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Managerial Analysis of the Implementation of the Standard Inpatient Class (KRIS) Policy in BPJS Services

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ABSTRAK

Latar Belakang: Implementasi Kebijakan Kelas Rawat Inap Standar (KRIS) merupakan bagian dari transformasi sistem Jaminan Kesehatan Nasional (JKN) yang bertujuan meningkatkan kesetaraan dan mutu pelayanan rawat inap bagi peserta BPJS Kesehatan. **Tujuan:** Penelitian ini bertujuan menganalisis pengaruh manajerial rumah sakit terhadap implementasi kebijakan KRIS dan kepuasan pasien BPJS serta menguji peran implementasi KRIS sebagai variabel intervening di RSUD dr. Kanujoso Djatiwibowo Balikpapan. **Metode:** Penelitian menggunakan pendekatan kuantitatif dengan desain explanatory research. Penelitian dilaksanakan di RSUD dr. Kanujoso Djatiwibowo Balikpapan pada tahun 2026 dengan melibatkan 100 pasien BPJS rawat inap sebagai responden yang dipilih menggunakan teknik purposive sampling. Data dikumpulkan melalui kuesioner, observasi, dan dokumentasi, kemudian dianalisis menggunakan Partial Least Squares–Structural Equation Modeling (PLS-SEM) dengan bantuan SmartPLS 4. **Hasil:** Hasil penelitian menunjukkan bahwa Manajerial Rumah Sakit berpengaruh signifikan terhadap Kepuasan Pasien BPJS (β = -0,954; $p < 0,001$) dan Implementasi Kebijakan KRIS (β = 0,799; $p < 0,001$). Implementasi Kebijakan KRIS juga berpengaruh positif dan signifikan terhadap Kepuasan Pasien BPJS (β = 1,358; $p < 0,001$). Nilai R-Square menunjukkan bahwa model mampu menjelaskan 68,4% variasi Kepuasan Pasien BPJS dan 63,8% variasi Implementasi Kebijakan KRIS. Selain itu, Implementasi Kebijakan KRIS terbukti berperan sebagai variabel intervening dengan nilai indirect effect sebesar 1,085. **Kesimpulan:** Implementasi Kebijakan KRIS berperan penting dalam memperkuat pengaruh manajerial rumah sakit terhadap kepuasan pasien BPJS. Oleh karena itu, rumah sakit perlu memperkuat fungsi manajerial, meningkatkan kesiapan fasilitas, serta melakukan evaluasi berkelanjutan terhadap implementasi KRIS guna meningkatkan mutu pelayanan dan kepuasan pasien BPJS.

ABSTRACT

Background: *The implementation of the Standard Inpatient Class (KRIS) policy is part of the National Health Insurance (JKN) transformation aimed at improving equity and quality of inpatient services for BPJS Health participants.* ***Objective:*** *This study aimed to analyze the effect of hospital*

managerial functions on KRIS policy implementation and BPJS patient satisfaction, as well as to examine the mediating role of KRIS implementation at RSUD dr. Kanujoso Djatiwibowo Balikpapan. ***Methods:*** *This study employed a quantitative approach with an explanatory research design. The research was conducted at RSUD dr. Kanujoso Djatiwibowo Balikpapan in 2026 involving 100 BPJS inpatients selected through purposive sampling. Data were collected through questionnaires, observations, and documentation, and analyzed using Partial Least Squares–Structural Equation Modeling (PLS-SEM) with SmartPLS 4 software.* ***Results:*** *The findings revealed that Hospital Management significantly affected BPJS Patient Satisfaction (β = -0.954; p < 0.001) and KRIS Policy Implementation (β = 0.799; p < 0.001). KRIS Policy Implementation also had a positive and significant effect on BPJS Patient Satisfaction (β = 1.358; p < 0.001). The R-Square values indicated that the model explained 68.4% of the variance in BPJS Patient Satisfaction and 63.8% of the variance in KRIS Policy Implementation. Furthermore, KRIS Policy Implementation was proven to act as a mediating variable with an indirect effect value of 1.085.* ***Conclusion:*** *KRIS policy implementation plays an important role in strengthening the influence of hospital managerial functions on BPJS patient satisfaction. Therefore, hospitals should strengthen managerial functions, improve facility readiness, and conduct continuous evaluations of KRIS implementation to enhance service quality and patient satisfaction.*

