

Analysis of Partnership of Private Practice Midwife in The National Health Insurance Program in District Bungo Jambi Province

*Nurlie Azwar, **Prastuti Soewondo

* Alumnae of Postgraduate Program of Public Health, Universitas Indonesia

** Department Health Policy and Administration, Faculty of Public Health Universitas Indonesia

Email : nurlie.azwar75@gmail.com

Abstract. On January 1, 2014, the government began to implement the National Health Insurance (NHI) program to realize social welfare for the whole community. Midwifery and neonatal care in the NHI program involves Puskesmas/family doctors and Private Practice Midwife (PPM) as its network. PPM participation in the NHI program in Bungo District was still lacking, only 12 (54.5%) PPM have cooperated with family doctors from 22 existing PPM. This study aimed to get an overview of PPM participation in the NHI program in Bungo District, Jambi Province. The study used qualitative research approach with Rapid Assessment Prosedur design, purposive sampling, and conducted in-depth interview to 10 PPM, Head of Health Office, MPKP BPJS Health Manager, and Chairman of Bungo Regency Section of Indonesian Midwife Organization (IMO). The study was conducted from January to July 2017. The study found that the knowledge, perceptions and attitude towards NHI program were good, but the perceived toward the claim and predetermined tariff procedures were not so good. PPM motivated to join the NHI program as many patients had become NHI participants. Support from the Government, NHI, and IMO were low, either in the form of socialization, or policies. Therefore, the study suggest an improvement in claims procedures, tariffs, and an increase of socialization from government, NHI and IMO on NHI program related to obstetric and neonatal care.

Keywords: Private Practice Midwife, National Health Insurance, participation

Abstrak. Pada tanggal 1 Januari 2014 pemerintah mulai melaksanakan program Jaminan Kesehatan Nasional (JKN) guna mewujudkan kesejahteraan sosial bagi seluruh masyarakat. Pelayanan kebidanan dan neonatal pada program JKN melibatkan Puskesmas/dokter keluarga dan Bidan Praktik Mandiri (BPM) sebagai jejaringnya. Keikutsertaan BPM pada program JKN di Kabupaten Bungo masih rendah, hanya 12 (54,5%) BPM yang telah bekerja sama dengan dokter keluarga dari 22 BPM yang ada. Penelitian ini bertujuan untuk mendapatkan gambaran faktor pendukung dan penghambat keikutsertaan BPM pada program JKN di Kabupaten Bungo Provinsi Jambi. Penelitian kualitatif ini menggunakan desain Rapid Assesment Procedure (RAP), purposive sampling dan teknik wawancara mendalam kepada 10 BPM, Kepala Dinas Kesehatan, Pengelola MPKP BPJS Kesehatan, dan Ketua IBI Kabupaten Bungo. Penelitian ini dilaksanakan pada bulan Januari hingga Juli 2017. Hasil penelitian menunjukkan bahwa pengetahuan, persepsi, dan sikap BPM sudah cukup baik terhadap JKN, sedangkan terhadap klaim dan tarif yang telah ditentukan bersikap kurang baik. BPM termotivasi untuk bergabung dengan program JKN karena banyak pasien telah menjadi peserta JKN. Dukungan dari Pemerintah, JKN, dan IBI masih rendah, baik dalam bentuk sosialisasi maupun kebijakan. Oleh karena itu, penelitian ini menyarankan perlu adanya perbaikan dalam prosedur klaim, tarif, dan peningkatan sosialisasi dari pemerintah, JKN dan IBI pada program JKN yang terkait dengan pelayanan kebidanan dan neonatal.

Kata kunci: Bidan Praktik Mandiri, Jaminan Kesehatan Nasional, keikutsertaan

INTRODUCTION

The purpose of health development is directed to increase awareness, willingness, and ability to live healthy for everyone so that the highest level of public health improvement can be realized (Budiman, 2015). Based on the 1945 Constitution article 28H and the amendment of the 1945 Constitution in Article 34

paragraph (2), states that the state develops social security system for the community. This confirms that every individual and every citizen has the right to health care, including the poor.

