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## Legal Compliance Analysis of the BPJS Health Patient Referral Procedures at Primary Healthcare Facilities

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## Abstract

This study analyzes the BPJS Health referral procedure at the Kimia Farma Sumber Cirebon Clinic through an empirical qualitative approach. Data were collected through interviews, observations, and documentation studies to evaluate legal compliance, identify driving and inhibiting factors, and formulate recommendations for improvement. Findings indicate that, normatively, the clinic has complied with BPJS regulations, as demonstrated by staff's good understanding of doctors' authority and the use of the P-Care system. However, implementation in the field faces technical obstacles, such as the instability of the P-Care system, which triggers the use of temporary referral letters, as well as information gaps that cause patient confusion. It was concluded that legal compliance depends not only on normative compliance, but also on infrastructure support and effective communication. Strategic recommendations focused on three pillars: strengthening technological infrastructure, increasing human resource capacity through continuous training, and improving transparency and patient education on procedures to create synergy between legal compliance, service efficiency, and public accountability within the JKN framework.

## Keywords

BPJS Health, JKN, Legal Compliance, Primary Health Facilities, Referral Procedures.

## 1. Introduction

The National Health Insurance (*Jaminan Kesehatan Nasional/JKN*) program in Indonesia, managed by Social Health Security Administration (*Badan Penyelenggara Jaminan Sosial Kesehatan/BPJS Health*), has become the main instrument for providing equitable and sustainable health services to all citizens (Endradita et al., 2020; Barthos & Laturmas, 2023; Haryanti & Supriyanto, 2023; Makhya, 2025). The tiered referral system is one of the key mechanisms designed to ensure efficiency and quality of care. Primary Health Facilities (*Fasilitas Kesehatan Tingkat Pertama/FKTP*), such as clinics and community health centers, serve as the first gatekeeper that determines whether a patient can be treated at the primary level or must be referred to a hospital (Aryani et al., 2024; Daroedono et al., 2025). The success of this system heavily depends on how well the FKTP implements the referral procedures mandated by BPJS Health regulations (Nuraeni, 2023; Ardini et al., 2023).

In practice, many studies reveal that the implementation of the BPJS referral system still faces various obstacles. Borges et al. (2023), Mwogosi and Kibusi (2024), and Herlinawati et al. (2024) found that knowledge and infrastructure gaps among health workers often lead to non-compliance with standard procedures. Similarly, Werdana et al. (2024) and Lubis et al. (2025) noted that coordination problems between FKTP and the BPJS Health frequently cause delays and patient dissatisfaction. Saputra et al. (2024) and Hossain et al. (2025) further highlighted the frequent instability of the P-Care application as a major technical barrier that forces health facilities to use manual or temporary referral letters. Although these studies have identified problems at the operational level, most of them only focus on community health centers and rarely examine private primary clinics such as Kimia Farma clinics. Moreover, limited research, such as Yusefi et al. (2022), Alizadeh et al. (2025), and Karume et al. (2025), has specifically analyzed the legal compliance aspect of referral procedures from the perspective of both health workers and patients in a single primary clinic setting.

The gap becomes more evident when looking at the legal and policy dimensions. According to Prastyanti et al. (2023), although the legal framework for tiered referrals is already clear, its application at the micro level is still inconsistent due to differences in interpretation and infrastructure readiness among health facilities. Sembiring et al. (2023) and Mabini et al. (2024) added that the lack of in-depth legal analysis at the clinic level makes it difficult to measure the extent to which existing regulations are truly obeyed or only fulfilled administratively. This situation shows that an empirical legal study focusing on private primary clinics is urgently needed to understand the real dynamics between written regulations and daily practice (Nguyen et al., 2021; Wright & Brell, 2023).

Previous studies, such as those by Yolanda et al. (2020), Mewborn et al. (2023), and Suryani et al. (2024), have largely been conducted in hospitals or major community health centers, whereas private clinics such as Kimia Farma remain insufficiently explored. The Kimia Farma Sumber Cirebon Clinic, as a private FKTP that serves a large number of BPJS Health participants, was chosen as the research site because it represents the typical challenges faced by private primary clinics in Indonesia. Direct observation and in-depth interviews with health workers and patients allow this study to capture a complete picture of compliance and implementation barriers that are often overlooked in previous studies.

