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Evaluation of Satisfaction of Participants of Contribution Assistance Recipients of Pt. BPJS on the Quality of Health Insurance Services in Makassar City

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ABSTRACT

The BPJS Kesehatan contribution assistance recipient program is a form of the government's commitment to ensuring access to health services for the underprivileged and low-income communities. As part of the National Health Insurance system, participants receiving assistance are entitled to receive free health services at facilities in collaboration with BPJS. However, in the midst of efforts to equalize services, complaints were still found related to service quality, such as irregular queues, limited medicines, and discriminatory treatment. This study aims to evaluate the level of satisfaction of recipients of assistance with the quality of health services in the city of Makassar, focusing on aspects of the friendliness of health workers, the use of BPJS cards, the efficiency of the service process, and the accessibility of health facilities. Using an evaluative approach and analysis of the dimension of service quality, the results showed that most participants were satisfied with the services received, especially in terms of equal treatment and smooth administrative processes. These findings indicate that digitalization and bureaucratic reform are starting to have a positive impact, although equitable distribution of service quality across regions is still a challenge. This research is expected to make an academic contribution to the development of public service evaluation studies as well as practical recommendations for BPJS Kesehatan and local governments in improving the quality of inclusive and equitable health services

Keywords: Contribution Assistance, BPJS Kesehatan, Insurance Services

INTRODUCTION

The BPJS Kesehatan contribution assistance recipient program is a manifestation of the government's commitment to providing guaranteed access to health services for the underprivileged and low-income communities; As part of the National Health Insurance (JKN) system, the participants receiving assistance get free health services at health facilities that collaborate with BPJS, but in the midst of efforts to distribute services equally, various complaints or complaints arise related to the quality of services received by the recipients, starting from irregular queues, limited medicines, even discriminatory treatment compared to participants who did not receive assistance. Therefore, every individual and family has the right to get equitable, fair and affordable health services for all levels of society, including the lower class. As stated in the 1945 Constitution article 28 H (paragraph 1), "everyone has the right to live a prosperous life inwardly, to live, and to have a good and healthy living environment and the right to receive health services". (Munawwar Khalil, S. 2016).

Financial inability is one of the major obstacles for all developing countries, especially to improve the welfare and quality of life of their people. The poverty level is also the cause of people not being able to meet the needs of health services that are classified as high-value. However, the high cost of health care does not necessarily guarantee good quality in health services themselves because the quality of health in Indonesia has been relatively low.

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The quality of health services is the degree of perfection of health services that are in accordance with the standards of a profession and service standards that can be balanced using the potential resources available in various health facilities in a reasonable, efficient, and effective manner and can be delivered safely and satisfactorily in terms of norms, legal and socio-cultural ethics by being able to pay attention to the limitations and capabilities of the government. (Jayanti, et al. 2025)

Health service users in various health facilities certainly demand quality services, not only regarding physical recovery from illness, but also regarding satisfaction with the attitude and behavior of health workers in providing services because with the improvement of service quality, the service function will be more effective and efficient.

Various institutions, be it in the form of PTs, non-profit legal entities, companies and even government institutions will be required to get quality results in order to satisfy their customers. In the current era where competition is increasingly fierce followed by increasing public demands to force every institution to continue to improve its products, both in the form of services and goods, if there is no form of improvement from these institutions, there will definitely be a decrease in the number of customers. This condition will certainly be faced by every unit, including PT. BPJS Kesehatan, which is a government institution in the form of a state-owned public enterprise.

METHODS

This study employs a quantitative approach with descriptive and evaluative research types. A quantitative approach is applied because it allows researchers to measure the level of satisfaction of recipients of contribution assistance participants in a systematic and objective manner through the use of structured and standardized research instruments. Quantitative data provide measurable indicators that enable the researcher to analyze patterns, tendencies, and variations in participant satisfaction toward the services provided by BPJS Kesehatan. The use of numerical data also facilitates statistical analysis so that the findings can be interpreted more accurately and used as an empirical basis for evaluating public health service performance.

The descriptive dimension of this study aims to present a comprehensive picture of the level of satisfaction experienced by PBI participants when accessing BPJS Kesehatan services. Through descriptive analysis, the research describes the characteristics of respondents, the perception of service quality, and the overall satisfaction level of participants. This approach allows the researcher to identify the dominant factors that influence participant perceptions regarding service accessibility, responsiveness, reliability, and administrative procedures within the BPJS Kesehatan system.

The evaluative nature of the research is intended to assess the extent to which BPJS Kesehatan services have fulfilled the needs and expectations of PBI participants. Evaluation in this context focuses on comparing the perceived quality of services with the expected standards of public health service delivery. Through this evaluative analysis, the study seeks to determine whether the existing service mechanisms have effectively supported equitable health service access for low income communities. The results of this evaluation are expected to provide important insights for policymakers and health service providers in improving the quality, responsiveness, and effectiveness of BPJS Kesehatan services in the future.

