

Research Paper



Enhancing the Quality and Cost Control Team's Role in Improving Primary Care Referrals in Bantaeng

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Abstract: This study evaluates how well the Quality and Cost Control Team (TKMKB) can improve referral quality by reviewing and medically auditing Non-Specialist Referral Rasio (RRNS) indicators with the First Level Health Facility (FKTP). The quantitative descriptive approach compares RRNS data with Time, Age, Complication, and Comorbidity (TACC). It evaluates the appropriateness of TACC criterion selections before and after implementing the medical audit and RRNS indicator review with TACC at FKTP in Bantaeng Regency. The FKTPs that were sampled were those that met RRNS indicators at Ulugalung Health Center, Kota Health Center, and Pabentengang Health Center in Bantaeng Regency, had KBK compensation, and achieved 100% KBK for six consecutive months. The study results show that non-specialist referrals (RNS) with TACC were lower than those with RRNS TACC before the review and medical audit intervention. In Bantaeng District, 92.05% of referrals were Specialist Referrals, while 7.95% were Non-Specialist Referrals (0.92% RNS without TACC and 7.03% RNS with TACC). Additionally, following the TKMKB intervention, TACC criteria for Time were also reduced, suggesting an increase in the quality of referrals, particularly in selecting TACC criteria at FKTP in compliance with current norms and guidelines. Thus, the Branch Quality and Cost Control Team's contribution to enhancing referral quality via the medical audit and assessment of RRNS indicators with TACC at FKTP is deemed successful.

Keywords: Non-Specialist Referral Rasio (RRNS); Quality and Cost Control Team; Review and Medical Audit; Time; Age; Complication; Comorbidity (TACC)

Introduction

The National Health Insurance Program (JKN), administered by the Social Security Agency for Health (BPJS Kesehatan), is designed to provide benefits and finance health services in accordance with the provisions of the Social Security Program (Wahidah & Yusuf, 2022). The overarching goal of the JKN program is to ensure equitable, high-quality, and affordable access to healthcare for all Indonesians. This includes improving the quality of primary care and optimizing the utilization of all available health resources (Dinkes Deli

Serdang, 2022). One of BPJS's four strategic objectives for 2024 is to increase organizational productivity to enhance program implementation, improve cost efficiency, and ensure the long-term sustainability of the JKN program. Cost management is achieved by regulating referrals and improving the quality of health services, without limiting access for participants who require care, as outlined by the Directorate of Health Service Benefits. As part of this plan, the Quality and Cost Control Team reviews the appropriateness of referrals at the First Level Health Facility (FKTP). It conducts medical audits based on the Time, Age, Comorbidity, and Complication (TACC) criteria (Wakhyuni et al., 2021). Through the review and audit of referral appropriateness, as well as ensuring that FKTP referrals align with the TACC referral criteria based on the Clinical Practice Guidelines (PPK) for FKTP physicians, it is expected that the number of referrals can be controlled. The quality of referrals from FKTP to Advanced Referral Health Facilities (FKRTL), which include Regional Public Hospitals (RSUD) and Certain Clinics with advanced services, can be improved.

The Quality and Cost Control Team (TKMKB) members come from various backgrounds, including management, clinical practice, and health law. This group offers objective, fact-based suggestions (Sholahuddin Sanjaya et al., 2022). The main role of TKMKB includes evaluating the policy of the authority of health workers in carrying out professional practice according to competence, and medical audits according to applicable provisions (Puspita Sari et al., 2023). TKMKB can also bridge the regulatory interests of stakeholders and represents several academics, professional organizations, and subject-matter experts (BPJS Kesehatan, 2020).

The Non-Specialist Referral Ratio (RRNS) in FKTP Bantaeng Regency remained high as of March 31, 2024, in the first quarter of 2024, reaching 8.24%, with 7.45% related to TACC criteria. As to the Indonesian Doctor Competency Standards, this non-specialist service employs physicians with 4A competencies, a competency framework used in medical education in Indonesia to define the minimum standards that medical graduates must achieve before entering professional practice. It is outlined by the Indonesian Medical Council (Konsil Kedokteran Indonesia/KKI) as part of the Standar Kompetensi Dokter Indonesia (SKDI (Kementrian Kesehatan RI, 2022). However, doctors/medics at FKTP can refer patients according to the TACC criteria for patients with complications, other chronic diseases, or decreased immunity requiring further treatment (Utami et al., 2017).