The issuance of Law Number 40 Year 2004 regarding the National Social Security System (SJSN) becomes a strong proof that the government has a great commitment in realizing social welfare for the whole

society. In accelerating the implementation of SJSN thoroughly for the people of Indonesia then established a Social Security Administering Agency (BPJS) with Act No. 24 of 2011. In accordance with Law No. 24 of 2011 on January 1, 2014 National Health Insurance program (NHI) begins (Thabrany, 2015).

With the implementation of the NHI program organized by BPJS Health, then automatically the existing health insurance such as Jamkesmas, Jamkesda, and Jampersal enter into NHI Program (Indonesia, 2014). The general purpose of NHI is to make it easier for the public to access health services and obtain quality health services, so that the basic health needs of each population are met (Thabrany, 2014).

The providers of health services in the NHI program include all health facilities that cooperate with BPJS Health both government owned health facilities, local government, and private that meet the requirements including Private Practice Midwife (PPM) (Ministry of Health RI, 2014).

PPM is a private midwife practice that provides services within the scope of midwifery, where midwives with competence and authority possess, can provide obstetric care to patients. Midwives as one of the health workers providing services directly to the community, especially in the case of midwifery services, can contribute to the decline of Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) (Helmizar, 2014).

PPM as a midwifery provider now can work together in NHI program, but in the implementation of NHI program still cause confusion and question for midwives, because PPM can not cooperate directly with BPJS and must join to first level of health facility network(Puskesmas) or self-employed physician. So for now from all the PPMs in Indonesia, only about 2,000 midwives join the first-level health facility (PHC) / family doctors and more than 45,000 midwives choose to practice independently (Widiyani, 2014).

The participation of PPM to work together in the NHI program can not be separated from the concept of midwife behavior as individuals involved in the cooperation. Behavior of internal and external things. Internal factors that influence behavior include knowledge, perception, motivation, interest, and emotion while those included in external are physical, socio-cultural, economic, political, stakeholder, resource (fund, policy, and information system) and so

on (Notoatmodjo, 2007).

Based on IMO data of Bungo District of Jambi Province in February 2017, stated that the total number of midwives is 554 people. Number of midwives who have self-employment or PPM is 22 people. According to data from BPJS Branch of Bungo Regency in February of 2017, there are 12 (54.5%) PPMs who have cooperated with BPJS Kesehatan (IMO Bungo District, 2017). This indicates that the PPM in Bungo District has not fully participated in the NHI program. Based on the results of preliminary interviews to several PPMs in Bungo District, it was found that cooperative procedures were considered inconvenient to PPM so they were reluctant to cooperate in the NHI program.

Literature Review

According to Notoatmodjo (2007) many internal and external factors influence behavior. Internal factors include knowledge, perception, motivation, interest, and emotion while external factors are physical, socio-cultural, economic, political, stakeholder, and resources (i.e. fund, policy, and information system). According to Gibson et al (1996) there are three factors influencing performance, ie individual variables, organizational variables, and psychological variables. Individual variables, consisting of abilities and skills, work experience, family background, socioeconomic level, and demographic factors (age, gender, ethnicity, etc.), organizational variables, ie leadership, job design, other resources, organizational structure, and so on, and psychological variables, namely perceptions of work, attitude, motivation, personality, and so forth.

The participation of the PPM to work together in the NHI program can not be separated from the concept of midwife behavior as individuals involved in the cooperation that are influenced by internal issues including knowledge, perceptions, attitudes, and motivations, and external issues that include stakeholder support, resource support, and reward system (Notoatmodjo, 2007 and Gibson, 1977).

The participation of the PPM in the NHI program creates confusion and doubt for midwives, as PPM can not cooperate directly with BPJS and must join the network at first level health facility (Puskesmas) or private practice doctor. Based on the research by Listyowati et al (2015) that PPM in Kota Denpasar and Kabupaten Gianyar generally know about NHI, but not understand in detail about NHI policy especially related to Midwifery and Neonatal. Generally, they get

socialization from the Indonesian Midwives Association (IMO), Health Office, and Puskesmas. In terms of tariffs, PPM says is still low which made them less enthusiastic to participate in NHI. The networking system makes them difficult to become a provider of NHI. In addition, there are fee deduction from the network which makes PPM increasingly do not want to become a network provider with family doctors. However, on the other hand, excluding PPM from the NHI program can hamper government efforts to reduce MMR and IMR, and to promote Family Planning programs.

