

Opportunities, Challenges and Strategies in Implementing Indonesian Health Insurance Scheme: Case Study at a Hospital Class C

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Abstract

Research regarding the implementation of Indonesia Health Insurance patient services in hospitals has been conducted in previous studies. However case study research regarding challenges, opportunities and strategies for implementing Health Insurance services in class C hospitals has been overlooked. This research aims to determine the challenges, opportunities and strategies carried out by Hospital X, a class C hospital, in serving Health Insurance patients so that it succeeds in optimizing its financial performance. Payment using the package system rates imposed by BPJS is both challenge and opportunity for hospitals that serve Health Insurance patients because this system is different from the fee for services payment system that is usually applied in hospitals. This research used a qualitative approach by conducting interviews with 8 participants at Hospital X. The data was analysed using the theory of institutional logics and institutional work. This research found the role of actors in the process of institutionalizing the Health Insurance system at hospital X as a reference for others hospital actors in assuring quality and cost control policies that can improve hospital financial performance.

Keywords: health insurance, fee for services, institutional logics, institutional work

INTRODUCTION

The government provides health insurance for the community through the health insurance system by establishing the Social Security Administrator for Health [*Badan Penyelenggara Jaminan Sosial*] (BPJS) Kesehatan. To provide this health insurance, BPJS works with government hospitals and private hospitals. BPJS patients will occupy class 1, 2 and 3 inpatient rooms according to the type of premium attended by BPJS participants. Hospitals receive payments from BPJS based on Indonesian - Case Based Groups (INA-

CBG's) rates set by the government. The BPJS payment system accepted by hospitals is based on a package system (*prospective payment*). This system is different from the *fee for services* system which uses rates set by the hospital so that with a *prospective payment* system hospitals face quality pressures and cost pressures which make hospitals potentially suffer losses if they are inefficient in their services. The presence of BPJS with different systems in the hospital environment is the background for this research, which examines the problems faced by hospitals in the BPJS era. Hospitals that can achieve efficiency by implementing *clinical pathways* will be successful in controlling costs, such as research conducted on patients undergoing delivery via *sectio caesarea* (Vianti & Pujiyanto, 2022). Meanwhile, INA-CBG's rates have the potential to cause losses because some of the INA_CBG's rates are higher and some are lower than hospital rates.(Edya, 2017).

The pressure to provide quality services and at the same time have to save costs makes serving inpatient BPJS patients a challenge for hospitals. However, BPJS membership coverage is targeted to reach 98% of Indonesia's population and INA-CBG's rates for several diagnoses are higher than general patient rates, making it an opportunity for hospitals to improve their financial performance. There are challenges and opportunities in implementing the BPJS system, hence problem formulation in this study, the research questions are as follows: 1) What are the challenges in serving inpatient BPJS patients at Hospital X ? ,2) What opportunities can be explored in order to maximize BPJS patient services at Hospital X ?3,) What are the strategies that can be implemented in order to maximize services for inpatient BPJS patients and at the same time improve financial performance at Hospital X ?

This research aims to determine the challenges, opportunities and strategies for implementing BPJS patient services at Hospital X, in the condition of Ina-CBG's tariffs that have not increased since it was implemented in 2016, while the cost of hospital operations

continues to increase. Hospital X's success in implementing BPJS patient services will be beneficial for other hospitals in implementing BPJS patient service strategies that can optimize their financial performance. The strategy implemented by Hospital X in implementing BPJS services, namely through technical work carried out by the actors or participants in this research, can be a consideration for other hospitals in determining BPJS services strategies.

This research not only investigates services for BPJS patients with certain diagnoses as was done in previous research but also investigates all BPJS patient services carried out at Hospital X. The results of this research show that Hospital X succeeded in overcoming challenges, seizing opportunities and implementing appropriate strategies in the implementation of BPJS services resulting in financial performance that continues to grow, especially because of the role of actors in the process of institutionalization and technical work.

The technical work carried out by actors at Hospital X through the formation of the BPJS services team, the establishment of *clinical pathways*, the establishment of BPJS services guidelines and the digitization of services, it has proven successful in carrying out quality control and cost control, thereby successfully improving the financial performance of Hospital X.

THEORITICAL REVIEW

Institutional Logics Theory

The phenomenon of payment system changes experienced by hospitals collaborating with BPJS Health is an institutionalization process which in this research is analysed using *Institutional Theory*, which consists of *Institutional Logics* theory and *Institutional Work*

theory. *Institutional Logics* is one of the dimensions in *Institutional Theory* which is used to explain phenomena that occur in an organization (Zilber, 2013). According to Berg Johansen and Waldorff (2015) defines *Institutional Logics* as a set of *material practices* and *symbolic constructions* that serve as guidelines for institutions or individuals. The differences between the BPJS system and the hospital system are explained using the *Institutional Logics* theory, which is used to explain that each institution has different rules, culture, supporters and actors. *Institutional Logics* theory has been widely used in previous research to explain phenomena occurring in the implementation of new systems in an organization (Alsharari, 2022; Apelina & Nugraheni, 2022; Nugraheni et al., 2022).

