



## Monitoring, Evaluation, and Analysis of BPJS Referral Implementation at Primary Healthcare Facilities: Literature Review

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### ABSTRACT

The Social Security Administering Body (BPJS) is a social institution in Indonesia that organizes social security programs. The National Health Insurance Program (JKN) aims to improve community welfare through a capitation financing system at First Level Health Facilities (FKTP). The high number of referrals suggests that the referral system at Puskesmas has not been properly implemented, highlighting the need for monitoring and evaluation. This study aims to assess the implementation of BPJS referrals at FKTP. A literature review was conducted using Google Scholar to find relevant articles published from 2020 to 2024, resulting in the collection of seven journals. Findings indicate that while monitoring and evaluation of BPJS referrals are ongoing, implementation is not optimal and faces challenges.

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## **INTRODUCTION**

The Social Security Agency (BPJS) is a social organization established to manage social security programs in Indonesia. BPJS is a non-profit public legal entity owned by the state and is accountable to the President. Social security is a form of social protection designed to ensure that all citizens can meet their basic needs for a decent life. The National Social Security System (SJSN) is the procedure for managing social security programs by BPJS Health and BPJS Employment (Kemenkes RI, 2016).

The National Health Insurance (JKN) developed in Indonesia is part of the SJSN, which operates using a mandatory health insurance mechanism based on Law No. 40 of 2004 on SJSN. Its purpose is to meet the basic health needs of the population, provided to everyone who has paid contributions or whose contributions are paid by the government (Kemenkes RI, 2016). The National Health Insurance (JKN) program is designed to improve community welfare through a capitation financing system implemented at Primary Healthcare Facilities (FKTP). The JKN program began on January 1, 2014. This capitation financing system is expected to reduce the risk of bearing health costs and address gaps in accessing healthcare services. Despite helping to equalize health service delivery, there are still significant issues in implementing JKN with the capitation system, such as incomplete population coverage, uneven availability of health facilities, variable quality of health services, human resources in health, capitation fund management, monitoring, suboptimal referral systems, and varying geographical conditions, which potentially widen health disparities among community groups (Ispandiyah & Endartiwi, 2023).

According to the Minister of Health Regulation No. 71 of 2013 on Health Services in National Health Insurance, Article 2 explains that health service providers include all health facilities cooperating with BPJS Health, consisting of primary healthcare facilities and advanced referral health facilities (Lelono & Rahmadanita, 2023). The JKN capitation fund is a cash payment made monthly by BPJS to community health centers or private FKTP as a welfare cooperative for JKN participants. The reason for FKTP Puskesmas lacking a Regional Public Service Agency (BLUD) in using the JKN capitation funds is due to the Minister of Health Regulation No. 21 of 2016 (Desmita et al., 2022).

The facts indicate that Puskesmas have not effectively fulfilled their role as gatekeepers, especially regarding non-specialist services. In other words, there are still disease diagnoses that should be resolved at FKTP but are referred to Advanced Referral Health Facilities (FKRTL). The high rate of non-specialist referrals is caused by limited availability of medicines, insufficient number of doctors, and many patients requesting referrals to FKRTL. Additionally, the differences in locations between urban and rural Puskesmas also contribute to

the high rate of non-specialist referrals (Fadila & Purnomo, 2021). The high referral rate indicates that the referral system at Puskesmas has not been implemented effectively, making it important to evaluate the referral system by comparing it with the referral system guidelines from the Minister of Health Regulation of the Republic of Indonesia No. 1 of 2012 and the National Referral System Guidelines (Afiyani et al., 2020).

Based on the quality of health services in the referral system for JKN participants at FKTP, it remains at a percentage of 65-80%. Many participants complain about poor service quality, such as excessively long waiting times. In reality, JKN participants at FKTP expect optimal healthcare services (Febriyanti & Fawwaz, 2023). Therefore, the aim of this study is to monitor, evaluate, and analyze the implementation of BPJS referrals at Primary Healthcare Facilities (FKTP). The research is conducted to measure the level of conformity with referral system procedures in healthcare services and to gauge patient satisfaction among JKN participants. This study is expected to provide a means for improving the procedures of the healthcare referral system.

## **THEORETICAL REVIEW**

The healthcare referral system involves the organization of healthcare services that manage the delegation of duties and responsibilities for healthcare provision both vertically and horizontally. The referral process at FKTP currently in place needs to be evaluated (Indrianingrum & Puspitasari, 2021).

Referrals within BPJS Health can be categorized into two types: horizontal and vertical. Horizontal referral occurs between healthcare services at the same level when the referring provider cannot offer the required healthcare services due to limitations in facilities, equipment, and/or staffing, whether these limitations are temporary or permanent. Vertical referral, on the other hand, occurs between healthcare services at different levels, and can be from a lower level of care to a higher level of care, or vice versa (Salsabila & Hidayani, 2022).