The study by Pramono & Hendrartini (2016) found that several direct and indirect factors influence the non-specialist referral ratio of BPJS Kesehatan patients at Puskesmas in the provinces of Yogyakarta (DIY) and Central Java. These include the physician's competence, medical equipment availability, medicines, patient demands, distance to referral hospitals (FKRTL), and access to FKRTL. Effective integration between the Quality and Cost Control Team (TKMKB), FKTP, and Advanced Level Referral Facility (FKRTL) is essential to ensure that the use of TACC criteria in referrals at FKTP is done according to established standards (Zahrina et al., 2024).

The Non-Specialist Referral Ratio (RRNS) cases with TACC criteria do not count toward the Performance-Based Capitation (KBK) Indicator, as they are excluded from the

total outpatient referrals for non-specialist cases (BPJS Kesehatan, 2017). In Bantaeng Regency, six FKTPs were among the seven FKTPs under the Bulukumba Branch Office that achieved 100% KBK compliance. These six FKTPs (Pabentengang Health Center, Kota Health Center, Ulugalung Health Center, Campagaloe Health Center, Dampang Health Center, and Sinoa Health Center) also successfully met the RRNS indicator ($\leq 2\%$). According to evaluation statistics, each referral from an FKTP can result in three to four visits to an FKRTL per month.

Despite these achievements, the accuracy and compliance of applying TACC criteria in FKTP referrals have not been formally evaluated. Until now, Branch Offices have never assessed whether FKTPs appropriately use TACC criteria, select the right classifications, ensure diagnostic accuracy for non-specialist cases with complications and comorbidities, and properly record TACC criteria in patient medical records, as mandated by Ministerial Decree HK.01.07/MENKES/1186/2022.

If FKTP at the branch offices evaluates this, the health care system may be significantly impacted in several ways. Are the TACC criteria being applied incorrectly? Without regular review, there is no assurance that non-specialist referrals are being managed according to established clinical standards (Jihan & Munawaroh, 2020). This could lead to unwarranted or incorrect referrals to secondary healthcare institutions, such as primary care centers, which could raise the overall cost of the health system. Furthermore, primary healthcare providers may lack awareness of the TACC criteria or receive inadequate feedback on their application, which can hinder their ability to accurately determine whether a case requires referral or can be managed independently at the primary care level (Ramadhani, 2020). Systematic and frequent evaluation is essential for ensuring that all referrals are made correctly, optimizing the use of health resources, and raising the standard of patient care (Setiawati & Nurriszka, 2019).

To assess the effectiveness of the role of the Quality Control Cost Control Team (TKMKB) in improving referral quality, BPJS Health Bulukumba Branch conducted a medical audit on RRNS and TACC indicators and reviewed the implementation of RRNS TACC in FKTP, with the participation of the Bulukumba Branch's TKMKB. The purpose of this study is to objectively examine the quality and levels of improvement of referrals in FKTP and how well the Quality and Cost Control Team (TKMKB) intervention has worked to improve the quality of non-specialist referrals using the Time, Age, Comorbidity, and Complication (TACC) criteria.

Method

This study employed a quantitative descriptive approach to evaluate the effectiveness of the Quality and Cost Control Team (TKMKB) interventions in improving referral quality at First-Level Health Facilities (FKTPs) in Bantaeng Regency. The core of the methodology involved a direct comparison of two key indicators, the RRNS (Rasio Rujukan Non-Spesialistik) and TACC (Tepat, Akurat, Cepat, dan Kredibel) compliance, both before and after the implementation of a medical audit process. The research was designed to

provide a comprehensive, data-driven analysis of how targeted interventions can enhance the appropriateness and quality of healthcare referrals, a crucial component of the Indonesian National Health Insurance (JKN) system.

For data collection and sampling, the study utilized business intelligence data from BPJS Health, which provided an extensive dataset on the volume and diagnoses of referrals originating from various FKTPs. From this pool, three specific health centers, Ulugalung, Kota, and Pabentengang, were strategically selected. The rationale for this selection was their demonstrated a 100% achievement in the KBK (Kapitasi Berbasis Komitmen) indicator, which signifies a high level of performance and commitment to quality services. The audit focused on the ten most frequent non-specialist diagnoses, with a particular emphasis on chronic conditions such as hypertension (HT) and diabetes mellitus (DM), as these are common drivers of unnecessary specialist referrals. The appropriateness of these referrals was meticulously assessed against the TACC criteria, as mandated by the Ministerial Decree HK.01.07/MENKES/1186/2022. This regulatory framework provided a clear and standardized benchmark for evaluating whether referrals were appropriate, accurate, timely, and credible.

