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Legal Review of Standard Inpatient Class Policy in Indonesia's National Health Insurance System

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Abstract

The national health insurance is a strategic initiative by the Indonesian government to guarantee equitable access to affordable and quality healthcare services for all citizens. Nevertheless, the program faces multiple challenges including financial sustainability, inadequate healthcare facilities and personnel, and policy inefficiencies. To enhance the quality of national health insurance implementation, the government introduced several policy reforms, one of which is the transformation of inpatient classification into a standardized scheme known as standard inpatient class. Standard inpatient class was formulated in response to the community's evolving healthcare needs and to replace the traditional tiered room system. Law No. 40 of 2004 on the national social security system affirms that all national health insurance participants are entitled to equitable, adequate, and non-discriminatory healthcare services, including fair access to inpatient facilities. The implementation of standard inpatient class is thus regarded as part of the state's duty in fulfilling the human right to health. This policy is expected to positively impact both hospitals and patients, fostering a just, public-oriented, and rights-based healthcare system. With comprehensive reforms, national health insurance can continue to evolve into a fair, efficient, and sustainable health insurance system for all Indonesians.

Keywords

Health Law, Legal Reform, National Health Insurance, Policy Review.

1. Introduction

Health is a fundamental human right that should be accessible to everyone, regardless of social status, economic background, or geographic location. Many Indonesians still lack access to proper healthcare services due to various barriers, ranging from financial limitations to difficulties in reaching health facilities. To address these challenges, the Indonesian government launched the National Health Insurance (*Jaminan Kesehatan Nasional*/JKN) policy as part of a comprehensive initiative to ensure universal health coverage, enabling all citizens to live healthier, more prosperous, and productive lives (Sunjaya et al., 2023; Sihotang & Simangunsong, 2023). To manage this program, the government established a public legal entity known as the Social Security Administering Body for Health (*Badan Penyelenggara Jaminan Sosial*/BPJS), in accordance with Law No. 24 of 2011. The national health insurance system in Indonesia is designed based on the principles of social justice and an insurance mechanism.

In some areas, especially remote and disadvantaged areas, health facilities are still inadequate to support the effectiveness of JKN implementation. Mundzir et al. (2024) and Lubis et al. (2024) stated that the administrative and financial burden faced by BPJS Kesehatan is a major obstacle. The ongoing budget deficit reflects the problem of reconstruction in program management and raises concerns about the absence of the program in the long term (Risambessy, 2023; Soraya et al., 2023; Fidelis et al., 2023). Long waiting times at health facilities and limited availability of medicines are common complaints, in addition to the frequent shortage of inpatient rooms. Inequality in health services is also still a significant problem. In big cities, access to health facilities is relatively easier compared to rural areas, creating wider harmony that improves the health conditions of people in disadvantaged areas. Hidayah et al. (2019) and Suafisa et al. (2025) explain that the quality of services in several health facilities affiliated with BPJS. Complaints about unfriendly staff behavior or substandard care often cause dissatisfaction among JKN participants.

The Indonesian government is currently focusing on eliminating the class-based system in BPJS Kesehatan as part of its efforts to improve the quality of inpatient services. This initiative is driven by the main objective of the JKN Law, which aims to improve access and quality of health services for the community. Prasetya et al. (2024) and Berdame (2024) stated that the government plans to replace the BPJS inpatient class system with a new scheme known as the Standard Inpatient Class (*Kelas Rawat Inap Standar*/KRIS). This system will be implemented across all hospitals in Indonesia regardless of type and requires facilities to comply with room standards as stipulated in Government Regulation No. 59 of 2024. The implementation of KRIS is intended to ensure equitable treatment for all segments of society in accessing both medical and non-medical healthcare services, thus promoting fairness for all BPJS participants. In 2024, the government plans to introduce the KRIS system into the BPJS Kesehatan framework. This change is legally mandated by the JKN regulations, particularly Presidential Regulation No. 82 of 2018, which has been revised three times and is now governed by Presidential Regulation No. 59 of 2024.