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RESULT AND DISCUSSION

Health Service Accessibility for Recipients of Contribution Assistance Participants

The findings of this study indicate that access to health services for recipients of contribution assistance has improved through the implementation of the national health insurance system managed by BPJS Kesehatan. As individuals whose health insurance contributions are subsidized by the government, recipients of contribution assistance participants depend heavily on this program to obtain medical treatment. The presence of this system plays an important role in ensuring that economically vulnerable groups are still able to receive adequate health services without facing significant financial barriers.

Data collected from respondents demonstrate that the availability of the BPJS health card has become an essential instrument that facilitates access to health facilities. Respondents reported that the card functions as a primary identification tool that allows them to receive health services at various levels of medical facilities, ranging from community health centers to hospitals. The existence of this integrated identification system simplifies the process of accessing health care services because patient data are already recorded within the health insurance system.

Several participants also emphasized that the BPJS Kesehatan card enables them to obtain medical treatment without additional financial costs during the service process. According to the respondents, the subsidy provided by the government through the BPJS scheme significantly reduces the economic burden that might otherwise prevent them from seeking medical assistance. This finding indicates that the program has contributed to improving health care accessibility among low income communities.

Accessibility of health services for users represents a crucial dimension within healthcare systems because it directly influences service utilization, patient satisfaction, and broader health outcomes. Accessibility is not merely associated with the physical availability of healthcare facilities. It also encompasses the extent to which individuals are able to reach, obtain, and effectively use healthcare services within a given system. Contemporary public health scholarship conceptualizes accessibility as a multidimensional construct shaped by geographical conditions, socioeconomic characteristics, technological infrastructure, and the quality of interactions between healthcare providers and patients.

Geographical conditions constitute one of the most prominent determinants of healthcare accessibility. The spatial distance between patients and healthcare facilities often serves as an initial indicator of accessibility. Empirical studies indicate that longer travel distances and extended travel time tend to reduce the likelihood of individuals utilizing healthcare services. Spatial analysis using Geographic Information Systems has enabled researchers to map the distribution of healthcare facilities and identify disparities in service accessibility across regions. Evidence consistently demonstrates that urban areas generally possess denser healthcare networks and more convenient access compared with rural or remote regions, where limited infrastructure and transportation barriers significantly constrain healthcare utilization (Humphreys & Smith, 2019).

Technological advancements in digital health have also transformed the accessibility landscape of healthcare services. Innovations such as telemedicine platforms, electronic health records, and digital health monitoring devices enable patients to receive medical consultations and health monitoring without requiring physical visits to healthcare facilities. These developments are particularly valuable for populations living in geographically isolated regions or for individuals with mobility limitations. Research indicates that integrating digital technologies within healthcare systems can substantially mitigate spatial barriers while

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improving service efficiency, especially during public health emergencies or pandemic situations (Le et al., 2022; Patil et al., 2024).

Socioeconomic conditions further shape individuals' ability to access healthcare services. Higher levels of income and education are frequently associated with greater access to healthcare resources because individuals with better socioeconomic status tend to possess greater financial capacity, improved health literacy, and stronger ability to navigate complex healthcare systems. In contrast, socially marginalized populations including low income households, unemployed individuals, migrants, and minority communities often encounter structural barriers that limit their access to healthcare services. These barriers extend beyond financial limitations and may involve informational constraints, administrative difficulties, and institutional inequities embedded within healthcare systems (Karamitri et al., 2013; Quo et al., 2022).

Older adults and individuals with disabilities also experience distinctive challenges in accessing healthcare services. Empirical evidence indicates that healthcare accessibility plays a critical role in shaping the quality of life among elderly populations. Interestingly, subjective perceptions of healthcare accessibility often exert stronger influences on wellbeing than objective indicators such as the number of healthcare facilities or geographic distance. Individuals with disabilities frequently report lower levels of accessibility due to limited availability of disability friendly infrastructure and experiences of social exclusion within healthcare settings (Goodrich & Ramsey, 2012; Zhao & Yang, 2025).

The quality of healthcare services also plays a central role in shaping perceived accessibility among healthcare users. Patient provider interactions, clarity of medical communication, and the degree of empathy demonstrated by healthcare professionals contribute significantly to positive healthcare experiences. High quality service delivery not only improves patient satisfaction but also reinforces perceptions that healthcare systems are responsive and equitable. Previous studies have demonstrated that service quality, affordability of medical services, and perceptions of equity within healthcare systems represent key determinants of healthcare user satisfaction (Govender & Penn-Kekana, 2009; Kamble & Parlikar, 2026; Lobo et al., 2014).