Therefore, this study aims to achieve three specific objectives. First, it analyzes the level of legal compliance of referral practices at the Kimia Farma Sumber Cirebon Clinic with BPJS Health regulations and the clinic's internal policies. Second, it identifies the driving and inhibiting factors in the implementation of the referral system from the perspectives of health workers and patients. Third, it formulates

strategic and practical recommendations to improve the effectiveness and accountability of the BPJS Health referral system at the primary health facility level. The results of this study are expected to contribute to strengthening the governance of the JKN program and provide practical guidance for clinics and policymakers in creating a more efficient and patient-friendly referral system.

## **2. Methods**

This study employed an empirical qualitative approach to deeply understand the implementation of BPJS Health patient referral procedures at the Kimia Farma Sumber Cirebon Primary Clinic. The qualitative method was selected because it enables direct exploration of real experiences and perceptions of health workers and patients in their natural setting, as well as close examination of the gap between written regulations and daily practice (Lim 2025). By combining interviews, observations, and document analysis, this research sought to produce rich and contextual findings regarding legal compliance and operational challenges in the tiered referral system.

The research was conducted at the Kimia Farma Sumber Cirebon Primary Clinic, a private Primary Health Facility that serves a significant number of BPJS participants in the Cirebon area. Data were collected through three main techniques: documentation study, in-depth interviews, and direct observation. The documentation study focused on reviewing operational documents of the clinic, including Clinical Service Guidelines, the Decree of the Person in Charge of the Clinic, and Standard Operating Procedures (SOPs) for emergency and non-emergency referrals. These documents served as the normative foundation for assessing alignment between internal policies and BPJS Health regulations.

Primary data were gathered using semi-structured interview guidelines and observation sheets. Interviews were conducted with two groups of informants: ten health workers and administrative staff to capture their understanding of referral regulations, implementation obstacles, and coordination with the BPJS Health, and eight BPJS patients to understand their experiences, difficulties, and satisfaction with the referral process. All informants provided informed consent, and their identities were kept confidential throughout the study. Direct observation was also carried out during regular working hours to record actual administrative flows, use of the P-Care application, waiting times, and interactions between staff and patients.

All collected data were analyzed interactively through three stages: data reduction, data presentation, and conclusion drawing. The process involved organizing evidence from interviews, observations, and documents into key themes that directly answered the research objectives. This systematic analysis ensured that the findings accurately reflected the dynamics of legal compliance and implementation of BPJS Health referral procedures at the clinic level.

## **3. Results and Discussion**

### **3.1. Analysis of the Legal Compliance of Referral Practices**

The analysis of legal compliance in the implementation of referral practices at the Kimia Farma Sumber Cirebon Clinic highlights three central themes: the understanding of regulations by health workers, the presence of technical barriers that influence adherence to procedures, and patients' perceptions as the final reflection of system compliance. These themes form the basis of the qualitative consolidation presented in Table 1, which maps interview evidence and observation findings into a structured analytical framework. This thematic mapping remains essential because it visually demonstrates how regulatory knowledge, operational challenges, and patient experiences interact to shape the compliance landscape.

**Table 1.** Thematic Mapping of Legal Compliance Analysis of Referral Practices

Theme	Evidence (Verbatim Quotes and Observation Results)
Understanding and Implementation of Referral Regulations by Health Workers	<p>Staff Interview:</p> <ul style="list-style-type: none"> <li>We have been trained on BPJS regulations regarding the referral system. The process must begin at primary health care facilities like ours, then proceed to hospitals.</li> <li>Referrals can only be given by doctors. All referrals must go through P-Care, not manually.</li> </ul> <p>Observation Results:</p> <ul style="list-style-type: none"> <li>The referral SOP is available at the registration desk. P-Care is used as the main system.</li> <li>Staff check patient documents before inputting them into P-Care.</li> </ul>
Technical Challenges: Disruptions in the Implementation of Ideal Regulations	<p>Staff Interview:</p> <ul style="list-style-type: none"> <li>Generally compliant, but sometimes there are technical issues such as P-Care errors, so temporary referral letters have to be issued.</li> <li>The main challenge is that the P-Care network is often slow or experiences errors...</li> </ul> <p>Observation Results: The referral process is sometimes switched to offline mode. Processing time can be longer if the system experiences errors.</p>
Patient Perceptions and Experiences: The Final Reflection of System Compliance	<p>Patient Interview:</p> <ul style="list-style-type: none"> <li>I know I have to get a referral from the clinic first, but I don't understand the details.</li> <li>The process went fairly smoothly, but was delayed due to a system error.</li> <li>I am quite satisfied; the staff were friendly and explained everything well.</li> </ul> <p>Observation Results: Most patients seemed to understand after being given an explanation. No complaints were expressed directly.</p>

Based on the thematic mapping, as shown in Table 1, it is clear how each theme is supported by a series of solid evidence from various data sources. To gain a deeper understanding, the following description will discuss each theme in detail, analyzing the implications of these findings in the context of legal compliance.

