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Financial impact of Indonesia's standardized inpatient class policy on hospital performance: A systematic review

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Abstract

Background: Indonesia's National Health Insurance system has introduced the Standardized Inpatient Class policy to reduce service disparities and improve equity and quality of inpatient care. However, compliance with standardized inpatient requirements entails substantial infrastructure and operational costs that may affect hospital financial performance.
Purpose: To systematically examine how the implementation of the Standardized Inpatient Class policy influences hospital financial performance in Indonesia.
Method: A systematic literature review was conducted following the PRISMA 2020 guidelines. Articles published between 2014 and 2025 were identified from Scopus, PubMed, and Google Scholar using predefined keywords related to standardized inpatient care, health financing, and hospital performance. Quality appraisal was conducted using the Joanna Briggs Institute (JBI) Critical Appraisal Tools. Eligible studies were screened using inclusion and exclusion criteria and synthesized using narrative thematic analysis.
Results: Twelve studies met the inclusion criteria. The findings indicate that Standardized Inpatient Class implementation increases capital investment and operational costs, reduces bed capacity in some hospitals, and creates mismatches between reimbursement rates and actual service costs. Financial impacts vary by hospital ownership and location, with public and rural hospitals experiencing greater financial strain.
Conclusion: While the Standardized Inpatient Class policy promotes equity and service quality, its implementation poses significant financial challenges for hospitals. Policy refinement, reimbursement adjustment, and targeted financial support are essential to ensure hospital financial sustainability.

Keywords: Health Financing Reform; Hospital Financial Performance; INA-CBGs; National Health Insurance; Standardized Inpatient Class.

INTRODUCTION

Indonesia's National Health Insurance scheme has reshaped how hospitals manage financing and service delivery. Several studies describe how the introduction of Indonesia Case-Based Groups (INA-CBGs) has required hospitals to adjust their financial strategies and operate under tighter reimbursement structures. These analyses show that case-based payments influence revenue patterns, cost control, and hospital financial performance in both public and private facilities (Dubas-Jakóbczyk, Ndayishimiye, Szetela, Sowada, & Kocot, 2025; (Tiva, Urbi, & Hasan, 2025).

The Standardized Inpatient Class policy (*Kelas Rawat Inap Standar*, *KRIS*) represents a new stage in this reform. It is grounded in the National Social Security System Law and regulated further through Presidential Regulation No. 59/2024, which outlines the requirement for hospitals to provide a uniform

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inpatient standard for the National Health Insurance beneficiaries (Rachmanda, 2025). Technical regulations from the Ministry of Health define twelve structural and service criteria that hospitals must meet, covering room size, ventilation, sanitation, and patient safety elements (Christianson, Baylis, Komisar, & Brinkerhoff, 2023; Ünüvar, Taşgın, & Meşe, 2021; Sorouri, Ahmari Tehran, Parhoon, & Saeidi, 2025).

National implementation data shows substantial progress. According to the National Hospital Information System report and the Ministry of Health's 2024 implementation summary, 3,063 hospitals were targeted to implement the standardized inpatient class policy because they contracted with Social Security Agency for Health. As of July 2024, 2,656 of these hospitals, approximately 87%, had met all twelve the standardized inpatient class criteria. These figures illustrate the scale of the transition and highlight the differences in readiness among hospitals of various types and ownership structures.

Findings from early hospital-level studies suggest that adapting inpatient wards to the standardized inpatient class standard requires more than administrative adjustments. A qualitative assessment in a private type-B hospital in Central Java reported that structural renovation, enlargement of patient rooms, and upgrading environmental facilities introduced considerable financial risk for the institution. Policy analyses and implementation studies further describe challenges faced by hospitals, including ambiguity in interpreting the standardized inpatient class criteria, the need for significant capital investment, and limited local government fiscal capacity to support their hospitals.