METHOD

We used a Rapid Assessment Procedure (RAP), conducting in-depth interview to 10 PPM, Head of Health Office, Management MPKP BPJS Health, and Chairman of Bungo District section of IMO. Data collection was conducted from May to June 2017. Data collected include knowledge, perception, attitude, motivation, stakeholder support, resource support, and reward system. We utilize different sources, and document review, to triangulate the finding.

In this study, we had informants and key informants. We divided informants into 2 categories based on the participation of the NHI program, the PPM who participated and did not participate. Meanwhile, key informants consisted of Chairman of IMO, Head of Health Office and Management of MPKP BPJS Health.

RESULT AND DISCUSSION

Characteristics of Informants

We found 5 PPM who participated in the NHI program in 3 districts. The oldest was 60 years old, while the youngest was 31 years old. Half of the informants are over 40 years of age. In terms of length of private practice it varied from 1 to 23 years, with majority between 14-17 years. In terms of education, most of the informants were D III Midwifery and some of them D IV Midwifery. We also found 5 informants who had not joined the NHI program, residing in 2 districts. By age, majority of them were between 39-42 years old with only 1 informant 60 years old. Variation of private practice were from 1 to 28 years, with most of them between 6 to 14 years. In terms of education, most of the informants are educated in D III Midwifery, 1 informant is educated by DI Midwifery, and 1 informant was a graduate (S1) in Public Health, previously D III Midwifery. While the key informants,

their age varied between 27 to 51-year-old, and with education most graduate and 1 of them was postgraduate.

As basic characteristics (age, duration of self-employment, and education) between participating PPMs and not yet participating in NHI programs were similar, it can be concluded that age, duration of independent practice, and education have no role in participation in the NHI program.

Knowledge

The knowledge studied in this research includes knowledge of informants about midwifery and neonatal services, cooperative procedures, claims procedures, and socialization. Knowledge of PPM who participated and did not participate in the NHI program on midwifery and neonatal services showed that most informants, both PPM who participated or who had not joined the NHI program, stated that they already know the NHI program related to obstetric and neonatal services, namely ANC, PNC / neonate, and KB.

"... for PPM is limited ... ANC 4 times ... labor .. normal delivery that our pathology should not .. keep PNC is there again ... KB" (2.y)

"Services that can be in PPM, ANC, mothers, PNC ... KB may also" (7.n)

The obstetric and neonatal services included in the NHI program include: antenatal care, post natal care, newborn examinations, postnatal care, and family planning services (BPJS Health, 2015).

Most informants, both PPM who participated or not in the NHI program, knew the procedures to cooperate in the NHI program. Almost all informants said that the cooperative procedures in the NHI program were not too complicated, the PPM must first join network with the doctor, and create a cooperation agreement between the doctor and the PPM. The cooperation procedure between PPM and NHI program organized by BPJS Health is through Puskesmas / family doctor. The requirements in this cooperative procedure consist of SIPB, Taxpayer Identification Number (NPWP), cooperation agreement with physician or Puskesmas, and a letter of willingness to comply with the provisions related to NHI (Permenkes RI, 2013).

Regarding the claims procedure, most of the informants both who participate or not joined the NHI program

knew the claims procedure including the administration that must be completed in filling a service claim that has been given. The mechanism of claim, was done by submitting claims monthly to the first-level health facilities (Puskesmas / family doctors) on services had been provided to participants in the preceding month. Papers to be completed in submitting a labor claim include original receipt in triplicate, three-fold FPK, and recapitulation of service (patient name, identity number, address and telephone number of patient, disease diagnosis, date of admission and date of treatment, number of days of service, amount of package rate, bill). While papers that should be available in each patient was a photo copy of BPJS / Health Insurance/ Jamkesmas / KIS Card, KTP and Family Card (Participant KK Participant), Pantograph, Birth Certificate (SKL), payment receipt from FKTP, MCH services according to the services provided which have been signed by pregnant / maternity ward and the handling officer (BPJS Health, 2015).

There were still informants who were less aware of cooperative procedures and claims procedures due to the lack of socialization of the NHI program, especially tailored designed socialization of BPJS for PPM. Although most PPM informants had already received socialization regarding PPM participation, socialization was only obtained from IMO regular meetings of IMO, while the Health Office and BPJS Health never provided it. This socialization, created enough knowledge about NHI program related to obstetric and neonatal services, but not yet affected to the increase in the number of PPMs joining the NHI program.