The audit process was structured into three distinct and sequential phases to ensure a thorough and systematic evaluation. The pre-audit phase involved preparatory work, including the initial collection and analysis of RRNS and TACC data, and the identification of the top ten referral diagnoses. This phase also included a crucial collaborative component: a KBK monitoring evaluation conducted in partnership with the local Health Office and the selected FKTPs. A preparatory meeting with the TKMKB Bulukumba Branch was also held to align on the objectives of the audit, particularly concerning the utilization of primary care services and adherence to TACC guidelines. The audit phase was the core of the evaluation. It involved a detailed comparison of PCare data with physical medical records to verify the accuracy of diagnoses and the correct application of TACC criteria. This step was critical in identifying instances where non-specialist cases were inappropriately referred to specialist services, a key problem the study aimed to address. The quality of referrals was then formally evaluated based on this adherence to the TACC standards. Finally, the post-audit monitoring and evaluation phase served as a feedback and analysis loop. It involved gathering feedback from the TKMKB Bulukumba Branch and analyzing the subsequent changes in non-specialist referrals in relation to the TACC standards. The ultimate goal of this entire process was not only to assess but also to improve the understanding and application of TACC criteria at the FKTP level, thereby strengthening the quality of primary healthcare services and ensuring that patient referrals are both appropriate and necessary.

Results

Non-Specialist Referral Ratio until Q1 2024

Table 1 presents the non-specialist referral ratios per regency in KC Bulukumba up to Q1 2024. The Bulukumba District recorded a specialist referral rate of 93.06%, with non-

specialist referrals categorized based on TACC criteria. Of the total non-specialist referrals, 2.08% did not meet TACC criteria (RRNS without TACC), whereas 4.86% complied with TACC guidelines (RRNS with TACC).

Table 1. Non-Specialist Referral Ratio per Regency in KC Bulukumba until Q1 2024

Regency	specialist referral %	Non-Specialist Referral	
		RNS % without TACC	RNS % with TACC
Bantaeng	91.76	0.79	7.45
Bulukumba	93.98	0.44	5.58
Jeneponto	92.71	4.58	2.71
Selayar	93.57	1.05	5.39
Bulukumba District	93.06	2.08	4.86

Data source: BPJS Kesehatan BI Application Output

The results indicate that Bantaeng Regency has the highest non-specialist referrals meeting TACC standards, at 7.45%. In Bantaeng, 91.76% of referrals are specialist referrals, while 8.24% are non-specialist referrals. Among these non-specialist referrals, 7.45% comply with TACC criteria, whereas 0.79% do not. Compared to other regencies, Bantaeng has the highest proportion of non-specialist referrals categorized under TACC criteria.

Non-Specialist Referral Ratio until Q2 2024

Table 2 presents the distribution of non-specialist referrals up to the second quarter (Q2) of 2024. Specialist referrals at the Bulukumba branch office constitute 93.05%, while non-specialist referrals account for 6.95%. Among these non-specialist referrals, 4.89% are classified as TACC referrals, whereas 2.06% fall under non-TACC referrals.

Table 2. Non-Specialist Referral Ratio per Regency in KC Bulukumba until Q II 2024

Regency	specialist referral %	Non Specialist Referral	
		RNS % without TACC	RNS % with TACC
Bantaeng	92.05	0.92	7.03
Bulukumba	93.76	0.41	5.83
Jeneponto	92.83	4.54	2.63
Selayar	93.36	0.94	5.70
Bulukumba District	93.05	2.06	4.89

Data source: BPJS Kesehatan BI Application Output

The results also show that Bantaeng Regency had the highest percentage of non-specialist referrals using the TACC criterion (7.03%). However, this has decreased from 7.45% in Q1 following the medical review and audit interventions by the Bulukumba Branch of TKMKB. In Bantaeng, 92.05% of referrals were made by specialists, leaving 7.95% as non-specialist referrals, of which 7.03% complied with TACC and 0.92% did not. This trend suggests that the intervention has improved TACC compliance, but further efforts are needed to reduce non-TACC referrals and optimize referral appropriateness in Bantaeng Regency.