Cultural and social barriers further influence accessibility patterns within healthcare systems. Certain social groups experience discrimination or stigma when interacting with healthcare providers, which may undermine trust in healthcare institutions and discourage individuals from seeking necessary care. Minority populations, including members of the LGBTI community, often encounter discriminatory treatment or a lack of cultural understanding from healthcare providers regarding their specific health needs. Interventions aimed at strengthening cultural competence in healthcare delivery, including the use of medical interpreters and cultural mediators, have been shown to improve communication and facilitate better access to healthcare services among diverse populations (Karamitri et al., 2013).

Several policy and structural strategies have been proposed to enhance healthcare accessibility in a more inclusive manner. Improving digital literacy among the population can maximize the benefits of emerging digital health technologies. Infrastructure development and more balanced spatial distribution of healthcare facilities can reduce geographic disparities. In addition, policy frameworks that recognize the diverse needs of different demographic groups, including age responsive healthcare policies and expanded health insurance coverage, are essential for strengthening equitable access to healthcare services.

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Administrative Efficiency in Health Service Utilization

Another important finding of this study relates to the administrative procedures involved in accessing health services. Respondents generally reported that the process of verifying patient identity through the BPJS card system operates effectively within several health facilities. The verification process is conducted through digital systems that allow health workers to confirm patient eligibility quickly and accurately.

Participants explained that the use of the BPJS card helps simplify the administrative procedures required before receiving medical treatment. The data verification process can be completed within a relatively short period of time because patient information is already integrated into the health insurance database. As a result, patients are able to proceed to the medical examination stage without experiencing complicated administrative requirements.

In addition, several respondents noted that the administrative processes within certain health facilities were organized in a coordinated manner. Health workers were able to guide patients through each stage of the service process, including registration, verification, and medical consultation. This coordinated administrative system contributed to the perception that the overall service process was manageable and not excessively bureaucratic.

The accessibility of health services for users is an important issue in the health system because it determines the extent to which people can access medical services in a timely manner and according to their needs. Accessibility is not only related to the existence of healthcare facilities, but also includes the ability of individuals to effectively reach, pay for, and utilize those services. The literature shows that access to health services is influenced by various interrelated dimensions, including geographical, economic, socio-cultural, and health technology developments.

Geographical factors are often the main determinants of access to health services, especially for people living in remote areas. Distance, travel time, and availability of transportation facilities greatly affect the level of utilization of health services. The concept of "distance decay" explains that the farther the location of a health facility from where people live, the lower the likelihood of individuals taking advantage of these services. Analysis based on geographic information systems has shown the inequality of distribution of health facilities between regions and the importance of strategic planning of health facility locations to increase service coverage (Humphreys & Smith, 2019; Jain & Ram, 2025). In addition, the gap between urban and rural areas also shows different dynamics, where rural areas face limited health facilities and medical personnel, while urban areas often face problems of service density and longer waiting times (Mesmar et al., 2025).

Economic factors also play a significant role in determining the accessibility of healthcare services. The cost of medical services, limited health insurance coverage, and financial inadequacy are often major barriers to accessing adequate healthcare. Research in various developing countries shows that low-income communities tend to experience difficulties accessing healthcare due to limited economic resources. For example, a study in rural Lesotho showed that affordability was a major barrier to public healthcare utilization. ((Dick-Sagoe et al., 2025). Health policies such as eliminating service fees or health subsidies can indeed increase access, but research shows that these policies are not fully capable of addressing the inequality of access between social groups (Ganle et al., 2014; Lang et al., 2016).

Time Efficiency and Service Responsiveness

Time efficiency emerged as another significant theme in the findings of this study. Respondents consistently highlighted the importance of receiving health services in a timely manner, particularly when they require immediate medical attention. Individuals seeking

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treatment expect that the processes of registration, medical examination, and medication collection will proceed smoothly without unnecessary delays.

Based on the responses obtained, many participants reported that the service processes within several health facilities were relatively efficient. The registration and verification stages were completed in a reasonable timeframe, allowing patients to proceed to the consultation stage without prolonged waiting periods. This condition contributed positively to the overall experience of beneficiaries when accessing health services.

Respondents also emphasized that efficient service delivery is particularly important for individuals who visit health facilities due to urgent medical needs. Delays in service provision can potentially worsen patient conditions, especially in cases requiring immediate medical intervention. Therefore, the ability of health facilities to deliver prompt and well coordinated services represents a critical aspect of quality health care delivery.

A study conducted in California hospitals found that patient length of stay tends to increase as hospital occupancy rises until a certain threshold is reached. Beyond this point, hospitals may accelerate patient discharge to alleviate congestion. Nevertheless, when occupancy exceeds a critical level, service efficiency declines because healthcare staff are no longer able to compensate for the excessive workload by increasing their pace of work (Jaeker & Tucker, 2017). These findings highlight that improvements in service efficiency must be accompanied by effective capacity management and balanced workload distribution among healthcare personnel.