Institutional Work Theory

Institutional Work is a dimension of Institutional Theory in the form of actions that seek to influence the institutionalization process. Lawrence and Suddaby (2006) states that *Institutional Work* is all actions carried out by individuals or organizations that have the aim of forming, maintaining and disrupting organizations. The actions of actors in implementing BPJS services in hospitals are explained by the theory of Institutional Work, namely explaining the role of actors in implementing BPJS through political work, technical work and cultural work (Perkmann & Spicer, 2008). Institutional Theory in this research is used to explain the process of implementing BPJS patient services in Hospital X, namely the institutionalization process due to collaboration with BPJS. Institutional Work theory explains the role of actors in institutionalization through the process of how actors play in hospitals so that the implementation of BPJS policies runs well and can optimize hospital performance, namely regarding policies, procedures, advocacy, technical training, changes in staff and organizational culture. Research in the field of accounting has widely used *Institutional Theory*

for institutionalization processes such as in research (Covaleski et al., 1993) which researches the institutionalization process in implementing *case-mix accounting systems in health organizations* and research (Nugraheni et al., 2022) which investigates the role of actors in implementing fair value standards in Indonesia as a developing country. Institutional Work theory plays a very important role in explaining the role of actors in building BPJS service governance, such as research conducted by (Chiwamit et al., 2014) which investigated the role of actors in creating, maintaining and disrupting organizations by using Institutional Work to find the role of actors in building organizational governance. Institutional Logics theory and Institutional Work theory have also been used to analyse the role of Enterprise Resource Planning (ERP) systems in supporting the management decision making process (Apelina & Nugraheni, 2022).

METHODS

Research Design

This research is a research with a qualitative design that uses the case study method to obtain an overview and analysis regarding the challenges, opportunities and strategies for implementing the JKN program at the Class C Private Hospital X in Pati Regency. Qualitative research prioritizes an inductive mind-set, and has the aim of producing data-based theory just like quantitative research. *Institutional Logics* theory and *Institutional Work* theory are used in this research to explain how the presence of BPJS with a package payment system that is different from the hospital system, puts pressure so that an institutionalization process occurs which involves the role of actors in facing challenges, capturing opportunities and implementing strategies to optimize financial performance of hospitals in the BPJS era.

Data Source

Data collection techniques are used to obtain accurate data. Primary data was obtained through ethnographic interviews using semi-structured techniques with each participant personally. Ethnographic interview techniques are defined by Spradley in (Garrido, 2017) as an interview method where participants have the freedom to explain what they know regarding the topic raised. Interviews were conducted openly with explanations to participants regarding the aims and objectives of conducting interviews. Results are recorded through written notes, sounds and photos. The same questions were asked to the participants in the interview, namely regarding the challenges, opportunities and strategies for BPJS services in accordance with the duties and roles of each participant in serving BPJS patients. Apart from that, primary data was also obtained through observation to collect information related to operational and regulatory challenges, opportunities and proposed strategies related to BPJS patient services. Observation includes recording events, behaviour, objects and other supporting things that are systematically observed. The observation process is divided into several stages: The first stage begins with thorough observations regarding the topic raised. In the second stage, the researcher carried out focused observations on special, prominent topics originating from the results of interviews and first observations. One of the emphases given is to observe the relationship between various conditions and hospital performance outcomes.

Research Sample and Participant Description

Participants in this research are part of the population to be studied. Participants in this research are stakeholders who have an important role in JKN services at C Class Private Hospital X in Pati during October-December 2022. The participants in this research are not statistical participants, but are theoretical samples, because at the end they will produce their own theory (Sugiyono, 2017).

In this research the researcher used a purposive sampling technique. This technique was used to obtain participants who have an important role in BPJS services at Hospital X. Selected participants or resource persons include Director, Specialist Doctor, Head of Quality Control and Cost Control Team, Head of Medical Records Division, Inpatient Manager, Finance Manager, BPJS Coder and Medical Support Manager.

Table 1. List of Participants

No	Interview Date	Position	Interviewee	Duties and Responsibilities at Hospital
1	12/8/2022	Hospital Director	Interviewee 1	Hospital X operational manager
2	12/18/2022	Medical specialist	Interviewee 2	The doctor in charge of the patient
3	12/15/2022	Finance Manager	Interview 3	Manage finances
4	12/15/2022	Head of Quality Control and Cost Control Team	Interviewee 4	Patient care coordinator
5	12/20/2022	Head of Medical Records Division	Interviewee 5	Manage patient medical records
6	12/20/2022	Inpatient Manager	Interviewee 6	Controlling costs and quality of inpatient care
7	12/19/2022	BPJS Coder	Interviewee 7	Determine BPJS tariff coding
8	12/15/2022	Medical Support Manager	Interviewee 8	Manage drug and medical support needs

Source: processed data

The roles of the participants in the implementation of BPJS services at Hospital X are

