.

Social security is a constitutional right owned by citizens that must be fulfilled by the state for its citizens in Indonesia. The growth of companies in Indonesia has increased from year to year. One of the service companies that is developing is an insurance company. Lots of private insurance companies are also growing and developing at this time. However, in the midst of competition from insurance companies, there is a new policy from the government. The government policy is one of the state-owned insurance companies, PT. Askes (Persero) changed its name to BPJS which applies to all people. Currently PT. Askes (Persero) changed to BPJS which serves all Indonesian citizens without any difference. The implementation of BPJS in early year 2014, seems to have had an impact on a number of insurance companies. This mandatory program from the government inevitably affects the competitive landscape of the insurance industry in Indonesia, especially private insurance companies that serve health and other private insurance companies. In the end, competition is expected to become a mechanism capable of creating efficiency that functions as a tool to protect consumers and business actors. This study uses a qualitative method, aiming to analyze the development of BPJS, its developments and implications, especially in the world of healthcare insurance business in Indonesia. From healthy insurance business and competition, it is hoped that efficient, effective, and high-quality production will be achieved. So that the ultimate goal of this research is to highlight what are the things that benefit consumers because they are given the opportunity to have a choice of quality products and can buy at competitive prices which tend to be relatively cheap.

Keywords: BPJS Indonesia, health insurance, health law, insurance business, private insurance company

I. INTRODUCTION

In the context of implementing social security for all Indonesians in the health sector, in early year 2014 the Indonesia government had transformed PT Askes (Persero) into BPJS Health [1][2]. The presence of Law no. 40 of 2004 concerning the National Social Security System (SJSN) requires the government to establish a Social Security Administering Agency (BPJS) and this is realized through the ratification of Law no. 24 of 2011 concerning the Social Security Administering Body, where PT Askes Persero was officially dissolved without liquidation and became BPJS in January 1st, 2014. This BPJS Health then replaced a number of social security institutions in Indonesia, as stated in Law no. 24 of 2011 which states that the National Social Security is managed by BPJS, for the National Health Insurance specifically organized by BPJS Health [3][4]. Insurance plays an important role, because in addition to providing protection against possible losses that will occur, insurance provides a huge impetus to other economic developments. Insurance companies are a service industry that really needs a trust factor. Its existence is not only a form of a business industry, but is a financial instrument of prosperity and peace, especially for its customers. This message of welfare and peace is the main purpose of the promise of insurance. In accordance with the standards of the Indonesian General Insurance Association (AAUI) at the initial stage, BPJS was tasked with providing health insurance for more than 121 million Indonesians [5]. The presence of BPJS actually had a positive impact on the insurance industry in the country. The reason is, the health insurance program implemented by BPJS can help campaign for insurance to the community. Abroad, the insurance industry is growing because basic insurance programs such as BPJS are running well [6].

Because people are familiar with insurance, so if we offer insurance products, we don't need to start from scratch. Related with Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS), on January 1, 2014 the National Health Insurance (JKN) program began. Two years earlier, discussions and debates on Health Insurance, since the enactment of Law Number 40 of 2004 concerning the National Social Security System (SJSN) [7][8][9]. To implement social security nationally, Article 5

paragraph (1) and Article 52 of the SJSN Law instructs the state to establish BPJS. This is because several programs that have been established by the government such as Jamsostek and Taspen programs are considered to only cover a small part of the community and at the same time have not been able to provide fair and adequate protection to the participants. The establishment of the Social Security Administering Body is the institutional transformation of PT Askes (Persero), PT Jamsostek (Persero), PT TASPEN (Persero), and PT ASABRI (Persero) into Social Security Administering Body[10][11]. The transformation was followed by the transfer of participants, programs, assets and liabilities, employees, and rights and obligations. This BPJS Law divides into 2 BPJS, namely BPJS Health and BPJS Employment. BPJS Health organizes health insurance programs and BPJS Employment provides work accident insurance, old age insurance, pension benefits, and death benefits. With the formation of the two BPJS, the reach of social security program participation will be gradually expanded. Insurance is one way of transferring risk to another party, one example of a risk that can be transferred is the risk of illness[12]. To prevent someone from getting a big loss due to illness, a health insurance product is issued. The implementation of health insurance in Indonesia is carried out socially by the government and commercially by private insurance. The implementation of social insurance is carried out singly and or monopoly by the Indonesian government through a Social Security Administering Body (BPJS).