From the perspective of hospital management and public health policy, it is important to understand systematically how changes in inpatient class and service standards under the standardized inpatient class policy affect hospital financial performance (Putra, Maharani, & Shafir, 2024). This financial impact is relevant for both policymakers and hospital administrators, particularly as standardized inpatient class moves toward full national implementation. Systematic evidence on the financial consequences of standardized inpatient class remains limited, which highlights the need for a structured synthesis of available studies. In response to this gap, the present study adopts a systematic literature review approach to consolidate empirical findings on the financial effects of standardized inpatient class implementation in Indonesia (Gaffar, & Mayansara, 2025).

This systematic literature review seeks to explore the multidimensional impacts of Indonesia's standardized inpatient class policy on hospital performance. Specifically, the review aims to answer the following questions: (1) What are the financial consequences of standardized inpatient class implementation for hospital performance? (2) What structural challenges in health financing and equity arise from standardized inpatient care? (3) How does financial sustainability interact with hospital quality management under standardized inpatient class? (4) What strategic and policy recommendations can be formulated to enhance the effectiveness of standardized inpatient class implementation in hospital systems?

The literature included in this review consists of two categories. First, empirical studies that directly examine the implementation and financial implications of Indonesia's standardized inpatient class policy. Second, contextual studies related to health financing systems, hospital reimbursement mechanisms, and equity issues that provide supporting perspectives for understanding the broader financial challenges associated with standardized inpatient class implementation.

The findings of this review are expected to provide evidence-based insights into the financial and managerial consequences of implementing standardized inpatient class policies in hospital settings. By synthesizing existing empirical and theoretical evidence, this study aims to support policymakers in formulating more adaptive and sustainable health financing policies, assist hospital managers in strengthening financial planning and quality management strategies, and guide researchers in identifying critical gaps for future investigations. Moreover, the results of this review are anticipated to contribute to a more comprehensive understanding of how standardized inpatient care policies influence hospital performance, financial sustainability, and service quality, thereby facilitating more informed decision-

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making and strategic planning in the development and optimization of hospital financial management and health service delivery systems.

RESEARCH METHOD

A systematic literature review design was employed to synthesize empirical evidence on the financial impact of the standardized inpatient class policy on hospital performance in Indonesia. The PICO framework (Population, Intervention, Comparison, Outcome) was used to structure the research question and guide the review process. The population consisted of hospitals in Indonesia providing inpatient care for National Health Insurance beneficiaries. The intervention examined was the implementation of standardized inpatient class as a new policy. The comparison included pre-standardized inpatient class conditions or hospitals that had not fully implemented standardized inpatient class policy when available. The outcomes focused on indicators of hospital financial performance, including revenue, operating costs, efficiency, and financing structure.

A comprehensive search strategy was conducted across several databases, including Scopus, PubMed, and Google Scholar, which provide policy briefs and implementation data related to the standardized inpatient class. Search terms were developed using relevant combinations of keywords applied in Boolean operator: *"Standardized Inpatient Class"* OR *"Kelas Rawat Inap Standar"* AND "*KRIS JKN"* AND *"INA-CBGs", AND "Indonesia health financing"*. The search process followed the PRISMA workflow, covering identification, screening, eligibility assessment, and final inclusion. All retrieved articles were managed using reference management software to avoid duplication.

Inclusion criteria were: (1) empirical studies or official policy documents discussing standardized inpatient class or related inpatient standardization policies in Indonesia; (2) studies assessing financial impacts on hospitals; (3) publications written in English or Indonesian; and (4) documents published between 2014 and 2025, reflecting key policy developments within the National Health Insurance era. Exclusion criteria were: (1) opinion pieces, commentaries, or news articles lacking empirical data; (2) studies that did not examine hospital financial aspects; (3) research focused on inpatient care outside the National Health Insurance scheme; and (4) publications without accessible full text or clear methodological information.

The study selection process involved systematic screening of titles, abstracts, and full texts to ensure alignment with eligibility criteria. Three independent reviewers (R1, R2, and R3) systematically screened article titles and abstracts against the predefined inclusion and exclusion criteria. Studies deemed potentially relevant were retrieved for full-text assessment to confirm eligibility. Any disagreements were first addressed through discussion, and when consensus could not be reached, a third reviewer (R4) provided the final decision. Articles that met the inclusion criteria were analyzed using a narrative synthesis approach, as methodological diversity and variations in financial outcome measures did not allow for a quantitative meta-analysis. Quality appraisal was conducted using appropriate critical evaluation tools, including the Joanna Briggs Institute (JBI) Critical Appraisal Tools for qualitative studies, quantitative studies, and policy-based evidence. The entire study selection process is presented in the PRISMA 2020 flowchart. The final findings are presented through thematic mapping to identify patterns in the financial effects of standardized inpatient class policy implementation on hospitals in Indonesia.