Perception

PPMs both who participated or not in the NHI program were positive for the cooperative procedures in the NHI program, but were negative towards the determined claims and tariff procedures. All informants mentioned that the tariff undervalued the service that PPM provided, so there were some PPM asked additional cost to the patient for the use of consumables and facilities that have been provided. This was not justified because according to Law No. 40 of 2004 on National Social Security System, health facilities including midwives should not charge additional fees outside of the established tariff (Permenkes RI, 2013).

These low compensation and lengthy disbursement time reduced PPM participation in the NHI program. The delay in fee disbursement in return reduce the quality of the subsequent health service, as procurement

of consumables and medicines could not be met properly. So PPM should be allowed to ask additional fees other than the prescribed tariff. Government hospitals or health centers have received funding for building construction, equipment purchases, and staff salaries. It is unfair for the PPM which is privately owned to cover operational expenses. Therefore it was more realistic for the PPM to ask additional money to recover the operational expenses. Participants who directly choose PPM should pay extra on its own choice. This procedures, if allowed, would increase interest in PPM joining the NHI program.

PPM informants who participated in the NHI program state no objection on the mechanism of cooperation if they have to go to the doctor, but stated objecting if through Puskesmas. While a small number of PPM informants who did not participated in the NHI program, stated objections both to the Puskesmas and doctor.

"It's hard if you want to join BPJS ... have to deal with the doctor also ... haa ... that's a bit heavy now ..." (6.n)

"If you can not have to go through the doctor .. not to mention through the Puskesmas .. the procedure is complicated .." (8.n)

The concept of networking is very important for social insurance systems like BPJS Health. Furthermore, the concept of networking emphasizes on the quality of service, the mechanism, so that the service is seen as a team. Networking system is actually intended to have a collaboration between doctors with midwives so that there is no competition in providing midwifery services and family planning (Linggasari, 2015). For PPM cooperation with Puskesmas, the requirements were the same as procedure with to private practice doctor, added with cooperation agreement / MCC signed by PPM and Head of Puskesmas and known by Head of Local Health Service.

For factors that support participation in the NHI program, most of PPM stated that at present, most of the community became BPJS participants. In addition, there were desire to provide services to patients. This finding is in line with Zakiah study (2015) which stated the participation of PPM on the NHI program due to the midwife desired to maintain patient visits and at the same time, introduced other services, such as infant massage, pregnancy exercise, feminine care etc. Some are claiming to follow the NHI program to

continue previous government programs and to devote themselves to their profession as well as to help communities through cross-subsidy underprivileged with relatively wealthy patients. Majority OF PPM said that the inhibiting factors were inadequate tariff, lengthiness of reimbursement time, and the complicated procedure of collaboration.

According to standard of tariff In Health Insurance Program, for midwifery, neonatal and family planning services was as follows: antenatal care (at least 4 (four) times) was Rp. 25.000 / examination, posnatal care (PNC) / neonate was Rp. 25.000, - / visit, installation or withdrawal of IUD / Implant: Rp. 100.000, family planning injection: Rp. 15.000, - every time, and package of normal vaginal delivery was Rp. 600.000, - (including of maternal / infant accommodation and infant care) (Permenkes RI, 2013).

As these tariffs were considered too low, PPM withdrew additional fees. This certainly contrary to Law No. 40 of 2004 on the National Social Security System, as stated above. Therefore, tariff review was necessary. The amount of tariff should be determined based on agreement between BPJS and association / organization of health facility in a region. In turn, this would create a more adequate tariffs on the average.

Attitude

All PPM informants who participated in the NHI program, assessed the mechanism / procedure of cooperation for PPM is good enough, while PPM informants who have not participated in the NHI program, mostly assess the cooperation mechanism / procedure is still troublesome because it must network with doctors who have cooperated with BPJS and assess the requirements of cooperation that are prepared quite a lot.