Although legally, this is legal to do because it is based on the mandate of the Act, but the BPJS monopoly is feared not to be in line with the principle of business competition because it has the potential to create monopolistic practices, hinder business competition and kill existing commercial insurance business actors[13]. According to Financial Services Authority or OJK Indonesia, Insurance (Insurance) comes from the word assurance which means guarantee or protection. Insurance can legally be defined as an agreement between two parties, namely: the Insurer (insurance company) and the Insured (individual or business entity). The Insurer binds himself to provide compensation to the Insured, in the event of an event or accident guaranteed in the policy. The Insured pays a sum of money to the Insurer called a premium, as a fee for transferring risk from the Insured to the Insurer. Insurance explains that insurance or coverage is an agreement between two or more parties, by which the insurer binds himself to the insurer by receiving insurance premiums, to provide compensation to the insured due to loss, damage, loss of expected profits, or legal liability to third parties that may be suffered by the insured, arising from an uncertain event, or to provide a payment based on the death or life of the insured person. Insurance (verzekering or insurance) means coverage[14]. The translates insurance originating from verzekeraar with the insurer, namely the party who bears the risk. While verzekerde is translated as the insured, namely the party who transfers the risk of his wealth or life to the insured. The used the term insurance as an absorption from the assurantie (netherlands), guarantor for the insurer and guaranteed for the insured. To defines insurance as a willingness to determine certain small losses as a substitute for large uncertain losses. In simple terms, in insurance, people are willing to pay small losses for the present in order to be able to deal with large losses that may occur in the future[15]. The large losses that may occur are transferred to the insurance company. Classifies insurance businesses which are business activities engaged in [16]:

1. Insurance or risk management services.
2. Risk reinsurance.
3. Marketing and distribution of insurance products or sharia insurance products.
4. Consultation and intermediary for insurance, sharia insurance, reinsurance, or sharia reinsurance,
5. Assessor of loss of insurance or sharia insurance.

On July 2020, many Indonesians have become BPJS Health participants. This amount is something to be grateful for and appreciated. The number of BPJS Health participants reached 220.6 million people or about 83% of Indonesia's population of 264 million. Throughout the history of Indonesia, social insurance participants have never reached this number. The number of BPJS Kesehatan participants increased by 36% compared to 121.6 million people on January 1, 2014 when this health insurance service was first launched. This increase indicates a positive development, namely the increasing awareness of the public on the importance of having health insurance[17]. The presence of the Social Security Administering Body (BPJS)

does not necessarily get a good response, especially from private insurance companies. It can be seen that the presence of BPJS eroded the private insurance market share in the first three months of this year. However, the existence of social security boosts the performance of the insurance industry nationally. Based on the quarter I-2014 report of the Financial Services Authority (OJK), the insurance industry posted a gross premium of Rp 57.1 trillion. The premium value rose 30.6 percent compared to the same period last year of Rp 43.7 trillion. The biggest contributor to the increase was social insurance, particularly BPJS. The insurance industry's competitive landscape has changed. BPJS Kesehatan, which operated earlier this year, immediately had a gross premium market share of 25.7 percent or Rp. 14.65 trillion Indonesia rupiah[16]. Life insurance which in the first quarter of last year got a market share of 59.6 percent, slumped to 44.6 percent in the first quarter of this year. The general insurance and reinsurance market share fell from 26.9 percent to 25.5 percent. Insurance for civil servants, soldiers and police also fell from 9.1 percent to 2.7 percent. Meanwhile, social insurance and pensions only received 1.5 percent, from the portion obtained in the first quarter of last year of 4.4 percent. The Indonesian Insurance Council (DAI), assessed that the implementation of BPJS Health for all Indonesians could make the portion of premiums in insurance companies decrease. This is because, there is an obligation for all private companies to register their employees as BPJS health participants[18].