INTRODUCTION

Health services are a basic right of every citizen guaranteed through the National Health Insurance (JKN) Program, which is managed by BPJS Kesehatan as an implementation of the National Social Security System (Undang-Undang Republik Indonesia Nomor 40 Tahun 2004 Tentang Sistem Jaminan Sosial Nasional, 2004). In its implementation, hospitals function as referral health-care facilities responsible for providing safe, effective, and high-quality health services for JKN participants (Undang-Undang Republik Indonesia Nomor 44 Tahun 2009 Tentang Rumah Sakit, 2009). Along with the development of the health system, hospitals are required not only to provide optimal clinical services but also to possess effective managerial capability in managing health service resources and systems (Freijser, 2023; World Health Organization, 2021).

As part of the JKN service transformation, the government established the Standard Inpatient Class (KRIS) policy through Presidential Regulation of the Republic of Indonesia Number 59 of 2024. This policy aims to improve equity and quality in inpatient services by applying uniform service standards across all hospitals that collaborate with BPJS Kesehatan. KRIS implementation covers various aspects, such as inpatient room facility standards, the number of beds, patient privacy, room comfort, and the availability of supporting service facilities (Peraturan Presiden Republik Indonesia Nomor 59 Tahun 2024 Tentang Perubahan Ketiga Atas Peraturan Presiden Nomor 82 Tahun 2018 Tentang Jaminan Kesehatan, 2024). Through this policy, the government seeks to realize health services that are more equitable, standardized, and oriented toward improving service quality.

Nevertheless, KRIS implementation still faces various challenges at the hospital level. A study by Desria et al., (2025) showed that KRIS implementation has not run optimally due to limited facilities, human-resource readiness, and managerial support. Similar findings were reported by Sudrajat & Rahayu (2025), who stated that budget constraints, organizational readiness, and service facilities are the main barriers to KRIS implementation. In addition, organizational communication and bureaucratic structure also affect the success of policy implementation (Nirwan et al., 2025). This condition indicates that successful KRIS implementation is strongly influenced by the quality of hospital management.

According to Terry (1977), organizational effectiveness is determined by management functions that include planning, organizing, actuating, and controlling (POAC). In the hospital context, these functions play a role in resource management, service coordination, and continuous service quality supervision. Siregar et al., (2024) stated that effective management can improve policy implementation success through resource optimization and compliance with service standards. Conversely, weak managerial functions may hinder policy implementation and reduce the quality of services received by patients.

Patient satisfaction is an important indicator in assessing the quality of hospital services. According to Parasuraman et al. (1988), service quality is measured through the dimensions of tangibles, reliability, responsiveness, assurance, and empathy. In BPJS Kesehatan services, patient satisfaction is influenced by facility quality, service speed, staff communication, and comfort during treatment. (Mahmud, 2022) found that inpatient service quality had a significant effect on BPJS Kesehatan patient satisfaction. In addition, Novitasari and Ngabito (2025) showed that KRIS implementation contributes positively to service quality and patient satisfaction by improving comfort, privacy, and the quality of service facilities.

RSUD dr. Kanujoso Djatiwibowo Balikpapan is a regional referral hospital in East Kalimantan Province with a capacity of 562 beds and a high number of BPJS patients (RSUD dr. Kanujoso Djatiwibowo Balikpapan, 2025). Although BPJS outpatient visits increased from 122,071 patients in 2024 to 122,455 patients in 2025, the number of BPJS inpatients decreased from 32,694 to 26,071 patients during the same period. This phenomenon indicates the presence of factors affecting inpatient service utilization, including service quality, hospital managerial effectiveness, and KRIS policy implementation.

Previous studies have focused more on evaluating KRIS implementation, facility readiness, and service-user perceptions (Desria et al., 2025; Putri et al., 2025; Sudrajat & Rahayu, 2025). However, studies examining the relationship between hospital management, KRIS implementation, and BPJS patient satisfaction remain limited, especially in local government referral hospitals. Therefore, this study aims to analyze the effect of hospital management on KRIS policy implementation and BPJS patient satisfaction and to examine the role of KRIS implementation as an intervening variable at RSUD dr. Kanujoso Djatiwibowo Balikpapan.