1. Director of Hospital X who plays a role in implementing BPJS health in hospital, starting with the decision to collaborate with BPJS which can be explained by the theory of Institutional Logics, then continuing with carry out actions in accordance with the theory of Institutional Work, namely creating and maintaining institutions through political work,

technical work and cultural work; 2. Specialist doctors play a role in treating inpatients. The implementation of BPJS in hospitals causes specialist doctors to have to change the management of patient treatment, namely patient care must take into account the BPJS payment claim ceiling. Specialist doctors play an important role in quality control and cost control; 3. The Finance Manager's role is to prepare claims bills correctly and on time so that BPJS payments can be received by the hospital in a timely manner so that the hospital's cash flow is not disrupted; 4. The Head of the Quality Control and Cost Control Team acts as a coordinator of the actors to realize the implementation of quality control and cost control; 5. The Head of the Medical Records Division plays a role in providing medical record data required for submitting claims; 6. The Inpatient Manager's role is to carry out quality control of services as well as control costs incurred in the inpatient unit; 7. BPJS coders play a role in determining appropriate INA-CBG rates for submitting claims so that under-coding or over-coding does not occur; 8. The Medical Support Manager's role is to provide national medicines and the medical support needs of BPJS patients by prioritizing quality control and cost control.

Data Analysis Methods

The data analysis method is carried out using primary data and secondary data to find patterns and descriptions regarding challenges, opportunities, as well as conclusions about strategies that can be implemented. Primary data was obtained from interviews with participants in the form of information related to each participant's experience in implementing BPJS services in Hospital X. The information obtained from each participant will of course differ according to their role, field of work and the events they face. Primary data that can be extracted from interviews with directors will provide clarity on how the institutionalization process occurred during the presence of BPJS in the hospital industry environment and

continued with the implementation of BPJS services in Hospital X which required the director's role as the main actor in creating and maintaining the organization. From the director and other participants, complete primary data will be obtained that can answer research questions about opportunities, challenges and strategies for implementing BPJS services that optimize hospital financial performance.

Technical work actions carried out collaboratively produce clinical pathways, BPJS claim ceiling data and SOP that are needed in the implementation of BPJS services. Bogdan and Biklen in (Moloeng, 2017) explains that qualitative data analysis is carried out by organizing data, sorting it into manageable parts, combining it, looking for patterns, finding what is important and what is learned, and determining what to tell other people. The steps in this qualitative research are: 1. Conduct interviews with resource persons; 2. Transcribe interview results in the form of recorded interviews into written data; 3. Carry out coding using NVivo qualitative data software through the process of ensuring the completeness of the transcription and coding process; 4. The coding results are analysed and reported in the research report using theory that is in line with the data pattern obtained; 5. After the primary data was collected, the researcher then collected secondary data available in the SIM-RS software. The secondary data required includes, financial performance data, targets and KPIs for each participant. Then data analysis was carried out on triangulated data, namely primary data and secondary data. Secondary data is used to see trends in financial performance and cost management of the BPJS system at Hospital X; 6. Summarizing the results of the analysis of primary data and secondary data becomes the conclusion of this research, namely the results that provide answers to questions regarding what challenges, opportunities and BPJS service strategies have succeeded in optimizing the financial performance of Hospital X.

NVivo 12 Plus

Name	Files	References	Created On	Created By	Modified On	Modified By
cashflow		4	27/04/2023 20:34	HM	07/05/2023 09:22	HM
clinical pathway		6	27/04/2023 20:36	HM	08/05/2023 12:44	HM
efisiensi		11	27/04/2023 20:35	HM	08/05/2023 12:44	HM
INA-CBG's		3	6 07/05/2023 07:50	HM	18/05/2023 12:58	HM
kendali mutu dan kendali biaya		7	20 27/04/2023 20:34	HM	08/05/2023 12:44	HM
klaim		7	30 27/04/2023 20:35	HM	08/05/2023 12:55	HM
koding		2	9 27/04/2023 20:37	HM	07/05/2023 10:44	HM
pelayanan		8	73 27/04/2023 20:35	HM	08/05/2023 12:55	HM
plafon		1	7 08/05/2023 18:23	HM	08/05/2023 18:26	HM
prospective payment		2	4 27/04/2023 20:33	HM	08/05/2023 12:12	HM
rekam medik		2	19 27/04/2023 20:35	HM	07/05/2023 10:44	HM
sistem		6	45 27/04/2023 20:36	HM	08/05/2023 12:46	HM
sosialisasi		6	10 27/04/2023 20:36	HM	08/05/2023 12:44	HM
strategi		8	30 27/04/2023 20:36	HM	08/05/2023 12:55	HM
upcoding		2	2 27/04/2023 20:37	HM	08/05/2023 12:44	HM

Source: Primary data processor

Figure 1. NVIVO Data Analysis

RESULTS AND DISCUSSION

Hospital X is a class C private hospital with less than 200 beds. Hospital X has Inpatient Services, Outpatient Services, Emergency Room, Surgical Installation, ICU, ICCU, NICU, PICU, Pharmacy Installation, Laboratory, Radiology, Nutrition and Medical Rehabilitation. Hospital X serves general patients, Company’s Patients and General Insurance Patients, with a *fee for services* payment system using rates determined by Hospital X.