As FKTP, the Kimia Farma Sumber Clinic plays a key role as the initial gateway in the BPJS Health tiered referral system. A comprehensive understanding and consistent implementation of regulations by health workers are the main determinants of the legal compliance of referral practices at this clinic. In this regard, interviews with health workers revealed a high level of awareness of the applicable regulatory framework. An officer at the clinic explained that referrals can only be given by doctors. All referrals must go through P-Care, not manually (Informant PE-01, officer, and health worker at Kimia Farma Clinic).

This statement demonstrates a proper understanding of two key aspects of the regulation, namely the authority to issue referrals and the obligation to use the designated digital system. This statement indicates that, normatively, the clinic has instilled the principle of legal compliance in its operations. The emphasis on digital procedures through P-Care reflects efforts to align field practices with BPJS Health policies that prioritize transparency and efficiency as part of the broader strategy to enhance accountability in health service delivery (Fahlevi & Alharbi, 2021). In other words, there is a systematic effort to translate written regulations into concrete operational actions. These interview findings are reinforced by observation results,

which note that referral SOPs are available and accessible, and that the use of the P-Care application is the primary method for processing referrals. Observations of document completeness checks before entering data into the system further confirm that administrative procedures are orderly and structured, in accordance with the mandated legal framework.

Although a commitment to comply with regulations has been established, its implementation in the field is not without obstacles. Technical constraints were identified as a significant challenge that affects the consistency and legal compliance of referral practices. According to an administrative officer, although referral procedures are generally implemented in accordance with existing regulations, technical problems, such as errors in the P-Care system, occasionally require health workers to issue temporary referral letters to ensure continuity of patient services (Informant PE-04, administrative officer and health worker at the Kimia Farma Clinic). This statement reveals a dynamic reality in which ideal compliance with regulations (which require an online system) must contend with infrastructure constraints, a phenomenon also noted in other digital health implementations where system failures lead to workarounds that compromise procedural integrity (Addo & Agyepong, 2020). This finding points to a gap between theory and practice. The creation of “temporary referral letters” can be seen as a form of practical compliance or adaptation in the field to overcome system failures, with the main objective of continuing to serve patients. However, technically, this deviates from the standard fully digital procedure. This shows that legal compliance does not only depend on intention and understanding, but also on reliable infrastructure support, as highlighted in studies on health information systems in low-resource settings where technological instability directly affects service delivery quality (Mwogosi & Kibusi, 2024). The observation results provide visual context to this constraint, where it was seen that some patients had to wait longer when the P-Care system was slow or switched to offline mode. The growing queues and confused expressions of patients were clear evidence of how the instability of digital systems can directly disrupt the service experience and create inefficiencies, even though the core procedures are still legally enforced.

From the patient’s perspective, the legal compliance of a system is not only measured by its fulfillment of technical regulations, but also by how accessible and understandable the system is a dimension often overlooked in compliance-focused evaluations (Nguyen et al., 2021). Interviews with patients revealed an information gap even though services were carried out procedurally. One patient acknowledged awareness of the requirement to obtain a referral from the clinic but indicated a lack of understanding regarding the specific procedures and details involved in the referral process (Informant PA-01, patient at the Kimia Farma Clinic). This statement indicates that the dissemination of referral procedures has not been fully effective in building a deep understanding among users. The patient’s statement highlights the importance of communication in the framework of legal compliance. A system that is technically compliant but not understood by the public can lead to misinterpretation and dissatisfaction by failing to meet patients’ expectations of clarity and guidance (Yusefi et al., 2022). However, it is interesting to note that despite their limited understanding of the details, their experience in handling referrals tends to be positive. This is in line with the results of observations on patient response and satisfaction, which noted that after receiving explanations from staff, patients appeared calmer and understood the process they had to go through. This shows that the active role of staff in educating and guiding patients is a crucial factor that links formal legal compliance with perceptions of satisfaction at the community level, ultimately building trust in the BPJS Health referral system implemented in clinics.