According to Presidential Regulation No. 32 of 2014, a healthcare facility is a health service facility used to conduct individual health care efforts, including promotive, preventive, curative, and rehabilitative services, carried out by the Government, Regional Governments, and/or the community. A Primary Healthcare Facility (FKTP) is a healthcare facility that provides non-specialist individual health services for purposes such as observation, diagnosis, treatment, and/or other health services (Febriana et al., 2024).

## **RESEARCH METHODS**

The method used in this research is the Literature Review method. The analysis is based on research findings related to key issues that are relevant to

and aligned with the research topic. For this Literature Review, the researcher selected the most recent journals from the period between 2020 and 2024 to review and use as references for the latest research. The researcher used an online search database, Google Scholar, to find 7 national research journals with keywords such as monitoring, evaluation, analysis, BPJS referral, and primary healthcare facilities. After obtaining these 7 relevant journals, the researcher organized and analyzed them into a table that includes the researcher's name, publication year, title, research method, and research findings. Subsequently, the researcher will discuss the new findings, comparing one source with another, and conclude the study. This approach will allow the researcher to analyze and obtain information on the topic under investigation.

## RESEARCH RESULTS

10 articles were analyzed using a synthesis table to see the variables studied by each study regarding patient characteristics;

No.	Author	Title	Method	Result
1.	Febriyanti A et al., 2023	National Health Insurance Referral at First Level Health Facilities (FKTP): A Literature Review	Literatur Review	Based on the six journals, it was found that the National Health Insurance (JKN) referral system at Primary Healthcare Facilities (FKTP) is functioning well in the community, although there are still some deficiencies in its implementation at FKTPs.
2.	Irawati Indrianingruma, Indah Puspitasari, 2021	Process Evaluation of the Referral System of the Social Health Insurance Organizing Agency (BPJS) Health at the First Level Health Facility (FKTP) in Jepara Regency First Level Health Facilities (FKTP) Jepara Regency.	This type of research is a descriptive qualitative.	The evaluation of the BPJS Health referral process at Primary Healthcare Facilities (FKTP) in Jepara Regency regarding medical indications is in accordance with medical indications, the competence and capacity of the examining doctors. If the competence is outside of 144 diagnoses/types of diseases/specializations, the patient is referred, and referrals are not made at the patient's own request. As for the

				BPJS Health referral procedures, they follow the FKTP referral flow and are carried out in a tiered manner.
3.	Nurhayani, Suci Ramadhani, 2020	Analysis of the Implementation of the BPJS Health Patient Referral System at the Mamasa Health Center, Malabo Health Center and Balla Health Center, Mamasa Regency.	Qualitative with case study design.	The research results indicate several supporting factors. First, the availability of human resources is a concern, with issues such as mismatched competencies and a shortage of resources. Second, the availability of medications remains a challenge due to limitations and delays in distribution. Lastly, while referrals are generally based on medical indications, there are instances where patients request referrals themselves, reflecting a gap between actual needs and service delivery.
4.	Nahardian Vica Rahmawati et al, 2021	Analysis of the Implementation of Patient Referral for National Health Insurance (JKN) Participants at Puskesmas.	This research method uses qualitative.	The research results indicate that Puskesmas, in providing healthcare services such as referrals in the era of JKN, still do not fully meet the established standards, which affects the improvement of referrals. The human resources are already in line with Puskesmas standards. However, the medical equipment at Puskesmas is not yet complete according to the Medical Equipment Compendium, and the types and quantities of medications available still do not match the needs and standards set

				by the National Formulary. Nevertheless, the referral service process at Puskesmas has adapted to the existing technical guidelines.
5.	Dian Nur Afiyani et al, 2021	Evaluation of the Implementation of the Referral System at the North Bogor Health Center, Bogor City, West Java Province in 2019.	This research method uses qualitative.	The research results indicate that human resources do not yet meet the standards, although infrastructure and medications are complete. The implementation of Standard Operating Procedures (SOPs) is good, and the referral process complies with regulations and guidelines. Referrals are conducted in accordance with Minister of Health Regulation No. 1 of 2012 on Individual Referral Systems and the National Referral System Guidelines, which include referral requirements, clinical procedures, and administrative procedures.
6.	Evi Susanti Sinaga et al, 2021	Evaluation of the Implementation of the National Health Insurance Program (JKN) in DKI Jakarta Province, Indonesia	This research method uses qualitative.	The results indicate that the DKI Jakarta Province has achieved its JKN participation targets. However, there are still inactive or delinquent JKN participants, particularly among government and private sector employees. While healthcare facilities and human resources meet the required standards, there are issues with the availability of heart care services. Specifically, the availability of cardiologists and cath