RESEARCH METHOD

This study used a quantitative approach with an explanatory research design to analyze the causal relationships among hospital management, Standard Inpatient Class (KRIS) policy implementation, and BPJS patient satisfaction at RSUD dr. Kanujoso Djatiwibowo Balikpapan. This approach was selected because the study aimed to examine both direct and indirect effects among variables through a structural model formulated based on management theory, policy implementation theory, and patient satisfaction theory. The study was conducted at RSUD dr. Kanujoso Djatiwibowo Balikpapan, East Kalimantan.

Respondents in this study were selected based on predetermined inclusion and exclusion criteria. The inclusion criteria included BPJS Kesehatan participants undergoing inpatient treatment at RSUD dr. Kanujoso Djatiwibowo Balikpapan, patients or patients' family members who had undergone treatment for at least 2 x 24 hours, and willingness to participate as research respondents. These criteria were established to ensure that respondents had sufficient experience in receiving inpatient services and could provide objective assessments of hospital management, KRIS policy implementation, and satisfaction with the services received.

Respondents were selected using purposive sampling based on the inclusion and exclusion criteria. The exclusion criteria in this study included patients in emergency conditions or health conditions that made it impossible to complete the questionnaire, as well as pediatric patients who were not accompanied by parents or guardians. The exclusion criteria were established to ensure the quality of the data obtained and to make sure that respondents were able to understand and answer all questionnaire items properly and accurately.

The study population consisted of all BPJS Kesehatan participants undergoing inpatient treatment during the research period. The sample size was determined using the Slovin formula with a 10% (0.1) margin of error. The population in this study was 2,707 patients

Based on the calculation using the Slovin formula, the minimum sample size obtained in this study was 96 respondents. To facilitate data processing and anticipate the possibility of incomplete data, the sample size was rounded to 100 respondents. The data in this study were primary data obtained through the distribution of questionnaires to respondents who met the research criteria. The research instrument

used a five-point Likert scale, ranging from strongly disagree (1) to strongly agree (5). The hospital management variable was measured through the indicators of planning, organizing, actuating, and controlling. The KRIS policy implementation variable was measured based on respondents' perceptions of the fulfillment of inpatient room standards, number of beds, patient privacy and comfort, availability of supporting facilities, and compliance with KRIS regulations. Meanwhile, the BPJS patient satisfaction variable was measured using service quality dimensions, including tangibles, reliability, responsiveness, assurance, and empathy. In addition to questionnaires, secondary data were obtained through field observations, hospital documentation, hospital profiles, and various regulations related to KRIS implementation and BPJS Kesehatan services.

Data analysis was performed using the Partial Least Squares-Structural Equation Modeling (PLS-SEM) approach with SmartPLS software. The analysis stages included evaluation of the measurement model (outer model) and the structural model (inner model). The outer model evaluation was conducted by testing convergent validity using outer loading values and Average Variance Extracted (AVE), discriminant validity, and construct reliability using Cronbach's Alpha and Composite Reliability (Hair Jr, 2022). Subsequently, the inner model evaluation was conducted by analyzing the coefficient of determination (R^2) and hypothesis testing using the bootstrapping technique. Hypothesis testing was performed at a 5% significance level with the criteria of t-statistic > 1.96 and p-value < 0.05. In addition, mediation analysis was conducted to examine the role of KRIS policy implementation as an intervening variable in the relationship between hospital management and BPJS patient satisfaction.

RESEARCH RESULTS

Respondent Characteristics

Respondent characteristics describe the general profile of individuals participating in the study. In this study, respondent characteristics were grouped by age, gender, and patient visit status. This information is important for identifying the respondent distribution and providing context in understanding patients' perceptions of hospital management, KRIS policy implementation, and the level of satisfaction with the services received.

Based on Table 1, in the age-distribution indicator, most respondents were in the 51-60 years age group, with 31 respondents (31%), followed by the group above 60 years with 23 respondents (23%) and the 41-50 years age group with 20 respondents (20%). Meanwhile, the 18-30 years and 31-40 years age groups each consisted of 13 respondents (13%). These findings show that most respondents were adults to older adults, who generally have higher health-service needs and use inpatient services more frequently than younger age groups.