There is competition between BPJS and commercial insurance, BPJ participation is mandatory according to OJK (2019), Insurance (Insurance) comes from the word assurance which means guarantee or protection. Insurance can legally be defined as an agreement between two parties, namely: the Insurer (insurance company) and the Insured (individual or business entity). The Insurer binds himself to provide compensation to the Insured, in the event of an event or accident guaranteed in the policy. The Insured pays a sum of money to the Insurer called a premium, as a fee for transferring risk from the Insured to the Insurer[19]. Regarding Indonesian Law number 2 on year 1992 on insurance explains that insurance or coverage is an agreement between two or more parties, by which the insurer binds himself to the insurer by receiving insurance premiums, to provide compensation to the insured due to loss, damage, loss of expected profits, or legal liability to third parties that may be suffered by the insured, arising from an uncertain event, or to provide a payment based on the death or life of the insured person. The importance-performance analysis is one of the techniques used to analyze the level of customer satisfaction with the quality of service in insurance business. In addition, importance-performance analysis can also be used to analyze which dimensions need to be improved and maintained the health insurance in the future. Although originally developed for marketing purposes, this technique is also used in various fields, including in healthcare. So from the business competition law, it is related to the existence of a monopoly which is indicated to occur in BPJS. The implementation of BPJS seems to be imposing, even if you already have health insurance, you still have to register with BPJS, otherwise administrative sanctions will be given[2][20].

The obligation to participate in BPJS also encourages people who like it or not to become BPJS participants, this can lead to anti-competitive behavior. Health insurance other than BPJS can be disrupted by this obligation. Health insurance that should be able to compete fairly and healthily has been hindered since the existence of the BPJS membership obligation. However, if we look at the provisions of Article 50 of Law Number 5 of 1999, there are provisions that regulate agreements and actions that are excluded from the Anti-Monopoly Law, among others, namely acts and/or agreements aimed at implementing laws and regulations that One of them is the formation of this BPJS which is regulated based on the applicable laws and regulations. The state has a goal to protect the public interest, therefore, the state has a role in transforming the understanding of healthy competition among business actors. The state plays an important role in creating "the right tool" to promote more effective business competition law policies. The role of the state in regulating fair competition can be identified where the state is an institution that has the right to make laws to regulate competition[21]. Furthermore, the role of the state itself must also be monitored because based on experience, monopolistic practices can occur because of the government's own approval (government consent). Several past actions, some facts show that the state plays a significant role in actions that are monopoly practices and do not cultivate fair competition, such as:

1. The facilities provided by the government by several business actors where the facilities have never

been controlled again even though the business actors have clearly practiced monopolistic practices and unfair business competition.

2. The role of the government is so large in providing facilities for conducting monopolies to business actors from state-owned enterprises.
3. Likewise, there is no clarity regarding natural monopolies that are allowed to be carried out by the government. This act always hides behind the sacredness of Article 33 of the 1945 Constitution where monopolistic actions carried out by state-owned companies result in a high cost and inefficient economy.

Competition policy is a form of government intervention in the market apart from economic regulation. In addition to increasing economic efficiency, which is relatively value-free and impartial to producers or consumers. Competition policies can also aim to protect consumer interests in the market or improve consumer welfare. Because it is often in the form of an imperfect market, the consumer becomes the disadvantaged party. S if it is related to business competition law, it is related to the existence of a monopoly which is indicated to occur in BPJS. The implementation of BPJS seems to be imposing, even if you already have health insurance, you still have to register with BPJS, otherwise administrative sanctions will be given. The obligation to participate in BPJS also encourages people who like it or not to become BPJS participants, this can lead to anti-competitive behavior. Health insurance other than BPJS can be disrupted by this obligation. Health insurance that should be able to compete fairly and healthily has been hindered since the existence of the BPJS membership obligation[22]. However, if we look at the provisions of Article 50 of Law Number 5 of 1999, there are provisions that regulate agreements and actions that are excluded from the Anti-Monopoly Law, among others, namely acts and/or agreements aimed at implementing laws and regulations that One of them is the formation of this BPJS which is regulated based on the applicable laws and regulations.