Hospital X began collaborating with BPJS Health since BPJS Health started operating on January 1, 2014. Hospital X accepts BPJS payments with a package payment system (prospective payment) as well as INA-CBG’s rates. The presence of BPJS with a different system puts pressure on hospitals so that implementing BPJS services in hospitals is a challenge for hospitals because of demands for quality control and cost control. The government continues to strive to increase the number of BPJS participants so that the number of BPJS patients continues to increase. The large number of patients and the large number of services that BPJS can guarantee is an opportunity for hospitals, so hospitals need to

implement BPJS service strategies that can optimize their financial performance through quality control and cost control.

The BPJS system which is different from the hospital system is not only a payment system with a package system and INA-CBG's rates but also a very different claim submission system, namely starting with the conditions for accepting patients covered by BPJS, patient diagnosis is guided by ICD-10 and action codes based on ICD-9, requirements for submitting claims that refer to internal verifiers and BPJS verifiers, as well as differences in payment terms that conform to BPJS policies. Hospitals must adapt to system changes set by BPJS so that the role of actors in hospitals greatly influences the success of BPJS implementation which improves hospital performance.

Institutional Logics theory is used to explain how the BPJS system which is different from the system already owned by Hospital X.

The Role of Actors in Implementing BPJS

The hospital director plays an important role in implementing BPJS services at Hospital X. The presence of BPJS with the new system puts pressure on hospital organizations. This phenomenon is explained by *Institutional Theory* where *Institutional Logics* will shape the rational behaviour of individuals in an organization. In situations of pressure, individuals in an organization act as actors in forming and changing Institutional Logics (Thornton & Ocasio, 2008). The step taken by the Hospital X director is to socialize the BPJS service program which must be implemented at Hospital X, especially to specialist doctors who are important actors in quality control and cost control and have an interest in revenue sharing of income from BPJS patients. The director carried out *political work* actions with hospital

stakeholders by carrying out advocacy, campaigns and implementing BPJS service rules. In his capacity as a decision maker, the director stated that there are different systems between BPJS and the hospital system which must be socialized to stakeholders in the Hospital X

*"Yes, since starting to collaborate with BPJS Health, of course *eee* changes in prospective payments in health services have occurred *eee* a massive change in Indonesia, including in hospitals X where previously the payment system used fee for services. On average, at that time we had collaborated with Askes, then transformed into BPJS Health. Then this payment system changed to prospective payment where *eee* payments for these claims were *eee* included in grouping tariffs called INA-CBG's ". (Participant 1- Director).*

System changes are a challenge for hospitals that implement BPJS services, especially the package payment system which requires hospitals to carry out quality control and cost control as well as ensuring that disputes and fraud do not occur in submitting claims.

*"Yes, one of the challenges with the prospective payment system is that first we have to carry out quality control and cost control where the hospital needs to *eee* ensure that these operational costs and also services or medical services can be in accordance with the rates that are set *eee* through INA_CBG's and also the next challenges need to make lean management efforts so that operational costs can be reduced and of course we improve customer experience, namely by carrying out digital transformation. Then also the next challenge in this BPJS era is to maintain cash flow so that cash flow from this hospital remains smooth, especially during years when there are delays in payments from BPJS Health. Then fourthly *eee* we from this hospital need to improve the quality of the claims we submit where the hospital needs to really pay attention to the *eee* limits of claims where through *eee* the INA-CBG's concept we need to adjust at that time namely using various diagnostic coding using ICD-9 and ICD -10 where there are various *eee* coding conditions that can be given so that the aim is to reduce pending claims or *eee* claims that are not suitable to be submitted so everything is to reduce pending claims or claims that are not suitable to be submitted." (Participant 1- Director)*

Changes in staff culture occur in the implementation of a new system which is different from the old system which has become a culture and this becomes a challenge in implementing a new system such as the system owned by BPJS.

*"Yes, of course there have been changes in this area of culture, especially in service, because previously there was a fee for services concept where in the past the provider or guarantor of the patient would pay for whatever was given or the action performed on the patient would be paid *eee* for every action that was carried out whereas with the prospective payment method they *eee* no longer take into account whatever actions are taken, they will only pay according to the package so that the culture in this service changes completely where the hospital needs to organize together with *eee* fellow specialist doctors through a medical committee and also nurses or other professionals providing references in the form of clinical practice guidelines which are handed down in the form of clinical pathways. It is through this clinical pathway that hospitals determine therapy plans or action plans for patients so that operational costs and actions on these patients can meet quality control and cost control. in the hospital". (Participant 1- Director)*

Political Work

Implementing BPJS as a new system requires hard work from BPJS service stakeholders as actors who play a role in implementing BPJS services in hospitals, including by conducting outreach, holding regular discussions regarding obstacles to BPJS implementation and discussing new BPJS regulations. Political actions are carried out by actors in accordance with the scope of their respective duties with the aim of assisting work unit members in implementing BPJS. The first political action was carried out by the hospital director who responded to the presence of BPJS with the decision to collaborate with BPJS because he saw an opportunity, then developed a BPJS service governance model by socializing the BPJS service program, creating rules and guidelines for BPJS services.