Table 1. Respondent Characteristics

Characteristic	Category	n	%
Age	18-30 years	13	13
	31-40 years	13	13
	41-50 years	20	20
	51-60 years	31	31
	>60 years	23	23
Gender	Male	48	48
	Female	52	52
Visit Status	New Patient	46	46
	Returning Patient	54	54

Based on gender, female respondents numbered 52 people (52%), while male respondents numbered 48 people (48%). This distribution indicates a relatively balanced composition, so the perceptions obtained in this study can represent the experiences of patients from both gender groups. In addition, based on visit status, most respondents were returning patients, totaling 54 people (54%), while new patients numbered 46 people (46%). The dominance of returning patients indicates that most respondents had previous experience in receiving services at the hospital.

Overall, respondent characteristics show that the study was dominated by adult to older-adult patients, with a relatively balanced gender composition and a majority of returning patients. This condition provides an advantage for the study because respondents had sufficient experience in using BPJS inpatient services, so the assessments provided regarding Standard Inpatient Class (KRIS) policy implementation, hospital management, and service satisfaction tended to be more objective and comprehensive.

Measurement Model Analysis (Outer Model)

Outer model evaluation, or measurement model evaluation, was conducted to assess the validity and reliability of the research constructs. This stage is important to ensure that the indicators used are able to represent latent variables accurately and consistently. According to Hair et al., (2019), measurement model evaluation in the Partial Least Squares Structural Equation Modeling (PLS-SEM) approach includes testing convergent validity, discriminant validity, and construct reliability before structural model testing is conducted.

Table 2. Validity and Reliability Test Results

Variable	Cronbach's Alpha	Composite Reliability	AVE
KRIS Policy Implementation	0.896	0.923	0.707
BPJS Patient Satisfaction	0.928	0.945	0.776
Hospital Management	0.934	0.950	0.792

Primary data processed using SmartPLS 4, 2026.

The test results showed that all variables had Cronbach's Alpha and Composite Reliability values above 0.7, as well as AVE values above 0.5. This indicates that all constructs in this study met the validity and reliability criteria and were therefore suitable for further analysis. Based on the outer model evaluation results that met validity and reliability criteria, the next analysis was conducted on the inner model. This evaluation aimed to examine the relationships among latent variables in the study.

Structural Model Analysis (Inner Model)

After the measurement model met the validity and reliability criteria, the next stage was structural model (inner model) evaluation. This evaluation was conducted to examine the causal relationships among latent variables, namely Hospital Management, Standard Inpatient Class (KRIS) Policy Implementation, and BPJS Patient Satisfaction. Structural model testing was conducted using the bootstrapping procedure in SmartPLS 4 to assess the significance of relationships among constructs based on path coefficient, t-statistic, and p-value. According to Hair et al. (2019), a relationship between variables is considered significant when the t-statistic value is > 1.96 and the p-value is < 0.05.