The state has a goal to protect the public interest (public interest). Therefore, the state has a role in transforming the understanding of healthy competition among business actors. The state plays an important role in creating “the right tool” to promote more effective business competition law policies. The role of the state in regulating fair competition can be identified where the state is an institution that has the right to make laws to regulate competition. The competition policy is a form of government intervention in the market apart because of impact from economic regulation. In addition to increasing economic efficiency, which is relatively value-free and impartial to producers or consumers[23]. Competition policies can also aim to protect consumer interests in the market or improve consumer welfare. Because it is often in the form of an imperfect market, the consumer becomes the disadvantaged party. Social security is a constitutional right owned by citizens that must be fulfilled by the state for its citizens in Indonesia. The growth of companies in Indonesia has increased from year to year. One of the service companies that is developing is an insurance company. Lots of private insurance companies are also growing and developing at this time. However, in the midst of competition from insurance companies, there is a new policy from the government[24].

II. METHODS

The study is a literature review that is part of a qualitative research, related to the research subject. Research is descriptive the social phenomena in Indonesia healthcare insurance detail. Based on this research, the research objective is to describe the development of health insurance and health services in Indonesia[25]. 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 Indonesia BPJS website, government regulation, internet and the latest scientific journals, also where the data obtained in in-depth interviews with the experts to confirmed the completeness of the policy or related data involved in this research. The method used in this study with journals literature reviews, which aims to describe the impact of the existence of BPJS on private insurance companies in Indonesia. The data collection technique used is to collect data and information, namely by secondary data collection techniques where the information comes from internet, government official websites, and also related scientific journals[22].

III. RESULT AND DISCUSSION

The Financial Services Authority (OJK) Indonesia asked the insurance industry not to position the Social Security Administering Body (BPJS) as a competitor. Both have the same goal, namely to serve the community. BPJS must be made with private insurance that is a partner, not a competition. The Chief Executive of the Non-Bank Financial Industry Supervision (IKNB). The presence of BPJS, must be a momentum for private insurance companies to be able to work on sectors that cannot be reached by BPJS. The sector in question is the upper middle class that cannot be touched by BPJS. BPJS is mandatory, it covers a lot. Then insurance can come along, for example, if the life insurance sector has not been explored, you can use BPJS data to work on the potential that is above the BPJS coverage[12].

Table 1. Advantages and Disadvantages of Commercial Health Insurance (Private Company)

Advantages of Commercial Health Insurance (Private)	Disadvantages of Commercial Health Insurance (Private)
<ol style="list-style-type: none"> 1. Owned management is responsive and also very creative 2. Having a very diverse health insurance service 3. Submission to claim insurance is easier 4. The level of satisfaction from participants is very high, because participants choose the benefits themselves 5. Have additional health insurance products according to the wishes of insurance participants. 6. Very fast handling 7. More about Owned 	<ol style="list-style-type: none"> 1. Due to the non-mandatory nature of participation, the cross-subsidies provided are not felt by the participants 2. Does not cover all groups of people or residents 3. Administration fees are quite large or expensive 4. Can raise moral hazard from the company or insurance participants 5. Very complicated administration 6. The amount of premium is very high

Private commercial insurance can be a complement to the shortcomings of the BPJS Health system shown in Table 1 above. Health insurance services managed by private companies are relatively more practical than BPJS Health. Armed with a private insurance card, participants can immediately get services at the hospital without having to go to first-level health facilities such as healthcare center (Puskesmas), family doctors or clinics first. Participants also don't have to queue for too long to be able to get health facility services at the hospital. Private insurance participants can also be used in all hospitals that have collaborated with private insurance companies. This means that participants do not have to come to certain clinics such as when they become BPJS Health participants. Indonesian people can participate in private insurance and BPJS Health at the same time. On the one hand, we can become BPJS Health participants as part of our obligation to participate in social insurance. On the other hand, the public can also equip themselves with private insurance which has various advantages over BPJS Health [26].