The director needs to get support from all BPJS service actors so that the implementation of BPJS services runs well, especially support from specialist doctors who have an interest in the distribution of INA-CBG's rates. There were concerns that INA-CBG's tariffs would be detrimental, so the first thing the director did was to socialize BPJS services as well as establish service guidelines that could support quality control and cost control.

*"So I think this concern certainly occurs in almost all hospitals and is experienced by fellow doctors, especially specialist doctors who carry out surgical procedures holding a knife, be it general ENT surgery or others such as obgyn and others. So what we are doing is *eee* conducting outreach about what this JKN program is like managed by BPJS. We are saying that the JKN program is universally appreciated where in the future all Indonesian people will have this JKN program so we are saying that *eee* If we don't start from the beginning then of course this will be detrimental to us and we will also not be ready to face the future where the average number of patients *eee* will be dominated by JKN participants which has been proven in the year two thousand and twenty two to be *eee* 70 % of these patients are participants from JKN Nah. What we do is by carrying out a division method or rate breakdown using a conversion system where the system for sharing medical services and also dividing *eee* part of the sharing from this hospital is done individually. Proportionally so that if this profit or loss will be *eee* felt together and of course, but we also protect these specialist doctors who directly deal with patients with various other policies if it turns out *eee* the amount of the BPJS ceiling is from INA-CBG's rates insufficient for service costs" (Participant 1-Director).*

Cultural Work

Changes in individual work patterns in the BPJS era change the mind-set of individuals in Hospital X so that this change in mind-set indirectly changes the organizational culture. Before the existence of BPJS, individuals in Hospital X were accustomed to *fee-for-services* services, by collaborating with BPJS they had to change their way of working to prioritize cost control and quality control. Hospital X are required to provide BPJS patient services that are as good as general patient services. Heavier work demands in BPJS patient services are experienced by all service units. Cultural work is carried out by actors to help organizational members change work patterns and mind-sets so that a BPJS service culture is formed at Hospital X.

Cultivating a culture of cost control and cost control is mainly carried out by specialist doctors who are directly involved in patient treatment because excessive treatment methods will use up the BPJS ceiling and will cause losses for Hospital X. The culture of limiting medical support costs and prescribing drugs with cheaper fornas drugs consistently must be

implemented so as not to use up the cost ceiling provided by BPJS so that hospitals can still get a surplus of BPJS claim funds.

"We have to really pay attention, because we have a ceiling, we have to be very clever e... manage it. And usually the doctor will be reminded by... for example, in the inpatient room, he can see how much of the ceiling is left. That's where we have to be very clever, e.. to arrange the ceiling. Secondly, there is no need for medical support which is not really necessary. Well, we actually still benefit from the existence of Fornas. So these Fornas medicines are very helpful because they are complete and cheap, right? "Then we can still arrange the days of hospitalization according to each patient's condition." (Participant 2 - Specialist Doctor)

Apart from limiting the use of medical supporting examinations, prescribing economical fornas drugs, specialist doctors also try to limit inpatient days while still paying attention to the quality of service. These quality control and cost control actions are continuously carried out as cultural work actions carried out by the actors

Technical Work

The technical actions (technical work) carried out by actors in implementing a new system is the concept of Institutional Work which is part of Institutional Theory. In the concept of Institutional Work theory, technical actions carried out by actors can influence the organization (Apelina & Nugraheni, 2022). In Institutional Work theory, technical actions carried out by actors in influencing organizations are referred to as technical work. The actors carry out their respective roles according to their scope of work in BPJS patient services, each carrying out technical work according to their scope of work in an effort to ensure that quality control and cost control targets can be achieved. Quality control and cost control targets must be shared by all actors, but the role of specialist doctors as actors in providing nursing care determines the achievement of quality control and cost control targets. The technical work carried out by compiling work guidelines has proven to help achieve targets.

"Specialist doctors' efforts to carry out quality control and cost control are by developing clinical pathways. If there is a ceiling, we have to be very clever at setting it, usually the doctor will be reminded by, in, for example, in the inpatient room, we can see how much ceiling is left, how much is left, we have to be very clever at setting the ceiling, secondly by having adequate medical support. it's not really necessary it doesn't need to be done."(Participant 2-specialist doctor).

Clinical pathways as a technical guide created jointly by specialist doctors, the collegium of specialist doctors, and the hospital medical committee and approved by the hospital director, used to improve service efficiency without reducing service quality. *Clinical pathways* must be supported by the *technical work* of the actors, including creating applications for printing Participant Eligibility Letters (SEP), BPJS ceiling monitoring software and BPJS E-claims. The digitalization program for BPJS patient services as well as other technical measures in the form of bridging the BPJS application with SIM-RS have accelerated working time thereby increasing the quality of BPJS patient services at hospital, the obligation to implement SIM-RS is regulated in Minister of Health Regulation Number 82 of 2013.(Suryantoko et al., 2020).