The National Social Security Council (*Dewan Jaminan Sosial Nasional*/DJSN) has conducted a comprehensive evaluation of the KRIS concept by considering various factors such as the availability of hospital beds in each class, the growth rate of JKN participants, the nation's fiscal capacity, the public's ability to pay insurance contributions, and the JKN utilization ratio (Susilawati et al., 2022; Biparva et al., 2023; Aileen et al., 2024; Fahira et al., 2025). The government has set a target for full KRIS implementation in all BPJS partner hospitals by June 30, 2025. This system aims to guarantee equal access to hospital rooms and healthcare facilities for all BPJS patients. JKN holds significant potential to create a more equitable and

inclusive healthcare system in Indonesia. Realizing JKN's vision as a comprehensive and sustainable health insurance solution requires collaboration among various stakeholders. The government, healthcare providers, and the public must work together to address the persistent challenges. With a shared commitment, JKN can serve as the foundation for building a healthier and more prosperous Indonesia. The main objective of this research is to ensure that every citizen has access to essential health services and adequate protection to meet their basic health needs.

2. Methods

This study uses a juridical-normative approach, namely an approach that is based on an analysis of applicable positive legal norms, especially laws and regulations governing the JKN policy and the implementation of KRIS. This approach is used to systematically examine the contents of legal norms, legal principles, and relevant principles in applicable regulations, including Law No. 40 of 2004 concerning the National Social Security System, Presidential Regulation No. 82 of 2018 as amended by Presidential Regulation No. 59 of 2024, and other technical regulations. The type of data used in this study is secondary data, consisting of primary legal materials (laws, presidential regulations, government regulations, official BPJS and DJSN documents), as well as secondary legal materials such as scientific journals, health law textbooks, academic articles, and previous research results. Data sources were collected through documentation methods, namely document searches through electronic databases such as Google Scholar, PubMed, and Scopus.

Table 1. Literature Search Strategy

Database	Keyword
Google Scholar	National Health Insurance (JKN), Implementation of policies
Pubmed	Universal Health Coverage, National Health Insurance
Scopus	Universal Health Coverage, National Health Insurance

Based on Table 1 the literature search strategy was carried out systematically by applying the PRISMA for Scoping Reviews (PRISMA-ScR) method. This process begins with the article identification stage through keywords such as "National Health Insurance (JKN)", "Universal Health Coverage", and "Implementation of policies". Then a screening process was carried out to eliminate duplicate articles, followed by selection based on the title and abstract using previously determined inclusion and exclusion criteria. Articles that passed the selection were then fully analyzed to identify the relevance of legal substance to the issues being studied. The collected data were analyzed using the qualitative normative legal analysis method, emphasizing systematic, grammatical, and teleological interpretations of legal norms. In addition, a comparative legal analysis was also carried out on similar policies in several countries in the context of implementing a health service class system. With this approach, it is hoped that a complete and critical understanding of the effectiveness of KRIS within the legal framework and JKN policies in Indonesia can be obtained.

3. Result

3.1. Literature Search Process and Key Findings Regarding KRIS Policy in JKN

A total of 525 articles were identified during the search process through three databases, namely 107 articles from Google Scholar, 155 articles from Pubmed, and 263 articles from Scopus. Of these, 222 duplicate articles were removed, leaving 303 articles to be further screened based on title and abstract. The results of the initial

screening showed that 204 articles did not meet the inclusion criteria, so only 99 articles were forwarded for further examination of the full content of the article. Of the 99 articles analyzed, 84 articles did not meet the inclusion criteria and finally only 15 articles were selected to be discussed in this scoping review.