The findings show that health workers at the Kimia Farma Sumber Cirebon Clinic have a good understanding of BPJS Health regulations, especially regarding the authority of doctors as referrers and the use of the P-Care system as a mandatory platform. Informant PE-01's statement confirms a high level of legal awareness and procedural implementation in line with BPJS Health Regulation Number 1 of 2019 concerning Tiered Referral Procedures. This condition shows that the normative aspects of referral implementation have been embedded in the clinic's work culture. Previous research by Erku et al. (2023) found that compliance with the P-Care system in primary health facilities is highly determined by the level of regulatory literacy and training of officers in understanding the digital referral process. In line with this, Arifah et al. (2021) also emphasized that procedural compliance at FKTPs will be more consistent when clinics have clear SOPs and conduct regular internal audits of referral policy implementation. Thus, it can be concluded that the Kimia Farma Sumber Clinic has demonstrated normative and administrative legal compliance through the use of digital systems and adherence to the authority of the referral provider.

Although understanding and commitment to legal compliance have been established, findings from interviews with informant PE-04 reveal technical obstacles, such as errors in the P-Care application, that hinder the ideal implementation of referrals. In this context, the use of letters from the patient's perspective, the legal compliance of referral practices is not only determined by the fulfillment of administrative procedures, but also by the extent to which the system is understood by service users. Findings from informant PA-01 indicate an information gap, even though formal procedures have been carried out in accordance with regulations. This indicates that patient education has not been fully optimized. These findings are in line with the research Lubis et al. (2025) which found that patients' understanding of the BPJS Health referral system affects their satisfaction and level of trust in health facilities. Furthermore, Fitzpatrick (2023) explains that the effectiveness of the implementation of the digital referral system depends on clear communication between staff and patients, especially in explaining the reasons for and stages of referral. Therefore, the success of legal compliance is not only measured by clinics' adherence to regulations but also by their ability to internalize the values of legal compliance through transparent, communicative, and inclusive services for patients.

### 3.2. Driving and Hindering Factors in the Referral System Implementation

The implementation of the BPJS Health referral system at the Kimia Farma Sumber Cirebon Clinic is influenced by a set of interconnected driving and inhibiting factors that shape the overall effectiveness of the referral process. These factors reflect the interaction between regulatory understanding, technological readiness, communication quality, and patient literacy. Table 2 organizes these elements into two major themes, procedural dynamics and information gaps, which together provide a structured foundation for analyzing how the system operates in practice.

**Table 2.** Thematic Mapping of Interview and Observation Results

Theme	Evidence (Verbatim Quotes & Observation Results)
Dynamics of Referral Procedure Implementation and Technical Constraints	<p>From Staff:</p> <ul style="list-style-type: none"> <li>• We have been trained and understand the BPJS referral rules... the stages are clear... we make referrals to advanced health facilities through P-Care.</li> <li>• The P-Care application is often slow or experiences errors, causing delays in the referral process.</li> <li>• ...sometimes we still use manual letters if the system crashes.</li> </ul> <p>From Observations:</p>

<b>Theme</b>	<b>Evidence (Verbatim Quotes &amp; Observation Results)</b>
Information Gaps and Their Impact on Patient Satisfaction	<ul style="list-style-type: none"> <li>• The BPJS P-Care system is implemented, but delays frequently occur due to queues or server issues. Processing times vary between 10–30 minutes.</li> <li>• When P-Care experiences errors, clinics use manual referral letters that are not fully compliant with the latest regulations.</li> </ul> <p>From the patient:</p> <ul style="list-style-type: none"> <li>• I know I have to go through the clinic first, but I don't understand the details.</li> <li>• Once, the BPJS system was having problems, so I had to come back several times. The staff didn't explain things clearly, so I was confused about what to do.</li> <li>• I'm quite satisfied, but if the system ran smoothly, it would be even better.</li> </ul> <p>From Observation:</p> <ul style="list-style-type: none"> <li>• Explanations to patients are sometimes rushed due to long queues.</li> <li>• Some patients seem confused about the referral process.</li> <li>• Some patients complained about long waiting times.</li> </ul>

Table 2 visually summarizes the connection between the direct experiences of actors in the field and broader themes. To gain a deeper understanding, the following description will elaborate on each theme in detail, analyze the implications of each finding, and relate them to the context of legal research on the implementation of the referral system.