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RESEARCH RESULTS

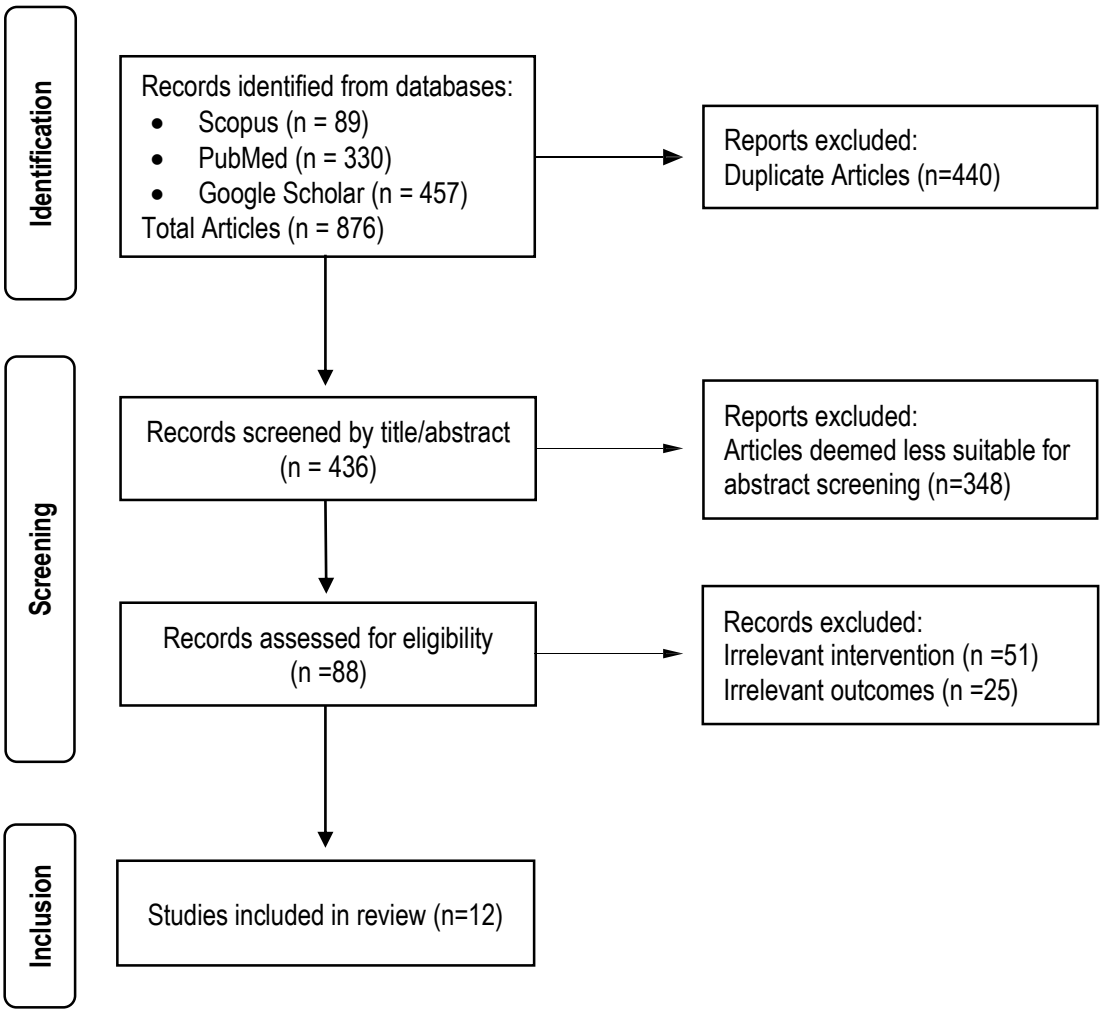


Figure 2. PRISMA Flowchart

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Table 1. Characteristics of the Articles Included