The Director formed a Quality Control and Cost Control team to ensure that BPJS service governance can run well. The Head of the Quality Control and Cost Control Team or SJSN Control Team acts as a coordinator of the actors to realize the implementation of quality control and cost control. This role includes, among other things, ensuring hospital compliance with BPJS regulations and this compliance must be implemented by the actors together. Compliance with BPJS regulations is to prevent fraud or fraud committed by hospitals in making claims, namely the occurrence of up coding.

*"The challenge for us is that in the SJSN control team, what is needed is collaboration, so first of all we have to carry out active outreach to all service providers in the hospital. So, what we implemented in the hospital from the start when partners joined this hospital, we must have been equipped with information about what BPJS Health is, how they serve BPJS Health, including the procedures they must follow and master in each service unit. So all lines from the front line to the back line must all understand the BPJS procedures. Then we also involve BPJP to find out what the BPJS procedures are and invite them to participate in carrying out quality control and also cost control. Then also involve relevant managers to coordinate related services at BPJS health, including involving BPJS health coders so that they can make claims correctly. So it's not up coding and it's also not *eee* under coding, that's right, another challenge is that we have to be efficient, so ensuring that what we give to these patients in my division also includes ensuring that what we give is efficient to control costs without reduce quality. For example, carrying out a medical utility audit to see whether this unit really uses equipment or BAHP that is efficient and certainly meets the needs of the patient providing input about goods or BAHP at prices that can be substituted without reducing the quality of the product itself "(Participant 4 - The Head of the Quality Control and Cost Control Team).*

The difference in payment systems between non-BPJS patients and BPJS patients requires changes to the accounting system which are necessary for the interests of several parties in the hospital, namely the interests of preparing hospital financial reports, the interests of calculating doctor's services and services for all hospital employees. So the hospital management carried out technical work which resulted in a recording system that was adjusted according to the characteristics of BPJS services.

*"So what we do is by implementing a method of dividing or breaking down rates using a conversion system where the system for sharing medical services and also dividing *eee* the share of sharing from this hospital is carried out proportionally so that if the profit or loss is *eee* it will be felt together." "Same and of course, but we also protect these specialist doctors who directly deal with patients with various other policies if it turns out that *eee* the amount of the BPJS ceiling from INA-CBG's rates is not sufficient for service costs "(Participant 1-Director).*

BPJS payments to hospitals have the potential to experience delays which could disrupt hospital cash flow. BPJS payments will be made if the claim submitted complies with BPJS procedures. The hospital finance department carries out the necessary technical work so that

BPJS payments do not experience obstacles due to delays in claims, errors in claim documents and other procedural errors.

"After we collaborated with BPJS, we carried out e... configuration or the system was combined, we have carried out bridging. Previously, the system was manual, but now it has been bridged, so in what way is it called, the system has accommodated how we can make claims quickly for verification so quickly, So BPJS doesn't have any problems when carrying out verification, you don't need to carry files here and there, so you have a system that is already bridging with us. If at any time then whether the presence or whether this code is correct or not. Besides that, the code also plays an important role, so how can the code coordinate according to the code or not to avoid fraud" (Participant 3 - Finance Manager).

BPJS will only pay claims from hospitals if the claim bill complies with BPJS provisions. The actor who plays an important role in preparing hospital claims is Koder. The coder's task is to prepare claims based on INA-CBG'S rates with ICD-9 and ICD-10 guidelines. To make this work easier, the coder will create a technical guide using SIM-RS software tools. Apart from that, with the increasing number of BPJS patients, time efficiency is needed to avoid delays in claims.

"Yes, the strategy is because the number of patients increases every year and we continue to try as much as possible to make time efficient and work efficiently, where in this case, we created an application called KSH e-claim. The KSH e-claim aims to minimize time, so processing claims can be faster compared to using a manual application provided by the Ministry of Health where the input is too much, for example card number, SEP number, date of entry, date of discharged. We input the illness manually, but with this KSH e-claim application, are these factors automatically entered because the sep is already stored in the hospital database? Billing data is also stored in the hospital, just connect it so we don't need to input it, we just focus on coding and action so we can save time, initially one input can take up to ten minutes with the application, just two or three minutes is enough to finish " (Participant 7 – BPJS Coder).

In accordance with the laws governing hospitals, hospitals must have a Medical Records Unit. In the BPJS era, the role of the Medical Records Unit is increasingly needed, especially for hospitals in recording BPJS patient data. The speed and accuracy of billing BPJS claims really requires the role of the Medical Records Unit. The technical work of the Medical Records Unit in implementing BPJS is to prepare patient data using e-Medical Record tools

which are useful for preparing patient data more precisely and faster. Changes in BPJS claims regulations require the Medical Records Unit to continue to learn new things and develop techniques so that hospitals can obtain maximum claim potential through the work of the Medical Records Unit.