The implementation of the BPJS Health referral system in the field is inseparable from various dynamics, where the smoothness of the ideal procedures mandated by regulations must contend with the realities of daily operations. Normatively, clinics already have a clear foundation of understanding and a framework for implementing the referral system thanks to structured training and socialization initiatives, which are key drivers of procedural adherence in primary care settings (Arifah et al., 2021). This was revealed through interviews with health workers, in which one officer explained that they had received training and had a clear understanding of BPJS referral regulations through socialization activities conducted by BPJS Health. The officer further noted that the referral process follows defined stages, whereby patients are first examined at the First-Level Health Facility (FKTP), and those requiring advanced treatment are subsequently referred to higher-level health facilities through the P-Care system (Informant PE-03, officer and health worker at the Kimia Farma Sumber Clinic).

This statement indicates that the main driving factor is the capacity and readiness of human resources at the FKTP level. A good understanding of standard procedures is an important asset in creating uniform service standards, as demonstrated in studies linking staff training with improved compliance and service consistency (Arifah et al., 2021). However, in practice, this understanding is often hampered by technical factors. Another officer confirmed this by stating that most referrals are made online via P-Care, but sometimes manual letters are still used if the system experiences an error (Informant PE-06, officer and health worker at the Kimia Farma Clinic). The findings from the interviews regarding the instability of the digital system were reinforced by the results of the observations. Field observations noted that the referral process time could increase from what should only take a few minutes to up to half an hour, especially when the P-Care application experienced disruptions. At times like this, patient queues pile up, and the atmosphere becomes less conducive. These observations not only validate the complaints of staff but also affirm that technical obstacles are a critical point that directly impacts the efficiency and ease of access to services for patients, highlighting the broader challenge of

digital health system reliability in resource-constrained environments (Hossain et al., 2025).

On the other hand, the implementation of an effective system does not only depend on technical and procedural factors, but also on the extent to which service users, in this case patients, understand the process they must go through, a factor critical to both satisfaction and system legitimacy (Nguyen et al., 2021). Interviews with patients revealed a significant information gap. One patient stated that they were aware of the requirement to visit the clinic first but did not fully understand the detailed procedures, based on information provided by staff during treatment (Informant PA-02, patient at Kimia Farma Clinic). This brief statement implies two things. First, patients' understanding is often partial and incomplete. Second, clinics are the primary source of information, which places a heavy responsibility on front-line health workers to provide education and ensure health literacy, a known determinant of successful referral completion (Fitzpatrick, 2023). Unfortunately, this burden cannot always be carried optimally. Another patient added their experience: Once, the BPJS system was having problems, so I had to come back several times. The staff didn't explain clearly, so I was confused about what to do (Informant PA-05, patient at Kimia Farma Clinic).

These two statements point to the finding that patients' lack of understanding is an additional barrier that exacerbates the situation. This lack of understanding, when combined with technical obstacles, creates a vicious cycle: system errors cause staff to rush their explanations, which in turn deepens patient confusion and dissatisfaction, a pattern observed in digital health implementations where technical failures amplify communication breakdowns (Borges do Nascimento et al., 2023). Observations of patient responses and satisfaction reported that some patients seemed confused by the referral process which directly represents the impact of this information gap and underscores the need for clearer procedural communication to mitigate dissatisfaction (Yusefi et al., 2022).

Thus, it can be concluded that the obstacles in the implementation of the referral system are multidimensional, interrelated, and form a chain of problems. Starting from the instability of the digital infrastructure, which is acknowledged by officers and seen in observations, to the ultimate impact of confusion and dissatisfaction expressed by patients. These findings underscore that improvement efforts cannot focus on just one link in the chain, such as improving the IT system, but must be accompanied by more effective communication and education strategies for the community, highlighting the necessity of an integrated approach that addresses both technical and human-centered dimensions of health system strengthening (Erku et al., 2023).

The implementation of the BPJS Health referral system shows that the main driving factor lies in the readiness and competence of health workers at the FKTP level. The results of this study show that health workers understand the referral procedure thanks to training and socialization from BPJS Health, enabling them to carry out the mechanism in accordance with the provisions. These findings are in line with the Arifah et al. (2021) study, which confirms that continuous training and understanding of regulations improve compliance and the quality of referral services. However, on the other hand, there are technical obstacles in the form of instability in the P-Care digital system, which slows down the referral process. This condition is similar to the findings of which shows that information technology disruptions have a direct impact on service efficiency and patient satisfaction (Addo & Agyepong, 2020).