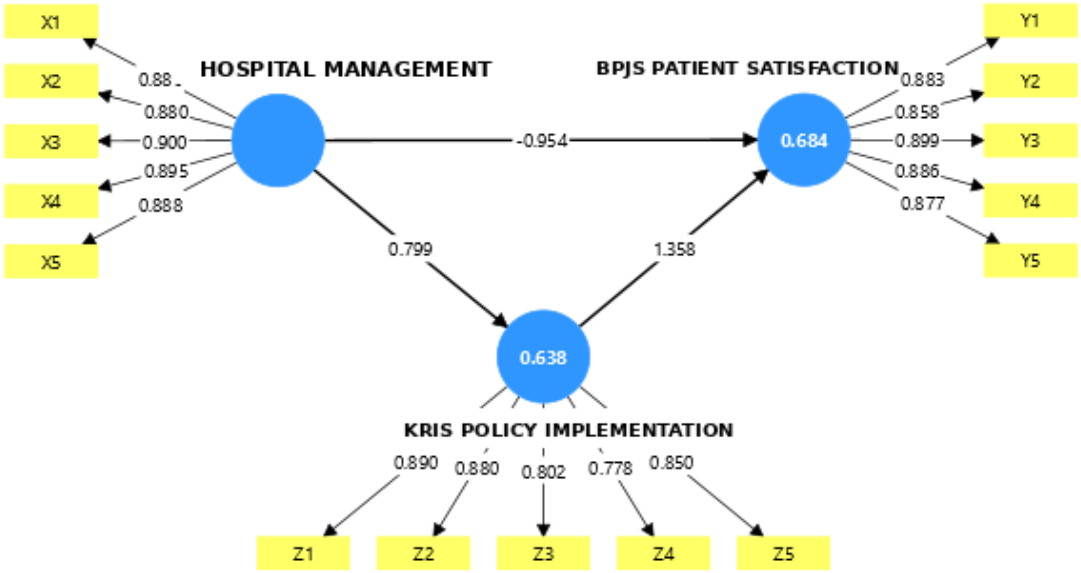

Figure 1. Research Structural Model

Figure 1 shows the results of structural model testing using the Partial Least Squares Structural Equation Modeling (PLS-SEM) approach. The research model consisted of three latent constructs, namely Hospital Management as the exogenous variable, Standard Inpatient Class (KRIS) Policy Implementation as the intervening variable, and BPJS Patient Satisfaction as the endogenous variable. Each construct was measured using five indicators with outer loading values above 0.70, indicating that all indicators were able to reflect the measured constructs properly (Hair et al., 2019).

Table 3. Direct Effect Test Results

No	Variable Relationship	Path Coefficient	T-Statistic	P-Value	Remark
1	Hospital Management → BPJS Patient Satisfaction	-0.954	8.303	0.000	Significant
2	Hospital Management → KRIS Policy Implementation	0.799	20.900	0.000	Significant
3	KRIS Policy Implementation → BPJS Patient Satisfaction	1.358	12.907	0.000	Significant

Source: Primary data processed using SmartPLS 4, 2026.

Based on Table 3, all relationships among variables showed p-values of 0.000 (<0.05) and t-statistic values greater than 1.96. These results indicate that all paths in the research model were statistically significant. The effect of Hospital Management on BPJS Patient Satisfaction had a path coefficient of -0.954 with a t-statistic value of 8.303. This finding shows that Hospital Management has a significant effect on BPJS Patient Satisfaction. Meanwhile, the relationship between Hospital Management and KRIS Policy Implementation had a path coefficient of 0.799 with a t-statistic value of 20.900, indicating a positive and significant effect. This means that the better the hospital management functions, the more optimal the implementation of the KRIS policy tends to be.

KRIS Policy Implementation was proven to have a positive and significant effect on BPJS Patient Satisfaction, with a path coefficient of 1.358 and a t-statistic value of 12.907. This result shows that improved quality of KRIS implementation is followed by increased BPJS patient satisfaction. Thus, the implementation of inpatient service standards in accordance with KRIS provisions is an important factor in improving the quality of patient experience during hospitalization. Meanwhile, Figure 4.4 shows the research structural model that illustrates the relationship among Hospital Management, KRIS Policy Implementation, and BPJS Patient Satisfaction. Based on the model, KRIS Policy Implementation has an important role as a variable linking the effect of Hospital Management on BPJS Patient Satisfaction.

Evaluation of the Coefficient of Determination (R-Square)

The next structural model evaluation was carried out by testing the coefficient of determination (R-Square) to assess the ability of exogenous variables to explain the variation in endogenous variables in the research model. The R-Square value shows the proportion of variance in the endogenous variable that can be explained by the independent variables, so it can be used to assess the predictive ability and explanatory power of the model. According to (Hair Jr, 2022), the higher the R-Square value, the greater the model's ability to explain the phenomenon under study. The results of the coefficient of determination (R-Square) test for each endogenous variable are presented in Table 4.

Table 4. R-Square Values

Variable	R-Square
BPJS Patient Satisfaction	0.684
KRIS Policy Implementation	0.638

Source: Primary data processed using SmartPLS 4, 2026.

Based on Table 4, the R-Square value for BPJS Patient Satisfaction was 0.684. This value indicates that 68.4% of the variation in BPJS Patient Satisfaction can be explained by Hospital Management and KRIS Policy Implementation in the research model. Meanwhile, the remaining 31.6% is explained by other factors outside the model that were not examined in this study. For the KRIS Policy Implementation variable, the R-Square value was 0.638. This result indicates that 63.8% of the variation in KRIS Policy Implementation can be explained by the Hospital Management variable, while the remaining 36.2% is influenced by other factors outside the research model. Overall, the R-Square values of the two endogenous variables were above 0.50, indicating that the research model had strong explanatory ability in explaining the relationships among the variables studied.