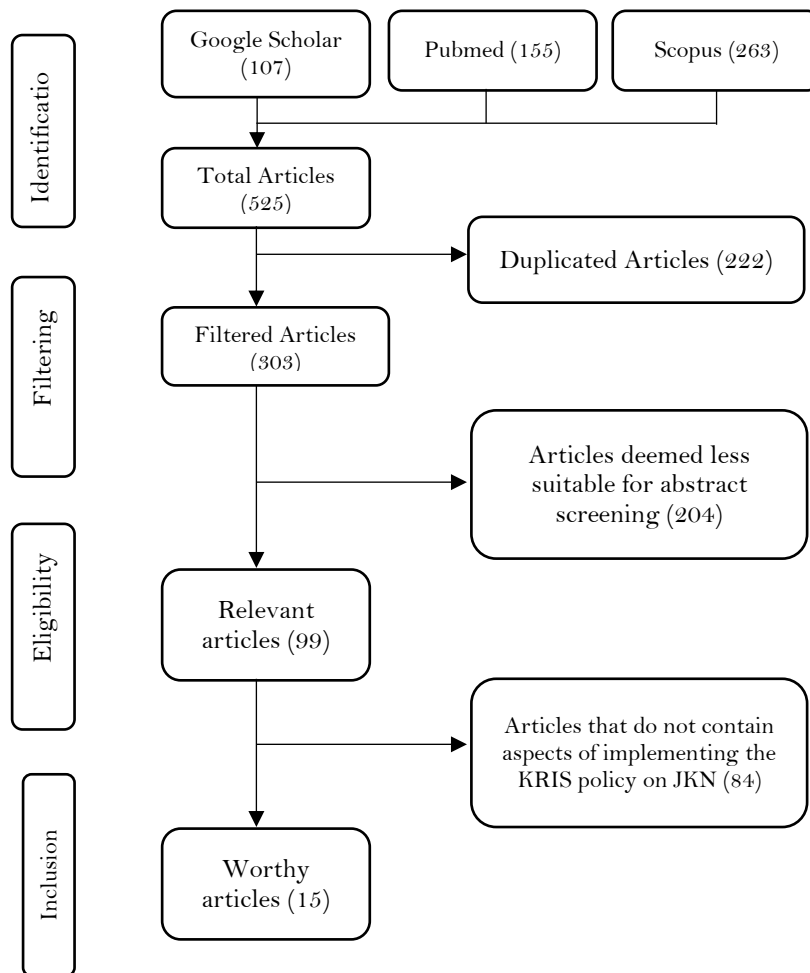


Figure 1. PRISMA-Scr flowchart

Figure 1 show the results of this study found that the policy of establishing the Standard Inpatient Class (*Kelas Rawat Inap Standar/KRIS*) in the National Health Insurance (*Jaminan Kesehatan Nasional/JKN*) system provides significant legal benefits (Simangunsong & Budiarsih, 2023). Normatively, KRIS guarantees legal certainty for the rights of every citizen to obtain decent inpatient health services without economic discrimination, in accordance with Article 28H paragraph (1) of the 1945 Constitution and Law No. 40 of 2004 concerning SJSN. KRIS also emphasizes the legal responsibility of BPJS partner hospitals in meeting service standards. There are 12 criteria that hospitals must meet in implementing KRIS, ranging from air ventilation to bathroom accessibility. However, the results of this study also show various major challenges. Of the 3,122 hospitals surveyed, only 21% met all KRIS criteria.

3.2. Technical, Financial, and Resource Challenges in KRIS Implementation

The main obstacles include physical infrastructure readiness, limited renovation budgets (especially private hospitals), potential reduction in bed capacity due to room occupancy restrictions, and uncertainty about service rates and payment systems (Aileen et al., 2024). The readiness of Human Resources (HR) and resistance from

patients who are accustomed to the old inpatient class system are significant challenges in implementing the KRIS policy. Many medical personnel in hospitals, especially in the regions, have not received training or technical supplies related to the new standards set by the government. Lack of understanding of the principles and procedures of KRIS can lead to ineffectiveness in providing services (Arifin et al., 2024; Hakiki, 2025). On the other hand, resistance also arises from some patients who feel they have lost the right to choose a service class according to their economic ability. This change is considered to reduce the comfort and exclusivity previously enjoyed by class 1 or 2 participants. In addition, funding barriers are a major obstacle, especially for private hospitals that do not have access to the Special Allocation Fund (*Dana Alokasi Khusus/DAK*) or General Allocation Fund (*Dana Alokasi Umum/DAU*). They are required to find alternative sources of financing to adjust facilities to the 12 KRIS criteria. Although the government has allocated funds to help government hospitals renovate, the scope of this funding is still limited and has not been able to meet national needs as a whole. This combination of technical, financial and social constraints demands comprehensive and collaborative policy interventions.