(Author, Year) (Country)	Purpose	Method	Intervention	Comparison	Outcome
(Kaiser *et al.*, 2023) (Sweden; Cambodia; Germany; South Africa)	To review health financing schemes supporting UHC in Southeast Asia.	Systematic Review	Health-financing mechanisms supporting universal coverage in Southeast Asia.	Comparison of revenue-raising and pooling approaches.	Found that general-revenue financing with full subsidies achieved strongest hospital financial stability and reduced out-of-pocket burden.
(Haurissa, 2024) (Indonesia)	To analyze opportunities and challenges of KRIS implementation in Indonesian hospitals.	Systematic Literature Review	Implementation of the Standard Inpatient Class Policy (KRIS) as mandated by Presidential Regulation No. 59/2024, focusing on hospitals collaborating with BPJS Health.	Comparison between current hospital practices (resource limitations, cost structures, and class disparities) and standardized inpatient service criteria under KRIS.	The study revealed that KRIS has strong potential to improve healthcare accessibility and quality, yet faces significant financial and operational barriers, including limited hospital infrastructure, inadequate human resources, and underfunded operational budgets. Successful implementation requires financial support, efficient management, and multi-sector collaboration.
(Aileen *et al.*, 2024) (Indonesia)	To identify and mitigate risks in KRIS implementation.	Case Study / Risk Assessment	Risk identification and mitigation during KRIS implementation.	Risk profile before vs. after mitigation actions.	Two KRIS criteria classified as "very high risk"; mitigation involved building renovation and spatial restructuring to meet cost-efficient compliance.
(Chavarina *et al.*, 2023) (Indonesia)	To assess quality of health economic evaluations under HTA guidelines.	Systematic Review	Implementation of national Health Technology Assessment (HTA) for cost-effectiveness in JKN hospitals.	Comparison of pre- vs. post-HTA guideline adoption.	Minimal improvement in methodological quality; highlighted need for stronger financial evaluation frameworks to guide resource allocation.

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(Author, Year) (Country)	Purpose	Method	Intervention	Comparison	Outcome
(Lim *et al.*, 2023) (UK)	To identify financial sustainability challenges in UHC systems.	Systematic Review	Regional analysis of health-financing systems and sustainability for UHC.	Comparison across ASEAN countries.	Identified rising hospital operating costs and fragmented insurance schemes as main threats to financial sustainability.
(Asante *et al.*, 2016) (Australia and UK)	To examine equity in health financing systems.	Systematic Review	Equity-oriented reforms in hospital health-financing systems.	Cross-country comparison using Benefit and Financing Incidence Analyses.	Demonstrated persistent pro-rich bias in hospital financing; recommended progressive and pooled funding mechanisms to enhance equity and performance.
(Gaffar & Mayansara, 2025) (Indonesia)	To explore operational and financial barriers in KRIS adoption.	Critical Review	Implementation of standardized inpatient room (KRIS) policy in Indonesia.	Comparison of urban vs. rural hospital readiness and financing.	Urban hospitals demonstrated greater preparedness; rural hospitals faced limitations in capital, infrastructure, and reliance on BPJS reimbursement.
(Basabih, 2025) (Indonesia)	To evaluate financial and service outcomes of hospital autonomy.	Systematic Review	Implementation of regional hospital autonomy (BLUD) related to financing and service performance.	Pre- vs. post-autonomy financial and service outcomes.	Financial independence improved, but efficiency and quality gains remain limited; local governance and financing capacity crucial to sustainability.
(Nurvidyaning *et al.*, 2025) (Indonesia)	To analyze legal and regulatory aspects of KRIS implementation.	Legal Review	Legal and policy framework of KRIS implementation under BPJS Health.	Comparison of national regulatory frameworks and facility compliance.	Only 21% of hospitals meet all 12 KRIS standards; main barriers include high infrastructure cost and limited fiscal capacity. Highlights legal need for equitable financing mechanisms.
(Saleh *et al.*, 2024)	To assess hospital	Literature	Literature-based	Comparison among	Readiness levels range from only 30% to