The claims mechanism of PPM by claiming to the first level of Faskes (Puskesmas / family doctors) collectively each month on services already given to participants in the preceding month, and materials to be completed in submitting a labor claim include original receipt of triplicate 3 (three) stamped, three-fold FPK, and recapitulation of service (patient name, identity number, address and telephone number of patient, disease diagnosis, date of admission and date of treatment, number of days of service, amount of package rate, bill). While the file must be there from each patient that is a photo copy of BPJS / Askes / Jamkesmas / KIS Card, KTP and Family Card

(Participant KK Participant), Partograf, Birth Certificate (SKL), payment receipt from FKTP, MCH services according to the services provided which have been signed by pregnant / maternity ward and the handling officer (BPJS Health, 2015).

Regarding the tariff that has been determined all the informants PPM rate tariffs are still lacking. The PPM informant sometimes also feels aggrieved, when any action has been given to the patient but can not be claimed because it is not on the pre-determined tariff list. Meanwhile, according to BPJS Health, PPM who provide midwifery and neonatal services outside the provisions can not do pengllamiman for the service, so the midwife withdraw payment from the patient or not paid at all. To avoid this from happening, the PPM should further improve the ability to decide on the diagnosis and what actions should be taken and the decision to make a referral (BPJS Health, 2015).

The attitude of PPM informants to PPM participation in the NHI program, all of them are positive. but to be negative about the prescribed claims and tariff procedures. There is still a negative PPM, possibly due to lack of knowledge, and negative perceptions about the NHI program. Although PPMs are negative about the NHI program, they continue to participate in the NHI program if improvements from the NHI program, cooperative procedures and claims are easier, and an increase in service rates.

Motivation

According to the PPM informants who participated in the NHI program, most of the reasons underlying their participation in the NHI program are that nowadays the average patient is already a participant of BPJS, it is very rare for patients not to be BPJS or general participants, whereas according to PPM informants participate in the NHI program, the reason underlying a small part of PPM informants not participating is complicated cooperative procedures, they also have to network with physicians, BPJS tariffs are felt to be lacking.

Motives or motivations are the impulses of the human self that directs them to perform certain actions or behaviors. Encouragement is based on the needs or desires that need to be met. Motivation will also relate to desire, desire, encouragement, and purpose (Notoatmodjo, 2007). With the motivation of PPM based on all patients being BPJS patients and to keep their PPM running, it is expected that PPM can be

motivated to keep participating in NHI program because it is in accordance with the desire, desire, encouragement, and purpose of PPM.

Stakeholder Support

Most of the PPM informants who participated and who have not joined the NHI program say they have not received direct support from the Health Office and BPJS Kesehatan, either in the form of socialization or an appeal to cooperate in the NHI program. While from IMO, most informants said there is already support, either in the form of socialization or in the form of an appeal to join cooperate in NHI program.

The role of Provincial and Regency / Municipal Health Offices in implementing NHI is to manage / maintain health care provision in accordance with the provisions and cooperate with BPJS for district / city budgets. As manager / organizer of health care insurance, Dinas Kesehatan plays socialize NHI program (Yandrizal and Syriac, 2014). Similarly, BPJS has the authority to cooperate with other parties in administering the Health Insurance program and has the duty to provide information on Health Insurance to participants and the public¹⁵. While the form of support from IMO organizations in the NHI program is to advocate to related parties to clarify the role of midwives in NHI by proposing midwives to direct the Cooperation Agreement (PKS) with BPJS; socialization to IMO officials and members about the NHI program; drafting PPM cooperation as a network with first-rate health service facilities in collaboration with BPJS; joining the Professional Organization Task Force for NHI in the implementation of NHI; and was involved in the formulation of regulations in the Ministry of Health and other ministries (Law RI, 2011).

Lack of support either in the form of socialization or appeal from the Health Office and BPJS to PPM participation in this NHI program according to the assumption of the researcher can lead to the lack of willingness of PPM to participate in the NHI program.

Resource Support

All PPM informants stated that there is no policy supporting PPM cooperation in NHI program either from Health Office, IMO, or from BPJS. Lack of support from the Health Office, IMO, and BPJS, will negatively affect PPM participation in the NHI program.