Indirect Effect Test

In addition to testing direct effects among variables, this study also analyzed indirect effects to evaluate the role of Standard Inpatient Class (KRIS) Policy Implementation as an intervening variable in the relationship between Hospital Management and BPJS Patient Satisfaction. Mediation analysis was conducted to determine whether the effect of Hospital Management on BPJS Patient Satisfaction occurred directly or through the KRIS policy implementation mechanism. In the Partial Least Squares Structural Equation Modeling (PLS-SEM) approach, mediation testing is conducted by evaluating the significance of the indirect effect obtained through the bootstrapping procedure (Hair Jr, 2022). The mediation test results were used to

determine the type of mediation, whether full mediation or partial mediation.

Table 5. Mediation Test Results

Path	Indirect Effect	Remark
Hospital Management → KRIS Policy Implementation → BPJS Patient Satisfaction	1.085	Significant

Source: Primary data processed using SmartPLS 4, 2026.

Based on Table 5, the indirect effect value was 1.085. This value shows a positive indirect effect of Hospital Management on BPJS Patient Satisfaction through KRIS Policy Implementation. This finding indicates that improving the quality of hospital management will encourage successful KRIS policy implementation, which subsequently has an impact on increasing BPJS patient satisfaction. The results also show that Hospital Management significantly affects KRIS Policy Implementation, KRIS Policy Implementation significantly affects BPJS Patient Satisfaction, and the direct effect of Hospital Management on BPJS Patient Satisfaction remains significant. Therefore, KRIS Policy Implementation can be stated to play a role as an intervening variable in the form of partial mediation. This finding indicates that successful KRIS implementation is one important mechanism that strengthens the effect of hospital management on increasing BPJS patient satisfaction.

DISCUSSION

The Effect of Hospital Management on BPJS Patient Satisfaction

The results showed that Hospital Management had a significant effect on BPJS Patient Satisfaction. This finding indicates that the quality of hospital management is related to patients' perceptions of the services received during treatment. According to Terry (1977), organizational effectiveness is determined by the mutually integrated functions of planning, organizing, actuating, and controlling in achieving organizational goals. In the hospital context, the effective application of managerial functions plays a role in managing resources, organizing services, and maintaining the quality of health services so that they meet patient needs (Sudrajat & Rahayu, 2025).

Although the path coefficient showed a negative direction, this result indicates that strengthening the management system has not been fully followed by increased patient satisfaction, especially during the transition period of KRIS implementation, which requires various service adjustments. This finding is in line with the study by Hidayah et al. (2026), which showed that patient satisfaction is influenced more by the quality of services directly experienced than by the management system operating behind the services. Therefore, managerial success needs to be realized in the form of more responsive, comfortable, and patient-oriented services so that its impact can be felt directly.

This finding also indicates that improvements in managerial aspects, as measured by clarity of service information, financing transparency, delivery of medical action schedules, complaint mechanisms, and availability of medicines and medical devices, have not been fully followed by increased patient satisfaction. This condition may occur because patients tend to assess services based on directly perceived experiences, such as inpatient-room comfort, service speed, and interactions with health workers, rather than internal hospital governance aspects (Parasuraman et al., 1988; Mahmud, 2022). In addition, the positive effect of Hospital Management on KRIS Implementation

and the positive effect of KRIS Implementation on Patient Satisfaction show that the benefits of hospital management are channeled more through successful KRIS implementation. Thus, KRIS implementation becomes an important mechanism that translates hospital managerial functions into services that patients can directly experience.

The Effect of Hospital Management on KRIS Policy Implementation

The results showed that Hospital Management had a positive and significant effect on KRIS Policy Implementation. This finding confirms that successful KRIS implementation depends strongly on the hospital's ability to manage resources, coordinate across service units, and conduct supervision effectively. From the perspective of policy implementation, Van Meter and Van Horn explain that the success of a policy is influenced by clarity of objectives, resources, organizational communication, and the characteristics of policy implementers (Sudrajat & Rahayu, 2025). All of these factors are closely related to the quality of organizational management.