				lab facilities is not evenly distributed, particularly in the Thousand Islands.
7.	Ajrina Kintarial, 2023	Monitoring and Evaluation in the Indonesian Healthcare System: Pros and Cons of JKN and BPJS.	Literatur Review.	The advantages of the JKN and BPJS Health programs include their ability to reach various segments of society due to their mandatory nature and the comprehensive services provided regardless of premium costs. However, challenges in implementation include technical issues with the e-Dabu application, premium increases that burden certain segments of the population, delayed claims, and issues of discrimination. Recommendations to address these challenges include adjusting the capitation system, implementing more realistic unit cost calculations by the Ministry of Health, and taking measures to combat fraud within the BPJS system.
8.	Hela Ayu Ramadhan. et al. 2021	Analysis of Factors Associated with User Satisfaction with Online Referral System among BPJS Health Participants in Semarang City.	This type of research is a quantitative.	The research results show that only 54% of respondents are satisfied, which is attributed to the inefficiency of administration and the effectiveness of the online referral system, which has not yet optimally reduced wait times. Additionally, there is a significant relationship between performance expectations, effort expectations, facilitating

				<p>conditions, information quality, and user satisfaction with the implementation of the online referral system at BPJS Health in Semarang City, with a p-value &lt; 0.05. This study recommends that BPJS Health establish satisfaction indicators for participants regarding the online referral system and integrate the online referral system with the registration system at secondary and tertiary healthcare facilities in Semarang City.</p>
9.	Budi Pranoto. et al. 2022	<p>Overview of the Implementation of the Patient Referral System of the Social Security Organizing Agency (BPJS) Pratama Clinic in Wonosobo.</p>	<p>This type of research is a quantitative.</p>	<p>The analysis results show that the majority of respondents are aged 46-65 years (81.24%), male (56.25%), and have an education level of elementary school or high school, with a percentage of 34.38%. Most respondents were diagnosed with Diabetes Mellitus (15.7%), and the implementation of the referral system was rated as good (100%). The study concludes that the BPJS patient referral system at Klinik Pratama Winongsari Kaliwiro Wonosobo is categorized as good. However, there is a need to develop an information system to facilitate and evaluate the BPJS referral system, as well as to conduct ongoing monitoring and evaluation to detect referral issues earlier and provide the best solutions for patients.</p>

## DISCUSSION

Based on the results from the table, it can be concluded that the monitoring, evaluation, and analysis of the BPJS referral system at Primary Healthcare Facilities (FKTP) are generally effective. However, there are still challenges in its implementation. The National Health Insurance (JKN) system, which mandates a tiered referral system, requires BPJS participants to visit a Puskesmas as the Primary Healthcare Facility (FKTP) before going to a hospital. This tiered referral system aims to strengthen primary care services for quality and cost control, often referred to as managed care. One of the strategies involves collaborating with various healthcare facilities to control quality and costs (Lubis et al., 2022).

As a large and relatively new system, BPJS, particularly BPJS Health, is still far from perfect. Despite monitoring and evaluation by various agencies, many issues persist on the ground. The term "system" refers to all elements involved in achieving the set objectives. In the context of the Referral Service System, this involves various elements systematically represented by Man, Money, Machine, Material, and Method/Management. Complaints related to these 5 Ms have been prominent in the implementation of JKN, with BPJS as the operator over the past two years (Marsis, 2020).

The BPJS Health program has successfully reached various segments of society due to its mandatory nature. Additionally, the services provided are comprehensive and do not depend on the premiums paid by participants each month. For non-subsidized participants, the government fully covers the premium costs. Consequently, there has been an increase in BPJS enrollment year after year, demonstrating the program's effectiveness in reaching the entire population (Kintari et al., 2023)

However, despite the program's success in facilitating access to healthcare, several challenges remain in its implementation. These include technical issues with the e-Dabu application, premium increases that burden certain segments of society, delayed claims, and issues of discrimination in healthcare services (Kintari et al., 2023).

To address these challenges, it is necessary to evaluate JKN governance, ensure equitable healthcare financing, and improve the quality of healthcare services. Recommendations include adjusting the capitation system, implementing more realistic unit cost calculations by the Ministry of Health, and taking measures to combat fraud within the BPJS system (Kintari et al., 2023).

## CONCLUSION

Based on the research findings, it can be concluded that the implementation of BPJS referrals at Primary Healthcare Facilities (FKTP) is

generally effective within the community, although it is not yet optimal and still faces challenges. This is evident from issues related to placement and responsibilities that do not fully align with the competencies possessed.

### **RECOMMENDATION**

To enhance the effectiveness of the BPJS referral system, it is recommended that the government invests in training healthcare providers at FKTPs to improve service delivery and patient management. Additionally, increasing the availability of resources and infrastructure is crucial for supporting the implementation of the referral system. It is also essential to conduct regular evaluations of the e-Dabu application and address the technical issues reported by users.

### **FURTHER STUDY**

However, this study has limitations, including a reliance on literature that may not fully capture the nuances of local implementation challenges and the experiences of healthcare providers and patients. Future research should include qualitative assessments to provide a deeper understanding of the barriers faced in the BPJS referral system.

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