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(Author, Year) (Country)	Purpose	Method	Intervention	Comparison	Outcome
(Indonesia)	readiness for KRIS implementation.	Review	assessment of hospital readiness for implementing KRIS under the National Health Insurance (JKN) system.	hospitals (public vs private, urban vs rural) based on 12 KRIS criteria: infrastructure, facilities, HR, and financing readiness.	85%, with significant gaps in funding, infrastructure, and policy dissemination. Financial constraints are a major obstacle to fully achieving KRIS standards.
(Ghazaryan *et al.*, 2021) (Australia and UK)	To evaluate hospital payment reforms in LMICs.	Systematic Review	Implementation of hospital payment reforms (active payment mechanisms) in LMICs.	Comparison of passive vs. active payment models.	Payment reforms showed reductions in hospital expenditures and increased efficiency; implementation barriers included weak evidence and capacity issues.
(Zeng et al., 2025) (United States and Switzerland)	To identify factors influencing hospital financing performance.	Systematic Review	Various hospital financing interventions across LLMICs.	Comparison of different financing models' implementation contexts.	Key determinants: governance, resource capacity, stakeholders' involvement; barriers due to weak implementation planning and insufficient financing.

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DISCUSSION

This systematic review examined evidence on how the implementation of Indonesia's standardized inpatient class policy influences hospital financial performance and related operational outcomes. Findings were synthesized across 12 studies published between 2024 and 2025, together with supportive literature from the last five years addressing health financing, hospital cost dynamics, and service quality under universal coverage reforms. Most studies included in this review discuss policy readiness, infrastructure requirements, and financing arrangements rather than direct quantitative measures of hospital financial performance. Therefore, to outline the factors influencing hospital financial performance, this discussion is divided into several key subthemes.

Financial Impact of Standardized Inpatient Class Policy Implementation on Hospital Performance

A recurring theme across the included studies is that standardized inpatient class implementation places significant financial pressure on hospitals**,** particularly through requirements to upgrade infrastructure and meet uniform service standards (Hsu, Jowett, Mills, & Hanson, 2025). found that private hospitals in readiness to comply with standardized inpatient class criteria, largely due to capital and operating cost restrictions that limited their ability to finance facility upgrades and workforce development. This incomplete readiness suggests that many hospitals must absorb additional expenditures or delay compliance, which can impair both financial balance and service continuity (Laila, Paramarta, Yulianty, Kosasih, & Febriani, 2025).

Private hospitals faced a significant increase in operational costs associated with standardized inpatient class implementation (Nasser, Shubair, Fatani, Alhawiti, Aleissa, Saleh Aldubikhi, & El-Metwally, 2025). After readiness efforts, these facilities observed lower profit margins and were compelled to call for differentiated tariffs or government subsidies to maintain financial viability. This finding resonates with broader evidence showing that underpayment and reimbursement insufficiencies under national insurance schemes often strain hospital finances, resulting in reduced investment in infrastructure and workforce capacity consequently affecting service quality (Laila *et al.*, 2025).

Hospitals experienced a 10–15% decline in bed occupancy rates (BOR) due to the need to restructure physical spaces to comply with standardized inpatient class standards. Reduced BOR is directly linked to lost revenue, as fewer beds equate to lower service throughput, especially for National Health Insurance beneficiaries. A related systematic review on inpatient care costs found that discrepancies between reimbursements and actual costs led to financial problems, operational inefficiencies, and potential reductions in service quality**,** reinforcing the observation that hospitals under standardized payment rates may face sustainability challenges (Aileen, Jati, & Purnami, 2024; (Suarthana, Musmini, & Sinarwati, 2025).

Further confirmed variation in hospital readiness (30–85% compliance), with financial constraints consistently emerging as a major barrier. Public and rural hospitals, in particular, struggle to allocate sufficient funds for infrastructural improvements and continuous quality enhancement (Saleh, Rosyidah, & Hidayat, 2024).