RNS Data at the Bulukumba Branch Office with TACC

Figure 1 illustrates the proportion of non-specialist referrals at the Bulukumba branch office according to the criteria of Time, Age, Comorbidity, and Complication up to Q1. The non-specialist ratio data with TACC at the Bulukumba Branch Office shows that the time

(70%) and age (19%) criteria have the highest percentages. The time criterion applies when the disease progression is categorized as chronic or surpasses the golden time standard and age, when the patient's age falls into a group considered at higher risk for complications and experiencing a more severe disease progression. The FKTP in Bantaeng Regency analyzed referrals based on the Time and Age parameters, revealing the following findings: Among 88 non-specialist referrals in Bantaeng Regency during Q1, 55 cases (63%) met the Time criterion, while 18 cases (20%) fell under the Age criterion.

During Q2, 125 non-specialist referrals were recorded in Bantaeng Regency, with 73 cases (58%) meeting the Time criterion and 33 cases (26%) classified under the Age criterion, as shown in Table 3. In contrast, the use of the Time criterion decreased. This suggests that criteria selection has become more aligned with relevant standards following the intervention through a joint review and audit with TKMKB. Previously, most referrals were based on the Time criterion alone, without consideration of the Clinical Practice Guidelines (PPK) for Doctors at the Primary Health Care level (FKTP).

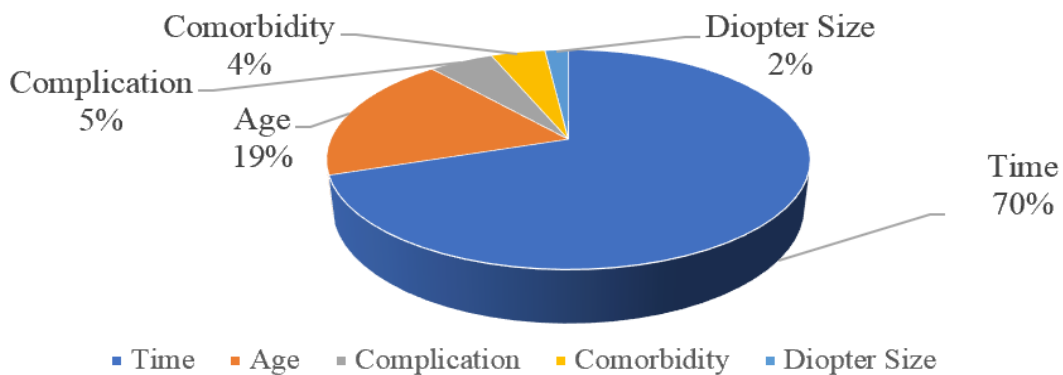


Figure 1. RNS Data Diagram in KC Bulukumba with TACC (source: BPJS Kesehatan BI Application Output)

Table 3. The ratio of RNS to TACC in Bantaeng Regency

Criteria	Non-Specialist Referrals with TACC			
	Until Q1 2024		Until Q II 2024	
	Referrals	%	Referrals	%
Time	55	63	73	58
Age	18	20	33	26
Complication	7	8	13	10
Comorbidity	6	7	2	2
Diopter Size	2	2	4	3
TOTAL	88	100	125	100

Data source: BPJS Kesehatan BI Application Output

Several discrepancies in the selection of TACC criteria (Time, Age, Comorbidity, and Complication) according to the standards outlined in KMK HK.01.07/MENKES/1186/2022 were discovered during the implementation of a joint medical review and audit with the Bulukumba Branch of TKMKB at the Bantaeng Regency FKTP. According to the PIC Pcare officer, several referral criteria prioritizing time and age were chosen without fully considering the TACC criteria in compliance with the Clinical Practice Guidelines (PPK) for

Doctors at FKTP. These criteria were based solely on anamnesis or patient interviews about the patient's age and the time of the disease.

According to the review results, several non-specialist referral criteria with TACC were only listed on the register and referral sheet and were not fully documented in the medical records. TKMKB then sent the provisions of the TACC criterion, which ought to serve as the primary directive in FKTP, for further action.

Following the TKMKB medical review and audit intervention at FKTP Bantaeng Regency, the quality of non-specialist referrals improved significantly. The decline in the proportion of non-specialist referrals with Time criteria suggested that the TACC criterion selection process had improved by relevant standards.