In addition to technical factors, patients' lack of understanding of the referral process is also a significant obstacle. Some patients still rely on direct explanations from staff, which are sometimes limited when the system is disrupted. This is in line with Arifah et al.'s (2021) study, which states that the lack of education for BPJS

participants causes confusion and negative perceptions of the tiered referral system. Thus, this study confirms that the effectiveness of the BPJS Health referral system is greatly influenced by two key aspects: the stability of digital infrastructure and the quality of communication between health workers and patients. Improvement efforts need to be carried out holistically by strengthening technological aspects while improving public education strategies.

### 3.3. Recommendations for Improving Referral System Effectiveness

Based on a thematic analysis of the data collected from interviews and observations, two main themes can be identified that reflect the dynamics of the implementation of the BPJS Health referral system at the Kimia Farma Clinic. These themes not only describe the actual conditions in the field but also form the basis for the formulation of recommendations for improvement. The mapping of qualitative evidence for each theme is presented in Table 3.

**Table 3.** Thematic Mapping of Factors Affecting Referral System Effectiveness

Theme	Evidence (Verbatim Interview Results and Observations)
Understanding of Regulations and Compliance with Implementation in the Field	<p>Staff Interview: Overall, we have tried to implement the rules... However, we often encounter technical obstacles...</p> <p>Staff Interview: We need a faster system, staff training, and better communication with BPJS.</p> <p>Observation Results: SOPs are available, P-Care is used, and processing time varies (5–30 minutes).</p> <p>Observation Results: Referral stages are appropriate, no procedural deviations.</p>
Patient Experience: Operational Impact on Service Satisfaction	<p>Patient Interview: I didn't understand the procedure; I just followed the instructions of the staff.</p> <p>Patient Interview: The process took a long time, waiting in line since morning... I'm quite satisfied because I was finally referred.</p> <p>Observation Results: Some patients seemed confused, some complained about the long wait.</p> <p>Observation Results: Staff checked documents, and referral explanations were provided briefly.</p>

Based on the thematic mapping, as shown in Table 3, it is clear how challenges at the clinic's operational level directly intersect with the suboptimal experiences of patients. To understand this relationship in more depth, the following is a detailed analytical description of each theme.

As the foundation for implementing the BPJS Health referral system, healthcare workers' understanding of applicable regulations is key. This context is important for assessing the extent to which procedures are implemented in accordance with the legal framework established by BPJS Health and for ensuring that normative knowledge translates into consistent practice (Prastyanti et al., 2023). A medical staff member at the Kimia Farma Clinic explained that, in general, they had attempted to comply with applicable regulations, including the use of P-Care for the online referral process; however, technical obstacles frequently disrupted their work, and information concerning updates to BPJS Health procedures was sometimes received unevenly or with delays (Informant PE-09, staff and health workers at the Kimia Farma Clinic). This statement not only demonstrates the clinic's commitment to operating legally, but also reveals the gap between regulatory theory and operational reality. Technical obstacles and suboptimal communication with BPJS are critical factors that have the potential to reduce the effectiveness and accountability of the system, even though the intention to comply is there, a challenge commonly noted

in studies of health policy implementation where infrastructure and coordination gaps undermine procedural fidelity (Sembiring et al., 2023).

Findings from field observations reinforce this interpretation. Observations noted that referral SOPs are indeed available and that the formal referral stages appear to comply with BPJS regulations. However, on the other hand, significant variations in processing time were also observed, ranging from 5 to 30 minutes, often caused by disruptions to the P-Care system or incomplete patient documents. This confirms that procedural compliance at the administrative level does not necessarily guarantee service efficiency, as administrative adherence alone may not translate into timely or seamless care delivery (Saputra et al., 2024). Compliance with regulations is put to the test when faced with digital infrastructure that is not yet fully reliable. Therefore, considering the relationship between the perspective of officers and the reality in the field, it is clear that understanding regulations alone is not enough without the support of solid infrastructure and coordination, a key insight from health system research emphasizing the interdependence of policy knowledge, technological stability, and operational synergy (Mabini et al., 2024).