Generally, participants expect (demand) better service from an insurance system or health insurance. If the premium is too low, the payment to PPK (Health Service Provider) will also be low, so it will be difficult for PPK to improve the quality of services in the future. Payments to KDP over the last two decades in health insurance schemes in Indonesia have used a capitation payment system. With the capitation payment given in advance, it is hoped that KDP will be able to better plan program efficiency. However, this will be different, if the ratio of income from capitation payments is still low, then capitation payments are not effective in changing the performance of doctors[27]. In terms of management, BPJS and private insurance companies have differences. Social Insurance This type of insurance is managed by the government or state-owned enterprises with the aim of providing a certain level of insurance to a person or group who is able or unable to make the said guarantee for himself. According to Law No. 2 of 1992, it is stated that the social insurance program is an insurance program that is held obligatory based on a law with the aim of providing basic protection for the welfare of the community. This law states that social insurance programs can only be implemented by State-Owned Enterprises for example the Social Security Administering Body (BPJS). Commercial insurance (Private Insurance) is based on voluntary participation and is usually managed by a private business entity for profit. In commercial insurance, the insurer acts as a trader who offers insurance packages to the public as potential buyers. If the package offered is in accordance with what the community needs, then the package will be purchased in large quantities so that the insurer will get a large

profit as well. On the other hand, if the package is not in demand by the public, it will not sell itself and will cause losses for the insurance company. This is what distinguishes the social insurance system with commercial insurance. Social insurance responds to need, while commercial insurance responds to demand. The purpose of this commercial insurance is to meet different individual demands [2][20][19]. The facts on the ground show that the unpreparedness of BPJS in carrying out its duties and authorities creates uncertainty and confusion for the public and private insurance companies. There are several empirical facts in the field that complain about how complicated and slow BPJS services make people complain about the existence of BPJS. The amounts of sanctions that will be imposed on employers who do not register workers and their family members with BPJS makes BPJS the first and foremost choice in insurance choices, even though the constitution mandates that every citizen has the right to get social security that allows his development.

Advantages of BPJS Health Insurance	Disadvantages of BPJS Health Insurance
<ol style="list-style-type: none"> 1. Relatively low contributions and relatively high benefits. 2. With relatively low contributions, BPJS Health participants can get relatively high benefits, namely the guarantee of various health risks ranging from minor illnesses such as fever or cough to chronic diseases such as heart disease, cancer, diabetes, stroke and so on. 3. BPJS Kesehatan will fully cover the doctor's fees, drug costs, treatment costs and hospital fees. 	<ol style="list-style-type: none"> 1. Weaknesses are a matter of practicality and service time. 2. In a number of cases in big city hospitals, BPJS Kesehatan participants have to wait a long time to get health services. 3. BPJS Health participants also cannot directly get services at the hospital, but must first go to a doctor or health center, because the referral system is tiered starting from level I health facilities first to the health center i.e.: puskesmas then to the hospital level II. 4. BPJS Health services can only be used in the territory of Indonesia. When abroad, the BPJS Health card is not valid

Table 2. Advantages and Disadvantages of BPJS Health Insurance

It was further explained that this kind of practice also made other insurance businesses unable to run their business properly because every citizen was required to register as a BPJS participant. On the other hand, citizens are obliged to make BPJS insurance their main choice. In principle, social security is a right that must be fulfilled by the state. The sanctions that will be imposed by the government on violators of the BPJS Law make a shift in the meaning of social security which was originally a right that must be fulfilled by the state to citizens, to become a citizen's obligation. In 2011 a regulation was made regarding BPJS which is contained in Law Number 24 of 2011 concerning the Social Security Organizing Agency (hereinafter referred to as the BPJS Law) as a mandate from the SJSN Law. BPJS is a legal entity formed to administer social security. BPJS is divided into two types, BPJS Health and BPJS Employment. BPJS Health organizes health insurance programs, while BPJS Employment provides work accident insurance, old age insurance, pension benefits, and death benefits. In line with its development, actually before the existence of BPJS there were already many insurance business actors in the form of health insurance, employment, life insurance, old age insurance and others, they were private business actors. These private business actors have actually been able to manage the types of insurance as mentioned above which are intended for the wider community with various services and facilities on offer, so that these private business actors can be said to be potential competitors that already existed before the existence of BPJS. This can be seen by the proliferation of private actors in the insurance sector. However, the government issued a policy through a law which delegated a delegation to BPJS to run the social insurance program, and gave BPJS a monopoly right through Law No. 24 of 2011 concerning the Social Security Administering Body.