Enhancing time efficiency in healthcare services can also be achieved through the implementation of quality management approaches such as Lean Management and Lean Six Sigma. These approaches emphasize the elimination of non value adding activities and the optimization of service workflows. Evidence from hospital pharmacy services demonstrates that the implementation of Lean Six Sigma significantly reduced patient waiting times while simultaneously improving patient satisfaction. Empirical findings indicate that such interventions can reduce waiting times substantially while strengthening patients' perceptions of service quality (Sallam et al., 2025).

Role of Health Workers in Service Delivery

The findings of this study also highlight the important role of health workers in supporting the smooth implementation of health services for PBI participants. Respondents frequently mentioned that the attitudes and responsiveness of health personnel significantly influence their overall experience when accessing health services.

Many participants reported that health workers provided clear instructions regarding administrative procedures and guided them through the necessary steps required to obtain medical services. The clarity of information delivered by health personnel helped patients understand the service process and reduced confusion related to administrative requirements.

Furthermore, respondents perceived the attitudes of health workers as generally friendly and supportive during the service process. This positive interaction contributed to the sense that beneficiaries were treated with respect and equality when accessing medical care. The presence of responsive and communicative health workers therefore plays an important role in improving patient satisfaction and strengthening trust in public health services.

Efforts to improve time efficiency in healthcare services frequently involve the implementation of operational management approaches aimed at optimizing service processes. One widely adopted approach is lean management, which focuses on identifying and eliminating non value adding activities within healthcare workflows. This approach enables healthcare organizations to streamline service processes, reduce patient waiting times, and enhance staff productivity. Empirical studies demonstrate that the application of lean

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management in healthcare settings improves service efficiency by reducing operational waste and strengthening coordination among service units (Djawa & Oktamianti, 2023) (. Analytical approaches such as queuing theory and bottleneck analysis have also been applied to identify delays within patient service flows, enabling healthcare managers to design targeted interventions that improve service accessibility and reduce waiting times (Duda et al., 2013).

Flexible workforce management strategies also play a critical role in improving time efficiency, particularly during periods of high service demand. In healthcare environments characterized by high utilization levels, increased workload may result in operational saturation that reduces service efficiency. Research indicates that once service capacity reaches a saturation point, healthcare personnel are no longer able to accelerate service delivery to compensate for increasing demand, leading to longer service times and reduced efficiency (Jaeker & Tucker, 2017). Consequently, adjusting staffing levels during peak service periods becomes essential for maintaining balance between workload and service capacity.

Service responsiveness can also be enhanced through the adoption of digital technologies within healthcare systems. Digital health solutions such as electronic health records, integrated health information systems, and telemedicine platforms enable healthcare professionals to access patient information more quickly and accurately. Digitalization also facilitates faster communication between patients and healthcare providers, enabling more responsive healthcare service delivery. Despite these advantages, the potential benefits of digital transformation in healthcare are often constrained by limitations in technological infrastructure, interoperability challenges among health information systems, and varying levels of technological adoption across healthcare institutions (Chakraborty et al., 2020; Păcuraru et al., 2025).

Implications for Health Service Improvement

The overall findings suggest that efforts to improve administrative systems and digital verification mechanisms in the health sector have begun to enhance service accessibility for PBI participants. The BPJS card system has contributed to simplifying administrative procedures, reducing financial barriers, and improving coordination between patients and health service providers.

Despite these positive developments, the findings also indicate the need for continuous evaluation of service implementation across different regions. Variations in infrastructure availability, human resources, and facility readiness may influence the quality of service delivery experienced by beneficiaries. Therefore, maintaining consistent service standards across health facilities remains an important challenge for the national health system.

Improving service accessibility, administrative efficiency, and responsiveness should remain key priorities in strengthening the effectiveness of the national health insurance program. Ensuring that health services are easily accessible, well coordinated, and responsive to community needs represents an essential step toward building a more inclusive and equitable health care system.

CONCLUSION

Based on the results of the research on the evaluation of the quality of health services for participants receiving assistance, it can be concluded that in general participants feel quite satisfied with the services provided by BPJS partner health facilities. The servants who are accepted are considered to have reflected the principle of equality, where PBI participants do not experience discrimination in the process of registration, examination, or taking drugs. The ease of use of the BPJS card is also one of the aspects that is appreciated, because the

verification system runs smoothly and does not cause obstacles, besides that the service process is considered quite efficient and not convoluted, although there is still room for improvement, especially in terms of equitable distribution of service quality in areas that have limited resources.

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