The KRIS policy, which stipulates 12 criteria for inpatient rooms, poses serious technical challenges at the implementation level, especially in long-established hospitals. Many of these hospitals do not have adequate room capacity or building structures to meet standards such as good air ventilation, indoor bathrooms, separation of patients by gender and disease, and a maximum limit of four beds per room with a certain distance (Tresna, 2023; Putra et al., 2024). To meet these standards, major renovations or even rebuilding of facilities are needed, which clearly requires time, a large budget, and careful planning. This challenge not only impacts the physical adjustment process but also has implications for the continuity of hospital operations during the renovation process. While government hospitals still have the opportunity to access budgets through DAK or DAU, private hospitals must rely on independent funding sources, which are often limited (Fitriana et al., 2019). This infrastructure unpreparedness risks delaying the implementation of KRIS nationally and can hinder the achievement of the main objective of the policy, namely equalizing the quality of inpatient services for all JKN participants. Therefore, adaptive and sustainable technical and funding policies are needed. Renovation or reconstruction requires large costs and a long processing time. On the other hand, the class elimination policy causes ambiguity for JKN participants in choosing a treatment room that suits their preferences and socio-economic conditions (Sihotang & Simangunsong, 2022).

3.3. Operational Capacity, Patient Resistance, and Policy Adjustment

This study revealed that the implementation of the KRIS policy directly affects the operational capacity of hospitals (Jauhar, 2025). One of the main provisions in KRIS is the limitation of a maximum of four beds per room, with a certain distance between beds to maintain comfort and service standards. This provision, although in line with the principle of improving service quality, technically has an impact on reducing the total patient capacity, especially in large or referral hospitals that have served a high number of patients. This condition has the potential to cause long queues and longer waiting times, especially for JKN participants who require immediate inpatient care (Prananingrum, 2018; Sulistyorini & Huda 2022). Hospitals also face a dilemma between meeting KRIS physical standards or maintaining their previously more flexible service capacity. This reduction in capacity can put additional pressure on medical personnel and worsen public perception of access to JKN services. If not accompanied by a patient redistribution strategy, increasing the number of rooms, or an efficient referral system, this policy actually risks creating new inequalities in access to health services (Imtihani & Nasser, 2024). Therefore, adjustment of hospital operational policies is crucial in supporting the success of

KRIS. This unpreparedness can reduce the quality of service or extend patient waiting time. In addition, the uncertainty of the tariff system shakes the hospital's financial planning, because INA-CBGs-based payments are still unable to cover all service costs, especially for complex medical cases.

From a social aspect, resistance from JKN participants who are accustomed to certain inpatient classes is also a concern. Some patients consider that the elimination of classes will reduce the comfort and quality of services, even though the aim of this policy is to equalize service standards for all participants. This challenge is further exacerbated by the lack of socialization carried out by the government and BPJS Kesehatan. Many participants do not understand the principles of KRIS and still refer to the old class system in choosing health services. KRIS is considered an important reform to equalize the quality of services and eliminate disparities between JKN participants (Berdame, 2024; Wulandari & Gorda, 2024). However, its implementation requires cross-sector coordination and more technical and flexible derivative regulations according to regional capacity. This policy has great potential in encouraging the national health system to be more inclusive, fair, and equitable, but its success is largely determined by the operational readiness of health facilities, the active role of local governments, hospital involvement, and community participation.