"Currently, our challenge for medical records is that we have to complete the patient's medical record and it must be completely complete. We also continue to update the capabilities of one of our job desk tasks in the medical records unit, which is coding. We do this coding for all patients, both disease coding and action coding. So, specifically for BPJS patients, you really have to learn in more detail about the guarantees provided by BPJS to hospitals. We have to update the knowledge from medical records regarding coding that can produce high ceilings. So, later we will coordinate with the relevant units that the results of our findings are the coding, and then we will adjust it in the inpatient setting according to what the action is, then what is the BHP, what is the medical equipment like, that's from the knowledge updates that we got from the ceiling that we got through coding earlier"(Participant 5 – Head of Medical Records Division).

Cost control and quality control are also carried out by the Hospital's Medical Support Unit. The main Medical Support Units in hospitals include the Pharmacy Unit, Radiology Unit, Nutrition Unit and Laboratory Unit. Technical work is also carried out by the Medical Support Unit in carrying out quality control and cost control tasks because this unit manages most of the costs required by the hospital for patient care.

"Yes, the strategy we are taking is teamwork of course because we e... in the medical support unit, this is a support unit that supports services, the main actor is the DPJP so e... we coordinate through the control team so that the DPJP has to carry out Providing care to patients based on clinical pathways must not be under treated or over treated, that is what we emphasize, but we also control how the BPJS ceiling does not exceed, so we also provide a ceiling monitoring system in each inpatient unit, which is what we do, then the strategy in the supporting unit itself is BHP efficiency because in this supporting unit e.. it is very strong with both BHP medicines and medical equipment, then BHP reagents, laboratory examinations, BHP film e.. BHP radiology for services in the nutrition unit which is indeed e... These significant ups and downs are what we control for efficiency” (Participant 8 – Medical Support Manager).

Cost control is mainly carried out by shortening patient hospitalization days. The role of the Inpatient Manager who plays a role in providing nursing care is carried out by carrying out technical work in collaboration with the DPJP.

"But we are indeed having problems regarding the costs e... because the costs are already e... the ceiling has already been used up for those costs. So we are e.. coordinating with the team and with the DPJP whether these patients e.. need to be referred to perhaps a sub-specialist for further treatment. E.. or maybe the patient can be planned to go home later e.. for example by educating the patient, for example with stroke care, right? It's not e... it's impossible for a stroke to recover until the hospital, so we need education for treatment at home, there is homecare from the hospital or maybe homecare from a nurse or health worker closest to the house, so that it is to reduce e.. the increasing costs of care."
(Participant 6 – Inpatient Manager).

This research shows that the implementation of BPJS services with a new different system requires the role of actors as was done by the actors in research on the Implementation of Fair Value Accounting in Indonesia (The localized accounting environment in the implementation of fair value accounting in Indonesia) (Nugraheni et al., 2022).

Financial Performance

The financial perspective is used to measure the financial performance Hospital X, produced by management through efforts to improve non-financial performance, namely the performance of the Growth and Learning Perspective (competent human resources), the Internal Business Process Perspective (service innovation) and the Customer Perspective (customer satisfaction). Hospital X financial performance results are determined by the implementation of the clinical pathway carefully so that quality control and cost control occur.

The results of interviews with the Hospital Director (Participant 1) and with specialist doctors (Participant 2) stated that the strategy implemented by creating a clinical pathway and

implementing it carefully was a cost control strategy in facing the challenges of the package system at INA-CBG's rates. This is in line with the Institutional Work theory used in this research, namely that actors carry out technical work by creating clinical pathways, and actors carry out cultural work by cultivating the implementation of clinical pathways carefully so as to create service efficiency. Implementing a clinical pathway will reduce inpatient days thereby reducing the real costs of patient care. This result is in line with previous research conducted by Vianti and Pujiyanto (2022).

Table 2. Financial Performance of Hospital

Year	Number of BPJS Patients	BPJS Inpatient Turnover	Profits from BPJS Patients
2014	3,754	14,657,716,590	1,716,695,658
2015	4,960	19,043,723,638	3,472,855,092
2016	6,832	26,325,939,359	6,259,880,039
2017	9,709	41,376,371,739	6,476,311,051
2018	13,805	62,960,930,453	11.296.154.141
2019	12,843	56,233,686,091	8,897,987,937
2020	11,073	47,243,043,678	6,326,538,465
2021	9,483	45,561,057,382	7,576,314,774

Source: Hospital X Financial Data

Competent human resources with good service standards produce patient satisfaction and in turn will produce good financial performance. The results of research at the Hospital X show that the Hospital X has sufficient human resources, competent human resources (learning and growth perspective), provides services with high standards (internal business process perspective) resulting in patient satisfaction (customer perspective), which in turn produces good financial performance. as shown in table 2.

Since collaborating with BPJS in 2014, the number of BPJS patients has continued to increase so that income from BPJS patients has also increased. The Hospital X has successfully

implemented quality control and cost control strategies so that profits from BPJS patients also continue to increase. However, during the Covid-19 pandemic there was a decline in the number of BPJS patients which did not reflect the actual performance of the hospital. Data from the E-Claim application belonging to the Data Center of the Ministry of Health of the Republic of Indonesia shows that the financial performance of Hospitals X is measured by the number of individual patient claims from 26 October 2016 until now, Hospital X is in the position of having the second largest number of claims for class C hospitals in Indonesia.