Underlying Health Financing Challenges and Equity Considerations

Beyond direct standardized inpatient class costs, several studies highlight broader systemic issues affecting hospital finances. Based on the results of research (Kaiser, Rotigliano, Flessa, Ekman, & Sundewall, 2023; Lim, Kamaruzaman, Wu, & Geue, 2023), in their systematic reviews of health financing in LMICs, showed that health financing reforms often exert pressure on service providers**,** especially where reimbursement mechanisms are misaligned with actual service costs. In the context of standardized inpatient class, where standardized service packages are mandated, this misalignment can exacerbate financial strain unless accompanied by appropriate adjustments in reimbursement policies and financial support strategies (Hsu *et al.*, 2025).

Implications for health financing suggest that progressive financing mechanisms improve access and reduce financial burden, but reforms without compensatory mechanisms may disproportionately

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impact financially weaker facilities. This insight is directly relevant to the design of standardized inpatient class, highlighting that uniform inpatient care standards may not yield equitable financial outcomes for all hospitals unless funding mechanisms are tailored to facility capacity and regional disparities (Asante, Cheng, Susilo, Satrya, Haemmerli, Fattah, & Wiseman, 2023).

Transitions in health financing systems (e.g., towards social health insurance) can increase total health expenditure and may inadvertently lead to fiscal stress for service providers if system attributes (such as pooling and purchasing arrangements) are not optimized (Gabani, Mazumdar, & Suhrcke, 2023). This suggests that standardized inpatient class implementation could have unintended financial repercussions if the underlying National Health Insurance financing structure does not sufficiently account for the added service and infrastructure burden on hospitals.

Relationship Between Financial Sustainability and Quality Management

The reviewed studies also reveal a critical link between hospitals' financial health and quality outcomes. Financial strain from ineffective reimbursement leads to reduced investment in quality-related domains, including technology, human resources, and facility improvements elements that are also central to standardized inpatient class compliance (Laila *et al.*, 2025).

This observation aligns with global evidence showing that hospital performance, including patient outcomes and quality indicators, declines when financial pressures limit the ability to retain qualified staff or invest in quality assurance processes. In a systematic review of inpatient care costs, concluded that the gap between reimbursement rates and real service costs can compromise financial sustainability and constrain quality improvement efforts (Suarthana *et al.*, 2025).

Policy Implications and Strategic Considerations

The cumulative evidence underscores that while standardized inpatient class's equity and quality objectives are commendable, the policy's financial implications require careful management**.** Hospitals with limited capital reserves particularly public and rural facilities may struggle with the upfront investments and ongoing operational costs demanded by the new standards. Without targeted financial support, reimbursement reform, or phased implementation strategies, these facilities risk financial instability and deterioration in service quality.

To mitigate these risks, policymakers should consider: (1) adjusting reimbursement rates to reflect actual service costs rather than fixed standardized tariffs; (2) providing targeted financial support or incentives for facility upgrades, especially in rural and under-resourced regions; (3) strengthening financial monitoring systems to track the long-term impact of standardized inpatient class on hospital balance sheets and quality outcomes; and integrating costing methods such as Activity-Based Costing (ABC) to ensure more equitable tariff-setting based on real resource utilization (Suarthana *et al.*, 2025).

CONCLUSION

The reviewed studies primarily highlight issues related to hospital readiness, infrastructure requirements, and health financing arrangements rather than providing direct empirical measurements of hospital financial performance. Nevertheless, the literature suggests that the transition toward standardized inpatient services may require substantial investments in infrastructure, facilities, and operational adjustments. These requirements may create financial pressures for hospitals, particularly those with limited resources. The findings also indicate potential challenges related to the alignment between service standards and existing reimbursement mechanisms within the national health insurance system. Therefore, careful policy design, adequate financial support, and adaptive hospital management strategies are essential to ensure that standardized inpatient class implementation supports equitable and standardized inpatient care while maintaining the financial sustainability of hospitals. Further empirical research using hospital financial indicators is needed to better understand the long-term economic impact of standardized inpatient class implementation.

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