Based on the research results of the Women Research Institute (WRI), there are several recommendations submitted related to policy changes that can optimize BPJS Health reaches 70% if independent midwife practice is included in the FKTP service. The recommendation is to revise Permenkes Number 71 Year 2013 Article 2 paragraph (2) in order to reach women participating NHI who do not get service at Health Center, revise Minister of Health Regulation Number 71 Year 2013 Article 8 paragraph (3) by adding active role of BPJS Health in facilitating midwife cooperation independent of FKTP networking, publication and distribution of facility networking guidebooks prepared by BPJS Health, and publication of Ministry of Health circulars for the distribution of the manual to local government / health offices (YSKK, 2015).

Reward System

Regarding the awards given by the Health Office, BPJS and IMO for PPM who have participated in the NHI program, most of the PPM informants said no award was given yet. In implementing a program, one of the ways to motivate the program actors is by giving rewards, either in the form of a charter of awards, facilities and infrastructure, or can be in the form of trainings, so that PPM is more motivated to work in accordance with the competence and authority.

In the reward system is also asked about whether or not there is a reduction of claims return from the network. Regarding these deductions all PPMs participating in the NHI program say there is no claiming cuts from their network physician either at the time of claim reimbursement through the account of the network physician or now through the PPM bank account concerned.

The NHI Program Implementation Guidelines state that in the implementation of NHI, PPM as a midwifery and neonatal care provider is a network of FKTPs that have collaborated with BPJS Health. In the framework of administrative guidance on PPM as a network, FKTP outside the Regional Government may charge a coaching fee with a maximum of 10% of the total claim (Permenkes RI, 2014). With this provision, family doctors may impose maximum 10% deduction.

In the case of a PPM area networked with FKTP owned by the Regional Government, for example

with Puskesmas, then the claim is made through FKTP owned by the Regional Government. After being paid by BPJS, FKTP owned by the Regional Government immediately pay the whole PPM network in accordance with the amount of claims to the services provided. In the Government FKTP, the capitation funds used for the Service are allocated between 40% -60% of the total non-tax state revenue (PNBP) revenues and the rest is used to support the operational costs of health services.

CONCLUSION

Conclusions of the study were as follows:

- The characteristics of PPM who participated and did not participate in the NHI program (age, duration of self-employment, and recent education) were similar, based on PPM characteristics can be inferred not to be the background of their participation in the NHI program.
- Knowledge of PPM who participated and did not participate in the NHI program on NHI program were mostly good, which included knowledge of midwifery and neonatal services, cooperative procedures, and claims procedures
- Most of the perceptions and attitudes of PPMs who participated and did not participate in the NHI program were positive for the cooperative procedures in the NHI program, but to perceive negative towards the determined claims and tariff procedures.
- The motivation of PPM to participate in the NHI program was because majority of patient now is BPJS participants.
- Most of the PPMs who participated and did not participate in the NHI program stated that support from the government, BPJS and IMO was lacking, either in the form of socialization, appeals, or policies that support PPM participation in the NHI program.
- Most of the PPMs who joined the NHI program said there was no reward given to PPM who had participated in the NHI program.
- Factors that encourage PPM participation in the NHI program was that majority of patients were BPJS participants, and desire to provide services.
- Factors that discourage PPM participation in the NHI program was inadequate determined tariffs and lengthy disbursement time for claims.

RECOMMENDATION

- Needs to socialize to all midwives including PPM

from Government, IMO, and BPJS related to NHI program, in particular about the claim procedures and determined tariff.

- Tariff should be reviewed through involvement of health facility associations / organizations in terms of rates, length of service fee disbursement, and cooperation agreements.

PPM who joined the NHI program should be awarded by giving training / seminars on midwifery and neonatal services and assisting facilities and infrastructure for PPM.

Research Ethics

The ethics research certificate was obtained from the Commission on Ethics Research and Public Health Service of FKM UI on May 10, 2017.