CONCLUSION AND IMPLICATION

Since the government established BPJS Health as the organizer of the National Health Insurance program, the hospital business environment has changed. BPJS health as health insurance with membership of almost one hundred percent of the Indonesian population makes hospitals choose to collaborate with BPJS even though they face challenges, namely having to run a BPJS system which is very different from the system run by hospitals for non-BPJS patient services.

The main challenge in implementing BPJS services is that hospitals must accept payments from BPJS using a package system with INA-CBG rates which are different from the fee for services payment system used for non-BPJS patients. Package system payments are a challenge for hospitals because hospitals are required to exercise cost control. Apart from having to carry out efficiency, hospitals are also required to provide services according to the standards set by BPJS, so hospitals must also carry out quality control. Implementing BPJS services with a system that is different from the system run by hospitals is a challenge for hospital service units because they have to implement a new system. There has been a change

in business processes in Hospitals X where BPJS service units in hospitals have to face the challenge of implementing the BPJS culture, and carrying out work methods according to established BPJS service guidelines, namely the main thing is to carry out *clinical pathways* carefully.

The process of institutionalizing the BPJS system in Hospitals X is explained using the Institutional Logics theory, while the efforts of individual and collective actors in making the implementation of BPJS health in hospitals successful are explained using the *Institutional Work* theory.

Understanding the implementation of BPJS health services in Hospital X is carried out using the theory of Institutional Logics and Institutional Work, namely to carry out investigations regarding the challenges faced, opportunities that have been successfully utilized and strategies implemented by the Hospital X. The difference between the system embedded in BPJS as a new institution and the system that is already embedded and entrenched in Hospital X, namely in the form of Symbolic Carrier and Material Carrier (Institutional Logics), causes an institutionalization process where Hospital X adopt the BPJS system into their services. This research shows that the institutional work carried out by actors in BPJS services in hospitals (political work, technical work and cultural work) has succeeded in successful implementation of BPJS services, resulting in good financial performance.

The large number of BPJS patients is an encouragement for Hospital X to collaborate with BPJS Health. The main opportunity from collaboration with BPJS health that is captured by Hospital X is increasing the number of services guaranteed by BPJS which can improve the hospital's financial performance.

Actors individually and collectively carry out institutional work to face challenges and capture opportunities by implementing quality control and cost control strategies. Hospital X efforts carried out by actors in increasing the value of claims without fraud and implementing *clinical pathways* carefully are strategies implemented to improve hospital financial performance.

The performance results achieved by the Hospital X in quality control are shown by the results of the customer satisfaction survey conducted by BPJS itself where the parameters of the Hospital X customer satisfaction survey results exceed the standards set by BPJS.

Hospital X have also succeeded in capturing the opportunity for the very large number of BPJS patients and the number of services covered by BPJS, as a result the number of services at hospitals continues to increase and the number of hospital patients continues to increase.

Since collaborating with BPJS the number of services at Hospital X has continued to increase, as the number of services increases the number of patients has also increased. However, the number of patients also decreased during the Covid-19 pandemic and this was also experienced by other hospitals as a global phenomenon. The Hospital X has also succeeded in controlling costs. The results of this cost control can be seen from financial data which shows that BPJS patient services at the hospital have contributed to hospital profits.

Benefits of the Research

It is hoped that the results of this research will provide benefits to other hospitals namely, an understanding of quality control and cost control that can be carried out by

hospitals collaborating with BPJS so that the implementation of BPJS Health services in hospitals can improve hospital financial performance. Understanding the challenges, opportunities and strategies in implementing BPJS services in Hospital X are the practical implications generated in this research. The role of individual actors in carrying out quality control and cost control for BPJS service units in Hospital X can be used as a research object for future researchers. The results of this research show that BPJS services in Hospital X are carried out by specialist doctors with various specialties, with business processes that utilize SIM-RS and involve various Service Units so that this research has various dimensions that can become research objects as practical implications of this research.

Research Limitations

This research examines the challenges, opportunities and strategies in implementing BPJS health services in Hospital X with secondary data coming from financial reports and other records held by Hospital X as well as primary data in the form of interviews with participants, namely the actors who play a role in BPJS services in hospital. Researchers are trying to dig up data as completely as possible from the participants and from secondary data, so that they can use the data as analysis material, however, this research has not yet explored primary data which comes from interviews with BPJS Health and the Health Service who are also stakeholders who play a role in success of the JKN program. BPJS Health and the Health Service are parties with an interest in health services provided by hospitals so the absence of primary data in the form of interviews with external stakeholders is a limitation of this research.

Suggestions

Maximizing the nominal claim without fraud is the task of the coder in presenting claim documents so that the hospital can maximize income from BPJS services. Apart from that, avoiding under coding by coders is also very important so as not to lose potential income. In the researchers' observations, the problem of under coding is still not being managed optimally so it is recommended that hospital practitioners pay more attention so that under coding does not occur. Further researchers are advised to conduct interviews with important stakeholders from external hospitals, including BPJS Health and the Health Service in order to obtain a more comprehensive picture of the implementation of BPJS services so that it is useful for theory development.

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