The results of this study are consistent with the study by Rustandi (2021), which stated that health policy implementation has a significant effect on the effectiveness of hospital organizations. Communication, resources, and bureaucratic structure were proven to be important elements in successful policy implementation. In the context of RSUD dr. Kanujoso Djatiwibowo Balikpapan, KRIS implementation requires adjustments in facilities, service governance, and cross-unit coordination, which can only be carried out optimally when supported by a strong and adaptive management system.

The Effect of KRIS Policy Implementation on BPJS Patient Satisfaction

The results showed that KRIS Policy Implementation had a positive and significant effect on BPJS Patient Satisfaction. This finding indicates that the better the application of inpatient service standards in accordance with KRIS provisions, the higher the level of patient satisfaction with the services received. KRIS implementation covers various aspects that are directly experienced by patients, such as inpatient-room comfort, privacy, environmental cleanliness, and the availability of supporting facilities. Therefore, successful KRIS implementation contributes directly to improving the quality of patient experience during treatment.

The findings of this study are in line with the study by Siregar et al. (2024), which showed that service quality has a significant relationship with patient satisfaction. All dimensions of service quality, including tangibles, reliability, responsiveness, assurance, and empathy, were proven to significantly affect patient satisfaction. The results of this study also support the findings of Desria et al. (2025), which stated that KRIS implementation has the potential to improve service quality and patient satisfaction through the fulfillment of facility and service standards that are more equitable for all JKN participants.

The Role of KRIS Policy Implementation as an Intervening Variable

The results showed that KRIS Policy Implementation played a role as an intervening variable in the relationship between Hospital Management and BPJS Patient Satisfaction. This finding indicates that the effect of hospital management on patient satisfaction occurs not only directly but also through the success of KRIS implementation as an intermediary mechanism. In other words, the quality of hospital management will be more effective in increasing patient satisfaction if it can be realized

in services that comply with KRIS standards.

This finding is supported by studies by Desria et al. (2025) and Putri et al. (2025), which show that successful KRIS implementation is strongly influenced by hospital managerial readiness. In addition, the study by Siregar et al. (2024) shows that service quality is a main factor determining patient satisfaction. Therefore, KRIS implementation can be understood as a bridge connecting the hospital management system with the service experience perceived by patients. The results of this study confirm that optimizing KRIS implementation is an important strategy for strengthening the effect of hospital management on increasing BPJS patient satisfaction.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study shows that hospital management has a significant effect on BPJS patient satisfaction and the implementation of the Standard Inpatient Class (KRIS) Policy at RSUD dr. Kanujoso Djatiwibowo Balikpapan. The findings indicate that the quality of hospital management plays an important role in supporting the implementation of health service policies while also influencing patients' perceptions of the services received. In addition, KRIS Policy Implementation was proven to have a significant effect on BPJS patient satisfaction, indicating that the fulfillment of facility standards, comfort, privacy, and inpatient service quality in accordance with KRIS provisions can substantially increase patient satisfaction.

This study also proves that KRIS Policy Implementation plays a role as an intervening variable in the relationship between hospital management and BPJS patient satisfaction. This finding shows that the effect of hospital management on patient satisfaction occurs not only directly but also through successful KRIS implementation as a mechanism that bridges the hospital management system and the quality of services perceived by patients. Thus, KRIS implementation is an important factor in increasing BPJS patient satisfaction while strengthening the contribution of hospital management to the success of health services in the era of National Health Insurance transformation.

Recommendations

The management of RSUD dr. Kanujoso Djatiwibowo Balikpapan needs to continue strengthening managerial functions, particularly in planning, inter-unit coordination, resource management, and supervision of service implementation, so that KRIS implementation can run more optimally and sustainably. The hospital also needs to conduct periodic evaluations of KRIS standard fulfillment, especially regarding inpatient-room facilities, patient comfort, and service quality, which directly affect BPJS patient satisfaction.

For policymakers and BPJS Kesehatan, the results of this study can serve as evaluation material to support national KRIS implementation through stronger regulatory support, funding, and technical assistance for hospitals that still face limited resources and facilities. These efforts are important to ensure the achievement of KRIS objectives in realizing more equitable and higher-quality inpatient services.

For future researchers, it is recommended to develop the research model by adding other variables that may affect patient satisfaction, such as service quality, organizational culture, health-worker competence, patient loyalty, or perceived service value. Research in hospitals with different characteristics is also needed to obtain a

more comprehensive picture of KRIS implementation and the factors influencing its success.

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