4. Discussion

The findings in this study show that KRIS is a progressive policy designed to reduce service disparities and strengthen the principle of social justice in the JKN system (Sunjaya et al., 2023; Sihotang & Simangunsong, 2023). The establishment of 12 standard criteria for inpatient services marks the government's concrete efforts to create uniformity in the quality of health services, regardless of the economic capabilities of participants (Haurissa et al., 2024; Rumintjap, 2024). Legally, this policy strengthens the legal position of patients as legal subjects who have the right to quality health services (Soraya et al., 2023; Fidelis et al., 2023). This has legal implications for health service providers to fulfill their obligations based on applicable provisions. However, structural and technical challenges in the field show that the idealization of the policy is not always in line with real conditions. Limited hospital infrastructure is the main obstacle that hinders the full realization of KRIS. Hospitals that do not meet the criteria are faced with a dilemma between delaying standard services or forcing services without readiness, which risks reducing the quality of service. There is a need for a gradual transition strategy and technical assistance from the central government to support hospitals in meeting these standards (Biparva et al., 2023; Aileen et al., 2024; Fahira et al., 2025).

On the other hand, the tariff system and payment mechanism for services are still a source of uncertainty. If not handled with a more transparent and fair system, hospitals will experience financial difficulties that have a direct impact on the quality of services (Rudiyanto et al., 2022; Mukwena & Manyisa, 2022, Saleh et al., 2024). Adjustment of INA-CBGs tariffs, acceleration of the claims system, and incentives for hospitals that meet KRIS standards must be the government's priority agenda in perfecting the implementation of this policy. Meanwhile, the social aspect also requires serious attention. Low policy literacy among the public hinders the acceptance of KRIS (Imtihani & Nasser, 2024; Berdame, 2024). Massive public education, media involvement, and community-based approaches need to be intensified so that JKN participants understand that KRIS aims to equalize rights, not reduce the quality of services. Resistance that arises from patients, including dissatisfaction with the comfort of new facilities, must also be responded to by improving the quality-of-service communication from medical personnel and hospital management (Wulandari & Gorda, 2024).

Furthermore, the success of KRIS is also influenced by the ability of local governments to carry out their supervisory functions, budget allocation, and cross-agency coordination. Regions with high commitment have proven to be able to accelerate the implementation of this program, conversely, regions that are not responsive will become points of policy stagnation (Prananingrum, 2018; Sulistyorini & Huda 2022). Therefore, synergy between levels of government is crucial. Finally, continuous evaluation is the main key to ensuring that the implementation of KRIS is not just a symbolic policy, but actually has a real impact on the national health service system. The government must provide an open, participatory, and evidence-based monitoring and evaluation mechanism so that every problem can be identified and resolved appropriately. With this approach, KRIS has the potential to become a main pillar in the transformation of equitable health services in Indonesia (Lee et al., 2019).

5. Conclusion

The study concludes that the implementation of the KRIS policy within Indonesia's national health insurance system reflects an important effort to institutionalize the principles of equity and social insurance in health service delivery. The core finding emphasizes that the principle of justice in KRIS is oriented toward ensuring equal access to inpatient services based on medical needs rather than financial capability. However, the realization of this principle is hindered by several challenges, including inadequate infrastructure, limited human resources, and fragmented legal frameworks.

Practically, these findings suggest that multi-stakeholder collaboration including central and local governments, healthcare providers, and the private sector is essential to overcoming the operational barriers of KRIS implementation. Policy innovation, sustainable funding, capacity-building, and public engagement must be prioritized to enhance the readiness of health facilities and ensure quality service delivery. Digitalization, particularly in claim processing and patient information systems, is a promising avenue to increase service efficiency and transparency. Theoretically, this study contributes to the discourse on health law and social policy by highlighting the importance of integrating legal principles with operational health service reforms. The alignment of legal instruments with the goals of universal health coverage remains crucial in legitimizing and reinforcing systemic change.

Nonetheless, the study is limited by the absence of empirical data on post-implementation outcomes, particularly regarding legal compliance and patient satisfaction. Future research is recommended to assess the legal protection of patients under KRIS, analyze dispute resolution mechanisms when service standards are unmet, and evaluate the impact of information system digitalization on health service equity and efficiency. These avenues are vital to ensuring that the KRIS policy truly enhances the quality and fairness of Indonesia's national health system.

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Ethical Approval and Originality Statement

Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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