Aspects	Social Insurance	Commercial Insurance
Participation	Mandatory	Voluntary
The nature of mutual cooperation between young and old groups	Youth - Old, Rich - Poor, Healthy - Sick	Healthy-Sick
Premi	Costs proportional to wages	Usually in a certain amount of price
The same guarantee and or benefit	Package for all participants	Varies according to the premium paid
	Social	Individual
Medical service response	Fulfillment of medical needs	Fulfillment of medical requests

Table 3. Differences in principles of Social Insurance and Commercial Insurance

Whereas in the implementation of BPJS health there is coercion by the state for all people, both those recorded on family cards and those who are still in the womb, to become BPJS participants. The existence of BPJS is also not in accordance with the mandate of the SJSN Law which stipulates that social security can be administered by several social security administering bodies, while in the BPJS Law, the implementation of social security is left to one agency. In the development of the Welfare State, the responsibility for social welfare rests with the Government, Corporations or Private, and the Community. However, in terms of administering social security contained in the regulations related to BPJS, some parties feel they are not included in the context of contributing to the welfare of the community[19].

Regarding the guidelines for measuring the impact of a policy on business competition, it is related to the articles in Law No. 24 of 2011 concerning the Social Security Administering Body. In Article 14 to with Article 17, obliging all Indonesian citizens including foreigners who work for a minimum of 6 months and participating employers must be BPJS when viewed from the provisions of Article 19 of Law No. 5 of 1999 BPJS through its authority tends to exercise control over the insurance market in Indonesia. Through the provisions of the Articles above Law No. 24 of 2011 concerning the Social Security Administering Body indirectly, it does not provide a choice for consumers to choose the insurance product they want. When compared with the provisions of Article 14 to Article 17 of Law No. 24 of 2011 concerning Social Security Administering Bodies, this law is imperative (coercive) without giving consumers a choice, it is feared that this will have an impact on the abuse of the dominant position as regulated in Article 25 of Law No. 5 of 1999 concerning Prohibition of Monopolistic Practices and Unfair Business Competition due to the granting of monopoly rights granted by the government to BPJS. In the future, the products of private insurance companies will still be in demand by the public. What's more, the products offered are of a higher grade than BPJS health. On that basis, the existence of BPJS health is not a concern for private insurance companies in Indonesia.

IV. CONCLUSION

Based on the results and review of literature, the research that has been done it can be concluded as follows:

BPJS was formed in accordance with the SJSN Indonesia Law which was embodied in Indonesian Law number 24 of 2011 concerning the Social Security Administering Body (BPJS) to manage social insurance in Indonesia. BPJS which has now become a mass insurance company for all Indonesian people. This position certainly makes other commercial or private insurance companies nervous, worried about going bankrupt because they are unable to compete with BPJS Health because they are considered biased to seize their market and their potential clients. However, for private insurance companies who are observant, they will be able to look at the gaps in the chaotic system of administering BPJS. There is no fear of working on the potential of the insurance business in Indonesia. There are so many gaps and shortcomings of BPJS that can be covered by private insurance companies. As in terms of speed in service, hospitality, the facilities provided are more complete, the claim process does not make it difficult for participants, and other facilities that BPJS cannot afford. The various advantages of these facilities and services are certainly not all owned by the BPJS program, in that aspect private insurance companies will be able to compete with BPJS which seems to monopolize business competition in the insurance sector[18]. Considering that there are already many private insurance companies and the creation of a perfectly competitive market in the insurance services sector, Law No. 24 of 2011 should be facultative or suggestive.

The government in realizing the welfare state must also pay attention to the welfare of consumers. People outside of workers and employers participate in the social insurance program, regardless of later choosing BPJS or other insurance other than BPJS, thus ensuring that insurance business actors in Indonesia have the same opportunities and the same market share to compete in a healthy manner. In the end, future competition after pandemic is expected to become a mechanism capable of creating efficiency that functions as a tool to protect consumers and business actors. From healthy competition, it is hoped that efficient, effective, and high-quality production will be achieved. So that the ultimate goal is to benefit consumers

because they are given the opportunity to have a choice of quality products and can buy at competitive prices which tend to be relatively cheap[21][28].

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