For instance, Bantaeng Regency's use of TACC criteria for eye diagnosis has improved. Before the medical evaluation and audit intervention, only the patient's age and time were considered when choosing criteria for diagnosing myopia and refractive disorders. Subsequently, it was enhanced by considering the diopter size criteria, particularly for eye diagnoses that call for eyeglass services at FKRTL, following the evaluation and submission of the TACC criteria requirements by the rules at FKTP.

This intervention aims to enhance the quality of primary health care services provided under the National Health Insurance Program by increasing the accuracy and adherence to TACC criteria requirements in the referral process at FKTP.

From the total non-specialist referrals in Bantaeng Regency during Q1, before the TKMKB Medical Review and Audit was conducted, it was observed that among the top five most common diagnoses for non-specialist referrals, the Time criterion was the most dominant for hypertension (HT) and diabetes mellitus (DM), as shown in the Table 4. Furthermore, Table 4 indicates that the Time and Comorbidity criteria are still used to screen patients diagnosed with myopia and refractive disorders who require eyeglass treatments at FKRTL. In contrast, the appropriate criterion should be diopter measurement. In Q1, the diagnosis of myopia appeared more frequently based on the comorbidity criteria than the diopter measurement criteria. Only one participant diagnosed with myopia used the diopter measurement criteria in Quarter I (Q1).

Table 4. The top five RNS diagnoses in Bantaeng Regency with TACC before the TKMKB Medical Review and Audit

Diagnosis	Time	Age	Comorbidity	Complication	Diopter Size
Essential (primary) hypertension	5	3			
Non-insulin-dependent diabetes mellitus	4	1		2	
Disorders of refraction and accommodation			4		1
Unspecified protein-energy malnutrition	1	3			
Myopia	1		2		1

Data source: BPJS Kesehatan BI Application Output

In Q2, after the TKMKB Medical Review and Audit was conducted, it was observed that among the top five most common diagnoses for non-specialist referrals, the Time criterion remained the most dominant for diabetes mellitus (DM). However, its prevalence

under the time criterion had decreased for hypertension (HT), as shown in Table 5. The guidelines used diopter measurements to diagnose myopia and refractive disorders. This is evidenced by the high number of referrals for myopia based on diopter size. In Q2, the number of participants diagnosed with myopia using the diopter measurement criteria was higher than others, which aligns with the fact that myopia should be diagnosed based on diopter measurements.

Table 5. The top five RNS diagnoses in Bantaeng Regency with TACC after the TKMKB Medical Review and Audit

Diagnosis	Time	Age	Complication	Comorbidity	Diopter Size
Non-insulin-dependent diabetes mellitus	10	7			
Myopia			5		8
Disorders of refraction and accommodation	2		4		1
Essential (primary) hypertension	4	2			
Scabies	4				

Data source: BPJS Health BI Application Output

Discussion

The evaluation of results shows that the intervention of the Role of TKMKB through medical review and audit of the Branch TKMKB can improve the quality of referrals, especially Non-Specialist Referrals with TACC at FKTP Bantaeng Regency. The suitability of referrals and the selection of TACC criteria according to the Decree of the Minister of Health Number HK.01.07/MENKES/1186/2022 indicate the quality of referrals at FKTP. This Decree refers to the Competency Standards of Medical Doctors (SKDI), which states 144 non-specialist diseases (4A skills) that doctors in Primary Care must master for independent diagnosis and management (Kementrian Kesehatan RI, 2022).

However, the implementation of health services at FKTP Bantaeng Regency still shows a high Non-Specialist Referral Ratio (RRNS) up to Quarter I, which is 8.24%, with 7.45% of which are RRNS with TACC. Evaluation data shows that one referral from FKTP causes 3 to 4 visits to Advanced Referral Health Facilities (FKRTL) every month. This causes an increase in the workload and service capacity at FKRTL, which may not be well placed to handle the volume of inappropriate visits. This situation can extend waiting times for patients needing further care, increase overall healthcare costs, and disrupt the patient experience by requiring further travel or additional expenses (TNP2K, 2019). Many situations that should be handled at FKTP are still sent to secondary health care because of insufficient facilities, funding, and medical expertise (Permenkes Nomor 5, 2014).

Primary care physicians must be able to diagnose and treat illnesses, focusing on achieving level 4 competency (Mahesa, 2019). However, based on the TACC (Time-Age-Complication-Comorbidity) criteria, the physician at FKTP may decide to refer the patient if complications arise or if the patient has a chronic illness that needs more care (Kementrian Kesehatan RI, 2022). Despite its intended alignment with clinical conditions and TACC documentation standards, the indicator has never been formally validated for FKTP use.