From the service users' perspective, their understanding and experience in handling referrals are clear indicators of the system's effectiveness. A medical staff member at the Kimia Farma Clinic explained that, in general, they had made efforts to comply with the applicable regulations, including the use of P-Care for the online referral process; however, in practice, their work was often hindered by technical problems, and information regarding updates to BPJS Health procedures was sometimes received inconsistently or with delays (Informant PE-09, staff and health workers at the Kimia Farma Clinic). This statement reveals two important things: first, the low level of procedural literacy among patients, which makes them completely dependent on staff and limits their ability to engage as informed participants in their own care pathways (Fitzpatrick, 2023), and second, a high level of tolerance for inefficiency as long as their ultimate needs are met. This condition reflects an information imbalance that can affect the accountability of the process, where patients do not have the capacity to ensure that their rights are being optimally fulfilled, thereby underscoring the need for patient education initiatives to empower users and strengthen systemic transparency (Lubis et al., 2025).

The results of observations of patient responses and satisfaction in general are in line with the above statement. Observers noted that some patients appeared confused and passive while waiting, simply following instructions without asking many questions. Although no significant complaints were expressed directly, expressions of confusion and complaints about long waiting times were noted by observers. This shows that the "sufficient" satisfaction expressed in the interviews may be more conditional, caused by the achievement of referral goals, rather than a reflection of ideal service, a phenomenon where meeting basic outcomes can overshadow underlying service quality deficits (Karume et al., 2025). This false satisfaction has the potential to mask systematic problems that need to be addressed. Thus, a pattern emerges where operational constraints faced by staff (such as system errors) have a direct impact on the patient experience (long processes and confusion). This correlation points to a common ground, namely the need for systemic improvements that focus not only on procedural compliance but also on efficiency, communication, and user experience, aligning with calls for integrated quality improvement frameworks that address both technical performance and patient-centered dimensions (Alizadeh et al., 2025).

The findings of this study indicate that the effectiveness of the BPJS referral system is highly dependent on the understanding of regulations and the competence of health workers as foundational elements of service quality (Arifah et al., 2021). However, technical constraints such as P-Care system disruptions and a lack of timely socialization of updated procedures by BPJS have caused a gap between

formal compliance and actual effectiveness. This condition is in line with the findings of Werdana et al. (2024), which emphasize that continuous training and two-way communication between BPJS and health facilities play an important role in improving the accuracy and speed of the referral process. Therefore, increasing the capacity of officers must be balanced with improvements in digital infrastructure and the implementation of backup and real-time monitoring systems to ensure continuity of service, a multifaceted approach critical for building resilient primary care referral networks (Erku et al., 2023).

From the patient's perspective, low literacy regarding referral procedures leads to complete dependence on staff and reduces the transparency of the process. This phenomenon highlights the need for educational strategies to ensure patients understand their rights and obligations within the referral system. This is in line with Fahlevi and Alharbi (2021), which shows that increasing procedural literacy through digital media can strengthen service accountability. Thus, the effectiveness and accountability of the BPJS referral system can be improved through synergy between staff training, strengthening technological infrastructure, and empowering patients as active social supervisors.

#### **4. Conclusion**

The implementation of BPJS patient referral procedures at the Kimia Farma Sumber Cirebon Clinic has generally fulfilled normative and administrative legal compliance. Health workers show a good understanding of the regulations, the clinic has complete internal documents, and the P-Care system is consistently used as the main platform for processing referrals. However, effectiveness is still reduced by frequent technical disturbances in the P-Care application and the lack of detailed understanding among patients about the referral process. These two obstacles often force the clinic to use temporary solutions and create longer waiting times, even though the core procedures remain aligned with BPJS Health rules.

The results of this study imply that strong legal compliance at the primary clinic level requires synergy between reliable digital infrastructure, continuous staff training, and intensive patient education. At the policy level, it is recommended that BPJS Health and the Ministry of Health strengthen national standards for referral procedures, ensure continuous maintenance and stabilization of the P-Care system, conduct regular audits of primary clinics, and implement nationwide patient education campaigns to reduce confusion and improve compliance with the tiered referral system. Although this research was conducted only at one private clinic, the findings reflect common problems faced by many primary health facilities in Indonesia. For future studies, it is suggested to expand the research to more clinics in various regions and include quantitative measurements of waiting time and referral rejection rates so that the picture of the tiered referral system becomes more comprehensive and the resulting policy recommendations can be applied more widely.

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### ***Ethical Approval and Originality Statement***

Ethical approval was obtained for this study. The manuscript represents original work and has not been previously published, nor is it under consideration by another journal.

### ***Data Disclosure Statement***

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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