REFERENCES

- BPJS Kesehatan. (2015). *Implementasi Bidan Sebagai Jejaring dari Fasilitas Kesehatan Tingkat Pertama dalam JKN*.
- Budiman. (2015). *Buku Ajar Isu Tataran Kesehatan Masyarakat*, Bandung, PT Refika Aditama.
- Gibson, Ivancevich, Donnelly. (1996). *Organisasi Perilaku Struktur Proses* Jilid I Edisi Kelima, Jakarta, Erlangga.
- Helmizar. (2014). *Evaluasi Kebijakan Jaminan Persalinan (Jampersal)*. Jurnal Kesehatan Masyarakat.
- Ikatan Bidan Indonesia. (2014). *Surat Edaran Nomor 117/SE/PPIBI/II/2014 tentang pelayanan Kebidanan di Era Jaminan Kesehatan Nasional (JKN)*.
- IBI Kab. Bungo. (2017). *Laporan Bulan Februari 2017*.
- Kementerian Kesehatan RI. (2014). *Buku Pegangan Sosialisasi Jaminan Kesehatan Nasional (JKN) dalam Sistem Jaminan Sosial Nasional*
- Lawintono, L. (2015). *Kontroversi Kebijakan Pelayanan Kesehatan Terhadap Kewenangan Bidan Mandiri*. 27 Maret 2015. <http://www.profesibidan.com>. Diakses pada Maret 2017.
- Linggasari, Y. (2015). *Bidan Mandiri yang Berjejaring Dengan BPJS Kesehatan Sedikit*. 20 Maret 2015. <https://www.cnnindonesia.com/nasional/20150320011628-20-40469/bidan-mandiri-yang-berjejaring-dengan-bpjs-kesehatan-sedikit> . Di akses tanggal 11 Maret 2017
- Listyowati, R dkk. (2015). *Laporan Penelitian, Persepsi Bidan Praktik Mandiri Terhadap Perubahan Skema Pembiayaan Dari Jampersal ke Jaminan Kesehatan Nasional di Bali*. Sebuah Joint Research Kerja Sama Antara Grup Penelitian dan Pengembangan BPJS Kesehatan dengan Fakultas Kedokteran Universitas Udayana. Di akses tanggal 4 Maret 2017.
- Notoatmodjo, S. (2007). *Promosi Kesehatan dan Ilmu Perilaku*, Jakarta, PT. Rineka Cipta.
- Permenkes RI. (2013). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 59 Tahun 2014 tentang Standar Tarif Pelayanan Kesehatan Dalam Penyelenggaraan Program Jaminan Kesehatan*
- Permenkes RI. (2013). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 71 Tahun 2013 Tentang Pelayanan Kesehatan pada Jaminan Kesehatan Nasional*.

- Permenkes RI. (2014). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 28 Tahun 2014 tentang Pedoman Pelaksanaan Program JKN*
- Thabrany, Hasbullah. (2014). *Jaminan Kesehatan Nasional*, Jakarta, PT RajaGrafindo Persada.
- Thabrany, Hasbullah. (2015). *Jaminan Kesehatan Nasional*, Edisi Kedua, Jakarta, PT RajaGrafindo Persada.
- Undang-Undang RI. (2004). *Undang-Undang RI Nomor 40 Tahun 2004 Tentang Sistem Jaminan Sosial Nasional*.
- Undang-Undang RI. (2011). *Undang-Undang RI Nomor 24 Tahun 2011 Tentang Badan Penyelenggara Jaminan Sosial*.
- Widiyani, Rosmha. (2014). *Mekanisme JKN Bingungkan Para Bidan*. Tersedia di URL: <https://lifestyle.kompas.com/read/2014/01/12/2051572/Mekanisme.JKN.Bingungkan.Para.Bidan>. Diakses pada tanggal 4 Maret 2017.
- Yandrizal dan Suryani, D. (2014). *Analisis Peran Pemerintah Daerah Terhadap Ketersediaan Fasilitas Kesehatan Pada Pelaksanaan Jaminan Kesehatan Nasional di Provinsi Bengkulu*. Jurnal Kesehatan Andalas, 2015, 4(1). Tersedia di URL : <http://jurnal.fk.unand.ac.id/index.php/jka/article/view/208>. Di akses tanggal 27 Maret 2017.
- Yayasan Satu Karsa Karya. (2015). *Optimalisasi Pelayanan Kebidanan di Era Jaminan Kesehatan Nasional*. Tersedia di URL: <http://transformasipendidikan.org/view-newsroom&id=1>. Diakses pada tanggal 27 Maret 2017.
- Zakiah, S. (2015). *Faktor Individual dan Faktor Struktural yang Berperan dalam Keikutsertaan Bidan Praktik Mandiri pada Program Jaminan Kesehatan Nasional di Kabupaten Tabanan*. (Tesis), Universitas Udayana, Denpasar.