The impact of never evaluating the use of TACC indicators by FKTP is the potential for a discrepancy between the patient's diagnosis and the actual medical condition. This can result in difficulties in determining the appropriate care needs for patients, increase the risk of errors in managing complex medical cases such as complications and comorbidities, and reduce the accuracy of recording TACC criteria, which are important for directing the right referral process (Wakhyuni et al., 2021). Inappropriate referrals and the requirement for needless further care could result in inferior health services and higher total health care expenses. Non-specialist referrals with TACC criteria are still not included in the Performance-Based Capitation Indicator (KBK) achievement because they are not included in the total number of outpatient referrals for non-specialist cases (Yanthi et al., 2023).

Seven FKTPs in the Bulukumba Branch Office have 100% achievement (all KBK indicators are met); six are in Bantaeng Regency. The RRNS indication ($\leq 2\%$) and KBK achievement are 100% at six FKTPs in the Bantaeng Regency. Using the role of the TKMKB Branch in three FKTP Bantaeng Regency, which have 100% KBK indicator achievement and RRNS with TACC fulfilled for six consecutive months—Ulugalung Health Center, Kota Health Center, and Pabentengang Health Center—this serves as the foundation for the implementation of medical review and audit of RRNS indicator with TACC to strengthen the quality of referrals in Primary Care.

The TKMKB Branch's observations regarding the review's implementation led to six recommendations.

1. Doctors at FKTP must follow the TACC, diagnostic, and management criteria as stated in KMK Number HK.01.07/MENKES/1186/2022.
2. The medical record must contain all information/reasons for referral for cases with TACC criteria.
3. Eye referrals requiring glasses must use the "dioptric size" criteria and include the eye examination results at the FKTP.
4. PCare officers ensure that patient diagnosis codes are accurate, particularly for patients referred to FKRTL.
5. Inform all FKTP personnel that referrals of APS patients are not assured in the JKN Program.
6. FKTP must fulfill non-specialist referral criteria, such as documenting the patient's condition in the medical resume. The Health Service, Head of IDI, and FKTP Management should attend to and supervise the patient.

According to the data comparison, Bantaeng Regency has the highest TACC among registered nurses. However, it dropped compared to RRNS TACC before the medical review and audit intervention. Bantaeng Regency has a greater percentage of non-specialist referrals (7.03% RNs with TACC and 0.92% RNs without TACC) than other districts, with 92.05% of the 100% referrals being specialist referrals.

Following the TKMKB medical review and audit intervention at FKTP Bantaeng Regency, the percentage of RNS with the TACC "Time" criteria dropped, suggesting an

improvement in the caliber of referrals, particularly in the standardization of TACC criteria selection. Additionally, Bantaeng Regency's adoption of TACC criteria for ocular diagnosis improved the caliber of non-specialist referrals. Following the evaluation, the TACC criteria for diagnosing myopia and refractive disorders were chosen based on diopter size, particularly for eyeglass services at FKRTL. Before this, criteria selection was solely based on time and patient age.

TKMKB's role in performing medical reviews and audits in primary care is regarded as efficient and consistent with managed care principles, which include facilitating access to services, preserving the quality of health services, and integrating the financing and delivery of health services into a cost control system (Wahidah & Yusuf, 2022).

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Conclusion

TKMKB's participation in conducting medical reviews and audits and offering policy recommendations to improve the caliber of referrals in Bantaeng Regency's primary care has been successful. TKMKB's interventions have successfully lowered RNS using TACC in FKTP Bantaeng Regency. Referral quality has improved, particularly in the selection of TACC criteria in compliance with current standards and recommendations, as evidenced by the decline in the proportion of RNS with TACC Time criteria following the medical review and audit intervention. Furthermore, Bantaeng Regency's usage of TACC criteria based on diopter size for eye diagnosis has increased the quality of non-specialist recommendations.

Although TKMKB's role is considered effective, further optimization is necessary to reduce RRNS with TACC and overall referral cases in FKTP. This can be achieved through active coordination with key medical review and audit stakeholders, improving FKTP facilities and resources for managing non-specialist cases, and fostering a professional, high-quality, cost-effective healthcare environment aligned with managed care principles. By taking these actions, FKTP's health services are expected to fulfill the criteria set and continue to improve, giving the residents of Bantaeng Regency the best possible care.

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